



Clarkston School District - IUOE ONLY

Medical Comparison

Effective November 1, 2013

	Premera/WEA					
	Plan 2	Plan 3	EasyChoice A	EasyChoice B	EasyChoice C	QHDHP
	Heritage	Heritage	Heritage	Heritage	Foundation	Foundation
Deductible / Calendar	Applies unless noted as DW	Applies unless noted as DW	Applies unless noted as DW	Applies unless noted as DW		Applies unless noted as DW
Individual	\$200	\$300	\$1,000	\$750	\$0	\$1,500
Family	\$600	\$900	\$3,000	\$2,250	\$0	\$3,000
Coinsurance	80%	80%	80%	75%	65%	80%
Out of Pocket Max	Excludes copays	Excludes copays	Excludes copays	Excludes copays	Excludes copays	N/A
Individual	\$1,500	\$2,750	\$5,000	\$4,000	\$7,500	\$4,000
Family	\$4,500	\$8,250	\$15,000	\$12,000	\$22,500	\$8,000
Preventive Care						
Exam	100%; DW	100%; DW	100%; DW	100%; DW	100%	100%; DW
Office Visit						
Exam Copay	\$25; DW	\$30; DW	\$15; DW	\$30; DW	\$35; DW	DC
X-ray & Lab						
Preventive	100%; DW	100%; DW	100%; DW	100%; DW	100%	100%; DW
Other	80%	80%	80%*	75%	65%	DC
Hospitalization						
Inpatient Services	\$150 per day; \$450 max PCY	\$300 per day; \$900 max PCY	no copay	no copay	no copay	DC
Outpatient Surgery Copay	\$100	\$150	no copay	no copay	no copay	DC
Emergency Room Copay	\$75	\$100	\$100	\$150	\$200	DC
Prescription Drugs	Retail: Up to 34 day Supply	Retail: Up to 34 day Supply	Retail: Up to 30 day Supply	Retail: Up to 30 day Supply	Retail: Up to 30 day Supply	Retail: Up to 30 day Supply
Deductible / OOP	N/A	N/A	\$500/person PCY	\$250/person PCY	\$500/person PCY	Subject to Deduct
Generic	\$10	\$15	\$0; DW	\$0; DW	\$0; DW	20%
Preferred Brand	\$20	\$25	30%	\$30	\$30	20%
Non-Preferred	\$35	\$40	30%	\$45	\$45	20%
Mail Order	\$10/\$20/\$35 100 day supply	\$15/\$25/\$40 100 day supply	\$0-DW/25%/25% 90 day supply	\$0-DW/\$75/\$112 90 day supply	\$0-DW/\$75/\$112 90 day supply	20% 90 day supply
Vision						
Exam Copay	not covered	not covered	not covered	not covered	not covered	not covered
Life/AD&D	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500
Monthly Premiums						
Employee	\$858.30	\$768.65	\$548.35	\$548.35	\$548.35	\$430.95
Employee & Spouse	\$1,574.85	\$1,409.40	\$997.90	\$997.90	\$997.90	\$783.40
Employee , Spouse & Child(ren)	\$1,888.70	\$1,690.25	\$1,195.95	\$1,195.95	\$1,195.95	\$925.95
Employee & Child(ren)	\$1,147.34	\$1,027.40	\$727.95	\$727.95	\$727.95	\$571.80

***Paid in full to \$1,000 then deduct + coin**

For complete details please refer to the Benefit Summary. Any discrepancy between this illustration and the contract will be governed by the contract. Final rates are based upon actual enrollment. Please be aware that carriers may revise rates upon enrollment if enrollment differs from census provided. This is an illustration for financial comparative purposes only. Deductible applies unless noted as Deductible Waived = DW, Coinsurance Waived = CW, Deductible & Coinsurance Waived = DCW, Deductible & Coinsurance applies = DC, Per Calendar Year = PCY.

Clarkston School District 2013-14 Benefits at a Glance

Dental Plan Options	Regence BlueShield Dental - Plan 1	Regence BlueShield Dental - Plan 2	WEA / Willamette Dental - Plan 1
Annual Maximum	\$1,000	\$2,000	unlimited
Deductible	no deductible	no deductible	no deductible
Diagnostic and Preventive Services	100%	100%	100% after \$15 copay
Restorative	85%	85%	copay depends upon type
Major	85%	85%	copay depends upon type
Monthly Cost			
Employee Only	\$62.20	\$83.20	\$74.70
Employee & Spouse	\$121.30	\$162.40	
Employee, Spouse & Children	\$142.90	\$191.40	
Employee & Children	\$83.90	\$112.30	
Vision	Regence BlueShield		
Copay			
Exam	no copay		
Materials	no copay		
Exam once every 12 consecutive months	100%		
Lenses - (pair)			
Single Vision	\$150 combined allowance		
Bifocal			
Continuous Blend			
Frames - once every calendar year			
Contact Lenses - once every calendar year (in lieu of all other services)	\$150 allowance		
Monthly Cost			
Employee Only	\$16.40		
Employee & Spouse	\$31.50		
Employee, Spouse & Children	\$37.50		
Employee & Children	\$22.00		
Voluntary Supplemental Life	UNUM		
All Eligible Employees	Choice of: \$10,000 to \$500,000 in increments of \$10,000		
Voluntary Plans	UNUM		
All Eligible Employees	Critical Illness, Accident, and Short Term Disability		
Flexible Spending Account	Flex Plan Service, Inc.		
Health Care Flexible Spending Account	\$3,000 per plan year		
Day Care Flexible Spending Account	\$5,000 per plan year (\$2,500 if married, filing separately)		
Benny Card	Available		

This is intended to be a quick reference of your available plans and does not constitute a contract.

For further information, contact:

Regence BlueShield	www.regence.com/ID	(800) 632-2022
WEA / Premera Blue Cross	www.premera.com/wea	(800) 932-9221
WEA / Willamette Dental	www.willamettedental.com	(800) 360-1909
UNUM	www.unum.com	(866) 679-3054
Flex-Plan Services	www.flex-plan.com	(425) 452-3438
Propel Insurance	www.propelinsurance.com	(800) 499-0933