

Employee Benefits At-a-Glance

Kuna School District

MEDICAL

		MEDICAL		Employee Payroll Deduction	
Option 1 Regence \$1,000 PPO	DEDUCTIBLE: \$1,000 Individual \$2,000 Family After deductible, plan pays 80% / Member pays 20% Maximum out of pocket: \$2,500 Individual \$5,000 Family	Primary Care Office Visit: \$20 Copay Specialist Office Visit: \$40 Copay Preventive Care Visits: Covered 100% Diagnostic Lab & X-Ray: First \$200 covered at 100%, then Deductible + Coinsurance HOSPITAL SERVICES: Applied to Deductible + Coinsurance ER: \$100 Copay + Deductible + Coinsurance	RX BENEFITS Rx Deductible: \$250 Brand Name Generic: \$10 Copay (waive ded.) Brand Name: \$25 Copay after Rx Ded. Non-Preferred Brand: \$50 Copay after Rx Ded.	Emp Only	\$25.00
				Emp & Spouse	\$1,023.40
				Emp & Child	\$474.40
				Emp & Children	\$682.00
				Emp & Family	\$1,314.80
Option 2 Regence \$2,500 HSA	DEDUCTIBLE: \$2,500 Individual \$5,000 Family After deductible, plan pays 80% / Member pays 20% Maximum out of pocket: \$5,000 Individual \$10,000 Family	Primary Care Office Visit: Applied to Deductible + Coinsurance Specialist Office Visit: Applied to Deductible + Coinsurance Preventive Care Visits: Covered 100% Diagnostic Lab & X-Ray: Applied to Deductible + Coinsurance HOSPITAL SERVICES: Applied to Deductible + Coinsurance	RX BENEFITS Applied to Deductible + Coinsurance Generic & Brand: 20% coinsurance Specialty: 90% coinsurance	Emp Only	\$0.00
				Emp & Spouse	\$775.00
				Emp & Child	\$348.80
				Emp & Children	\$510.00
				Emp & Family	\$1,001.10

DENTAL

Option 1 - Delta Dental PPO		Option 2 - Willamette Dental			
Delta Dental PPO / Premier No Deductible Individual Benefit Max: \$1,250 Preventive: Covered 70% - 100% Basic: Covered 70% - 100% Major: Covered 50% Orthodontia: Not Covered	Employee Payroll Deduction		Willamette Dental <u>*Must go to Willamette Clinic*</u> No Deductible / No Annual Max \$15 Office Visit Copay Preventive: Covered 100% after copay Fillings: \$15 Copay Root Canals: \$50 Copay Crowns & Bridges: \$150 Copay Orthodontia: \$1,500 Copay	Employee Payroll Deduction	
	Emp Only	\$0.00		Emp Only	\$0.00
	Emp & Spouse	\$41.90		Emp & Spouse	\$47.17
	Emp & Child	\$33.20		Emp & Child	\$37.40
	Emp & Children	\$67.09		Emp & Children	\$75.55
	Emp & Family	\$102.30		Emp & Family	\$115.16

VISION

United Heritage VSP		Employee Payroll Deduction	
United Heritage VSP \$10 Exam Copay (Every 12 Months) \$25 Materials Copay (Every 12 Months) Standard Lenses: Covered 100% Progressive Lenses: \$55-\$175 Copay Frames: \$130 Allowance (Every 24 Months) *\$70 frame allowance at Costco Contact Lenses (instead of frames): \$130 Allowance (Every 12 Months)		Emp Only	\$0.00
		Emp & Spouse	\$6.07
		Emp & Child	\$6.94
		Emp & Children	\$6.94
		Emp & Family	\$14.68

*See full benefit summaries for benefits, exclusions, limitations, and contract clarifications

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HEALTHCARE EXPENSE ACCOUNTS

Health Savings Account: Kuna School District will contribute \$161.40 each month to employee only HSA; \$186.40 per month for Employee & Spouse and Employee + 1 Child; and \$211.40 per month for Employee & 2 + Children and Family. Employees may contribute to their HSA, as well. **\$3,850 Annual Max**
Flexible Spending Account (FSA): Set aside pre-tax dollars to use for qualified expenses. Funds are available on the first day of the plan year. **\$3,050 Annual Max**
Dependent Care FSA: Set aside pre-tax dollars to pay for qualified dependent care expenses. Your funds are available as contributions are made. **\$5,000 Annual Max**

LIFE AND AD&D INSURANCE

SUPPLEMENTAL LIFE AND AD&D INSURANCE

<p>Employer Paid Life and AD&D: Employees are eligible for \$40,000 in Life and AD&D Coverage Dependent Coverage is Voluntary - \$0.78 Monthly Premium \$2,000 Spouse Coverage \$2,000 Child(ren) Coverage</p>	<p>Voluntary Life and AD&D: Employees may purchase up to \$300,000 in additional life insurance Up to \$130k approved as Guaranteed Issue and No Health Questions Spouse Coverage: Up to \$300k - \$50,000 Guaranteed Issue Child(ren) Coverage: Up to \$10k - \$10,000 Guaranteed Issue <i>*Guaranteed Issue is only available at first offering of Voluntary Life</i></p>
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EMPLOYEE ASSISTANCE PROGRAM

Up to 6 FREE counseling visits for every member of your household.
 24 hour crisis help, legal & financial services, marriage, work related issues and more.
 Call (833) 210-1489 or go online to: lifesolutionsforyou.com to schedule an appointment with WorkPartners (LifeSolutions) Use Code: KSD.

VOLUNTARY BENEFITS

SHORT TERM DISABILITY

LONG TERM DISABILITY

<p>*5 options available depending on the elimination period* 60% of weekly gross earnings, up to \$4,000 Payable up to 11 weeks Elimination Periods: 0/7, 7/7, 0/14, 14/14, 30/30</p>	<p>Benefit Percentage: 60% Maximum Monthly Benefit: \$6,000 Elimination Period: 90 Days Maximum Benefit Duration: 24 Months Own Occ. / SSNRA Any Occ.</p>
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CRITICAL ILLNESS

ACCIDENT INSURANCE

CANCER INSURANCE

<p>Critical Illness plans supplement your major medical coverage. This will help pay for covered out-of-pocket expenses upon diagnosis of a specified critical illness.</p>	<p>Accident Insurance helps offset unexpected medical expenses that can result from a covered accidental injury.</p>	<p>Cancer Insurance helps offset covered out-of-pocket expenses related to cancer.</p>
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*See full benefit summaries for benefits, exclusions, limitations, and contract clarifications