Insurance Carrier: Anthem
Effective: January 1, 2024

DENTAL INSURANCE - GREATER CLARK COUNTY SCHOOL CORPORATION

BENEFITS	**HIGH**	**MID**	**LOW**
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%	30%	30%	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
RATES	**Monthly Rate**	**Per Pay Rate**	**Monthly Rate**	**Per Pay Rate**	**Monthly Rate**	**Per Pay Rate**
Employee	$31.30	$15.65	$27.38	$13.69	$13.88	$6.94
Employee + 1	$62.44	$31.22	$49.56	$24.78	$28.30	$14.15
Family	$112.16	$56.08	$83.32	$41.66	$60.32	$30.16

Rate Guarantee is effective for 12 months.

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

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Benefits	HDHP Plan (optional H.S.A.)
Deduct Single/Family-Network	$1600/$3200
Deduct Single/Family - Out of Network	$4800/$9600
Co-Insurance - Network	100%
Co-Insurance - Out of Network	70%
Max Out of Pocket - Network*	$0/$0
Max Out of Pocket - Out of Network*	$16,000/$32,000
Office Visit - Network	deduct/co-ins.
Office Visit - Out of Network	deduct/co-ins.
Urgent Care Copay	deduct/co-ins.
Prescription - Generic/Brand	deduct/co-ins.
Non-Formulary - Brand	deduct/co-ins.
RX 4	deduct/co-ins.
Mail Order (90 day supply)	deduct/co-ins.
RX Max out of pocket	NA
Preventive	100% in net
Emergency Room	deduct/co-ins.
Emergency Room Physician	deduct/co-ins.
DME, Home Hth, Skilled Nse	deduct/co-ins.
Mental Health	
Inpatient	deduct/co-ins.
Outpatient	deduct/co-ins.

TOTAL COST per employee per month

Employee Only Coverage $696.84

Family Coverage $2229.90

EMPLOYER PORTION of premium per employee per month

Employee Only Coverage $584.94

Family Coverage $1660.36

EMPLOYEE PORTION of premium per employee per month (per pay)

Employee Only Coverage $111.90 ($55.95)

Family Coverage $569.54 ($284.77)

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VISION INSURANCE - GREATER CLARK COUNTY SCHOOL CORPORATION

Benefit	Network	Non-Network
Eye Exams (12 months)	$25 copay	Up to $35
Lenses- Single Vision (12 months)	$10 copay	Up to $25
Lenses- Bifocal (12 months)	$10 copay	Up to $40
Lenses- Trifocal (12 months)	$10 copay	Up to $55
Contact Lenses- Medically Necessary (12 months)	$110 allowance	Up to $210
Contact Lenses- Elective	$110 allowance	Up to $105
Frames (12 months)	$100 allowance	Up to $45

Rates

Plan	Employer Cost	Employee Cost
Employee Only	$3.00 per month/$1.50 per pay	$2.06 per month/$1.03 per pay
Employee + Spouse	$6.08 per month/$3.04 per pay	$4.04 per month/$2.02 per pay
Employee + Child	$6.22 per month/$3.11 per pay	$4.16 per month/$2.08 per pay
Family	$9.26 per month/$4.63 per pay	$6.18 per month/$3.09 per pay