

Benefits Overview

Teachers (LTS)

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. For employment contracts under full time or 1.0 FTE, the employee share will be prorated based on illustrated COBRA rates.

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. Mandatory mail order drug benefit is required for maintenance medications			
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)	
1.75 Times Annual Salary		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		Personal Day	Emergency Day
11-days per year. Accumulated from year to year.		3 days, if not used will rollover to sick leave	2 days per year deductible from sick leave