



Coverage & Costs	January 1, 2021 - December 31, 2021																
<p><b>Medical Insurance:</b> <b>United Healthcare</b></p> <p><u>Monthly payroll deduction:</u></p> <table border="0"> <tr> <td>Employee</td> <td>No Cost To You</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$460.20</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$191.25</td> </tr> <tr> <td>Family</td> <td>\$806.85</td> </tr> </table> <p><u>1st &amp; 2nd payroll deduction:</u></p> <table border="0"> <tr> <td>Employee</td> <td>No Cost To You</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$230.10</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$95.63</td> </tr> <tr> <td>Family</td> <td>\$403.43</td> </tr> </table> <p>*Deductibles, coinsurance and co-pays will apply to out of pocket maximum.</p> <p><b>Non-Network Benefits are not available with this plan</b></p>	Employee	No Cost To You	Employee + Spouse	\$460.20	Employee + Child(ren)	\$191.25	Family	\$806.85	Employee	No Cost To You	Employee + Spouse	\$230.10	Employee + Child(ren)	\$95.63	Family	\$403.43	<p><b>Calendar Year Deductible (CYD):</b></p> <p><b>OOP Maximum:</b></p> <p><b>Coinsurance: (Plan Pays)</b></p> <p><b>Office Copay:</b></p> <p>Primary: &lt; age 19 / all others      No Charge / No Charge after \$10 copay</p> <p>Specialist: Designated Network / Network      \$40 / \$80 copay</p> <p>Virtual Visits:      No charge</p> <p>Preventive Care:      No charge</p> <p>Emergency Room      20% after \$500 copay and calendar year deductible</p> <p>Urgent Care:      \$25 copay</p> <p>Outpatient Lab / X-Ray:      \$40 copay per service</p> <p>Outpatient Complex Imaging:      \$500 copay per service (Bone Scan, CT Scan, MRI, PET Scan)</p> <p>Inpatient Hospital:      20% of allowed after calendar year deductible</p> <p>Outpatient Hospital:      20% of allowed after calendar year deductible</p> <p><b>Pharmacy:</b></p> <p><u>Retail up to 31 Days / Mail Order up to 90 Days</u></p> <p>Tier 1      \$20 / \$50 copay</p> <p>Tier 2      \$40 / \$100 copay</p> <p>Tier 3      \$75 / \$187.50 copay</p>
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<p><b>Dental Insurance:</b> <b>United Healthcare</b></p> <p><u>Monthly payroll deduction:</u></p> <table border="0"> <tr> <td>Employee</td> <td>No Cost To You</td> </tr> <tr> <td>Employee + 1</td> <td>\$28.43</td> </tr> <tr> <td>Employee + 2 or More</td> <td>\$59.14</td> </tr> </table> <p><u>1st &amp; 2nd payroll deduction:</u></p> <table border="0"> <tr> <td>Employee</td> <td>No Cost To You</td> </tr> <tr> <td>Employee + 1</td> <td>\$14.22</td> </tr> <tr> <td>Employee + 2 or More</td> <td>\$29.57</td> </tr> </table>	Employee	No Cost To You	Employee + 1	\$28.43	Employee + 2 or More	\$59.14	Employee	No Cost To You	Employee + 1	\$14.22	Employee + 2 or More	\$29.57	<p><b>Annual Deductible: (waived for preventive)</b>      \$50 / Ind. \$150 / Family</p> <p><b>Annual Maximum:</b>      \$1,500</p> <p><b>Orthodontia Lifetime Maximum:</b>      \$1,000</p> <p><b>Diagnostic / Preventative:</b>      100% (exams, cleanings, bitewing x-rays)</p> <p><b>Basic:</b>      80% (fillings, extractions, oral surgery)</p> <p><b>Major:</b>      50% (crowns, dentures, implants)</p> <p><b>Orthodontia:</b>      50% (Adult and child)</p>				
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<p><b>Vision Insurance:</b> <b>United Healthcare</b></p> <p><u>Monthly payroll deduction:</u></p> <table border="0"> <tr> <td>Employee</td> <td>\$7.27</td> </tr> <tr> <td>Employee + 1</td> <td>\$13.08</td> </tr> <tr> <td>Employee + Family</td> <td>\$20.34</td> </tr> </table> <p><u>1st &amp; 2nd payroll deduction:</u></p> <table border="0"> <tr> <td>Employee</td> <td>\$3.64</td> </tr> <tr> <td>Employee + 1</td> <td>\$6.54</td> </tr> <tr> <td>Employee + Family</td> <td>\$10.17</td> </tr> </table>	Employee	\$7.27	Employee + 1	\$13.08	Employee + Family	\$20.34	Employee	\$3.64	Employee + 1	\$6.54	Employee + Family	\$10.17	<p><b>Benefit Frequency:</b></p> <p>Exams      Once every 12 Months</p> <p>Lenses or Contacts      Once every 12 Months</p> <p>Frames      Once every 12 Months</p> <p><b>Eye Exam</b></p> <p>Single Vision      \$25 Copay</p> <p>Bifocal      \$25 Copay</p> <p>Trifocal      \$25 Copay</p> <p>Lenticular      \$25 Copay</p> <p>Frames      \$0 Copay: \$150 Allowance: 20% off balance over \$150</p> <p><b>Contact Lenses:</b></p> <p>Elective (instead of glasses)      Covered Formulary: up to 6 boxes Non Formulary: up to \$150</p> <p>Medically Necessary      Covered in full after eyewear copay</p>				
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<p><b>Group Term Life and AD&amp;D Insurance: Standard</b></p> <p>This coverage is provided by your employer at no cost to you.</p>	<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 65 percent at age 70, to 45 percent age 75 and to 30 percent at age 80.</li> </ul> <p>Benefits terminate at retirement.</p> <ul style="list-style-type: none"> <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>			
<p><b>Long-Term Disability Insurance: Standard</b></p> <p>This coverage is provided by your employer at no cost to you.</p>	<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>			
<p><b>Voluntary Life &amp; AD&amp;D: Standard</b></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>Life and AD&amp;D benefits reduce by: 35% at age 70 and by an additional 20% at age 75.</p> <p>Children are eligible for Life benefit of \$2,000 to \$10,000</p> <p>Monthly Rate Calculation:</p> $\frac{\$}{\text{Age Rate}} \times \frac{\$}{\text{Benefit Amount}} \div \$1,000 = \frac{\$}{\text{Monthly Rate}}$ <p><small>* To Figure Out the Per Paycheck Amount, Multiply Monthly Amount By 12, Then Divide By 26.</small></p>			
Important Contacts:				
<p>Medical / Pharmacy / Dental / Vision Group Life &amp; Vol Life / Long Term Disability Human Resources Lacey Parmer</p>	<p><u>Carrier/Contact:</u> United Healthcare Standard Sissy Geddie BXS Insurance</p>	<p><u>Telephone:</u> 888-842-4571 888-937-4783 903-677-6612 936-564-1713</p>	<p><u>Website or Email:</u> www.uhc.com www.standard.com sgeddie@athenstx.gov lacey.parmar@bxsi.com</p>	
<p><b>Employee Navigator:</b></p>	<p><a href="https://employeenavigator.com/benefits/Account/Login">https://employeenavigator.com/benefits/Account/Login</a></p>			