



SAGINAW TOWNSHIP
COMMUNITY SCHOOLS
3465 N. Center Road
P.O. Box 6278
Saginaw, MI 48603
(989) 797-1800 FAX (989) 797-1801

SUMMARY OF GROUP HEALTH INSURANCE INFORMATION for BOARD OF EDUCATION 2018-19

MEDICAL/HOSPITAL INSURANCE — *Blue Cross Blue Shield of Michigan PPO*

Benefit Year: January 1 — December 31

Prescriptions: \$10 Generic/\$20 Namebrand

Community Blue PPO is a statewide network of health care providers who serve Michigan subscribers. PPO providers accept the BCBSM approved amount as payment in full. You pay only deductibles, co-payments and services not included in your coverage. If you use a provider who is not part of the PPO network, your plan will pay 80% of the approved amount (unless otherwise noted). The remaining 20% is the patient's responsibility. This is called a "sanction". Some non-network providers do not accept the approved amount as payment in full.

Annual physical/GYN exams are a covered benefit (once every 12 months along with chemical profile, complete blood count, fecal occult blood screening, urinalysis, routine pap smear and mammogram, prostate screening).

Well baby and child care through age 15 with immunizations through age 16 (maximum per year is \$500).

Select **Adult immunizations** are covered; verify coverage prior to receipt of immunization(s).

It is recommended that you verify participation directly with the doctor/facility or BCBSM by phone or online.

For inquiries contact Blue Cross Blue Shield of Michigan at 1-877-354-2583 or <http://www.bcbsm.com/>

DENTAL INSURANCE — *ADN Administrators*

Benefit Year: October 1 — September 30

Co-pay: 20%

Maximum Benefit: \$2,200 per person total per benefit year

\$1,300 orthodontic lifetime maximum for dependent(s) under Age 19

For inquiries contact ADN Administrators at <http://www.adndental.com/>

VISION INSURANCE — *MESSA VSP2 Silver*

Benefit Year: January 1 — December 31

Covered charges for each insured person (annually):

Panel Provider

Option 1) \$6.50 co-pay for examination, \$18 deductible for combined charges for spectacle lenses and frames, maximum benefit payable for frames is \$130; or Option 2) \$110 maximum benefit payable for contact lenses (including exam)—20% discount on balance over \$90

Non-Panel Provider

Option 1) Maximum benefit payable: \$28.50-\$38.50 for examination, \$29-\$75 for lenses, \$44 for frames; or Option 2) \$90 maximum benefit payable for contact lenses (including exam)

For inquiries contact VSP at 1-800-877-7195 or <http://www.vsp.com/>

BENEFIT GUIDES

Please take time to read your benefit guides and keep them handy for reference. These guides provide a more detailed explanation of your benefits and may provide answers to your questions. For additional information or verification of a particular benefit, please call the inquiry number. If you have any further concerns or questions, contact Diane Czerney, Payroll and Benefits, at Saginaw Township Community Schools (989) 399-8024.

HIPAA

Special enrollment notice regarding your rights under Federal legislation if you decline health insurance coverage.

CHANGE IN ELIGIBILITY

Changes as a result of marriage, death, birth, divorce, etc., must be reported within 30 days of the qualifying event.

OPEN ENROLLMENT Each year during the month of September, Board Members eligible for group health insurance have the opportunity to add health, dental or vision coverage. Board Members may also make changes to their insurance contract(s) that were not reported within 30 days of the qualifying event.