## Plan Details:

### Prescription Drug Plans:
- **Rx Co-pay:** Generic: $10 Employee+1
- **Office visit Co-pay:** $40; Annual Deductible: $3000/$6000; OOP Maximum: $6000/$12000; Co-insurance: 30% Employee Only

### Vision Plan:
- Annual Maximum Allowance: $3,200 (in-network) / $3,000 (out-of-network) Employee Only

### Dental Plan:
- **Annual Maximum Allowance:** $2,590 Employee Only

### COBRA Plans:
- **18 Month Eligibility Period:** If employee fails to file their COBRA Notice within 60 days of the termination date, the employee will lose eligibility for COBRA.
- **COBRA Premiums:** If you continue your coverage, your premium will be 102% of the group rate. After the initial 18-month COBRA period, your premium will be 110% of the group rate for each month you continue your coverage. The disability benefit is 100% of the group rate. Your premium will increase at the beginning of the following month.

### Eligibility:
- **ELIGIBILITY:** You are eligible for COBRA coverage if:
  - You or your spouse retire.
  - You or your spouse are enrolled in Medicare.
  - You or your spouse lose group coverage because your employer is going out of business or your employer size decreases.

### COBRA Premiums:
- **UP To LEAVE SELF-PAY PREMIUM BEGINS THE 1ST OF THE FOLLOWING MONTH OR,**
  - **COBRA ELIGIBILITY BEGINS JULY 1ST IF EMPLOYEE'S LAST OFFICIAL WORK CONTRACT ENDED JUNE 30TH (YOU DIDN'T WORK ANY DAYS THE BEGINNING OF THE FOLLOWING SCHOOL YEAR).**
  - **ALL EMPLOYEES: SELF-PAY PREMIUM BEGINS THE 1ST OF THE FOLLOWING MONTH AFTER RECEIVING GROUP MONTH.**
  - **IF YOU ARE NOT RETURNING TO WORK THE FOLLOWING SCHOOL YEAR, BENEFITS END JUNE 30TH IN THE PREVIOUS YEAR.*

### Plan Types:

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<thead>
<tr>
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### Additional Information:
- **ADULT EDD (AFTER ELWOOD ONLY):** Kaiser with Delta Dental Rider within the Kaiser Plan (no separate Delta Dental Plan) & Vision Plan with VSP.
- **Kaiser Permanente Traditional HMO High Plan With Delta Dental Rider:**
  - **Office visit Co-pay:** $40; Annual Deductible: $3000/$6000; OOP Maximum: $6000/$12000; Co-insurance: 30% Employee Only
  - **Rx Co-pay:** Generic: $10 Employee+1

### Administration:
- **VSP:**
  - Vision Service (VSP) High Plan
  - Delta Dental PPX Premium Plan

### Summary:
- **Kaiser Permanente Traditional HMO High Plan With Delta Dental Rider:**
  - **Annual Maximum Allowance:** $2,590 Employee Only
  - **2.59**
  - **2%**

### Notes:
- **Medical Payments:**
  - If you have medical payments, please provide the following information:
    - Employee Name:
    - Address:
    - Phone Number:
    - E-mail Address:

### Contact Information:
- **Kaiser Permanente:**
  - Address:
  - Phone Number:
  - E-mail Address:

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*This information is subject to change and may vary based on specific plan details and eligibility criteria.*