

Coverage & Costs		January 1, 2019 - December 31, 2019		
<b>Medical Insurance:</b> <b>Blue Cross Blue Shield of TX</b> Plan: MMF7  <u>Monthly payroll deduction:</u> Employee No Cost To You Employee + Spouse \$459.51 Employee + Child(ren) \$191.45 Family \$804.15  <u>1st &amp; 2nd payroll deduction:</u> Employee No Cost To You Employee + Spouse \$229.76 Employee + Child(ren) \$95.73 Family \$402.08  *Deductibles, coinsurance and co-pays will apply to out-of-pocket maximum.		<b>Calendar Year Deductible (CYD):</b> <b>Coinurance:</b> <b>OOP Maximum:</b>  <b>Office Copay (Primary/Virtual Specialist):</b> <b>Preventive Care:</b> <b>Emergency Room (facility):</b> <b>Emergency Room (physician):</b> <b>Urgent Care:</b> <b>Diagnostic Services:</b> (Lab, Basic X-Ray, Bloodwork) <b>Certain Diagnostic Procedures</b> (Bone Scan, CT Scan, MRI, PET Scan) <b>Inpatient Hospital:</b> <b>Outpatient Hospital:</b> <b>Pharmacy:</b> Rx Out of Pocket Maximum Participating / Non Participating / Mail Order <b>Generic</b> <b>Preferred Brand Name</b> <b>Non Preferred Brand Name</b> <b>Specialty</b>	<b>In-Network:</b> \$1,500/Ind. \$4,500/Fam. 80 / 20% \$4,500/Ind. \$10,200/Fam. \$30 copay No charge  20% of allowed after \$100 copay/visit 20% of allowed after CYD 20% of allowed after CYD 20% of allowed after CYD 20% of allowed after CYD 20% of allowed after CYD 20% of allowed after CYD 20% of allowed after CYD \$1,000 Ind. / \$3,000 Fam. \$10 / \$15 / \$30 \$35 / \$45 / \$105 \$75 / \$85 / \$225 \$150 per prescription	<b>Non-Network:</b> \$3,000/Ind. \$9,000/Fam. 60 / 40% \$9,000/Ind. \$27,000/Fam. 30% after CYD 30% after CYD  30% of allowed after CYD 30% of allowed after CYD 40% of allowed after CYD 40% of allowed after CYD 40% of allowed after CYD 40% of allowed after CYD 20% of allowed after \$15 20% of allowed after \$45 20% of allowed after \$85 20% of allowed after \$150
<b>Dental Insurance:</b> <b>Standard</b>  <u>Monthly payroll deduction:</u> Employee No Cost To You Employee + One Dependent \$26.57 Family \$55.27  <u>1st &amp; 2nd payroll deduction:</u> Employee No Cost To You Employee + One Dependent \$13.29 Family \$27.64		<b>Annual Deductible:</b> (waived for preventive) \$50/Ind. \$150/Fam. <b>Annual Maximum:</b> Orthodontia Lifetime Maximum \$1,500 Preventative: (exams, cleanings, bitewing x-rays) \$1,000 100% <b>Basic:</b> (fillings, extractions, root canal treatment) 80% <b>Major:</b> (crowns, dentures, implants) 50% Orthodontia (Adult and child) 50%		
<b>Vision Insurance:</b> <b>Superior Vision</b>  <u>Monthly payroll deduction:</u> Employee \$7.58 Employee + One Dependent \$13.65 Family \$21.22  <u>1st &amp; 2nd payroll deduction:</u> Employee \$3.79 Employee + Dependent \$6.83 Family \$10.61		<b>Benefit Frequency:</b> Exams 12 months Lenses/Contacts 12 months Frames 12 months Contact Lenses 12 months  <b>Copays/Allowance:</b> <b>In-Network:</b> Exams \$10 copay Materials \$25 copay Frames \$150 allowance Contact Lenses \$150 allowance Medically necessary Covered in full		
<b>Group Term Life and AD&amp;D Insurance:</b> <b>Standard</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, max of \$130,000</li> <li>Basic life and AD&amp;D insurance coverage amount reduces to 65percent at age 70, to 45 percent age 75 and to 30 percent at age 80.</li> <li>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> <li>Includes additional Line of Duty benefit for police and fire.</li> </ul>		
<b>Long-Term Disability Insurance:</b> <b>Standard</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 Life &amp; AD&amp;D:</b> <b>Standard</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 of \$2,000 to \$10,000		
Important Contacts:				
Medical / Pharmacy Group Life & Vol Life, Long Term Disability, Dental Vision Human Resources Lacey Parmer	<b>Carrier/Contact:</b> Blue Cross Blue Shield Standard Superior Vision Shelly Grogan BXS Insurance	<b>Telephone:</b> 1-800-521-2227 1-888-937-4783 1-800-507-3800 1-903-677-6639 1-936-564-0221	<b>Website or Email:</b> www.bcbstx.com www.standard.com www.supervision.com sgrogan@athenstx.gov lacey.parmar@bxs.com	