

Coverage & Costs		January 1, 2018 - December 31, 2018																																																																	
<b>Medical Insurance:</b> <b>Blue Cross Blue Shield of TX</b>  Plan: MMF7  <u>1st &amp; 2nd payroll deduction:</u> Employee No Cost To You Employee + Spouse \$224.81 Employee + Child(ren) \$93.67 Family \$393.42		<table border="0"> <thead> <tr> <th></th> <th><u>In-Network:</u></th> <th><u>Non-Network:</u></th> </tr> </thead> <tbody> <tr> <td>Deductible:</td> <td>\$1,500/Ind. \$4,500/Fam.</td> <td>\$3,000/Ind. \$9,000/Fam.</td> </tr> <tr> <td>Coinsurance:</td> <td>80 / 20%</td> <td>60 / 40%</td> </tr> <tr> <td>OOP Maximum*:</td> <td>\$4,500/Ind. \$10,200/Fam.</td> <td>\$9,000/Ind. \$27,000/Fam.</td> </tr> <tr> <td>Office Copay: (Primary/Specialist)</td> <td>\$30 / \$50 copay</td> <td>30% after CYD</td> </tr> <tr> <td>Preventive Care:</td> <td>100%</td> <td>30% after CYD</td> </tr> <tr> <td>Emergency Room (facility):</td> <td colspan="2">20% of allowed after \$100 copay/visit</td> </tr> <tr> <td>Emergency Room (physician):</td> <td colspan="2">20% of allowed after CYD</td> </tr> <tr> <td>Urgent Care:</td> <td>\$55 copay</td> <td>30% of allowed after CYD</td> </tr> <tr> <td>Diagnostic Services:</td> <td>20% of allowed after CYD</td> <td>30% of allowed after CYD</td> </tr> <tr> <td>(Lab, Basic X-Ray, Bloodwork)</td> <td></td> <td></td> </tr> <tr> <td>Certain Diagnostic Procedures (Bone Scan, CT Scan, MRI, PET Scan)</td> <td>20% of allowed after CYD</td> <td>30% of allowed after CYD</td> </tr> <tr> <td>Inpatient Hospital:</td> <td>20% of allowed after CYD</td> <td>40% of allowed after CYD</td> </tr> <tr> <td>Outpatient Hospital:</td> <td>20% of allowed after CYD</td> <td>40% of allowed after CYD</td> </tr> <tr> <td>Pharmacy:</td> <td></td> <td></td> </tr> <tr> <td>Rx Out of Pocket Maximum</td> <td colspan="2">\$1,000 Ind. / \$3,000 Fam.</td> </tr> <tr> <td>Participating / Non Participating / Specialty</td> <td></td> <td></td> </tr> <tr> <td>Generic</td> <td>\$10 / \$15 / \$30</td> <td>20% of allowed after \$15</td> </tr> <tr> <td>Preferred Brand Name</td> <td>\$40 / \$50 / \$120</td> <td>20% of allowed after \$50</td> </tr> <tr> <td>Non Preferred Brand Name</td> <td>\$75 / \$85 / \$225</td> <td>20% of allowed after \$70</td> </tr> <tr> <td>Specialty</td> <td>\$150 per prescription</td> <td>20% of allowed after \$150</td> </tr> </tbody> </table>				<u>In-Network:</u>	<u>Non-Network:</u>	Deductible:	\$1,500/Ind. \$4,500/Fam.	\$3,000/Ind. \$9,000/Fam.	Coinsurance:	80 / 20%	60 / 40%	OOP Maximum*:	\$4,500/Ind. \$10,200/Fam.	\$9,000/Ind. \$27,000/Fam.	Office Copay: (Primary/Specialist)	\$30 / \$50 copay	30% after CYD	Preventive Care:	100%	30% after CYD	Emergency Room (facility):	20% of allowed after \$100 copay/visit		Emergency Room (physician):	20% of allowed after CYD		Urgent Care:	\$55 copay	30% of allowed after CYD	Diagnostic Services:	20% of allowed after CYD	30% of allowed after CYD	(Lab, Basic X-Ray, Bloodwork)			Certain Diagnostic Procedures (Bone Scan, CT Scan, MRI, PET Scan)	20% of allowed after CYD	30% of allowed after CYD	Inpatient Hospital:	20% of allowed after CYD	40% of allowed after CYD	Outpatient Hospital:	20% of allowed after CYD	40% of allowed after CYD	Pharmacy:			Rx Out of Pocket Maximum	\$1,000 Ind. / \$3,000 Fam.		Participating / Non Participating / Specialty			Generic	\$10 / \$15 / \$30	20% of allowed after \$15	Preferred Brand Name	\$40 / \$50 / \$120	20% of allowed after \$50	Non Preferred Brand Name	\$75 / \$85 / \$225	20% of allowed after \$70	Specialty	\$150 per prescription	20% of allowed after \$150
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<b>Dental Insurance:</b> <b>Aetna</b>  <u>1st &amp; 2nd payroll deduction:</u> Employee No Cost To You Employee + One Dependent \$14.59 Family \$30.34  Network: PDNII		<table border="0"> <tbody> <tr> <td>Annual Deductible: (waived for preventive)</td> <td>\$50/Ind. \$150/Fam.</td> </tr> <tr> <td>Annual Maximum:</td> <td>\$1,500</td> </tr> <tr> <td>Orthodontia Lifetime Maximum:</td> <td>\$1,000</td> </tr> <tr> <td>Preventive: (exams, cleanings, bitewing x-rays)</td> <td>100%</td> </tr> <tr> <td>Basic: (fillings, extractions, root canal treatment)</td> <td>80%</td> </tr> <tr> <td>Major: (crowns, dentures, implants)</td> <td>50%</td> </tr> <tr> <td>Orthodontia:</td> <td>50%</td> </tr> </tbody> </table>			Annual Deductible: (waived for preventive)	\$50/Ind. \$150/Fam.	Annual Maximum:	\$1,500	Orthodontia Lifetime Maximum:	\$1,000	Preventive: (exams, cleanings, bitewing x-rays)	100%	Basic: (fillings, extractions, root canal treatment)	80%	Major: (crowns, dentures, implants)	50%	Orthodontia:	50%																																																	
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<b>Vision Insurance:</b> <b>Superior Vision</b>  <u>1st &amp; 2nd payroll deduction:</u> Employee \$3.79 Employee + Dependent \$6.83 Family \$10.61  Network: Superior Select Southwest		<table border="0"> <thead> <tr> <th></th> <th><u>In-Network:</u></th> <th></th> </tr> </thead> <tbody> <tr> <td>Benefit Frequency:</td> <td></td> <td></td> </tr> <tr> <td>Exams</td> <td>12 Months</td> <td>Frames: \$150 allowance</td> </tr> <tr> <td>Lenses/Contacts</td> <td>12 Months</td> <td></td> </tr> <tr> <td>Frames</td> <td>12 Months</td> <td>Contact Lenses: \$150 allowance</td> </tr> <tr> <td>Contact Lenses</td> <td>12 Months</td> <td>Medically necessary contacts: covered in full</td> </tr> <tr> <td>Copays/Allowance:</td> <td></td> <td></td> </tr> <tr> <td>Exams</td> <td>\$10 Copay</td> <td></td> </tr> <tr> <td>Materials</td> <td>\$25 Copay</td> <td></td> </tr> </tbody> </table>				<u>In-Network:</u>		Benefit Frequency:			Exams	12 Months	Frames: \$150 allowance	Lenses/Contacts	12 Months		Frames	12 Months	Contact Lenses: \$150 allowance	Contact Lenses	12 Months	Medically necessary contacts: covered in full	Copays/Allowance:			Exams	\$10 Copay		Materials	\$25 Copay																																					
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<b>Group Term Life and AD&amp;D Insurance:</b> <b>Dearborn National</b>  This coverage is provided by your employer, at no cost to you.		<ul style="list-style-type: none"> <li>Employee Life &amp; AD&amp;D Benefit: 1x annual salary, rounded to next higher \$1,000 to max of \$130,000</li> <li>Life and AD&amp;D benefits reduce by 35% of the original amount at age 70 and further reduce to 45% of the original amount at age 75, and further reduce to 30% of the original amount at age 80. Benefits terminate at retirement.</li> <li>Please remember to designate a beneficiary and keep this up-to-date and on file with your HR Manager.</li> </ul>																																																																	
<b>Long-Term Disability Insurance:</b> <b>Dearborn National</b>  This coverage is provided by your employer, at no cost to you.		<ul style="list-style-type: none"> <li>90 Day Waiting Period</li> <li>Benefits payable to Normal Retirement Age (SSNRA)</li> <li>24 Month Own Occupation</li> <li>50% of Salary to \$6,000 Per Month</li> <li>3/12 Pre-Existing Condition Limitation</li> </ul>																																																																	
<b>Voluntary Term Life and AD&amp;D:</b> <b>Dearborn National</b>		Employees may elect a minimum of \$10,000 to a maximum of \$250,000. New Hire Guarantee Issue Amount= \$100,000  Spouses may elect a minimum benefit of \$5,000 to \$50,000 of employee's election, not to exceed 50% of employee benefit. New Hire Guarantee Issue Amount = \$50,000  Children are eligible for Life benefit at age: 0-14 days: \$0 15 days-6 months: \$100 6 months-age 26: \$2,000-\$10,000																																																																	
Important Contacts:																																																																			
		<u>Carrier/Contact:</u>	<u>Telephone:</u>	<u>Website or Email:</u>																																																															
Medical / Pharmacy		Blue Cross Blue Shield	1-800-521-2227	www.bcbstx.com																																																															
Group Life & Voluntary Life, Long Term Disability		Dearborn National	1-800-778-2281	www.dearbornnational.com																																																															
Dental		Aetna	1-877-238-6200	www.aetna.com																																																															
Vison		Superior Vision	1-800-507-3800	www.supervision.com																																																															
Human Resources		City of Athens	1-903-677-6639	evasquez@athenstx.gov																																																															
Lacey Parmer		BancorpSouth Insurance	1-936-564-0221	lacey.parmar@bksi.com																																																															