

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.

| Medical / Capital BlueCross PPO | | | | |
|--|---|-------------------------------------|--|---------------|
| Deductible: | \$ 500/\$1,000 | | | |
| Co-pays: | Office Visit | \$15 | | |
| | Specialist | \$30 | | |
| | Urgent Care | \$50 | | |
| | Emergency Room | \$100 | | |
| | Please review benefit summary for detailed information. | | | |
| Prescription / Express Scripts | | | | |
| Deductible: | None | | | |
| Retail Co-pays: (30 day supply) | Generic | \$10 | | |
| | Formulary | \$40 | | |
| | Non-Formulary | \$75 | | |
| | | | | |
| Mail-order Co-pays: (90 day supply) | Generic | \$20 | | |
| | Formulary | \$80 | | |
| | Non-Formulary | \$150 | | |
| 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 | | | | |
| Dental / Delta Dental (Employee & Qualifying Dependents) | | | | |
| Deductible: | \$50 | | | |
| Annual Maximum | | \$1,000 | | |
| 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) | | |
| \$22,000 – Instructional Assistant/Technical Assistant/Associate Nurse \$10,000 – Child care Lead/Child Care Aide | | Short Term Counseling | | |
| Vision Discount Plan | | | | |
| Exam: | | Limited to once in 12 months; \$38 | | |
| Contact Evaluation: | | Retail price minus 25% | | |
| Contact Lenses: | | Retail contact lens price minus 25% | | |
| Frames: | | Wholesale frame cost plus 50% | | |
| Eyeglass Lenses: | | Limited to once in 12 months | | |
| Sick Leave (Accrued Monthly) | | Personal Day | Emergency Day | |
| 12 month | 12 | 1 day | 2 days to be deducted from sick leave | |
| 10 month | 10 | 2 day | 2 days to be deducted from sick leave | |
| Vacation Days | | Leave Without Pay | Income Protection | |
| Technical Assistants | | Childcare | After exhaustion of sick days. Employee is entitled to with completion of necessary forms with documentation from treating physician and approval n a maximum benefit of 50% of salary for 12-weeks. | |
| Years of Service | Earned Vacation Days | 10 days per year | | 10-month only |
| (Based on Fiscal Year) | 12-month | | | |
| After 1 year | 11 days | | | |
| After 5 years | 13 days | | | |
| After 9 years | 16 days | | | |
| After 11 years | 18 days | | | |
| After 14 years | 20 days | | | |

PLEASE REVIEW YOUR EMPLOYEE CONTRACT FOR DETAILED INFORMATION.