

2018 Benefit Highlights



This highlight sheet is meant to give an overview of the benefits we offer our employees. For more info, or if you're interested know how a specific claim will be paid, please refer to your plan document.

High Deductible Health Plan 1

Certified, >196 Classified, & Administrators	Cost Per Pay	With Spousal Surcharge
Employee	\$25.22	\$25.22
Employee + Spouse	\$84.41	\$159.41
Employee + Child(ren)	\$73.39	\$73.39
Family	\$111.95	\$186.95

	In Network	Out-of-Network
Deductible	Individual: \$3,000 Family: \$6,000	Individual: \$6,000 Family: \$12,000
Coinsurance	80%	70%
Out of Pocket Max	Individual: \$5,000 Family: \$10,000	Individual: \$10,000 Family: \$20,000
Physician and Specialist Office Visits	80%	70%
Emergency room services	80%	80%
Hospital Services	80%	70%
Urgent Care Services	80%	70%
Ambulance Transportation	80%	80%

High Deductible Health Plan 2

Certified, >196 Classified, & Administrators	Cost Per Pay	With Spousal Surcharge
Employee	\$12.85	\$12.85
Employee + Spouse	\$53.95	\$128.95
Employee + Child(ren)	\$48.81	\$48.81
Family	\$66.80	\$141.80

	In Network	Out-of-Network
Deductible	Individual: \$5,000 Family: \$10,000	Individual: \$10,000 Family: \$20,000
Coinsurance	80%	70%
Out of Pocket Max	Individual: \$6,650 Family: \$13,300	Individual: \$6,000 Family: \$12,000
Physician and Specialist Office Visits	80%	70%
Emergency room services	80%	80%
Hospital Services	80%	70%
Urgent Care Services	80%	70%
Ambulance Transportation	80%	80%

Prescription Drug Benefit - Applicable to Both Plans

Plan Features	
Retail Pharmacy Option/Specialty Drugs Copay per prescription (34-day supply)	80% after deductible
Mail Order option Copay per prescription (90-day supply)	80% after deductible



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Dental Plan - Delta Dental

	Cost Per Pay
Employee	\$9.50
Family	\$33.00

	In and Out-of-Network
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%
Minor restorative services - fillings & crown repair	90%
Major restorative services - crowns	60%
Orthodontic services - braces (up to age 19)	60%

Vision Plan - VSP

	Cost Per Pay
Employee	\$1
Family	\$1

	Copay	Frequency
WellVision exam	\$10	Every calendar year
Frame	\$10	
Lenses	\$10	
Lens Enhancements	\$0	
Contacts (instead of glasses)	Up to \$60	
Diabetic Eye care Plus Program	\$20	As needed

Other Benefits Provided by Clark Pleasant Schools

- Health and Wellness Center
- Group Life and AD&D
- Voluntary Life and AD&D
- Voluntary Life Insurance with Long Term Care
- Critical Illness Insurance
- Accident Insurance
- Short Term Disability
- Long Term Disability
- Employee Assistance Program

**For more information, contact Keyana Warren-Wilson at
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