



# BETHLEHEM

## AREA SCHOOL DISTRICT

### Benefits Overview

#### Category A, Stand-by Driver, or Stand-by Monitor

This benefits overview is for Benefit Eligible Transportation Employees. The District provides eligible employees with single medical, dental, and prescription coverage at a bi-weekly employee payroll contribution of \$26.00 for 20 pays, maximum \$520. Eligible after 60 working days probationary period and working 25 hours or more per week.

MEDICAL			
Deductible	\$500		
Labs	No deductible for independent labs such as Quest, Health Network. Hospital-affiliated labs: deductible will apply.		
Co-Pays	Office Visit	\$15	
	Specialist	\$30	
	Urgent Care	\$50	
	Emergency Room	\$100	
	Please review benefit summary for detailed information.		
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		
PRESCRIPTION			
Deductible	None		
Retail Co-Pays (30-day supply)	Generic	\$10	
	Formulary	\$40	
	Non-Formulary	\$75	
	Specialty	5% up to a maximum of \$250.00	
Mail-Order Co-Pays (90-day supply)	Generic	\$20	
	Formulary	\$80	
	Non-Formulary	\$150	
	Specialty	5% up to a maximum of \$250.00	
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.			
DENTAL			
Deductible	None	Periodontics (gum treatment)	100%
Annual Maximum	\$2,000	Oral Surgery	100%
Diagnostic & Preventive Exams, cleanings, x-rays, sealants	100%	Major Services (crowns, inlays, onlays and cast restorations)	100%
Basic Services (fillings, posterior composites, denture repair)	100%	Prosthodontics (bridges, dentures, implants)	50%
Endodontic (root canals)	100%	Orthodontics	No coverage