

## OVERVIEW OF HEALTH AND DENTAL BENEFITS

### HEALTH INSURANCE

Our health insurance plan is called the Empire Plan and is comprised of coverage provided by Blue Cross and United Health Care.

You are not automatically enrolled in the plan by virtue of your employment in the district. If you wish to enroll in the health insurance plan, an application must be completed and submitted in person to the Insurance Office within 30 days of your initial employment. Otherwise, your coverage will not be effective until the third month following the month in which you apply. You may enroll as an individual or as a family. Family coverage includes you, your spouse and/or any eligible children.

The plan includes hospital, medical, surgical and major medical coverage, as well as prescription drug coverage.

The Blue Cross portion of the plan pays for all costs incurred as an in-patient in a hospital. If hospital services are received as an out-patient, a co-payment of \$25.00 or \$35 for emergency room visits, will be required.

The United Health Care portion of the plan pays for medical, surgical and major medical services and can be utilized in either of two ways:

1. **Participating Provider Program** – There is a \$12.00 minimum fee required for an office visit and a \$24.00 maximum fee which is charged if more than one service is performed. The physician submits the claim to United Health Care and receives payment of the balance of his bill, directly from the insurance company.
2. **Non-Participating Provider Program** – If you select a physician who is not a participant, you must pay the provider and complete a claim form in order to receive reimbursement. Claim forms are available in the Main Office of each school building and in the district's Insurance Office.

You will be responsible for the following deductible amounts in a calendar year:

\$300 for the enrollee

\$300 for the spouse

\$300 for all the children combined.

After the deductibles are met, United Health Care will pay 80% of the reasonable and customary amount. After you have paid \$1500.00 out of pocket, the company will pay 100% of the reasonable and customary amount.

Employees should become familiar with the literature published by the insurance company. Additional information can be obtained by calling the telephone numbers provided in your packet of information.

#### PRESCRIPTION PLAN

Our medical plan includes a prescription plan provided by Value RX in which many pharmacies participate. You will be charged \$5.00 for a generic prescription or \$15.00 for a brand name prescription with no generic equivalent. If a brand named drug with a generic equivalent is preferred, the member is required to pay the difference between the cost of the generic and brand name plus the co-pay.

If you use a non-participating pharmacy, you must pay for the prescription in full and will receive a partial reimbursement after sending your receipt with the appropriate claim form, to the prescription carrier.

#### DENTAL INSURANCE

Our dental plan is administered by Fitzharris and Co. If you are eligible and wish to apply for dental insurance during your first year of employment, you will be required to pay the full cost of the coverage during that first year. If you enroll just prior to your first anniversary date, you will automatically be eligible to participate in the dental plan at a reduced rate. Should such application be made at any later date, you and your dependents will be considered late enrollments and will be required to have a dental examination performed by your dentist, which will be subject to approval by the dental carrier.

You may select any dentist of your choice and file a claim form to receive reimbursement. Forms are available in each school building. You must meet a deductible of \$100 for you, your spouse and all children combined, in each calendar year. The maximum benefit is \$ 1,000 per person and dental services are paid at either 75% or 50% depending on the procedure involved.

NOTICE: I HAVE READ AND RECEIVED A COPY OF THIS EXPLANATION.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

cc: employee  
Personnel file

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