

## 2012 Benefits Rate Guide

**Keller ISD Medical Plans** – United Healthcare Member Line: 800-241-1658 Group #715197

Visit [www.myuhc.com](http://www.myuhc.com) for detailed information on covered/non covered items, prescriptions and benefits as well as to check on claims, out of pocket maximums

<b>Essential Plan</b>	2011 Monthly Rates	2012 Monthly Rates
Employee Only	\$51.50	\$31.50
Employee + Spouse	\$342.99	\$277.99
Employee + Child	\$178.19	\$113.19
Employee +Children	\$265.74	\$195.74
Employee + Family	\$674.65	\$539.65

**Highlights of the Essential Plan –**

**\$625 Deductible** – two family members must individually meet \$625 per plan year to reach the family deductible

**\$250 Prescription Deductible** – per covered member, per year (no maximum out of pocket for Rx, deductible does NOT apply to generic or mail order)

**80/20 Co-insurance** – once you have met the \$625 deductible, the plan pays 80% of in-network charges and you pay 20%

**Wellness Benefit** – every covered member receives unlimited routine wellness

**100% Lab Benefit** – get any necessary lab work done at a LABCORP location, and it is paid at **100%**

<b>High Option Plan</b>	2011 Monthly Rates	2012 Monthly Rates
Employee Only	\$131.25	\$111.25
Employee +Spouse	\$529.20	\$464.20
Employee + Child	\$274.05	\$209.05
Employee +Children	\$408.45	\$338.45
Employee + Family	\$937.65	\$802.65

**Highlights of the High Option Plan –**

**\$125 Deductible**– two family members must individually meet \$125 per plan year to reach the family deductible

**\$50 Prescription Deductible** – per covered member, per year (no maximum out of pocket for Rx, deductible does NOT apply to generic or mail order)

**70/30 Co-insurance** – once you have met the \$125 deductible, the plan pays 70% of in-network charges and you pay 30%

**Wellness Benefit** – every covered member receives unlimited routine wellness

**100% Lab Benefit** – get any necessary lab work done at a LABCORP location, and it is paid at **100%**

<b>Major Medical Plan</b>	<b>2012 Monthly Rates</b>
Employee Only	\$20.00
Employee +Spouse	\$267.99
Employee + Child	\$103.19
Employee +Children	\$185.74
Employee + Family	\$514.65

**Highlights of the Major Medical Plan**

**\$3,000 Deductible** – each covered individual must meet the \$3,000 deductible. Then once met, the plan pays at 100% for the remainder of the plan year.

**\$50 Prescription Deductible** - per covered member, per year (no maximum out of pocket for Rx, deductible does NOT apply to generic or mail order)

**Wellness Benefit** – every covered member receives unlimited routine wellness

**100% Lab Benefit** – get any necessary lab work done at a LABCORP location, and it is paid at **100%**

**Dental Insurance - Guardian**

Group Plan Number - 452267

Dental Member Services - 800-541-7846 - Members and Providers - Verify eligibility, Status of Claims, Order ID Cards.

Locate a Provider - 800-890-4774

Pre-determinations - Fax to: 509-468-6320

Guardian Anytime - [www.guardiananytime.com](http://www.guardiananytime.com) - register once everything is completed and your group is up and running. See attached brochure for details

	<b>Guardian Low Plan Monthly Cost</b>	<b>Guardian High Plan Monthly Cost</b>
Employee only	\$23.83	\$29.98
Employee + spouse	\$46.53	\$58.53
Employee + children	\$56.92	\$71.58
Employee + family	\$75.39	\$94.67

Highlights of the Guardian Dental Insurance Plans-

**Cleanings** – 2 included per year, per covered member (covered at 100% on the High Plan and 90% on the Low Plan)

**Orthodontia** - ONLY covered on the High Plan with a 50% benefit up to Lifetime Max of \$1000

**Deductible** - \$50 in network, \$150 out of network on both plans

Contact QCD: 800.229.0304  
[www.QCDofAmerica.com](http://www.QCDofAmerica.com) (to locate providers)

The Davis network may be accessed by all QCD members by going to:

[www.davisvision.com](http://www.davisvision.com)

Access code: 7619

Or by calling Davis Vision Customer Service: 1.877.923.2847

	Monthly Cost
Employee only	FREE
Employee + one dependent	\$10.00
Employee + family	\$14.00

Highlights of QCD of America Discount Dental and Vision Plan

Participating network of dentists

Discounts on all dental services

Includes a discount vision plan through Avesis

### **Vision Insurance – EyeMed**

Phone: 866.723.0513

Group#: 9728205

[www.EyeMedVisionCare.com](http://www.EyeMedVisionCare.com)

	Monthly Cost
Employee Only	\$8.42
Employee + Spouse	\$16.92
Employee + Family	\$23.34

Highlights

Vision Exam every 12 months

Either glasses or contact lenses every 12 months

Discounts for anything you choose to purchase in addition to the glasses or contacts every 12 months

### **Life Insurance - MetLife**

Employee minimum coverage: \$10,000

Employee maximum coverage: 7 x's salary or \$500,000 (whichever is greater)

Dependent coverage only available with employee coverage

Spouse maximum coverage: up to 100% of employee coverage

Child(ren) coverage: \$5,000 or \$10,000 per child

Guaranteed issue amount: Employee - \$100,000 Spouse - \$20,000 Child - \$10,000

Guaranteed issue amount is only available if elected within the 1st 30 days of hire date (amounts over GI must complete Evidence of Insurability Form)

If electing Voluntary Life Insurance for the first time or if you choose to increase a previously amount elected, an Evidence of Insurability Form must be completed.

### **Disability Insurance**

Disability is offered through The Hartford. A disability plan will pay you, based on what you elect, while you are off work due to a disability. These payments are in addition to pay you may or may not receive through the district. Please go to K-Connect under HR and Employee Benefits, Disability, to learn more about this policy.

Group Policy Number #395309

Claim Phone Number 866-278-2655

## **Cancer & Dread Disease Insurance –Humana Companies**

Base Policy Benefits:

Hospital Confinement is: \$200 per day day 1-60

\$600 per day day 61+

Surgical Schedule is: Up to \$3,000 per occurrence/ outpatient not to exceed \$4,500 per schedule Radiation, Chemotherapy, Immunotherapy or Radioactive Isotopes Therapy: \$10,000 per month for **combined** charges

First Diagnosis Benefit: \$2,500 Lifetime Maximum Wellness Benefit: up to \$100 per calendar year

## **Heart Disease, Heart Attack & Stroke Insurance American Public Life**

Base Policy with \$5,000 First Occurrence Benefit

Employee Only	\$23.85
Single Parent Family	\$26.35
Family	\$45.50