

Benefits Overview Educational Support Personnel

This benefit overview is for benefits eligible employees. The District provides eligible employees with medical, prescription, and dental at a bi-weekly employee payroll contribution of: 12-month Employees - \$20/single, \$30/family. 10-Month Employees: \$26.00 /single, \$39.00/family.

Deductible: \$ 500\$1.000 Co-puys: Office Visit \$15 Specialist \$30 Urgent Care \$50 Emergency Room \$100 Please review benefit summary for detailed information. Prescription / Express Scripss Retail Co-pays: (30 day supply) Formulary Retail Co-pays: (30 day supply) Generic Nuil-order Co-pays: (30 day supply) Generic S20 Non-Formulary S80 Mail-order Co-pays: (30 day supply) Generic Non-Formulary S80 S80 Plan will provide mandatory generic drugs. Prescriptions not filled as generic when available will be charged the generic co-pay plus the cost difference. Mandatory mail order drug benefit is required for maintenance medications Deductible: \$50 Annual Maximum S1.000 Diagnesite & Preventive - Exams, cleanings, x-rays, sulants \$1.000 Basic Services (Crowns, indays, onlaws and cast restorations) 100% Prestodnicis (gum treatment) 100% Orthodonicis (Gridges, dentures, implants) \$100 <th colspan="6">Medical / Capital BlueCross PPO</th>	Medical / Capital BlueCross PPO					
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PLEASE REVIEW YOUR EMPLOYEE CONTRACT FOR DETAILED INFORMATION.