



SAGINAW TOWNSHIP
COMMUNITY SCHOOLS
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SUMMARY OF GROUP HEALTH INSURANCE INFORMATION for NUTRITION SERVICES for 2018-19

Coverage begins the first day of the month following the first day of work.

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

Benefit Year: January 1 — December 31

Prescr.: \$10 generic/\$20 namebrand preferred/\$30 namebrand nonpreferred

Monthly Contribution: **Hired prior to 10/1/12:** \$94.15 family, \$62.51 2-person, \$25.50 single; **Hired on/after 10/1/12:** \$175.09 family, \$140.07 2-person, \$58.36 single. - See *Salary Schedule for Nutrition Services* for additional monthly contribution required by employees that work less than 40 hours per week (contribution for school year employees is paid by payroll deduction between Sept. & June)

Community Blue Plan (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, sigmoidoscopy exam).

Well baby and child care visits through age 15 with immunizations through age 16.

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

Monthly Contribution: **Hired on/after 10/1/12:** \$9.61 family, \$5.53 2-person, \$2.91 single. See *Salary Schedule for Nutrition Services* for additional monthly contribution required by employees that work less than 40 hours per week.

Co-pay: 20%

Maximum Benefit: \$1,000 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*

Benefit Year: January 1 — December 31

Monthly Contribution: **Hired on/after 10/1/12:** \$1.61 family, \$1.07 2-person, \$.50 single. See *Salary Schedule for Nutrition Services* for additional monthly contribution required by employees that work less than 40 hours per week.

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 \$65; or Option 2) \$90 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 1-800-877-2195 or <http://www.vsp.com/>

LIFE INSURANCE — CIGNA Life Insurance Co. of North America

Benefit Year: July 1 — June 30

Amount of Life Insurance: \$30,000

Monthly Contribution: See *Salary Schedule for Nutrition Services* for monthly contribution required for employees that work less than 40 hours per week.

Additional insurance available at full cost to employee:

Dependent Life \$5,000 — \$.25/month child(ren) only
\$.50/month spouse only
\$.75/month both child(ren) and spouse

Supplemental Life up to \$200,000 purchased in \$10,000 increments
(see chart below, monthly rate is calculated yearly by your age as of July 1)

Age	Rate Per \$10,000/mo.	Age	Rate Per \$10,000/mo.
1-29	.40	50-54	2.90
30-34	.50	55-59	4.60
35-39	.70	60-64	5.90
40-44	1.10	65-69	9.90
45-49	1.80	70-74	18.50
		75+	32.00

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.

COBRA

An “Initial Notification” of rights to continue group health care coverage will be sent to all new group health plan enrollees upon commencement of coverage. This notice is to acquaint employees, their covered spouse and covered dependents with the COBRA law, their notification obligations and their possible future rights to group health insurance continuation coverage.

HIPAA

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

CHANGE IN ELIGIBILITY

If your eligibility for group health insurance changes due to a position change or an increase in hours, please be sure to contact the payroll and benefits office. Enrollment must occur within 30 days of the qualifying event.

Note: *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, employees eligible for group health insurance have the opportunity to add health, dental or vision coverage. Employees may also make changes to their contract(s) that were not reported within 30 days of the qualifying event.

PREMIUM ONLY CAFETERIA PLAN

Under this program, you may elect to pay your monthly contribution for insurance coverage with a portion of your pay before Federal or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save.