

CHESAPEAKE PUBLIC SCHOOLS

2019 Employee Benefits Summary

2019 RATES (PER PAY PERIOD DEDUCTIONS)

The premiums are deducted each pay period over ten months with **no deductions, *HSA deposits or spousal surcharges during July and August.** Deductions per pay period are shown below.

MEDICAL

KEYCARE:	Employee Only	\$108.55	\$ 88.55
	Employee/Child(ren)	\$187.40	\$167.40
	Employee/Spouse	\$244.76	\$224.76
	Employee/Family	\$314.02	\$294.02
	Double Employee	\$135.56	\$115.56 OR \$ 95.56 (if both did biometric & HHRA)
	Double Employee/Family	\$204.82	\$184.82 OR \$164.82 (if both did biometric & HHRA)

(this plan is no longer available for new enrollment)

WITH WELLNESS CREDIT

HMO	Employee Only	\$ 25.80	\$ 5.80
OPEN ACCESS:	Employee/Child(ren)	\$ 91.20	\$ 71.20
(no referrals)	Employee/Spouse	\$139.20	\$119.20
	Employee/Family	\$199.20	\$179.20
	Double Employee	\$ 30.00	\$ 10.00 OR \$+10.00**(if both did biometric & HHRA)
	Double Employee/Family	\$ 90.00	\$ 70.00 OR \$ 50.00 (if both did biometric & HHRA)
HDHP:	Employee Only*	\$ 0.00	\$+20.00**
With an HSA	Employee/Child(ren)	\$ 17.26	\$ +2.74**
	Employee/Spouse	\$ 66.42	\$ 46.42
	Employee/Family	\$124.04	\$104.04

*CPS will deposit \$49.85 per pay period into your Health Savings Account (HSA)

**Amount will be added to paycheck each pay period over 10 months (none in July or August)

SPOUSAL SURCHARGE

A \$25 per pay period will be charged for spousal coverage if the spouse is eligible for coverage with their employer.

DENTAL

1 plan only	Employee Only	\$ 0.00
	Employee/Child/Spouse	\$ 15.61

BASIC TERM LIFE & AD&D INSURANCE (10K)

1 plan only	Employee Only	\$.96
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VAD&D (VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE)

Employee only coverage:

\$ 50,000	\$.36
\$100,000	\$.72
\$150,000	\$ 1.08
\$200,000	\$ 1.44
\$250,000	\$ 1.80

Employee/Family coverage:

\$ 50,000	\$.66
\$100,000	\$ 1.32
\$150,000	\$ 1.98
\$200,000	\$ 2.64
\$250,000	\$ 3.30

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LEGAL RESOURCES™

Legal Resources Only Employee/Family	\$ 10.20
ID Theft ONLY Gold Employee Only	\$ 5.97
ID Theft ONLY Gold Employee/Spouse	\$ 10.77
ID Theft ONLY Platinum Employee Only	\$ 10.17
ID Theft ONLY Platinum Employee/Spouse	\$ 18.57

MEDICAL AND DENTAL INSURANCE COVERAGE

Three Anthem health care plans are currently available: **Keycare (PPO) (no new enrollment), Healthkeepers HMO Open Access/POS plan (no referrals), and a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).**

A \$200/\$400 deductible will be applied to the Keycare PPO plan and the HMO Open Access plan this year. A \$1500/\$3000 deductible will be applied to the HDHP plan. Copays for the PPO and HMO plans are **\$25** for a primary care physician and **\$50** for a specialist. A coinsurance of 20% will be applied on the HDHP after the deductible has been met. Co-pays for preventive care are waived under all plans. Information regarding prescription drug coverage is included in this document. **Retail pharmacy copays are increasing to \$20/\$50/\$100/10% (max of \$200).** The \$100 deductible will continue on Tiers 2-4. **There is no increase in copays for prescriptions filled at the CPS Wellness Centers.**

One **dental plan** is offered through Anthem Dental.

Diabetes Program: Employees, spouses, and dependents with diabetes, covered by a CPS health insurance plan, are encouraged to enroll in our Diabetes Program. This program is designed to improve the health of our diabetic members. As an incentive for meeting with a Health Coach on a regular basis, co-pays for diabetic medications and supplies will be waived. To enroll, please contact one of our CPS Health Centers.

Knells Ridge Health Center
817 Botetourt Ct Suite 106
Chesapeake, VA 23320
757-389-7300

Washington Shoppes Health Center
838 Old George Washington Hwy Suites T & U
Chesapeake, VA 23323
757-389-7631

Wellness Credit: Employees are able to receive a \$20 per pay period wellness credit by completing both a biometric screening and an online questionnaire concerning your personal health history (HHRA). You can go to www.My.Marathon-Health.com or use the kiosk at either CPS Health Center. You may also contact Marathon Health at 1-888-490-6077 for assistance.

Double Employee or Double Employee/Family coverage is available for employees whose spouse is also a benefits-eligible employee of Chesapeake Public Schools. Discounted premiums are offered to employees eligible to enroll in one of these options.

BASIC TERM LIFE & AD&D INSURANCE (10K)

This plan is offered through Anthem Life Insurance Company and is available for employees only. You must enroll in this plan if you enroll in medical and/or dental insurance. It is not available if you are not enrolled in medical and/or dental insurance.

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VAD&D (VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE)

This plan, also offered through Anthem Life Insurance Company, provides 24-hour coverage against any **covered accident**. Family coverage is available. Coverage is shown below.

Employee Only	100% for employee
Employee/Children**	100% for employee/20% for each child
Employee/Spouse	100% for employee/60% for spouse
Employee/Family**	100% for employee/60% for spouse/20% for each child

****Dependent** children up to age 24

Employees who are married to another Chesapeake Public Schools employee cannot be covered as a dependent under a spouse's plan. Only one employee can carry family coverage.

LEGAL RESOURCES™ PLAN

The Legal Resources™ Plan is a legal services benefit offered to all full-time employees. The plan covers various routine legal matters, and other services are offered at a discount. Legal Resources™ also offers the opportunity to enroll in an Identity Theft Protection Plan. For more information, visit www.legalresources.com or call 757-498-1220.

FLEXIBLE SPENDING ACCOUNT PLAN (FSA)

The FSA plan allows you to pay for certain types of health and/or dependent care expenses with pretax dollars. The maximum contribution for a Health Care FSA (includes health care expenses for dependents) is \$2,650 this plan year. (Please note that cosmetic expenses for aesthetic purposes are not eligible for reimbursement.) The maximum contribution for a Dependent Care FSA is \$5,000 this plan year. Contribution amounts to the Health Care and Dependent Care plans are separate and cannot be combined.

Elections made to either plan are irreversible and cannot be changed unless you have a qualifying change in family status. You must contact the Office of Financial Services within 31 calendar days of your qualifying event in order to make a change to your FSA contribution.

The FSA plan **does not** automatically renew each year. You must enroll during the open enrollment period. The plan will be effective **January 1, 2019**, and will end **December 31, 2019**. For more information, visit www.flex-admin.com or call 757-340-4567.

PRETAX PREMIUM PLAN

This plan renews automatically and allows you to make **medical and/or dental premium contributions** before taxes are withheld. Premiums for Employee Basic Life & Accidental Death & Dismemberment Insurance, Voluntary Accidental Death & Dismemberment Insurance, and Legal Resources™ **are not** eligible for the Pretax Plan.

Under current Internal Revenue Service regulations, once enrolled in the Pretax Premium Plan, you **cannot change** your medical and/or dental choices until the next open enrollment period unless you have a change in "family status." "Family status" changes include marriage, divorce, or birth, adoption or maturity of a child. Other changes may include a spouse or dependent child losing or gaining insurance or employment. Any changes made to coverage **must be made within 31 calendar days** of the qualifying "family status" change.

HOW TO REQUEST A CHANGE IN INSURANCE COVERAGE

In the event of a change in "family status," changes **must be made within 31 calendar days** following the qualifying change in "family status." To make changes, please contact the Financial Services Office at 757-547-1343 to obtain the forms needed and return completed forms to the Financial Services Office at SAB within 31 calendar days of the qualifying event.

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PHARMACY RATES

Retail Pharmacy

Ex: Walmart, Walgreens, Rite Aid, etc...

Tier 1	\$ 20
Tier 2	\$100 deductible every January 1 st then an additional \$50 co-pay
Tier 3	\$100 deductible every January 1 st then an additional \$100 co-pay
Tier 4	\$100 deductible every January 1 st then an additional 10% co-pay Maximum \$200 co-pay

90-day prescriptions can be filled through mail order for two co-payments.

\$40 / \$100 / \$200 / 10% max \$400

CPS Wellness Center

Tier 1	\$ 2
Tier 2	\$20
Tier 3	\$40
Tier 4	\$10% co-pay Maximum \$200 co-pay

CPS Wellness Centers can fill a 90-day prescription at both pharmacies for two co-payments.

\$4 / \$40 / \$80 / 10% max \$400

Knells Ridge Wellness Center
817 Botetourt Ct
Chesapeake, VA 23320
757-410-2775

Washington Shoppes Wellness Center
838 Old George Washington Hwy
Chesapeake, VA 23323
757-606-1956