

Churchill County School District

Employee Benefits Program

July 1, 2017 – June 30, 2018



Plan Arranged By:



L/P Insurance Services Inc.

300 E Second Street, Suite 1300
Reno, NV 89501

For any of your insurance needs please call:

Sommer Pratte
775-336-1990

Amber Mantle
775-996-6045

Vision: Vision Service Plan		
Vision is administered by VSP and allows you and your eligible family members to receive eye exams, glasses, and contact lenses at a copay or discount. You will be eligible for this coverage the first of the month following your date of hire.		
VSP Choice	Preferred	Non Preferred
	Member Cost	Allowance
Frequency	Exam & Lenses every 12 months Frames every 24 months	
Exam Copay	\$10	Up to \$45
Materials Copay	\$20	Up to \$70
Single Vision Lenses	Materials Copay	Up to \$30
Bifocal Lenses	Materials Copay	Up to \$50
Trifocal Lenses	Materials Copay	Up to \$65
Frames	\$20 Copay (Max \$130)	Up to \$70
Contacts - Medically Necessary	\$20 Copay (Max \$130)	Up to \$105
Contacts - Elective	\$20 Copay (Max \$130)	Up to \$105

Medical - United Healthcare	www.MyUHC.com
Member Services Phone	1-866-633-2446
Dental - Guardian Life Insurance	www.GuardianAnytime.com
Member Services Phone	1-888-600-1600
Vision - Vision Service Plan	www.VSP.com
Member Services Phone	1-800-877-71958
Life and AD&D - Kansas City Life	www.KCLGroupBenefits.com
Member Services Phone	1-800-821-6164

Medical UHC \$3,000 Ded VML - Cost			
Coverage Tier	Total Cost	Company Cost/Month	Employee Cost/Month
Employee Only	\$717.95	\$717.95	\$0.00
Employee & Spouse	\$1,435.83	\$717.95	\$717.88
Employee & Child	\$967.50	\$717.95	\$249.55
Employee & Child(ren)	\$1,075.78	\$717.95	\$357.83
Employee & Family	\$1,546.25	\$717.95	\$828.30

Medical UHC \$2,000 Ded VMH - Cost			
Coverage Tier	Total Cost	Company Cost/Month	Employee Cost/Month
Employee Only	\$734.16	\$717.95	\$16.21
Employee & Spouse	\$1,468.26	\$717.95	\$750.31
Employee & Child	\$989.36	\$717.95	\$271.41
Employee & Child(ren)	\$1,100.08	\$717.95	\$382.13
Employee & Family	\$1,581.18	\$717.95	\$863.23

Dental Cost			
Coverage Tier	Total Cost	Company Cost/Month	Employee Cost/Month
Employee Only	\$49.55	\$49.55	\$0.00
Employee & Spouse	\$95.67	\$49.55	\$46.12
Employee & Child(ren)	\$112.38	\$49.55	\$62.83
Employee & Family	\$159.28	\$49.55	\$109.73

Vision Cost			
Coverage Tier	Total Cost	Company Cost/Month	Employee Cost/Month
Employee Only	\$5.86	\$5.86	\$0.00
Employee & Spouse	\$9.38	\$5.86	\$3.52
Employee & Child(ren)	\$9.57	\$5.86	\$3.71
Employee & Family	\$15.43	\$5.86	\$9.57

Information in this document offers highlights of your benefit plans. The official Plan Documents actually govern your rights and benefits under each plan. If any discrepancy exists between this document and the Plan Documents, the actual legal Plan Documents will prevail. Plan provisions and eligibility do not constitute an employment contract with any individual.
Coverage may vary state to state according to state mandated benefits.

CHURCHILL COUNTY SCHOOL DISTRICT EMPLOYEE BENEFIT PROGRAM DETAILS

Medical: United Healthcare PPO \$3,000 (VML)

Your medical plan is administered by United Healthcare. You may select to use an in-network or out-of-network provider at the time of service. If you use an in-network provider, you will receive greater benefits and have much lower out-of-pocket costs. Churchill County School District pays 100% of the premium cost for employees and 0% for dependents.

Benefit	\$3,000 Ded VML	
	In Network	Out of Network
Primary Care Physician Office Visit	\$30	50% (d)
Specialist Physician Office Visit	\$50	50% (d)
Annual Deductible - Individual	\$3,000	\$6,000
Annual Deductible - Family	\$6,000	\$12,000
Per Member Annual Out of Pocket Max	\$6,600	\$13,200
Per Family Annual Out of Pocket Max	\$13,200	\$26,400
Emergency Room Visit	\$100	\$100
Urgent Care Visit	\$35	50% (d)
Lab and X-Ray (Non-Hospital)	\$0	50% (d)
MRI, PET, CT Scans (Non-Hospital)	\$100	50% (d)
Ambulance - Ground Transport	\$100	\$100
Ambulance - Air Transport	\$200	\$200
Outpatient Hospitalization	\$500	50% (d)
Inpatient Hospitalization	30% (d)	50% (d)
Prescription Benefit:	30 Day Supply	
Formulary Generic Drug	\$10	
Formulary Brand Name Drug	\$30	
Non Formulary Drug	\$50	
Mail Order Supply (90 Days)	Available	

Medical: United Healthcare PPO \$2,000 (VMH)

Your medical plan is administered by United Healthcare. You may select to use an in-network or out-of-network provider at the time of service. If you use an in-network provider, you will receive greater benefits and have much lower out-of-pocket costs. Churchill County School District pays 100% of the premium cost for employees and 0% for dependents.

Benefit	\$2,000 Ded VMH	
	In Network	Out of Network
Primary Care Physician Office Visit	\$30	50% (d)
Specialist Physician Office Visit	\$50	50% (d)
Annual Deductible - Individual	\$2,000	\$4,000
Annual Deductible - Family	\$4,000	\$8,000
Per Member Annual Out of Pocket Max	\$5,600	\$11,200
Per Family Annual Out of Pocket Max	\$11,200	\$22,400
Emergency Room Visit	\$100	\$100
Urgent Care Visit	\$30	50% (d)
Lab and X-Ray (Non-Hospital)	\$0	50% (d)
MRI, PET, CT Scans (Non-Hospital)	\$100	50% (d)
Ambulance - Ground Transport	\$100	\$100
Ambulance - Air Transport	\$200	\$200
Outpatient Hospitalization	\$500	50% (d)
Inpatient Hospitalization	30% (d)	50% (d)
Prescription Benefit:	30 Day Supply	
Formulary Generic Drug	\$10	
Formulary Brand Name Drug	\$30	
Non Formulary Drug	\$50	
Mail Order Supply (90 Days)	Available	

Dental: Kansas City Life Insurance

Your dental plan is administered by Kansas City Life. The contracted network is Connection Dental and Diversified Dental. If you use an in-network dentist, you will be responsible for your deductible and coinsurance amounts up to the plan maximum. If you use an out-of-network dentist, you may also be responsible for any amount over the Usual and Customary (U&C) as established by Kansas City Life. Routine exams are covered 2 every 12 months.

Connection Dental and DDS (Diversified Dental)	Kansas City Life	
	In Network	Out of Network
Annual Deductible - Individual	\$50	
Annual Deductible - Family	\$150	
Deductible Waived for Preventive	Yes	
Preventive Coverage (Cleaning, Exams, X-Rays)	100%	100%
Basic Services Coverage (Extractions, Fillings, Root Canals)	80% (d)	80% (d)
Major Services Coverage (Crowns/Onlays, Dentures, Bridges, Implants)	50% (d)	50% (d)
Child Orthodontia	50% (d)	50% (d)
Calendar Year Maximum	\$2,000	
Orthodontia Lifetime Maximum	\$2,000	
Waiting Periods (Timely Applicants)	None	None

You will be given credit for your deductible met between January & June of 2017 and Kansas City Life is additionally allowing previous accumulated rollover to be matched. As of July 1st 2017 a new \$2,000 annual maximum is available to you.

Basic Life and AD&D: Kansas City Life Insurance

Churchill County School District provides \$40,000 in Basic Life and Accidental Death & Dismemberment Insurance to employees. This is a 100% employer paid benefit.