



Fire District #1 of Johnson County

2019-20 EMPLOYEE BENEFITS

December 1, 2019

MEDICAL: Humana

Humana Website: www.myhumana.com

Provider Network	Humana	
Plan Name	KS PPO 19 Copay OPT 7 Gold	
Plan Type	CHC	
In or Out of Network	IN	OUT
Deductible:		
single	\$1,000	\$3,000
family	\$2,000	\$6,000
Out of Pocket: includes ded.		
single	\$5,000	\$15,000
family	\$10,000	\$30,000
Coinsurance	80%	50%
Office Visits (not subject to ded)	\$30 Copay \$60 Copay Spec.	Ded. & 70% Coins.
Preventive Care	100% No Copay	Ded. & 70% Coins.
Hospital Services		
Inpatient	Ded. & Coins.	Ded. & Coins.
Outpatient	Ded. & Coins.	Ded. & Coins.
Emergency Room	\$450 Copay	\$450 Copay
Urgent Care	\$100 Copay	Ded. & 70% Coins.
Retail Prescriptions:	<u>31 Day Supply</u>	<u>31 Day Supply</u>
Tier 1	\$10 Copay	\$10 Copay then 70%
Tier 2	\$40 Copay	\$40 Copay then 70%
Tier 3	\$75 Copay	\$75 Copay then 70%
Tier 4	25% Coins.	25% Coins. then 70%
Mail Order Prescriptions:	90 Day Supply 2.5 times Copay	N/A
Lifetime Maximum	Unlimited	Unlimited
Vision	Pediatric Included	Ded. & 50% Coins.
Maternity Care-Prof. Serv.	Included	Included
Dependent Definition	To age 26	

This is a brief description of your employee benefits. If a discrepancy exists, benefits outlined in the carrier certificate will prevail.



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December 1, 2019

DENTAL: Principal

Provider Network	Principal	
Find a Provider	www.principal.com	
Network	PPO	
In or Out of Network	In-Network	Out of network
Preventive & Diagnostic Services	100%	100% of R&C
Deductible		
Individual	\$25	\$25
Family	\$75	\$75
Basic Services includes composite fillings on all teeth	80%	80% of R&C
Major Services	50%	50% of R&C
Annual Benefit Maximum	\$2,000 per person	\$2,000 per person
Orthodontia (under age 19) Lifetime Orthodontia Maximum	50% \$1,000 per child	50% \$1,000 per child
Dependent Definition	End of the month child turns 19/25 if full-time student	
Late Entrant Waiting Period	Annual Enrollment Only	

LIFE & AD&D: Principal

Life Insurance	1 times salary to a maximum of \$70,000
AD&D Insurance	1 times salary to a maximum of \$70,000

All Life/Ad&D amounts are subject to an age reduction schedule

Premium paid for by JOCO Fire District #1

Voluntary VISION: Principal

Provider Network	Principal
Find a Provider	www.principal.com
Eye Examination	Reimbursed up to \$50 Once every 12 Months
Lenses	Reimbursed up to \$50 Once every 12 Months
Frames	Reimbursed up to \$100 Once every 24 Months
Contact Lenses (in lieu of glasses)	Reimbursed up to \$150 Once every 24 Months
Dependent Definition	End of the month child turns 19/25 if full-time student

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MONTHLY INSURANCE COST SHEET

December 1, 2019

MEDICAL RATES	TOTAL MONTHLY COST**
AGE	KS PPO 18 Copay OPT 8 Gold
0-14	\$311.63
15	\$339.33
16	\$349.93
17	\$360.52
18	\$371.92
19	\$383.33
20	\$395.14
21	\$407.36
22	\$407.36
23	\$407.36
24	\$407.36
25	\$408.99
26	\$417.14
27	\$426.92
28	\$442.81
29	\$455.84
30	\$462.36
31	\$472.14
32	\$481.91
33	\$488.02
34	\$494.54
35	\$497.80
36	\$501.06
37	\$504.32
38	\$507.58
39	\$514.09
40	\$520.61
41	\$530.39
42	\$539.76
43	\$552.79
44	\$569.09
45	\$588.23
46	\$611.05
47	\$636.71
48	\$666.04
49	\$694.96
50	\$727.55
51	\$759.73
52	\$795.18
53	\$831.02
54	\$869.72
55	\$908.42

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56	\$950.38
57	\$992.75
58	\$1,037.97
59	\$1,060.37
60	\$1,105.59
61	\$1,144.69
62	\$1,170.36
63	\$1,202.54
64+	\$1,222.09
**EMPLOYER PREMIUM CONTRIBUTION	
Employee Only	100% of total premium
Employee+Dependents	75% of total premium

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