



2020–2021 Benefits Summary

Medical Coverage – United Healthcare AllSavers 2500 (PPO)	In Network Only
Office Co-Pay (Non-Specialist/Specialist)	\$30 / \$60
Coinsurance	100%
Urgent Care Visit (Non-Urgent use of Urgent Care Provider is not covered)	\$100 Co-Pay/Visit
ER Facility/ER Physician Charges (Non-Emergency care in an Emergency Room is not covered)	\$300 Copay then Ded (Facility and Physician Charges Inclusive)
Calendar Year Deductible	\$2,500 Indiv. / \$5,000 Family
Annual Out of Pocket Maximum (deductible included)	\$5,000 Indiv / \$10,000 Family
RX Co-Pay (30-day supply)	\$15 / \$35 / \$75 / \$250
July – Dec 2020 Employee Costs (Bi-Weekly): Emp: \$136.00 Emp/Spouse: \$448.50 Emp/Children: \$357.00 Family: \$660.00 Jan – June 2021 Employee Costs (Bi-Weekly): Emp: \$150.00 Emp/Spouse: \$523.50 Emp/Children: \$423.50 Family: \$790.00	
Medical Coverage – United Healthcare AllSavers 3500 (PPO)	In Network Only
Office Co-Pay (Non-Specialist/Specialist)	\$30 / \$60
Coinsurance	80%
Urgent Care Visit (Non-Urgent use of Urgent Care Provider is not covered)	\$100 Co-Pay/Visit
ER Facility/ER Physician Charges (Non-Emergency care in an Emergency Room in not covered)	\$300 Copay then Ded & 80% (Facility and Physician Charges Inclusive)
Calendar Year Deductible	\$3,500 Indiv. / \$7,000 Family
Annual Out of Pocket Maximum	\$7,350 Indiv / \$14,700 Family
RX Co-Pay (30-day supply)	\$15 / \$35 / \$75 / \$250
July – Dec 2020 Employee Costs (Bi-Weekly): Emp: \$99.00 Emp/Spouse: \$317.50 Emp/Children: \$260.00 Family: \$510.00 Jan – June 2021 Employee Costs (Bi-Weekly): Emp: \$110.00 Emp/Spouse: \$367.50 Emp/Children: \$302.50 Family: \$607.50	
Medical Coverage – United Healthcare AllSavers 6000	In Network Only
Office Co-Pay (Non-Specialist/Specialist)	\$60 / \$60
Coinsurance	100%
Urgent Care Visit (Non-Urgent use of Urgent Care Provider is not covered)	\$100 Co-Pay/Visit
ER Facility/ER Physician Charges (Non-Emergency care in an Emergency Room in not covered)	\$300 Copay then Ded (Facility and Physician Charges Inclusive)
Calendar Year Deductible/Max	\$6,000 Indiv. / \$12,000 Family
Annual Out of Pocket Maximum	\$7,350 Indiv. / \$14,700 Family
RX Co-Pay (30-day supply)	\$15 / \$35 / \$75 / \$250
July 2020 – June 2021 Employee Costs (Bi-Weekly): Emp: \$100.00 Emp/Spouse: \$330.00 Emp/Children: \$275.00 Family: \$545.00	
Medical Coverage – United Healthcare AllSavers 6650 (HSA)	In Network Only
Office Co-Pay (Non-Specialist/Specialist)	100% after Deductible
Coinsurance	100%
Urgent Care Visit (Non-Urgent use of Urgent Care Provider is not covered)	100% after Deductible
ER Facility/ER Physician Charges (Non-Emergency care in an Emergency Room in not covered)	100% after Deductible (Facility and Physician Charges Inclusive)
Calendar Year Deductible/Max	\$6,300 Indiv. / \$12,600 Family
Annual Out of Pocket Maximum	\$6,300 Indiv. / \$12,600 Family
RX Co-Pay (30-day supply)	100% after Deductible
July – Dec 2020 Employee Costs (Bi-Weekly): Emp: \$55.00 Emp/Spouse: \$215.00 Emp/Children: \$195.00 Family: \$345.00 Jan – June 2021 Employee Costs (Bi-Weekly): Emp: \$55.00 Emp/Spouse: \$235.00 Emp/Children: \$215.00 Family: \$360.00	

Dental Coverage Provided through Humana

	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
Ortho Lifetime Limit	\$2,000	\$2,000
Calendar Year Maximum	Unlimited	Unlimited

Employee Costs (Bi-Weekly): Employee Only: \$18.90 Employee/Spouse: \$37.80 Employee/Children: \$54.54 Family: \$74.94

Vision Coverage Provided through Humana

	In Network	Out of Network
Eye Exam	100% after \$10 copay	Up to \$30 Allowance
Single Vision Lenses	100% after \$15 copay	Up to \$25 Allowance
Lined Bifocal	100% after \$15 copay	Up to \$40 Allowance
Trifocal Lenses	100% after \$15 copay	Up to \$60 Allowance
Frames	Up to \$130 (retail) 20% off balance over \$130	Up to \$65 (retail) Allowance
Contact Lenses (Med Nec.)	100%	Up to \$200 Allowance
Contact Lenses (Elective)	Up to \$130, 15% off balance over \$130	Up to \$104 Allowance

Employee Costs (Bi-Weekly): Employee Only: \$4.10 Employee/Spouse: \$8.21 Employee/Children: \$7.80 Family: \$12.25

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 / 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