



Employee Benefits 2019 for Full-Time & Part-Time Partial Plus Employees

MEDICAL COVERAGE

We offer the choice of three medical plans from which you may choose. Two plans allow you the freedom to use the doctor or hospital of your choice and one is a narrow network. Below is a brief summary of the plans available to you through Blue Cross & Blue Shield and illustrates *in-network* benefits only. For more detailed information, please refer to Blue Cross & Blue Shield's and MedTrak's Certificate of Coverage.

Summary of In-Network Benefits	<u>Option 1</u> PPO Preferred Care Blue	<u>Option 2</u> HDQP-HSA Blue Saver	<u>Option 3</u> Spira EPO
Deductible	\$500 Ind/ \$1000 Fam	\$2,700 Ind/ \$5,400 Fam	\$500 Ind/ \$1000 Fam
Your Coinsurance	10%	0%	0%
Annual Out-of-Pocket Maximum	\$2,500 Ind / \$5,000 Fam	\$2,700 Ind/ \$5,400 Fam	\$500 Ind/ \$1000 Fam
Office Visit – Primary Care/Specialist	\$15 Copay / \$30 Copay	Deductible	\$0 Clinic/Blue Select + Deductible
Preventive Care Services	\$0	\$0	\$0
Outpatient Therapy Visits	\$30 Copay	Deductible	Deductible
Emergency Room	\$150 Copay (deductible + coinsurance copay waived if admitted)	Deductible	Deductible
Urgent Care	\$30 Copay	Deductible	Deductible
In-Patient Hospitalization	Deductible + coinsurance	Deductible	Deductible
Telehealth	\$30 Copay	Deductible	Deductible
Lab and X-ray Services	Deductible + coinsurance	Deductible	Deductible
Prescription Drug - Retail Pharmacy	\$10 / \$30 / \$50 (30 day supply)	Deductible	\$15/\$50/Deductible (30 day supply)
Prescription Drug - Mail-Order	\$20 / \$60 / \$100 (90 day supply)	Deductible	\$15/\$125/Deductible (90 day supply)

What's the Cost of Medical Coverage?

Monthly Cost	<u>Option 1</u>		<u>Option 2</u>		<u>Option 3</u>	
	Your Cost	JCPRD Cost	Your Cost	JCPRD Cost	Your Cost	JCPRD Cost
Employee	\$76.80	\$563.18	\$11.56	\$566.34	\$37.24	\$583.36
Employee + Spouse	\$153.60	\$1126.38	\$23.12	\$1132.86	\$74.48	\$1166.72
Employee + Child(ren)	\$148.22	\$1086.94	\$22.32	\$1093.02	\$71.86	\$1125.88
Family	\$238.84	\$1751.50	\$35.94	\$1761.28	\$115.74	\$1813.26

DENTAL COVERAGE

You may choose from two dental plans provided by Sun Life. We have provided a brief summary below but for more detailed information, please refer to Sun Life's Certificate of Coverage.

Summary of Benefits	Option 1: High Plan PPO		Option 2: Low Plan PPO	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Annual Deductible (<i>Individual / Family</i>)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Preventive Services	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%	Plan Pays 90%*
Basic Services	Plan Pays 80%*	Plan Pays 80%*	Plan Pays 80%*	Plan Pays 70%*
Major Services	Plan Pays 50%*	Plan Pays 50%*	Plan Pays 50%*	Plan Pays 50%*
Annual Maximum Benefit	\$1,500	\$1,000	\$1,000	\$1,000
Orthodontic (<i>Adult & Child</i>)	Plan Pays 50%	Plan Pays 50%	Not Covered	Not Covered
Orthodontic Lifetime Maximum	\$1,000	\$1,000	N/A	N/A

* Deductible must be met before benefits are paid

What's the Cost of Dental Coverage?

Your Monthly Cost	Option 1: High Plan PPO	Option 2: Low Plan PPO
Employee	\$6.24	\$0.00
Employee + Spouse	\$13.30	\$0.00
Employee + Child(ren)	\$25.48	\$7.70
Family	\$45.54	\$20.06

Please visit Sun Life's website at <https://www.sunlifeemployeebenefits.com> to find a network provider.

VISION COVERAGE

JCPRD provides vision coverage at no cost to you. Below is a brief summary of benefits available through Superior Vision.

Schedule of Benefits	<i>In-Network</i>	<i>Out-of-Network</i>
Exams - Ophthalmologist	\$10 Copay	Reimbursement of Up to \$34
Exams - Optometrist	\$10 Copay	Reimbursement of Up to \$26
Lenses - Single Vision	\$25 Copay <i>(Applies to Lenses and Frame collectively, if purchased together)</i>	Reimbursement of Up to \$29
Lenses - Bifocal		Reimbursement of Up to \$43
Lenses - Trifocal		Reimbursement of Up to \$53
Frames	Up to \$125 Allowance	Reimbursement of Up to \$65
Contact Lenses - Medically Necessary	Covered In Full	Reimbursement of Up to \$210
Contact Lenses - Elective	Up to \$150 Allowance	Reimbursement of Up to \$100
Laser Eye Surgery	20% Discount	N/A

To find a Superior Vision provider, please visit their website at www.superiorvision.com .

FLEXIBLE SPENDING ACCOUNTS (FSA)

Empower is the administrator of our Flexible Spending Accounts. You may set aside up to \$2,650 of pre-tax dollars in our Health Care Reimbursement Account and up to \$5,000 in our Dependent Care Reimbursement Account. Please see the Human Resources Department for more detailed information.

LIFE INSURANCE

Johnson County Park & Recreation District offers life insurance through Sun Life for all eligible employees and their eligible family members. The amount of your coverage is one times your annual earnings up to a maximum of \$150,000. Spouse coverage is \$4,000 and coverage for dependent children (6 months of age up to age 19, or to age 24 if full-time student) is \$1,000.

SICK DISABILITY PAY INSURANCE

Group Sick Disability Pay coverage is provided by Sun Life. This coverage gives you some income replacement in the event you are unable to work due to a non-work related injury or illness. For approved disabilities, benefits begin after you have been disabled with medical certification for 14 continuous days. Benefits begin on the 15th day. JCPRD will provide this benefit at no charge for all eligible employees.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The purpose of an EAP is to provide you and your family with access to short-term counseling and referrals to guide you to legal, financial and child/elder care resources. It is important to remember that your decision to use the EAP is voluntary and any information you give them is strictly confidential. If you would like to utilize our EAP, please contact New Directions at (800) 624-5544 or online at www.ndbh.com.

457 PLAN & 401(A) DISTRICT MATCH

Our representatives from Voya Financial Advisors, Inc. are available for individual appointments at various benefit events and for private one-on-one consultation. In addition to your own retirement savings, JCPRD matches 3% for the 4019(a) on a tiered basis. You may contact the Benefits Coordinator at 913-826-3412 for more information.