

FSD145: USW Healthcare Benefits (7+ contracted hours)

FSD145 Healthcare Benefit Packages: Health, Dental and Vision (BlueCross BlueShield) - you can select one or all (a la carte)
Rates listed are monthly premiums for the 2021/2022 school year only—in network coverage. (Go to fsd145.org/health for more information/options.) Per the USW Contract, under no circumstances may an employee participate in Board-paid health insurance coverage and participate in the AMRP.

- **Gold:** **Single (\$44.65/month)**
\$1,000 deductible/\$2,500 total out of pocket expense per year
Family (\$1047.46/month)
\$3,000 deductible/\$5,000 total out of pocket expense per year
- **Silver:** **Single (\$39.37/month)**
\$2,000 deductible/\$5,000 total out of pocket expense per year
Family (\$979.37/month)
\$6,000 deductible/\$10,000 total out of pocket expense per year

*Wellness/preventative services covered 100% no deductible with Gold or Silver plans.

- **Bronze:** **Single (\$33.92/month)**
\$3,350 deductible/\$6,450 total out of pocket expense per year
Family (\$1,600.86/month)
\$6,450 deductible/\$12,900 total out of pocket expense per year
- **Dental:** **Single (\$7.32/month)** \$25.00 deductible
Family (\$19.98/month) \$50.00 deductible maximum per family
Preventative services (cleanings, exams, etc.) covered 100% - no deductible
Calendar year maximum benefit—\$1,000 per person
- **Vision (Provided by BCBSIL—EyeMed):** **Single (\$1.07/month)**
Family (\$3.14/month)
- **Prescription Services** provided through Express Scripts (Participating Pharmacy—CVS & Walgreens)

Generic: 100% after \$15 copayment
Preferred (Formulary) Brand Name: 100% after \$30 copayment
Non-Preferred (Non-Formulary) Brand Name: 100% after \$60 copayment
Specialty Drugs: 100% after \$250 copayment

Approved Medical Reimbursement Plan (AMRP): \$1,000 per plan year available for reimbursement of medical care expenses. Unused funds will be carried over to the subsequent plan year. Approved medical reimbursement of medical care expenses are set forth in Section 213 (d) of the Internal Revenue Code. Eligibility: (1) Regularly working 5 or more hours per day in a bargaining unit position or combination of bargaining unit positions, (2) Not participating in Board-paid health insurance coverage.

MD Live: 100% coverage for those carrying FSD145 Healthcare Gold and Silver plans. (Excludes prescription costs) No deductible.

Benefits Value Advisor - A one-call solution for those enrolled in a BCBSIL PPO that can help you find quality health care provider options and save money .

Life Insurance: District sponsored \$15,000 term life insurance policy while employed with FSD145.

Flexible Spending Account: FSD145 provides all regular employees who are scheduled to work 20 hours or more per week the option to participate in a “medical expense” spending account and a “dependent care” spending account.

Wellness Program (for those covered with FSD145 healthcare plan):

- Free flu shots
- Free biometric screenings (total cholesterol, glucose, weight, and blood pressure)
- Wellness Seminars (topics vary)
- Monthly Challenges