



# HUMAN RESOURCES

## 2019 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, 2019. Anthem Plan Summaries are posted on the FWCS website at [www.fortwayneschools.org](http://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%	
<b>RX Benefits</b>			All Rx applies toward Deductible	
Out-of-Pocket Limit – Single	\$4,500			
Out-of-Pocket Limit - Family	\$9,000			
<b>Retail: (30 day supply)</b>	\$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			
<b>Mail Order: (90 day supply)</b>	\$20 Tier 1			
	\$40 Tier 2			
	\$60 Tier 3			
<b>Dental Benefits</b>	<b>No Dental Network</b>		<b>No Dental Network</b>	
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	
<b>Vision Benefits</b>	<b>Network / Non-Network*</b>		<b>Network / Non-Network*</b>	
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	
<b>Retiree Premium</b>	<b>Per Month***</b>	<b>Annual</b>	<b>Per Month***</b>	<b>Annual</b>
Single Plan Only	\$ 870	\$ 10,440	\$ 773	\$ 9,270
Employee & Spouse	\$ 1,958	\$ 23,490	\$ 1,739	\$ 20,862

\* 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