



2017–2018 Benefits Summary

| Medical Coverage - Aetna Plan AFA Choice POS II 1000 | | | | |
|---|--|----------|--|----------|
| | In Network | | Out of Network | |
| Office Co-Pay (Non-Specialist/Specialist) | \$25 / \$50 | | 60% after Deductible | |
| Coinsurance | 80% | | 60% | |
| Urgent Care Visit (Non-Urgent use of Urgent Care Provider is not covered) | \$75 Co-Pay / Visit | | 60% after Deductible | |
| ER Facility/ER Physician Charges (Non-Emergency care in an Emergency Room is not covered) | 80% after \$200 Copay (Facility and Physician Charges Inclusive) | | 80% after \$200 Copay (Facility and Physician Charges Inclusive) | |
| Calendar Year Deductible | \$1,000 Individ. / \$2,000 Family | | \$2,000 Individ. / \$6,000 Family | |
| Annual Out of Pocket Maximum (deductible included) | \$3,500 Individ / \$7,000 Family | | \$12,000 Individ. / \$36,000 Family | |
| RX Co-Pay (30-day supply) | \$3 / \$10 / \$35 / \$60 | | 50% | |
| Employee Costs (Bi-Weekly) | Employee Only | \$120.00 | Employee/Spouse | \$410.00 |
| | Employee/ Children | \$325.00 | Family | \$600.00 |
| Medical Coverage – Aetna Plan AFA Choice POS II 2500 | | | | |
| | In Network | | Out of Network | |
| Office Co-Pay (Non-Specialist/Specialist) | \$30 / \$60 | | 60% after Deductible | |
| Coinsurance | 80% | | 60% | |
| Urgent Care Visit (Non-Urgent use of Urgent Care Provider is not covered) | \$75 Co-Pay / Visit | | 60% after Deductible | |
| ER Facility/ER Physician Charges (Non-Emergency care in an Emergency Room in not covered) | 80% after \$200 Copay (Facility and Physician Charges Inclusive) | | 80% after \$200 Copay (Facility and Physician Charges Inclusive) | |
| Calendar Year Deductible | \$2,500 Individ. / \$5,000 Family | | \$5,000 Individ. / \$15,000 Family | |
| Annual Out of Pocket Maximum | \$5,000 Individ / \$10,000 Family | | \$15,000 Individ. / \$45,000 Family | |
| RX Co-Pay (30-day supply) | \$3 / \$10 / \$45 / \$70 | | 50% | |
| Employee Costs (Bi-Weekly) | Employee Only | \$95.00 | Employee/Spouse | \$300.00 |
| | Employee/ Children | \$215.00 | Family | \$500.00 |
| Medical Coverage – Aetna AFA CPOS II 5500 (HSA) | | | | |
| | In Network | | Out of Network | |
| Office Co-Pay (Non-Specialist/Specialist) | 80% After Deductible | | 60% after Deductible | |
| Coinsurance | 80% | | 60% | |
| Urgent Care Visit (Non-Urgent use of Urgent Care Provider is not covered) | 80% after Deductible | | 60% after Deductible | |
| ER Facility/ER Physician Charges (Non-Emergency care in an Emergency Room in not covered) | 80% after Deductible (Facility and Physician Charges Inclusive) | | 80% after Deductible (Facility and Physician Charges Inclusive) | |
| Calendar Year Deductible/Max | \$5,500 Individ. / \$11,000 Family | | \$10,000 Individ. / \$30,000 Family | |
| RX Co-Pay (30-day supply) | Deductible then \$3 /\$10 /\$50 / \$80 | | 50% after Deductible | |
| Employee Costs (Bi-Weekly) | Employee Only | \$75.00 | Employee/Spouse | \$195.00 |
| | Employee/ Children | \$175.00 | Family | \$320.00 |

| Dental Coverage Provided through MetLife | | |
|---|---|---|
| | In Network | Out of Network |
| Preventive Services | 100% | 100% |
| Basic Services | 80% | 80% |
| Major Services | 50% | 50% |
| Orthodontics (Age 19 & Under) | 50% up to \$2,000 | 50% up to \$2,000 |
| Deductible | \$50 Individual / \$150 Family | \$50 Individual / \$150 Family |
| Calendar Year Maximum | \$1,500 | \$1,500 |
| Employee Costs (Bi-Weekly) | Employee Only \$19.99 Employee/Spouse \$42.44 | Employee/Children \$46.65 Employee/Family \$76.02 |
| Vision Coverage Provided through Humana | | |
| | In Network | Out of Network |
| Eye Exam | 100% after \$15 copay | \$35 Allowance |
| Single Vision Lenses | 100% after \$20 copay | \$25 Allowance |
| Lined Bifocal | 100% after \$20 copay | \$40 Allowance |
| Trifocal Lenses | 100% after \$20 copay | \$60 Allowance |
| Frames | \$50 Wholesale Allowance | \$40 Retail Allowance |
| Contact Lenses (Med Nec.) | 100% | \$210 Allowance |
| Contact Lenses (Elective) | You pay Amount over \$150 | \$150 Allowance |
| Employee Costs (Bi-Weekly) | Employee Only \$ 3.92 Employee/Spouse \$ 7.85 | Employee/Children \$ 7.45 Employee/Family \$ 11.71 |
| Supplemental Benefits Available through Aflac | | |
| Personal Accident | Cancer Care Plan | Critical Care and Recovery |
| Hospital Advantage Plan | Short Term Disability | Life/Juvenile Life – Whole and Term |
| 401k Retirement Plan through Paychex | | |
| Eligible on date of hire | Pre-Tax | Roth |
| | Elected Deferral Range: 1 – 90% of compensation | |
| Additional Benefits Provided At No Cost To Employees | | |
| Basic Term Life Plan | \$15,000 Policy | Unum |
| AD&D Plan | \$15,000 Policy | Unum |
| Long-Term Disability Plan | 60% of monthly earnings up to \$6,000/month | Unum |
| Employee Assistance Program (EAP) | Childcare/Eldercare Referrals, Personal Relationship Information, Health Info and Online Tools, Legal Consultation with Licensed Attorney, Financial Planning Assistance, Stress Management, Career Development | Unum |