

Dixie District School Board
EMPLOYEE BENEFIT PLANS 2009 - 2010

Alternate Insurance Plan A	Blue Cross Blue Shield of Florida PPO Plan 324	Blue Cross Blue Shield of Florida PPO Plan 327
Coverage	Coverage	Coverage
Life Insurance with AD&D \$ 25,000 (covers all eligible employees)	Co-Pay (Family Physician) \$20	Co-Pay (Family Physician) \$20
Employee Medical Flexible Spending Account \$ 750	Deductible per calendar year \$1000 3x Family	Deductible per calendar year \$1500 3x Family
The \$750 can be used to purchase voluntary insurance plans. FSA Plan year is 10/1/08 to 9/30/09.	Coinsurance	Coinsurance
	PPO Providers 80%	PPO Providers 70%
	Non PPO Providers 60%	Non PPO Providers 50%
	Coinsurance Maximum Per Calendar Year	Coinsurance Maximum Per Calendar Year
	Individual \$2000	Individual \$5000
	Family \$6000	Family \$15000
Voluntary Insurance Plans	Lifetime Maximum Per Insured \$5,000,000	Lifetime Maximum Per Insured \$2,000,000
Long-term Disability Income 60% of salary, to age 65.(180 day elimination period)	BlueScript Retail Pharmacy Program:	BlueScript Retail Pharmacy Program:
Short-term Disability Income... 66 2/3% of salary, up to \$100 per week 1 st day accident/8 th day sickness/26 weeks \$2.47	One Month	One Month
Voluntary Vision Coverage	Preferred Generic Drugs \$15	Preferred Generic Drugs \$15
Employee \$5.17	Preferred Brand Drugs \$30	Preferred Brand Drugs \$30
Employee/Spouse \$11.10	Non-Preferred Drugs \$50	Non-Preferred Drugs \$50
Employee/Children \$8.37	90 Day Supply	90 Day Supply
Employee/Family \$15.23	Preferred Generic Drugs \$30	Preferred Generic Drugs \$30
Voluntary Dental Coverage	Preferred Brand Drugs \$60	Preferred Brand Drugs \$60
Employee \$20.71	Non-Preferred Drugs \$100	Non-Preferred Drugs \$100
Employee/Spouse \$40.48		
Employee/Children \$53.15	Payroll Deductions(18 Pay)	Payroll Deductions(18 Pay)
Employee/Family \$72.56	Employee Only \$32.15	Employee Only \$6.94
Voluntary Life Insurance	Employee & Spouse \$129.43	Employee & Spouse \$80.85
Voluntary AD&D	Employee & Children \$106.93	Employee & Children \$64.23
	Family \$153.86	Family \$87.86

Brad Hoard, EBCI
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Blue Cross Blue Shield Dental #0013347

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The above is only a brief summary of benefits, for a complete description of coverage please refer to the specific plan certificate.