

**DESOTO COUNTY SCHOOL DISTRICT
INSURANCE OPTIONS**

PLAN TYPE FOR DESOTO CO. SCHOOL DISTRICT	PER PAY	DESCRIPTION OF OPTIONAL AVAILABLE PLANS & COVERAGES
<u>HEALTH</u>	PREM	
Blue Options (BO) Employee	25.35	Pre-tax. Blue Cross Blue Shield Blue Options. Co-pay \$20 primary, \$35 specialist. Deductible: \$0 per Individual/\$0 Family Aggregate In Network \$500 per Individual/\$1500 Family Aggregate Out of Network Prescriptions: 30 day (\$10 generic, \$30 brand, \$45 Non-preferred) 90 day (\$20 generic, \$60 brand, \$90 Non-preferred)
BO Employee & Family	390.45	
BO Employee & Family - 20 Yrs in District	340.96	
BO Emp. & Family - 2 in District	55.58	
BO Emp. & Family - 2 in District, 1 w/20 yrs.	30.93	
HMO Employee	19.87	Pre-tax. Blue Cross Blue Shield Health Options. Co-pay \$15 PCP/ \$45 Specialist No Deductible Plan pays 100% of Contracted Provider Co-pay \$100 emerg room, \$300 outpatient surgery, \$300/day hospital Prescriptions: 30 day (\$10 generic, \$30 brand, \$45 Non-preferred) 90 day (\$20 generic, \$60 brand, \$90 Non-preferred)
HMO Employee & Family	237.35	
HMO Employee & Family - 20 Yrs in District	182.78	
HMO Emp. & Family - 2 in District	61.41	
HMO Emp. & Family - 2 in District, 1 w/20 yrs	34.10	
Plan A - In Lieu of Health Insurance	0.00	Alternative to Health Plan. Includes Fla. Combined Life employee dental, UNUMProvident disability and American Public Life medical supplement policies
<u>DENTAL</u>		
Dependent Dental - for emp. w/Plan A	31.08	Pre-tax. Combined Insurance Services No co-pay, \$50 deductible. Services paid at 100%, 80% or 50% per contract. Maximum annual benefit per person, \$2,000
Employee - for emp. w/BCBS health plan	17.03	
Emp. & Family - for emp. w/BCBS health plan	46.99	
<u>VISION</u>		
Employee only	3.25	Pre-tax. Vision Service Plan. Deductible of \$10 exam/ \$20 materials, other services discounted
Emp. & Family	9.30	
<u>OPTIONAL LIFE</u>		
Employee	Varies	After-tax. Fort Dearborn Life Insurance, Basic Life /AD&D Optional Voluntary Employee \$170,000 maximum - Spouse \$50,000 maximum Dependent Child(ren) options of \$5,000 or \$10,000 volume
Employee's Spouse	Varies	
Employee's Dependent Child(ren)	Varies	
<u>CANCER/INTENSIVE CARE</u>		
AFLAC - Cancer/Intensive Care	Varies	Pre-tax. AFLAC - Cancer/Intensive Care - Contact Tom Guidry at 863-494-2242 for info. Pre-tax. American Heritage/Allstate - Contact Noemi Pineda 813-842-2134 for info. Pre-tax. Liberty Nat'l - Cancer/Intensive Care - Pre-tax. NTA - Cancer/Intensive Care - Contact Joe Bologna 813-230-5962 for info.
American Heritage - Cancer/Intensive Care	Varies	
Liberty National - Cancer/Intensive Care	Varies	
NTA - Cancer/Intensive Care	Varies	
<u>MISC. PLANS</u>		
Accident Insurance - American Home	Varies	Pre-tax. Coverage 24 hours per day. Indiv or Family, coverage from \$10,000 to \$250,000. After-tax. Benefit can be up to 2/3 of salary, elim period from 0-180 days, costs vary. After-tax. Policy payable on DIAGNOSIS of cancer, heart disease, stroke, etc. Pre-tax. Flex reimb account - used for medical, dental, vision co-pays/deductibles etc. Emp. chooses amount. Use by Dec 31. Also avail. For childcare expenses.
Disability - UNUM	Varies	
Life Crisis/Critical Illness Plan - EMC	Varies	
FLEX Reimbursement / Mass Group Marketing	Varies	