



# HUMAN RESOURCES

## 2016 Health Plan Options for Employees

This is a general summary of benefits only; plan details can be found in the Plan Certificate available from Anthem after January 1, 2016.

<b>BUY-UP</b> (Plan is closed. Only current members may continue.)			<b>CORE</b>		<b>High Deductible Health Plan (HDHP) with Health Savings Account (HSA)</b>	
<b>Medical Benefits</b>	<b>Network / Non-Network*</b>		<b>Network / Non-Network*</b>		<b>Network / Non-Network*</b>	
Deductible - Single	\$100 / \$100		\$500 / \$500		\$3,000 / \$6,000	
Deductible - Family	\$200 / \$200		\$1,000 / \$1,000		\$6,000 / \$12,000	
Coinsurance	10% / 20%		20% / 40%		100% / 70%	
Out-of-Pocket Limit - Single	\$350 / \$350		\$2,000 / \$2,000		\$3,000 / \$12,000	
Out-of-Pocket Limit - Family	\$700 / \$700		\$4,000 / \$4,000		\$6,000 / \$24,000	
Office Visit	10% / 20%		20% / 40%		100% / 70%	
Preventive Care	100% (Ded. Waived)		100% no limits (Ded. Waived)		100% (Ded. Waived In-Network) / 70%	
<b>RX Benefits</b>					Medical and Prescription Drug costs accumulate towards the same Deductible and Out of Pocket Maximum	
Out-of-Pocket Limit - Single	\$4,500		\$4,500		Note: Member pays full Rx cost until deductible met. Once deductible has been met, Plan pays at 100%.	
Out-of-Pocket Limit -Family	\$9,000		\$9,000			
Retail: (30 day supply)	\$10 Generic or SS Brand Formulary		\$10 Tier 1			
	\$20 Brand Formulary		\$20 Tier 2			
	\$30 Generic or Brand Non-Formulary		\$30 Tier 3			
			\$100 Tier 4			
Mail Order: (90 day supply)	\$20 Generic or SS Brand Formulary		\$20 Tier 1		100% / 70% (after deductible)	
	\$40 Brand Formulary		\$40 Tier 2			
	\$60 Generic or Brand Non-Formulary		\$60 Tier 3			
<b>Dental Benefits</b>			<b>No Dental Network</b>		<b>No Dental Network</b>	
Annual Deductible (per Person)	\$25 (Does not apply to Class 1 Services**) Deductible is per person		\$25 (Does not apply to Class 1 Services**) \$75 annual family ded. maximum		\$25 (Does not apply to Class 1 Services**) \$75 annual family ded. maximum	
Annual Maximum	\$1,000 (Class 1 Services** not Included)		\$1,500 (Class 1 Services** not Included)		\$1,500 (Class 1 Services** not Included)	
Orthodontia	N/A		50% - \$1,500 Lifetime Maximum		50% - \$1,500 Lifetime Maximum	
<b>Vision Benefits</b>			<b>Network / Non-Network</b>		<b>Network / Non-Network</b>	
Exam (no deductible required for vision services)	\$5 copay / Up to \$42 (Covered once every 24 months)		\$5 copay / Up to \$42 (Covered once every 12 months)		\$5 copay / Up to \$42 (Covered once every 12 months)	
Frame Allowance	\$130		\$150		\$150	
Contact Allowance	\$130		\$150		\$150	
<b>Employee Cost Tiers</b>						
	<b>Employee Per Pay (18)</b>	<b>Employee Annual</b>	<b>Per Pay (18)</b>	<b>Employee Annual</b>	<b>Per Pay (18)</b>	<b>Employee Annual</b>
Employee Only	\$ 142	\$ 2,556	\$ 97	\$ 1,746	\$ 43	\$ 774
Employee & Child(ren)	\$ 276	\$ 4,968	\$ 189	\$ 3,402	\$ 83	\$ 1,494
Employee & Spouse	\$ 318	\$ 5,724	\$ 218	\$ 3,924	\$ 96	\$ 1,728
Employee & Family	\$ 374	\$ 6,732	\$ 256	\$ 4,608	\$ 111	\$ 1,998
2016 HSA Contribution from FWCS to Employee	N/A		N/A		Single: \$1000 (\$250 quarterly) Child/Spouse/Family: \$2000 (\$500 quarterly)	

This is a general summary of benefits only; plan details can be found in the Plan Certificate. Anthem Plan Summaries are posted on the FWCS website at: [www.fortwayneschools.org](http://www.fortwayneschools.org).

\* You must meet deductibles and OOP Maximums separately for medical and dental in- and out-of-network services.

\*\* Class I dental services are preventive services (for example, an annual exam or dental cleaning)



HUMAN RESOURCES  
**2016 Health Plan Options for Employees**

**Employer Rate Section**

BUY-UP (Plan is closed. Only current members may continue.)			CORE		High Deductible Health Plan (HDHP) with Health Savings Account (HSA)	
Employer Cost Tiers	Employer Per Pay (18)	Employer Annual	Per Pay (18)	Employer Annual	Per Pay (18)	Employer Annual
Employee Only	\$ 388	\$ 6,984	\$ 388	\$ 6,984	\$ 388	\$ 6,984
Employee & Child(ren)	\$ 756	\$ 13,608	\$ 756	\$ 13,608	\$ 756	\$ 13,608
Employee & Spouse	\$ 872	\$ 15,696	\$ 872	\$ 15,696	\$ 872	\$ 15,696
Employee & Family	\$ 1,024	\$ 18,432	\$ 1,024	\$ 18,432	\$ 1,024	\$ 18,432
<b>Total Cost</b>	<b>Total Annually</b>		<b>Total Annually</b>		<b>Total Annually</b>	
Employee Only	\$ 9,540		\$ 8,730		\$ 7,758	
Employee & Child(ren)	\$ 18,576		\$ 17,010		\$ 15,102	
Employee & Spouse	\$ 21,420		\$ 19,620		\$ 17,424	
Employee & Family	\$ 25,164		\$ 23,040		\$ 20,430	

Employee Coverage: Employee Only / Employee & Child: Employee and their children /  
 Employee & Spouse: Employee and their spouse / Employee & Family: Employee with Spouse and children

**Plan Provisions:**

The annual Open Enrollment is for employees and children only based on ACA language.

\*Married employees who are **both** eligible for health insurance benefits must take either an employee & spouse or employee & family plan.  
 (No single plans will be granted)

\*\* **Spousal Carve out:** Spouses who are currently enrolled in the FWCS health plan may remain on the health plan. Current and newly eligible employees whose spouse has other coverage available must take that coverage and cannot enroll in the FWCS plan, unless a qualifying event occurs.