

# Churchill County School District

## Employee Benefits Program

July 1, 2019 – June 30, 2020



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:  
775-996-6000

| 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<br>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 CIGNA \$3,000 - OAP Cost |            |                    |                     |
|----------------------------------|------------|--------------------|---------------------|
| Coverage Tier                    | Total Cost | Company Cost/Month | Employee Cost/Month |
| Employee Only                    | \$804.15   | \$804.15           | \$0.00              |
| Employee & Spouse                | \$1,608.29 | \$804.15           | \$804.14            |
| Employee & Child                 | \$1,083.99 | \$804.15           | \$279.84            |
| Employee & Child(ren)            | \$1,083.99 | \$804.15           | \$279.84            |
| Employee & Family                | \$1,732.12 | \$804.15           | \$927.97            |

| Medical CIGNA \$2,000 - OAP Cost |            |                    |                     |
|----------------------------------|------------|--------------------|---------------------|
| Coverage Tier                    | Total Cost | Company Cost/Month | Employee Cost/Month |
| Employee Only                    | \$829.77   | \$804.15           | \$25.62             |
| Employee & Spouse                | \$1,659.54 | \$804.15           | \$855.39            |
| Employee & Child                 | \$1,118.53 | \$804.15           | \$314.38            |
| Employee & Child(ren)            | \$1,118.53 | \$804.15           | \$435.63            |
| Employee & Family                | \$1,787.33 | \$804.15           | \$983.18            |

| Dental Cost           |            |                    |                     |
|-----------------------|------------|--------------------|---------------------|
| Coverage Tier         | Total Cost | Company Cost/Month | Employee Cost/Month |
| Employee Only         | \$50.99    | \$50.99            | \$0.00              |
| Employee & Spouse     | \$98.44    | \$50.99            | \$47.45             |
| Employee & Child(ren) | \$115.64   | \$50.99            | \$64.65             |
| Employee & Family     | \$163.90   | \$50.99            | \$112.91            |

| 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              |

|   |  |
|---|--|
| <b>Medical - CIGNA</b>                      | <a href="http://www.Mycigna.com">www.Mycigna.com</a>                   |
| Member Services Phone                       | 1-866-494-2111   |
| <b>TeleHealth - Cigna</b>                   | 1-855-667-9722   |
| AmWellforCigna.com                          |  |
| <b>Dental - Kansas City Life</b>            | <a href="http://www.KCLGroupBenefits.com">www.KCLGroupBenefits.com</a> |
| Member Services Phone                       | 1-800-821-6164   |
| <b>Vision - Vision Service Plan</b>         | <a href="http://www.VSP.com">www.VSP.com</a>                           |
| Member Services Phone                       | 1-800-877-7195   |
| <b>Life and AD&amp;D - Kansas City Life</b> | <a href="http://www.KCLGroupBenefits.com">www.KCLGroupBenefits.com</a> |
| Member Services Phone                       | 1-800-821-6164   |

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: CIGNA PPO \$3,000 - OAP

Your medical plan is administered by CIGNA. 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 OAP |                |
|-------------------------------------|-----------------|----------------|
|                                     | 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          |
| 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                  | \$60            |                |
| Mail Order Supply (90 Days)         | Available       |                |

### Medical: CIGNA PPO \$2,000 - OAP

Your medical plan is administered by CIGNA. 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. This is available as a buy up plan from the \$3000 option, with the difference in premium from the \$3000 to the \$2000 to be paid by the employee.

| Benefit                             | \$2,000 Ded OAP |                |
|-------------------------------------|-----------------|----------------|
|                                     | 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          |
| 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                  | \$60            |                |
| 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           |

### 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.