

The District provides eligible employees with medical, prescription, dental and vision coverage at a bi-weekly employee payroll contribution.

Payroll Contribution Rates					
12-Month Employees		Single	\$28.00	Family	\$38.00
10-Month Employees		Single	\$33.00	Family	\$45.00
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)		
2.5 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. 50% for weeks 13-44.			\$500 reimbursement for out of pocket expenses not covered by benefit plan.		
Sick Leave		Personal Day	Emergency Day		Vacation Time
13-days per year. Accumulated from year to year.		2 days	2 days per year deducted from sick leave		20 days per year accumulated at 1.67 / month.
					Childcare 15 days per year accumulated at 1.25 /month.
Tuition Reimbursement					
12 credits per contract year. Please review agreement for more information.					