

Coverage & Costs

January 1, 2020 - December 31, 2020

Medical Insurance: United Healthcare (New Carrier)

Monthly payroll deduction:	
Employee	No Cost To You
Employee + Spouse	\$460.20
Employee + Child(ren)	\$191.25
Family	\$806.85

1st & 2nd payroll deduction:	
Employee	No Cost To You
Employee + Spouse	\$230.10
Employee + Child(ren)	\$95.63
Family	\$403.43

*Deductibles, coinsurance and co-pays will apply to out of pocket maximum.

Non-Network Benefits are not available with this plan

Calendar Year Deductible (CYD):	In-Network: \$1,500 / Individual \$3,000 / Family
OOP Maximum:	\$5,000 / Individual \$10,000 / Family
Coinsurance:	80 / 20%
Office Copay:	No Charge / No Charge after \$25 copay
Primary: < age 19 / all others	\$25 / \$50 copay
Specialist: Designated Network / Network	No charge
Virtual Visits:	No charge
Preventive Care:	No charge
Emergency Room	80% after \$250 copay
Urgent Care:	\$75 copay
Outpatient Lab / X-Ray:	No charge
Outpatient Complex Imaging: (Bone Scan, CT Scan, MRI, PET Scan)	20% of allowed after calendar year deductible
Inpatient Hospital:	20% of allowed after calendar year deductible
Outpatient Hospital:	20% of allowed after calendar year deductible
Pharmacy:	<u>Retail up to 31 Days / Mail Order up to 90 Days</u>
Tier 1	\$10 / \$25 copay
Tier 2	\$35 / \$87.50 copay
Tier 3	\$70 / \$175 copay

Dental Insurance: United Healthcare (New Carrier)

Monthly payroll deduction:	
Employee	No Cost To You
Employee + Spouse	\$28.43
Employee + Child(ren)	\$59.14

1st & 2nd payroll deduction:	
Employee	No Cost To You
Employee + Spouse	\$14.22
Employee + Child(ren)	\$29.57

Annual Deductible: (waived for preventive)	\$50 / Ind. \$150 / Family
Annual Maximum:	\$1,500
Orthodontia Lifetime Maximum:	\$1,000
Diagnostic / Preventative: (exams, cleanings, bitewing x-rays)	100%
Basic: (fillings, extractions, oral surgery)	80%
Major: (crowns, dentures, implants)	50%
Orthodontia: (Adult and child)	50%

Vision Insurance: United Healthcare (New Carrier)

Monthly payroll deduction:	
Employee	\$7.27
Employee + Spouse	\$13.08
Employee + Child(ren)	\$20.34

1st & 2nd payroll deduction:	
Employee	\$3.64
Employee + Spouse	\$6.54
Employee + Child(ren)	\$10.17

Benefit Frequency:	Once every 12 Months
Exams	Once every 12 Months
Lenses or Contacts	Once every 12 Months
Frames	Once every 12 Months
Eye Exam	In-Network Benefits \$10 Copay
Single Vision	\$25 Copay
Bifocal	\$25 Copay
Trifocal	\$25 Copay
Lenticular	\$25 Copay
Frames	\$0 Copay: \$150 Allowance: 20% off balance over \$150
Contact Lenses:	Covered Formulary: up to 6 boxes Non Formulary: up to \$150
Elective (instead of glasses)	
Medically Necessary	Covered in full after eyewear copay

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<p>Group Term Life and AD&D Insurance: Standard</p> <p>This coverage is provided by your employer, at no cost to you.</p>	<ul style="list-style-type: none"> Employee Life & AD&D Benefit: 1x annual salary, max of \$130,000 Basic life and AD&D insurance coverage amount reduces to 65 percent at age 70, to 45 percent age 75 and to 30 percent at age 80. Benefits terminate at retirement. Please remember to designate a beneficiary and keep this up-to-date and on file with your HR Includes additional Line of Duty benefit for police and fire. 		
<p>Long-Term Disability Insurance: Standard</p> <p>This coverage is provided by your employer, at no cost to you.</p>	<ul style="list-style-type: none"> 90 Day Waiting Period Benefits payable to Normal Retirement Age (SSNRA) 24 Month Own Occupation 50% of Salary to \$6,000 Per Month 3/12 Pre-Existing Condition Limitation 		
<p>Voluntary Life & AD&D: Standard</p>	<p>Employees may elect a minimum of \$10,000 to a maximum of \$250,000. New Hire Guarantee Issue Amount= \$100,000</p> <p>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</p> <p>Children are eligible for Life benefit of \$2,000 to \$10,000</p>		
Important Contacts:			
<p>Medical / Pharmacy / Dental / Vision (New Carrier) Group Life & Vol Life / Long Term Disability Human Resources Lacey Parmer</p>	<p><u>Carrier/Contact:</u> United Healthcare Standard Shelly Grogan BXS Insurance</p>	<p><u>Telephone:</u> 888-842-4571 888-937-4783 903-677-6639 936-564-1713</p>	<p><u>Website or Email:</u> www.uhc.com www.standard.com sgrogan@athenstx.gov lacey.parmar@bxsi.com</p>
<p><i>Employee Navigator:</i></p>	<p>https://employeenavigator.com/benefits/Account/Login</p>		