

# Chesapeake Public Schools

## 2008 – 2009 Employee Benefits Summary

The following is a summary of benefits available to full-time employees of Chesapeake Public Schools for the 2008-2009 school year. Please review the information carefully. To make changes, please see the insurance delegate at your school facility for the appropriate forms and the "Employee Benefit Summary Sheet". Return forms to Financial Services/Risk Management at SAB by June 30, 2008. Changes will become effective **October 1, 2008**. No action is necessary if you are not making changes to your medical, dental or life insurance coverage. **The only exception is you must enroll each year to participate in the Flexible Spending Account Plan (FSA).**

### **Medical and Dental Insurance Coverage**

Two Anthem health care plans are available; KeyCare, a PPO plan and HealthKeepers, an HMO. Co-pays for both plans are \$15 for a primary care physician and \$25 for a specialist. Prescription drug co-pays are \$8, \$20 and \$35.

One dental plan is offered through Anthem Dental.

### **Employee Life & Accidental Death and Dismemberment Insurance**

A \$10,000 plan is available through Anthem Life Insurance Company. Coverage is available for employees only. You must be enrolled in this plan if you participate in the medical and/or dental insurance.

### **Voluntary Accidental Death and Dismemberment Insurance**

This plan, also offered through Anthem Life Insurance Company, provides 24-hour coverage against any covered **accident**. Family coverage is available. Coverage is shown below:

Employee/Spouse	100% for employee/60% for spouse
Employee/Spouse & children*	100% for employee/60% for spouse/20% for each child
Employee/Children*	100% for employee/20% for each child

*\*Dependent children age 23 or younger*

*Employees, married to another Chesapeake Public Schools employee, cannot be covered as a dependent under a spouse's plan. Only one employee can carry family coverage.*

### **Flexible Spending Account Plan (FSA)**

The FSA plan allows you to pay for certain types of health and/or dependent care expenses with pretax dollars. The maximum contribution for Health Care FSA (*includes healthcare expenses for dependents*) is \$5,000. **(Please note that cosmetic expenses for aesthetic purposes are not eligible for reimbursement.)** The maximum contribution for Dependent Care FSA is \$5,000. Contribution amounts to the Health Care and Dependent Care plan are separate and cannot be combined.

**ELECTIONS MADE TO EITHER PLAN ARE IRREVERSIBLE AND CANNOT BE CHANGED**

**UNLESS YOU HAVE A QUALIFYING CHANGE IN FAMILY STATUS.** More information regarding the FSA plan is available from the insurance delegate at your building location.

The FSA plan does not automatically renew each year. You must enroll during the open enrollment period. The plan will be effective **October 1, 2008**, and will end **September 30, 2009**.

## **Pretax Premium Plan**

This plan allows you to make **medical and/or dental** premium contributions before taxes are withheld. Premiums for Employee Life & Accidental Death and Dismemberment Insurance and Voluntary Accidental Death & Dismemberment Insurance **are not** eligible for the Pretax Plan.

Enrollment or cancellation in the Pretax Premium Plan must occur during the open enrollment period. Under current Internal Revenue Service regulations, once enrolled in the Pretax Premium Plan, you **cannot change** your medical and/or dental choices until the next open enrollment period unless you have a change in **"family status."** "Family status" changes include marriage, divorce, or birth, adoption or maturity of a child. Other changes may include a spouse losing, gaining or changing employment. Any changes made to coverage **must be made within 31 days** of the qualifying "family status" change.

## **How to Request a Change in Insurance Coverage**

Changes are permitted from **June 2 – June 30, 2008**, the open enrollment period and will become effective **October 1, 2008**. To make changes, please contact the insurance delegate at your building, attend an open enrollment meeting (see enclosed schedule) or call the Financial Services/Risk Management Office at 547-1343.

In the event of a change in "family status," changes must be made within 31 days following the qualifying change in "family status." Please contact the Financial Services/Risk Management Office at 547-1343 for information regarding "family status" changes.

## **2008-2009 Pay Period Deductions**

Both health care plans have the same pay period deductions. The premiums are deducted for ten months, September 15<sup>th</sup> through June 30<sup>th</sup>. Deductions per pay period are shown below.

### **Medical**

Employee Only	\$6.00
Employee/Child(ren)	\$64.85
Employee/Spouse	\$104.39
Employee/Family	\$164.25

### **Dental**

Employee Only	\$0.00
Employee/Family	\$15.61

## **Employee Life & Accidental Death and Dismemberment Insurance**

\$10,000      \$.81

## **Voluntary Accidental Death and Dismemberment Insurance**

### **Employee**

\$50,000	\$.36
\$100,000	\$.72
\$150,000	\$1.08
\$200,000	\$1.44
\$250,000	\$1.80

### **Employee/Family**

\$50,000	\$.66
\$100,000	\$1.32
\$150,000	\$1.98
\$200,000	\$2.64
\$250,000	\$3.30

**Please note open enrollment:  
June 2 - June 30, 2008**