# Kingsway Regional School District Spring 2020 Open Enrollment

## Medical Coverage Selections - Schools Health Insurance Fund

| *Summary of Benefits | AmeriHealth PPO 20 | | AmeriHealth EPO 20/40 | | AmeriHealth EPO 30/50 | | AmeriHealth EPO H.S.A. $1350 | |
|---|---|---|---|---|---|---|---|---|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Deductible | $0 Individual | $250 Individual | $0 Individual | Emergency Services Only | $0 Individual | Emergency Services Only | $1,350 Individual | Emergency Services Only |
| | $0 Family | $500 Family | $0 Family | | $0 Family | | $2,700 Family | |
| Out of Pocket Limit | $1,000 Individual | $1,000 Individual | $2,500 Individual | | $3,000 Individual | | $2,500 Individual | |
| | $2,000 Family | $2,000 Family | $5,000 Family | | $6,000 Family | | $5,000 Family | |
| Primary Care | $20 copay | 80% after deductible | $20 copay | | $30 copay | | 50% after deductible | |
| Specialist | $20 copay | 80% after deductible | $40 copay | | $50 copay | | 50% after deductible | |
| Preventive | No Charge | 80% no deductible | No Charge | | No Charge | | No Charge | |
| Diagnostic (x-ray, blood work) | No Charge | 80% after deductible | No Charge | | No Charge | | 50% after deductible; No charge after deductible for bloodwork | |
| Imaging (CT/PET scans, MRIs) | No Charge | 80% after deductible | No Charge | | No Charge | | 50% after deductible | |
| Outpatient Surgery | No Charge | 80% after deductible | $200 copay | | $300 copay | | 50% after deductible | |
| Emergency Room | $75 copay | $75 copay; no deductible | $100 copay | | $100 copay | | 50% after deductible | |
| Emergency Transportation | No Charge | 80% after deductible | No Charge | | No Charge | | 50% after deductible | |
| Urgent Care | $20 copay | 80% after deductible | $40 copay | | $50 copay | | 50% after deductible | |
| Hospital Stay | No Charge | 80% after deductible | $250 per day up to 5 days | | $500 per day up to 5 days | | 50% after deductible | |
| | PPO 20 | | EPO 20/40 | | EPO 30/50 | | H.S.A. $1350 | |
| Monthly Premium Rates | Single | $727.00 | Single | $706.00 | Single | $688.00 | Single | $501.00 |
| 7/1/20-6/30/21 | Parent/Child(ren) | $1,071.00 | Parent/Child(ren) | $1,043.00 | Parent/Child(ren) | $1,017.00 | Parent/Child(ren) | $739.00 |
| *These are the total cost, not the employee contribution. | Employee/Spouse | $1,617.00 | Employee/Spouse | $1,572.00 | Employee/Spouse | $1,534.00 | Employee/Spouse | $1,115.00 |
| | Family | $1,882.00 | Family | $1,830.00 | Family | $1,785.00 | Family | $1,296.00 |

## Prescription - Express Scripts

| Retail Copays (Up to 90 day Supply) | |
|---|---|
| Generic | $8 copay |
| Brand | $18 copay |
| **Mail Order (Up to 90 day Supply)** | |
| Generic | $8 copay |
| Brand | $8 copay |
| **Prescription Monthly Rates 7/1/20 -6/30/21** | |
| Single | $211.00 |
| Parent/Child(ren) | $286.00 |
| Employee/Spouse | $363.00 |
| Family | $491.00 |

## Delta Dental Premier Plan

**Preventive & Diagnostic - Covered 100%**
(exams, cleanings, x-rays, fluoride)
**Basic Services - Covered 50%**
(fillings, extractions, endodontics, periodontics, sealants)
**Crowns & Prosthodontics - Covered 50%**
(crowns, bridgework, dentures and repair of dentures, inlays)
**Calendar Year Maximum** - $1,250.00

| Dental Monthly Rates 7/1/20 -6/30/21 | |
|---|---|
| Single | $30.00 |
| Employee + One | $51.00 |
| Employee + Two | $85.00 |

**Need Help With Your Benefits or Have a Benefits Question?**

**Contact the Member Advocacy Team at 800.563.9929 or cssteam@connerstrong.com**

*Prior authorization may be required for certain services.

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical, prescription, dental, and vision programs. Some plan limitations may apply. Please refer to the plan documents provided by your carriers for detailed plan information. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.