



HUMAN RESOURCES

2019 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, 2019.

		BUY-UP (Plan is closed. Only current members may continue.)	CORE	High Deductible Health Plan (HDHP) with Health Savings Account (HSA)
Medical Benefits	Network / Non-Network*		Network / Non-Network*	Network / Non-Network*
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%
RX Benefits				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	
Dental Benefits	No Dental Network		No Dental Network	No Dental Network
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
Vision Benefits	Network / Non-Network		Network / Non-Network	Network / Non-Network
Exam	\$5 copay / Up to \$42		\$5 copay / Up to \$42	\$5 copay / Up to \$42
(no deductible required for vision services)	(Covered once every 24 months)		(Covered once every 12 months)	(Covered once every 12 months)
Frame Allowance	\$130		\$150	\$150
Contact Allowance	\$130		\$150	\$150
Employee Cost	Employee Per Pay (18)	Employee Annual	Per Pay (18)	Employee Annual
Tiers				
Employee Only	\$ 170	\$ 3,060	\$ 116	\$ 2,088
Employee & Child(ren)	\$ 330	\$ 5,940	\$ 226	\$ 4,068
Employee & Spouse	\$ 380	\$ 6,840	\$ 261	\$ 4,698
Employee & Family	\$ 447	\$ 8,046	\$ 306	\$ 5,508
2019 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.

* 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)

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	\$ 464	\$ 8,352	\$ 464	\$ 8,352	\$ 464	\$ 8,352	
Employee & Child(ren)	\$ 904	\$ 16,272	\$ 904	\$ 16,272	\$ 904	\$ 16,272	
Employee & Spouse	\$ 1,044	\$ 18,792	\$ 1,044	\$ 18,792	\$ 1,044	\$ 18,792	
Employee & Family	\$ 1,224	\$ 22,032	\$ 1,224	\$ 22,032	\$ 1,224	\$ 22,032	
Total Cost	Total Annually		Total Annually		Total Annually		
Employee Only	\$ 11,412		\$ 10,440		\$ 9,270		
Employee & Child(ren)	\$ 22,212		\$ 20,340		\$ 18,054		
Employee & Spouse	\$ 25,632		\$ 23,490		\$ 20,862		
Employee & Family	\$ 30,078		\$ 27,540		\$ 24,408		

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.

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