



HUMAN RESOURCES

2017 Health Plan Options for Retirees

This is a general summary of benefits only; plan details can be found in the Plan Certificate available from Anthem after January 1, 2017. Anthem Plan Summaries are posted on the FWCS website at www.fortwayneschools.org (Employees tab / Health Insurance link).

| | CORE | | High Deductible Health Plan (HDHP) with Health Savings Account (HSA) | |
|--------------------------------------|---|-----------|---|-----------|
| Medical/RX Benefits | Network / Non-Network* | | Network / Non-Network* | |
| Deductible - Single | \$500 / \$500 | | \$3,000 / \$6,000 | |
| Deductible - Family | \$1,000 / \$1,000 | | \$6,000 / \$12,000 | |
| Coinsurance | 20% / 40% | | 100% / 70% | |
| Out-of-Pocket Limit - Single | \$2,000 / \$2,000 | | \$3,000 / \$12,000 | |
| Out-of-Pocket Limit - Family | \$4,000 / \$4,000 | | \$6,000 / \$24,000 | |
| Office Visit | 20% / 40% | | 100% / 70% | |
| Preventive Care | 100% no limits (Ded. Waived) | | 100% (In-Network Ded. Waived) / 70% | |
| RX Benefits | | | | |
| Out-of-Pocket Limit – Single | \$4,500 | | All Rx applies toward Deductible | |
| Out-of-Pocket Limit - Family | \$9,000 | | | |
| Retail: (30 day supply) | \$10 Tier 1 | | 100% / 70% | |
| | \$20 Tier 2 | | Note: Member pays full Rx cost until deductible met. Once deductible has been met, Plan pays at 100%. | |
| | \$30 Tier 3 | | | |
| | \$100 Tier 4 | | | |
| Mail Order: (90 day supply) | \$20 Tier 1 | | 100% / 70% | |
| | \$40 Tier 2 | | | |
| | \$60 Tier 3 | | | |
| Dental Benefits | No Dental Network | | No Dental Network | |
| Annual Deductible (per Person) | \$25 (Does not apply to Class 1 Services**) Maximum Annual Family deductible \$75 | | \$25 (Does not apply to Class 1 Services**) Maximum Annual Family deductible \$75 | |
| Annual Maximum | \$1,500 (Class 1 Services** not Included) | | \$1,500 (Class 1 Services** not Included) | |
| Orthodontia | 50% - \$1,500 Lifetime Maximum | | 50% - \$1,500 Lifetime Maximum | |
| Vision Benefits | Network / Non-Network* | | Network / Non-Network* | |
| Exam (no vision deductible required) | \$5 copay / Up to \$42 (Covered once every 12 months) | | \$5 copay / Up to \$42 (Covered once every 12 months) | |
| Frame Allowance (24 months) | \$150 | | \$150 | |
| Contact Allowance (24 months) | \$150 | | \$150 | |
| Retiree Premium | Per Month*** | Annual | Per Month*** | Annual |
| Single Plan Only | \$ 795 | \$ 9,540 | \$ 707 | \$ 8,478 |
| Employee & Spouse | \$ 1,785 | \$ 21,420 | \$ 1,586 | \$ 19,026 |

* 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)

*** Monthly premium amounts have been rounded