

**KANELAND COMMUNITY UNIT
SCHOOL DISTRICT #302**

2010-11 Employee Benefit Summary

**Medical
Dental
Prescription Drugs
Life and Accidental Death & Dismemberment
Long Term Disability
Vision**

Premium Cost and Company Information

Note: This summary is an illustration only. It does not contain all of the details that are included in your summary plan description. If there is ever a question about one of these plans or policies, or if there is a conflict between the information in this guide and the formal plan document, the plan document governs. Please note that the benefits described in the guide may be changed at any time and do not represent a contractual obligation on the part of the school district.

PPO = Preferred Provider Organization

Accumulation Period for Deductibles and Out-of-Pocket Maximums is Calendar Year
Medical Plan

Plan Features	BlueCross BlueShield of Illinois
Medical Annual Deductible	\$300 Individual; \$600 Family
Medical Out-of-Pocket Maximum (after deductible has been met)	\$500 Individual; \$4,000 Family
Routine Medical Preventive Care	\$300 Per Person (no deductible)
Office Visits	90% PPO, 70% Non-PPO
Chiropractic/Muscle Manipulations; Naprapathic Services	90% PPO, 70% Non-PPO \$3,000 calendar year maximum
Inpatient Hospital/Facility Services; Skilled Nursing Facility; Coordinated Home Care	90% PPO; 70% Non-PPO
Outpatient Surgical or Diagnostic Services; Ambulatory Surgical Facility	90% PPO; 70% Non-PPO
Medical Services Advisory Program (1-800-232-7108)	Requires notification 1 business day prior to elective admissions and within 2 business days following emergency and maternity admissions. Non-compliance penalty = \$250
Mental Health, Outpatient Services	90% PPO, 70% Non-PPO; 45 Sessions maximum
Mental Health, Inpatient Services	90% PPO, 70% Non-PPO; 30 Days maximum
Hearing Aid Benefit	\$200 maximum (24 month period)
Orthopedic Shoes prescribed by doctor	50%; one pair per calendar year

Dental Plan

Plan Features	J.N. Morcos Insurance Company* Employees will receive a new Dental Card
Dental Annual Deductible	\$50 Individual; \$100 Family
Preventive Care	100% (no deductible)
Regular Care	80%
Special	70%*
Orthodontia	50%; \$1,500 lifetime maximum
Annual maximum	\$2,000

Prescription Drugs

Plan Features	BlueCross BlueShield of Illinois		
RX Annual Deductible	\$50 Individual; \$100 Family		
RX Out-of-Pocket Maximum (after deductible has been met)	\$500 Individual; \$1,000 Family		
Prescription Drugs	Retail	Mail (90 day supply)	
	Generic	\$15	\$30
	Formulary	\$30	\$60
	Non-formulary	\$50	\$100

Life & AD&D

Plan Features	Lincoln National Life Insurance Co.
Staff	\$10,000
Administrators	\$50,000

Long Term Disability

Plan Features	Lincoln National Life Insurance Co.
Schedule Amount	66 2/3% to \$6,000 monthly maximum
Waiting Period	180 days

Vision Plan

Plan Features	Discount with BCBS card-see Davis Vision on next page for covered doctors
Prescription eyeglasses, contacts and eye exam	Up to \$300 reimbursement for all covered employees and dependents with BCBS claim form*

Premiums – Per Pay Period (24 Pays) **2010-2011 School Year**

Coverage Group		Single	Family
Teachers and 12-month Educational Support Personnel	Employee Share	\$ 12.88 (5%)	\$ 109.06 (25%)
	Employer Share	\$244.74 (95%)	\$533.28 (75%)
Other Educational Support Personnel (min. of 7½ hrs/day)	Employee Share	\$ 12.88 (5%)	\$205.24 (50%)
	Employer Share	\$244.74 (95%)	\$437.10 (50%)
Administrators*	Employee Share	\$ 1.95	\$ 16.63
	Employer Share	\$ 255.67	\$ 625.71

* Administrators – Employer Share 100% - unless administrator agreed to participate in FY11 premium increase.

	Monthly Premium Total
Teachers and 12-month Educational Support Personnel – Single Coverage	\$25.76 (Employee) + \$489.48 (Employer) = \$515.24 (Monthly Total)
Teachers and 12-month Educational Support Personnel –Family Coverage	\$218.12 (Employee) + \$1,066.56 (Employer) = \$1,284.68 (Monthly Total)
Other Educational Support Personnel (min. of 7½ hrs/day)	\$25.76 (Employee) + \$489.48 (Employer) = \$515.24 (Monthly Total)
Other Educational Support Personnel (min. of 7½ hrs/day)	\$410.48 (Employee) + \$874.20 (Employer) = \$1,284.68 (Monthly Total)
	Annual Premium Total
Teachers and 12-month Educational Support Personnel – Single Coverage	\$309.12 (Employee) + \$5,873.76 (Employer) = \$6,182.88 (Annual Total)
Teachers and 12-month Educational Support Personnel –Family Coverage	\$2,617.44 (Employee) + \$12,798.72 (Employer) = \$15,416.16 (Annual Total)
Other Educational Support Personnel (min. of 7½ hrs/day)	\$309.12 (Employee) + \$5,873.76 (Employer) = \$6,182.88 (Annual Total)
Other Educational Support Personnel (min. of 7½ hrs/day)	\$4,925.76 (Employee) + \$10,490.40 (Employer) = \$15,416.16 (Annual Total)

Plan Administrator: BlueCross BlueShield of Illinois
1.800.828.3116 Medical Claims, billing questions
1.800.367.6401 Dental Claims, billing questions
1.800.423.1973 Pharmacy Program
1.800.826.8551 Blue Care Connection for inpatient admissions
www.bcbsil.com for list of physicians and hospitals

Representative: J. N. Morcos Insurance 1.630.892.3900
P. O. Box 98
Aurora, IL 60507
e-mail: Jolene@morcosins.com

Long Term Disability: Lincoln National Life Insurance Company
Customer Service 1.800.423.2765
8801 Indian Hills Drive
Omaha, NE 68114

BCBS Vision Discount Plan: Davis Vision
Vision Customer Service 1.877.393.8844
www.davisvision.com; click on Members; enter Control Code 4513; NOT an HMO member