

**South Lyon Community Schools  
Teamsters Overview of Benefits  
Plan Coverage Period: January 1, 2017-December 31, 2017**

**Medical Option 1** – Total Health Care Basic HMO Plan – No deductible, Rx \$15/\$30 with \$0 payroll deductions for employee contribution. Dental, Vision, \$20,000 life/AD&D and LTD are included in this option.

**Medical Option 2** – Total Health Care Select (POS) Plan

- HMO (Total Health Care Plan Network) \$1,000/\$2,000 annual deductible, Rx \$15/\$30 with payroll deductions for employee contribution. Dental, Vision \$20,000 life/AD&D and LTD are included in this option.
- PPO (Cofinity Network) \$2,000/\$4,000 annual deductible, Rx \$15/\$30 with payroll deductions for employee contribution. Dental, Vision, \$20,000 life/AD&D and LTD are included in this option.

**Option 3** - Cash in Lieu of Health Care either per pay over 19 pays, or lump sum paid in December 2017. Dental, Vision, \$20,000 life/AD&D and LTD included at no cost to the employee.

---

**Medical Plan Option 1 (Basic HMO Plan)**

To find out if your doctor is in-network, ask your doctor's office if they are a “**Total Health Care In-Network Provider**,” call Total Health Care Customer Services at 800-826-2862, or go to [www.totalhealthcareonline.com](http://www.totalhealthcareonline.com)

There is no “Out of Network” option with this plan.

---

**Medical Plan Option 2 (POS Plan)**

To find out if your doctor is in-network, ask your doctor's office if they are a “**Total Health Care In-Network Provider**,” call Total Health Care Customer Services at 800-826-2862, or go to [www.totalhealthcareonline.com](http://www.totalhealthcareonline.com) OR ask your doctor's office if they are a “**Cofinity**” PPO In-Network Provider.

There is no “Out of Network” option with this plan.

---

**Dental Plan**

Each network has its own provider directory online at [www.adndental.com](http://www.adndental.com) or call ADN at 248.901.3705.

**ADN Dental Network**

Dental plan has 75% coverage. Per person total per contract year on all services except Orthodontics is **\$1,500**. Per person total per lifetime on Orthodontics (up to age 19) is **\$1,300**.

To receive in network benefits, your dentist must be in one to the following networks:

**ADN Dental Network, Michigan Dental Plan (MDP) or DenteMax**

---

**Vision Plan**

**EyeMed Vision Care**

[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

EyeMed Select Plan - 866-299-1358

---

**Life Insurance and Long Term Disability**

**Sun Life Assurance Company**

800-247-6875

**South Lyon Community Schools**  
**Teamsters Open Enrollment**  
**Plan Coverage Period: January 1, 2017-December 31, 2017**

---

**Flexible Spending Account (FSA)**

You have the option to enroll in TASC Flexible Spending Account. A Reimbursement Account allows you to reimburse yourself for eligible Health Care and Dependent Care expenses tax-free. By participating in these accounts, you do not have to pay federal, state, and Social Security taxes on the money you contribute.

The **maximum annual amount for a Medical FSA account is \$2,550** per plan year as set forth by the Patient Protection & Affordable Care Act (PPACA).

The TASC grace period has been eliminated. The date of service for reimbursement requests for 2017 must be made by 12/31/2017.

**Reminder: You must enroll in TASC each year if you want to continue in a Flexible Spending Account.**

---

**Dependent Eligibility**

For health insurance only:

- Your legal spouse
- Your children including step, adopted or children for whom you are a legal guardian up to age 26
- Coverage will terminate at the end of the month in which the dependent turns 26

**The only restriction on dependent eligibility for a child to be covered by your medical insurance will be the age 26 cutoff.**

The plan will not be able to exclude otherwise eligible dependents based on:

- Living apart from the participant.
- Financial independence or employment.
- Marriage (dependent's spouse and children are not eligible).
- Student status.
- The availability of other coverage from their job.

For dental and vision:

- Your legal spouse
- Your unmarried children including step, adopted or children for whom you are a legal guardian
- Your 19-25 unmarried children; either full time student(s) or claimed as a dependent(s) on your taxes
- All benefits will terminate on December 31, 2017 for dependents who turn 25 within the 2017 calendar year.

**Contact Cathy Bussert in the SLCS Benefits Department to add or delete a dependent OR if you would like to request a plan booklet.**

## **Insurance Contact Information**

Total Health Care  
Pamela Stelma, Account Manager  
313.871.6595  
[pstelma@thcmi.com](mailto:pstelma@thcmi.com)

ADN  
248.901.3705  
[www.adndental.com](http://www.adndental.com)

Eyemed Vision Care  
866-299-1358  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

TASC – Flexible Spending  
800.422.4661  
[www.tasconline.com](http://www.tasconline.com)

SLCS Benefits Department  
Cathy Bussert  
345 S. Warren  
South Lyon, MI 48178  
248.573.8133  
[busserte@slcs.us](mailto:busserte@slcs.us)

## **Benefits documents and materials can be found on:**

The South Lyon Community Schools website:  
[http://www.slcs.us/departments/administration\\_building/employee\\_benefits/index.php](http://www.slcs.us/departments/administration_building/employee_benefits/index.php)