



BENEFIT OVERVIEW

WE HAVE YOU COVERED

Our comprehensive benefits package includes the following (plus many other perks)

| MEDICAL | DENTAL | VISION | PAID HOLIDAYS/VACATION |
|----------------------------------|---------------------------|-----------------------------|------------------------|
| 403B, 457B AND 529 SAVINGS PLANS | SHORT-TERM DISABILITY | LONG-TERM DISABILITY | LIFE INSURANCE |
| CANCER INSURANCE | ACCIDENT INSURANCE | COMPANY PAID LIFE INSURANCE | HEALTH SAVINGS ACCOUNT |
| FREE HEALTH CARE CLINIC | FLEXIBLE SPENDING ACCOUNT | | |

ELIGIBILITY

Regular full –time and some part-time employees are eligible to participate.

Benefits become effective on the 91st day of employment.

MAKING CHANGES

Benefits chosen upon hire remain the same throughout the plan year, which ends December 31. Each year, there is an open enrollment period, during which employees may make changes for the following plan year beginning January 1. Below are circumstances (qualifying life events) that may create an opportunity to change coverage mid-year. **You have 31 days from the event date to make changes.** Contact the Benefits Team for processing.

- Marriage/Divorce
- Birth/Adoption
- Death (policy holder, spouse, or dependent)
- Loss of coverage (self, spouse, child)

Notify HR
Within
31 Days



MEDICAL SUMMARY SHEET

Greater Clark County Schools offers medical plans administered by Humana. See our Summary Plan Descriptions online for more details. All plans offer preventative coverage at no cost to the employee. Employees pay a fixed dollar amount (co-pay) for the following services: doctor office visits, Urgent Care and prescriptions. Co-pays are not applicable within the High Deductible Plan. These are the most frequently used benefit features. The major difference is how all other non co-pay services, which apply to the deductible, are processed.

| | |
|--------------------------|---|
| CO-PAY | Fixed dollar amount that you pay for doctor's office visits, prescriptions, and Urgent Care. The plan pays the remaining balance. Co-pays continue throughout the year. |
| BENEFIT ALLOWANCE | Dollar amount GCCS provides to use for non co-pay services. The amount does not apply toward the deductible. |
| DEDUCTIBLE | This is a set amount that you pay before the plan starts paying for all non co-pay services. |
| CO-INSURANCE | After you meet your deductible, you and the plan share the cost of covered services, you pay co-insurance (a percentage of the cost) each time you get care up to your out-of-pocket max. Your insurance covers the rest. |
| OUT OF POCKET MAX | The most you pay for covered health services each year; however, you still have copays even after you reach your out-of-pocket limit. |

SPOUSE AND DEPENDENT COVERAGE

DEPENDENT COVERAGE

An employee may enroll his/her children and legal dependents up to age 26. If the dependent is new to the plan upon enrollment, one of the following documents are required:

- Birth Certificate
- Court documents, adoption certifications, or other legal documents supporting dependent status
- Marriage certificate



DENTAL SUMMARY

Greater Clark County Schools offers three dental plans administered by Delta Dental. The three plans are High, Mid, and Low. All plans cover preventative care at 100%. Visit our website for additional information at www.gccschools.com.

VISION SUMMARY

Greater Clark County Schools offers vision care as a part of our health care plans administered by Humana. You must be enrolled in health insurance to receive vision care. For more information, please see our SPD's located online at www.gccschools.com.

FLEXIBLE SPENDING ACCOUNT SUMMARY

Greater Clark County Schools offers a Flexible Spending Account (FSA). Employees may use pre-tax dollars to pay for eligible medical expenses. Employees select an amount they estimate they will need for the year. The entire amount is available for use beginning January 1. The annual amount is divided by 24 (24 deductions per year) from employee's payroll check. If the amount is not used within the plan year plus the 70 days grace period, the balance is forfeited.

HEALTH SPENDING ACCOUNT SUMMARY

Greater Clark County Schools offers a Health Savings Account (HSA). Employees may use pre-tax dollars to pay for eligible medical expenses. Employees select an amount they estimate they will need for the year. The annual amount is divided by 24 (24 deductions per year) from employee's payroll check. Funds will rollover from year to year. There is no deadline for spending these monies.



BASIC LIFE, AD & D, AND DISABILITY SUMMARY

Greater Clark provides all eligible employees with basic life insurance and long term disability at \$1.00 per year. For more information on these plans, please visit our website. In addition, Greater Clark also offers a wide variety of voluntary products administered by American Fidelity. Employees have the opportunity to meet with American Fidelity representatives once per year regarding these options to make changes. Plan options include short-term disability, additional life insurance, AD & D, flexible spending accounts, health savings accounts, dependent care expenses, etc.

HOLIDAYS

Holidays, annual time, (including sick & personal), and vacation time are all provided by Greater Clark and differ according to position. Details of this information are included in every employee contract or meet and confer document. Employee contracts and meet and confer documents are supplied at every new hire orientation. For more specific information, please contact Human Resources at (812) 288-4802.

Insurance Carrier: Humana
Effective: January 1, 2018

HEALTH INSURANCE - GREATER CLARK COUNTY SCHOOL CORPORATION

| <u>Benefits</u> | <u>PPO1000 Plan</u> | <u>HDHP Plan</u> (optional H.S.A.) |
|---------------------------------------|---------------------|---------------------------------------|
| Deduct Single/Family-Network | \$1000/\$2000 | \$1500/\$3000 |
| Deduct Single/Family - Out of Network | \$3000/\$6000 | \$4500/\$9000 |
| Co-Insurance - Network | 80% | 100% |
| Co-Insurance - Out of Network | 60% | 70% |
| Max Out of Pocket - Network* | \$2500/\$5000 | \$0/\$0 |
| Max Out of Pocket - Out of Network* | \$7500/\$15,000 | \$15,000/\$30,000 |
| Office Visit - Network | \$25 pcp/\$40 spec | deduct/co-ins. |
| Office Visit - Out of Network | deduct/co-ins. | deduct/co-ins. |
| Urgent Care Copay | \$50 copay | deduct/co-ins. |
| Prescription - Generic/Brand | \$10/\$30 | deduct/co-ins. |
| Non-Formulary - Brand | \$50 | deduct/co-ins. |
| RX 4 | 25% | deduct/co-ins. |
| Mail Order (90 day supply) | \$25/\$75/\$125/25% | deduct/co-ins. |
| RX Max out of pocket | \$3,500 (all tiers) | NA |
| Preventive | 100% in net | 100% in net |
| Emergency Room | \$100 copay | deduct/co-ins. |
| Emergency Room Physician | deduct/co-ins. | deduct/co-ins. |
| DME, Home Hth, Skilled Nse | deduct/co-ins. | deduct/co-ins. |
| Mental Health | | |
| Inpatient | deduct/co-ins. | deduct/co-ins. |
| Outpatient | \$25 pcp/\$40 spec | deduct/co-ins. |

TOTAL COST per employee per month (by plan and coverage type)

| | | |
|------------------------|-----------|-----------|
| Employee Only Coverage | \$558.00 | \$510.00 |
| Family Coverage | \$1710.00 | \$1551.00 |

EMPLOYER PORTION of premium per employee per month (by plan and coverage type)

| | | |
|------------------------|-----------|-----------|
| Employee Only Coverage | \$458.00 | \$453.00 |
| Family Coverage | \$1206.00 | \$1185.00 |

EMPLOYEE PORTION of premium per employee per month (per pay) (by plan and coverage type)

| | | |
|------------------------|---------------------|---------------------|
| Employee Only Coverage | \$100.00 (\$50.00) | \$57.00 (\$28.50) |
| Family Coverage | \$504.00 (\$252.00) | \$366.00 (\$183.00) |

***Par** Max out of pocket cost includes copays and deductible amounts. Super **Par** MOOP of \$6,250/\$12,500 applies to both medical and RX .Please note that contracted amounts are different for negotiated agreements of Cafeteria and Miscellaneous Groups.

Spreadsheet is for informational purposes only. Any discrepancy in this & the case documents, the case documents will prevail.

Insurance Carrier: Delta Dental
Effective: January 1, 2017

DENTAL INSURANCE - GREATER CLARK COUNTY SCHOOL CORPORATION

| <u>BENEFITS</u> | <u>HIGH</u> | <u>MID</u> | <u>LOW</u> |
|------------------------|-------------|------------|------------|
| Basic Benefit Overview | 100/80/50 | 100/50/30 | 100/50/0 |

| | In-Network | Out of Network | In-Network | Out of Network | In-Network | Out of Network |
|---|------------------------|------------------------|------------------------|------------------------|------------|----------------|
| Annual Individual Deductible | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 |
| Annual Family Deductible | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 |
| Preventative Services (Exam, Cleaning, X-Ray) | 100% | 100% | 100% | 100% | 100% | 100% |
| Basic Services (Fillings) | 80% | 80% | 50% | 50% | 50% | 50% |
| Major Services (Inlays, Onlays, Crowns, Prosthodontics) | 50% | 50% | 30% | 30% | 0% | 0% |
| Periodontic | 50% | 50% | 50% | 50% | 0% | 0% |
| Endodontic | 50% | 50% | 50% | 50% | 0% | 0% |
| Oral Surgery | 80% | 80% | 50% | 50% | 0% | 0% |
| Implants | 50% | 50% | 50% | 50% | 0% | 0% |
| Orthodontia Services | 50% | 50% | 50% | 50% | N/A | N/A |
| Lifetime Orthodontic Maximum | \$1500 | \$1500 | \$1500 | \$1500 | N/A | N/A |
| Calendar Year Maximum | \$1500 | \$1500 | \$1500 | \$1500 | \$1000 | \$1000 |
| Waiting Periods | 12 Months Major, Ortho | 12 Months Major, Ortho | 12 Months Major, Ortho | 12 Months Major, Ortho | None | None |
| Out of Network UCR | Varies | Varies | Varies | Varies | Varies | Varies |
| <u>RATES</u> | | | | | | |
| Rate Guarantee | 24 Months | 24 Months | 24 Months | 24 Months | 24 Months | 24 Months |
| Employee | \$28.10 | \$28.10 | \$26.04 | \$26.04 | \$12.96 | \$12.96 |
| Employee + 1 | \$56.04 | \$56.04 | \$47.10 | \$47.10 | \$26.42 | \$26.42 |
| Family | \$100.64 | \$100.64 | \$79.16 | \$79.16 | \$56.34 | \$56.34 |

Please note that contracted amounts are different for negotiated agreements of Cafeteria and Miscellaneous Groups.

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