

PLYMOUTH-CANTON Community • Schools

Teacher

Benefit Summary Sheet

Eligibility Period: None

HEALTH

Company: Blue Cross Community Blue PPO Plan
Telephone: 1-800-637-2227 (claims & I.D. cards)
Internet address: www.bcbsm.com
Outside of Michigan: 1-800-810-BLUE (to locate an out of state provider)
Group/Suffix: 67982/030

Benefits:

Basic

1. Hospitalization
2. Prescriptions, \$10/\$40 co-pay & 90 day mail order x 1 co-pay
3. Outpatient Psychiatric, \$20 co-pay
4. Doctor's office visit \$20 co-pay, in network.
5. Emergency room: \$100.00 co-pay unless billed as medical emergency.
Urgent Care: \$20.00 co-pay unless billed as medical emergency.
6. Deductibles: In-Network - \$100 per person/\$200 family,
Out-of-Network - \$250 per person/\$500 family
7. Co-Insurance: In-Network 90% to max of \$500 person/\$1000 family
Out-of-Network 70% to max of \$1500 person/\$3000 family

Effective: Date of hire/end of eligibility period
Open Enrollment: June to be effective September 1
(Only time to enroll or add dependents if not done at the time of the event)
Benefit Year: January – December

LIFE

Board Provided Life Coverage Terminated November 1, 2011

MetLife Voluntary Life Insurance offered beginning November 1, 2011. Premiums paid through payroll deduction.

DENTAL

Company: MetLife Dental PPO
Telephone: 1-800-942-0854
Group: 114738
Open Enrollment: June to be effective September 1
(Only time to enroll or add dependents, if not done at the time of the event.)
Effective: 1st of the month after date of hire
Benefits: 100/80/80 or 100/90/80/80 if dental PPO is used.
\$1,500 annual max
\$1,500 lifetime ortho max
Benefit year: September - August

LONG TERM DISABILITY

Company: CIGNA
Group: LK62601 - Class 1
Effective: 1st of the month after date of hire

Benefit: 90 calendar day qualifying period
66 2/3% of monthly salary, \$4500 mo. Max

SELF-FUNDED VISION

Company: Meritain Health
Telephone: 1-800-748-0003
Group: 140929
Open Enrollment: June to be effective September 1
(Only time to enroll or add dependents, if not done at the time of the event.)
Effective: 1st of the month after date of hire

Benefit:

Exam	75.00
Single Pres. Pair of Lenses.....	100.00
Bifocal Pres. Pair of Lenses	100.00
Trifocal Pres. Pair of Lenses	125.00
Lenticular Pres. Pair of Lenses	125.00
Contact Lens Pres. Pair of Lenses.....	150.00
Standard Frames	75.00

Benefit year: Exam and glasses or contacts, once a year
January – December

EMPLOYEE ASSISTANCE PROGRAM

Company: CIGNA
Telephone: 1-800-538-3543

FLEXIBLE SPENDING ACCOUNT

Company: Meritain Health
Telephone: 1-800-748-0003

DISTRICT PROVIDES \$300 FLEX SPENDING ACCOUNT

***NOTE:** All insurance claim forms are available in the School office and in the Employee Benefit office.

Dawn Schaller
Employee Benefits Coordinator
(734) 416-4834