



Your

Employee Benefits

ADEL-DESOTO-MINBURN COMMUNITY SCHOOLS

- ❖ Medical Insurance
- ❖ Dental Insurance
- ❖ Vision Insurance
- ❖ Additional Benefits
- ❖ Important Contacts

July 1, 2018

Eligibility Information

As a full-time employee, you're eligible for medical, dental and vision insurance benefits. Eligible dependents can also receive health care coverage. Some benefits are paid entirely by your employer at no cost to you. For other benefits, the cost is shared by you and your employer.

Making Changes During the Year

Generally, you can only change your benefit elections during the Annual Enrollment period. An exception is made for any Qualified Life Event (QLE), such as marriage, divorce, birth or adoption. You must notify the Business Office within 31 days of any QLE to make changes.

Otherwise, you'll have to wait until the next Open Enrollment period. Any changes you make to your benefit choices must be directly related to the Life Event. Proof of the change may be required (ex: a marriage license or birth certificate).

When Coverage Ends

Most benefits end at termination or the last day of the month following your last day worked. However, under certain circumstances, you may continue your health care benefits through COBRA insurance.

Your Benefits

Your Choices

Medical Insurance

One way your employer helps look after the health and welfare of you and your family is with comprehensive and flexible medical insurance. Your plans give you access to one of the broadest national PPO provider networks.

Closed to NEW ENROLLEES

Medical		Classic 100		Copay 750		Copay 1250		Blue Advantage	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network		Alliance Select		Alliance Select		Alliance Select		Wellmark Health Plan of Iowa	
Deductible (Annual)	Employee	\$100		\$750		\$1,250		\$0	NA
	Family	\$200		\$1,500		\$2,500		\$0	NA
Out-of-Pocket Maximum (Annual)	Employee	\$500		\$1,500		\$2,500		\$750	NA
	Family	\$500		\$3,000		\$5,000		\$1,500	NA
Coinsurance		10%	20%	20%	30%	20%	30%	10%	NA
Office Visits - Primary Care		10% coinsurance; Deductible waived	20% coinsurance after deductible	\$10 Copay	30% coinsurance after deductible	\$10 Copay	30% coinsurance after deductible	\$10 Copay	NA
Office Visits - Specialty Care		10% coinsurance; Deductible waived	20% coinsurance after deductible	\$10 Copay	30% coinsurance after deductible	\$10 Copay	30% coinsurance after deductible	\$10 Copay	NA
Telehealth - Doctor on Demand		10% coinsurance; Deductible waived	NA	\$10 Copay	NA	\$10 Copay	NA	\$10 Copay	NA
Preventive Care: <i>Adult Health Exam; Well Child to age 7; Well-Woman Services; Immunizations and Routine Vision Exam</i>		0% In-Network	20% coinsurance after deductible	0% In-Network	30% coinsurance after deductible	0% In-Network	30% coinsurance after deductible	0% In-Network	NA
Hospitalization - Inpatient or Outpatient		10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance	NA
Emergency Room		10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	\$50 Copay	
Mental Health / Chemical Dependency - Inpatient or Outpatient		10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance	NA
Ambulance		10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance	NA
Durable Medical Equipment		10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance	NA
Outpatient Therapy (Speech, occupational, physical)		10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance	NA
Diagnostic X-Rays and Labs		10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance	NA
Infertility Benefits*		\$25,000 lifetime maximum for transfer procedures		\$25,000 lifetime maximum for transfer procedures		\$25,000 lifetime maximum for transfer procedures		\$15,000 lifetime maximum for transfer procedures	NA
Orthotic Devices		10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	Not Covered	NA

Your Benefits

Your Choices

Pharmacy		Classic 100	Copay 750	Copay 1250	Blue Advantage
Network		In-Network Complete Blue Rx	In-Network Complete Blue Rx	In-Network Complete Blue Rx	In-Network Complete Blue Rx
Rx Deductible (Waived for Tier 1)	Single Family	Deductible then 20% coinsurance. RX applies to medical deductible and out-of-pocket maximum.	NA	NA	NA
Retail Pharmacy (30-day supply)	Tier 1		\$10	\$10	\$5
	Tier 2		\$25	\$20	\$10
	Tier 3 & 4		\$40	\$30	\$10
Specialty Preferred			\$85	\$85	\$85
Specialty Non-Preferred			\$85	\$85	\$85
RX Out-of-Pocket Maximum	Single		\$1,500	\$250	\$1,500
	Family		\$3,000	\$500	\$3,000
Mail Order (90-day supply)	Tier 1		\$20	\$20	\$10
	Tier 2		\$50	\$40	\$20
	Tier 3 & 4	\$80	\$60	\$20	

NOTES:

Doctor on Demand: Doctor On Demand is a virtual visit platform that immediately connects you to a board-certified physician by live video on your smartphone, tablet or computer. - Member cost to use Doctor on Demand is the same coinsurance % or Copay \$ as that for a Primary Office Visit.

* Eligible infertility charges are covered as any other service and coinsurance will apply to annual out-of-pocket maximum.

Pharmacy: If you use a nonparticipating pharmacy, you must pay the amount charged at the time of purchase, and the amount Wellmark reimburses you may be less than what you paid. You are responsible for this difference.

Rx Product Selection Penalty Rule - Copay RX: When a brand drug is obtained and there is an equivalent generic drug available, the member is responsible for paying their payment obligation for the equivalent generic (i.e. lowest payment application) and any remaining cost difference up to the maximum allowed fee for the brand name drug.

Blue Advantage: Must name a Primary Care Physician and preventive services must be performed by the PCP in order to be covered at 100%.

Rx Product Selection Penalty Rule - HMO Blue Advantage RX: When a brand drug is obtained and there is an equivalent generic drug available, the member is responsible for paying their payment obligation for the equivalent generic (i.e. lowest payment application) and any remaining cost difference up to the maximum allowed fee for the brand name drug except when the provider writes "Dispense as Written" (in this case, the member pays only the appropriate payment application).

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the Benefits Certificate itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply.



Your Benefits

Your Choices

Dental and Vision Insurance

Delta Dental of Iowa Voluntary Dental	Comprehensive		Catastrophic		Preventive	
	In-Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
Annual Deductible - Applies to all services unless noted	\$50/ PPO \$150/ Premier	\$225/ Non-Par	Waived/ PPO \$100/ Premier	\$150/ Non-Par	\$50/ PPO \$50/ Premier	\$75/ Non-Par
Preventive and Diagnostic Treatment	20% / 30%	50%	NA	NA	20% / 30%	50%
Basic Treatment	50% / 50%	70%	NA	NA	50% / 50%	70%
Major Treatment	40% / 50%	70%	40% / 50%	70%	NA	NA
Annual Maximum Benefit	\$1,250		\$1,250		Unlimited	

AVESIS Voluntary Vision Insurance		In-Network	Out of Network
Materials Copay (Applies to frame or spectacle lenses, if applicable.)		\$15	NA
Frame Allowance	Every 24 months	\$50 wholesale - Up to \$150 retail value	Up to \$45
Prescription Lenses	Every 12 months		
Single Vision		Covered in full after materials copay	Up to \$25
Bifocal		Covered in full after materials copay	Up to \$40
Trifocal		Covered in full after materials copay	Up to \$50
Lenticular		Covered in full after materials copay	Up to \$80
- Standard Progressives		Up to \$50, plus 20% off retail	Up to \$40
Other lens options		Up to 20% off retail	NA
Contact Lenses (in lieu of frame and spectacle lenses)	Every 12 months		
Medically Necessary		Covered in Full	\$250
Elective		\$130 Allowance	\$130
Every 12 months (in lieu of frame and spectacle lenses)			
LASIK or PRK - onetime or per lifetime		\$150 allowance; Provider discount up to 25%	\$150

For a complete list of covered services, please refer to your benefit certificate.

More Benefits

Key Contacts

Create a healthy balance with these other benefits that help you feel and live better today – and actively plan for tomorrow.



Doctor on Demand

Visit a doctor on your smartphone, tablet or computer from virtually anywhere. Service is available 24 hours a day, 365 days a year.

GET TREATMENT FOR: Cold and flu, Bronchitis and sinus infections, Urinary tract infections, Sore throats, Allergies, Fever, Headache, Pink eye, Skin condition, Mental health issues (including anxiety, depression, relationship issues, grief, eating disorders, smoking cessation or alcohol dependence)

myWellmark - Mobile App

UNDERSTANDING YOUR HEALTH CARE BENEFITS HAS NEVER BEEN EASIER OR MORE CONVENIENT.

The Wellmark app gives you mobile access to your favorite myWellmark tools on your smartphone. MY CLAIMS Check the status of your claims. View your benefit information, such as copayments, deductibles and out-of-pocket maximums. Ask Customer Service a question. WELLNESS SERVICES Research health topics and monitor your progress with health trackers. MOBILE ID CARD View your ID card and email a PDF to your provider.

Identity Theft Protection

Monitor your credit record. Keep track of your online activity 24 hours a day, 7 days a week. Have access to complete identity recovery if fraudulent activity is found. you and your dependents have exclusive access to identity protection services called MyIDCare™.

Deltavision Discount Program

If you are enrolled in the Dental plan, you and your family can save money on vision materials by seeing an EyeMed Vision provider. You can use your DeltaVision discount as often as you like all year long on nearly all your vision care purchases at participating providers.

Ability Assist Counseling Services

From the everyday issues like job pressures, relationships, retirement planning or personal impact of grief, loss, or a disability, Ability Assist can be your resource for professional support. You and your family, including spouse and dependents, can access Ability Assist, at any time, as long as you are covered under The Hartford's Disability insurance.

EstateGuidance® Will Services

As a covered employee under a Hartford Group Life insurance policy, you have access to EstateGuidance® Will Services provided by ComPsych®. It helps you create a simple, legally binding will quickly and conveniently online, saving you the time and expense of a private legal consultation.



More Benefits

Key Contacts

Important Contacts

Please contact the individual company/provider listed here to learn more about a specific benefit plan. We also invite you to speak with the Business Office.

Benefit:

Medical/Rx
Dental
EyeMed Vision Discount
Life/AD&D, Long Term Disability

Contact:

Wellmark
Delta Dental
EyeMed Vision
Business Office

Phone:

800-524-9242
800-544-0718
866.246.9041

Website:

www.wellmark.com
www.deltadentalia.com
www.deltadentalia.com/deltavision

This guide describes the benefit plans and policies available to you. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. It doesn't contain all of the details that are included in your benefit certificates found in your other employee benefit materials. If there's ever a question about one of these plans and policies, or if there's a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

Note: The benefits described in this guide may be changed at any time and don't represent a contractual obligation – either implied or expressed – on the part of your employer.

