

Benefits Overview

Instructional Meet & Discuss

The District provides eligible employees with medical, prescription, dental and vision coverage at a bi-weekly employee payroll contribution of \$38.00/single, \$45.00/family.

Medical / Capital BlueCross PPO				
Deductible:		\$500 Single / \$1,000 Family		
Co-pays:		Office Visit	\$ 20.00	
		Specialist	\$40.00	
		Urgent Care	\$50.00	
		Emergency Room	\$100.00	
Prescription / Express Scripts				
	Deductible:	None		
Retail Co-pays: (30 day supply)		Generic	\$10.00	
		Formulary	\$40.00	
		Non-Formulary	\$75.00	
Mail-order Co-pays: (90 day supply)		Generic	\$20.00	
		Formulary	\$80.00	
		Non-Formulary	\$150.00	
Plan will provide mandatory generic drugs. Prescriptions not filled as generic when available will be charged the generic co-pay plus the cost difference.				
Dental / Delta Dental				
Deductible:		None		
Annual Maximum			\$2,000	
Diagnostic & Preventive Exams, cleanings, x-rays, sealants			100%	
Basic Services Fillings, posterior composites, denture repair			100%	
Endodontic (root canals)			100%	
Periodontics (gum treatment)			100%	
Oral Surgery			100%	
Major Services (Crowns, inlays, onlays and cast restorations)			100%	
Prosthodontics (Bridges, dentures, implants)			50%	
Orthodontics			No coverage	
Life Insurance		Employee Assistance Program (EAP)		
2.0 Times Annual Salary		Short Term Counseling		
Vision Discount Plan				
Exam:		Limited to once in 12 months; \$38.00, \$50.00 out of state		
Contact Evaluation:		Retail price minus 20%		
Contact Lenses:		Retail contact lens price minus 20%		
Frames:		Wholesale frame cost plus 30%		
Eyeglass Lenses:		Limited to once in 12 months		
Long Term Disability Policy		Wellness Account		
After exhaustion of sick days, 12 weeks at 70% of base salary.		\$500 reimbursement for out of pocket expenses not covered by benefit plan. This is for all family members.		
Sick Leave		Personal Day	Emergency Day	Vacation Time
13-days per year. Accumulated from year to year.		1 day	2 days per year deductible from sick leave	20 days per year accumulated at 1.67 / month
Tuition Reimbursement				
12 credits per contract year. Please review agreement for more information.				