



2016–2017 Benefits Summary

Medical Coverage - BlueCross BlueShield Plan G620				
	In Network		Out of Network	
Office Co-Pay (Non-Specialist/Specialist)	\$20.00 / \$40.00		60% after Deductible	
Coinsurance	80%		60%	
Urgent Care Visit	\$75 Co-Pay / Visit		40% after Deductible	
ER Facility	\$400 co-pay then Deductible / Co-ins		\$400 co-pay then Deductible & Co-ins	
Calendar Year Deductible	\$1,000 Individ. / \$3,000 Family		\$2,000 Individ. / \$6,000 Family	
Annual Out of Pocket Maximum	\$3,900 Individ / \$11,700 Family		\$7,800 Individ. / \$23,400 Family	
RX Co-Pay (30-day supply)	\$15 / \$40 / \$55		50% after copay	
Employee Costs (Bi-Weekly)	Employee Only	\$110.00	Employee/Spouse	\$400.00
	Employee/ 1 Child	\$190.00	Family/1 Child	\$470.00
	Employee/ 2 Children	\$255.00	Family/2 Children	\$525.00
	Employee/ 3+ Children	\$325.00	Family/3+ Children	\$600.00
Medical Coverage - BlueCross BlueShield Plan S608				
	In Network		Out of Network	
Office Co-Pay (Non-Specialist/Specialist)	\$40.00 / \$60.00		50% after Deductible	
Coinsurance	70%		50%	
Urgent Care Visit	\$75 Co-Pay / Visit		50% after Deductible	
ER Facility	\$500 co-pay then Deductible / Co-ins		\$500 co-pay then Deductible & Co-ins	
Calendar Year Deductible	\$3,000 Individ. / \$9,000 Family		\$6,000 Individ. / \$18,000 Family	
Annual Out of Pocket Maximum	\$6,000 Individ / \$12,700 Family		\$12,000 Individ. / \$25,400 Family	
RX Co-Pay (30-day supply)	\$20 / \$40 / \$60		50% after copay	
Employee Costs (Bi-Weekly)	Employee Only	\$ 86.00	Employee/Spouse	\$318.00
	Employee/ 1 Child	\$150.00	Family/1 Child	\$345.00
	Employee/ 2 Children	\$200.00	Family/2 Children	\$420.00
	Employee/ 3+ Children	\$255.00	Family/3+ Children	\$475.00
Medical Coverage - BlueCross BlueShield HSA Plan B634				
	In Network		Out of Network	
Office Co-Pay (Non-Specialist/Specialist)	100% After Deductible		80% after Deductible	
Coinsurance	100%		80%	
Urgent Care Visit	100% after Deductible		80% after Deductible	
ER Facility	100% after Deductible		100% after Deductible	
Calendar Year Deductible/Max	\$6,000 Individ. / \$12,700 Family		\$12,000 Individ. / \$25,400 Family	
RX Co-Pay (30-day supply)	100% after Deductible		100% after Deductible	
Employee Costs (Bi-Weekly)	Employee Only	\$ 65.00	Employee/Spouse	\$171.00
	Employee/ 1 Child	\$105.00	Family/1 Child	\$217.00
	Employee/ 2 Children	\$150.00	Family/2 Children	\$252.00
	Employee/ 3+ Children	\$195.00	Family/3+ Children	\$289.00

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 \$19.41 Employee/Spouse \$41.20	Employee/Children \$45.30 Employee/Family \$73.80
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
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
Long-Term Disability Plan	60% of monthly earnings up to \$6,000/month	Unum