



# East Ramapo Central School District

105 South Madison Avenue, Spring Valley, NY 10977

A Unified Community Educating the Whole Child ...

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## OVERVIEW OF HEALTH AND DENTAL BENEFITS (Revised for JULY, 2018)

### HEALTH INSURANCE

Our health insurance plan is called the Empire Plan and is comprised of coverage provided by Blue Cross and United Health Care. (GROUP # 030500)

Web site for viewing plan information and locate participating providers: [www.cs.ny.gov](http://www.cs.ny.gov)

You are not automatically enrolled in the plan by virtue of your employment in the district. If you wish to enroll in the health insurance plan, an application must be completed and submitted to district's Insurance Office. Effective dates of coverage are based on the following guidelines:

If you apply on or before your hire date, coverage can begin on your hire date.

If you apply within 30 days of your hire date, coverage will begin on the first of the month following your application.

If your application is made after 30 days, coverage will begin on the first day of the third month following your application.

You may enroll as an individual or as a family. Family coverage includes you, your spouse and/or any eligible children. (Marriage License, Birth Certificates, Social Security Card, Financial Statement or other proof of dependency required for family coverage).

The plan includes hospital, medical, surgical and major medical coverage, as well as prescription drug coverage. Pre-notification is required when performed on a non-emergency basis for: MRI, MRA, CT, PET and Nuclear Medicine diagnostic procedures.

The Blue Cross portion of the plan pays for all costs incurred as an in-patient in a hospital. If hospital services are received on a Diagnostic Outpatient basis, a co-payment of \$40.00 applies.

For services received in an emergency room, a co-payment of \$70.00 applies.

The United Health Care portion of the plan pays for medical, surgical and major medical services and can be utilized in either of two ways:

1. Participating Provider Program – There is a \$20.00 minimum fee required for an office visit and a \$40.00 maximum fee, which is charged if more than one service, is performed. Outpatient Surgery Locations co-payment of \$60.00. The physician submits the claim to United Health Care and receives payment of the balance of his bill, directly from the insurance company.
2. Non-Participating Provider Program – If you select a physician who is not a participant, you must pay the provider and complete a claim form in order to receive reimbursement. Claim forms are available in the Main Office of each school building and in the District's Insurance Office /Website.

You will be responsible for the following deductible amounts in a calendar year:

As a unified community, the East Ramapo Central School District is committed to educating the whole child by providing a healthy, safe, supportive, engaging and challenging learning environment.

\$1000.00 for the enrollee

\$1000.00 for the spouse

\$1000.00 for all the children combined.

After the deductibles are met, United Health Care will pay 80% of the reasonable and customary amount. After you have paid \$3000.00 out of pocket, the company will pay 100% of the reasonable and customary amount. Federal substance abuse/metal health parity effective January 1, 2011.

Employees should become familiar with the literature published by the insurance company. Additional information can be obtained by calling the telephone number provided in your packet of information and on the back of your insurance card.

### PRESCRIPTION PLAN

Our medical plan includes a prescription plan provided by CVS/Caremark, a division of the Empire plan, in which many pharmacies participate. Up to 30 day supply you will be charged **\$5.00** for a **generic (level 1)** prescription, **\$25.00** for a **preferred brand (level 2)** name prescription with no generic equivalent or **\$45.00/30day (mail and retail) for a non-preferred (level 3) brand name Rx**. If a brand name drug with a generic equivalent is dispensed, the member is required to pay the difference between the cost of the generic and brand name plus the co-pay, not to exceed the cost of the drug. Refer to plan for ½ tablet program for additional savings. Note B4G (Brand name for Generic) Brand name will be used if cost is less than Generic. For maintenance Rx's (31 to 90 days supply) **non-preferred (level 3) \$90.00 retail or mail. Generic (level 1), \$5.00 retail or mail, Preferred (level 2) \$50.00 retail or mail**. If you use a non-participating pharmacy, you must pay for the prescription in full and receive a partial reimbursement after sending your receipt with the appropriate claim form, to the prescription carrier.

### DENTAL INSURANCE

Our dental plan is administered by AMERITAS of NY. If you are eligible and wish to apply for dental insurance during your first year of employment; you will be required to pay the full cost of the coverage during that first year. If you enroll just prior to your first anniversary date, you will automatically be eligible to participate in the dental plan at a reduced rate. Should such application be made at any later date, you and your dependents will be considered late enrollments. Subject to two years at a reduced payment rate and only covered for basic dental coverage performed by your dentist.

You may select any dentist of your choice or choose an Ameritas participating provider (direct link of names and address on ERCSD Website) and file a claim form to receive reimbursement. Forms are available in each school building and on the ERCSD website. You must meet a deductible of \$100.00 for you, your spouse and all children combined, in a calendar year (Max \$300.00/yr.).

The maximum benefit is \$1,000.00 per person and dental services are paid at either 75% or 50% depending on the procedure involved.

***NOTICE: I HAVE READ AND RECEIVED A COPY OF THIS EXPLANATION. I UNDERSTAND THAT IF I DO NOT CHOOSE A PLAN OR SIGN A WAIVER FOR BENEFITS, I WILL BE ENROLLED AUTOMATICALLY IN THE LOWEST COST EMPLOYEE PLAN***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Cc: Employee Personnel File

(Rev. 7/2018-ld)