



Coverage & Costs		January 1, 2022 - December 31, 2022																		
Medical Insurance Carrier: United Healthcare Network: Choice <u>Monthly payroll deduction:</u> Employee No Cost To You Employee + Spouse \$464.87 Employee + Child(ren) \$193.19 Family \$815.02 <u>1st & 2nd payroll deduction:</u> Employee No Cost To You Employee + Spouse \$232.44 Employee + Child(ren) \$96.60 Family \$407.51 *Deductibles, coinsurance and co-pays will apply to out of pocket maximum. Out-of-Network Benefits are not available with this plan		Calendar Year Deductible (CYD): OOP Maximum*: Coinsurance (plan pays): Preventive Care: Primary Care Visit: Less than age 19 / all other covered persons Specialist Office Visit: Designated Network / Network Virtual Visits: Emergency Room Urgent Care: Outpatient Lab / X-Ray: Outpatient Imaging (CT/PET scans, MRI's): Inpatient Facility: Outpatient Facility: Prescription Coverage:	In-Network: \$3,000 / Individual \$6,000 / Family \$7,150 / Individual \$14,300 / Family 80% / 20% No charge \$0 copay / \$15 copay \$50 / \$100 copay No charge \$300 copay + 20% after deductible \$25 copay 20% after calendar year deductible 20% after calendar year deductible 20% after calendar year deductible 20% after calendar year deductible <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Retail</u></td> <td style="text-align: center;"><u>Mail Order</u></td> </tr> <tr> <td></td> <td style="text-align: center;">(up to 31 day supply)</td> <td style="text-align: center;">(up to 90 day supply)</td> </tr> <tr> <td>Tier 1</td> <td style="text-align: center;">\$20 copay</td> <td style="text-align: center;">\$50 copay</td> </tr> <tr> <td>Tier 2</td> <td style="text-align: center;">\$40 copay</td> <td style="text-align: center;">\$100 copay</td> </tr> <tr> <td>Tier 3</td> <td style="text-align: center;">\$75 copay</td> <td style="text-align: center;">\$187.50 copay</td> </tr> </table>		<u>Retail</u>	<u>Mail Order</u>		(up to 31 day supply)	(up to 90 day supply)	Tier 1	\$20 copay	\$50 copay	Tier 2	\$40 copay	\$100 copay	Tier 3	\$75 copay	\$187.50 copay		
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Dental Insurance Carrier: United Healthcare <u>Monthly payroll deduction:</u> Employee No Cost To You Employee + 1 \$31.27 Employee + 2 or More \$65.05 <u>1st & 2nd payroll</u> Employee No Cost To You Employee + 1 \$15.64 Employee + 2 or More \$32.53		Annual Deductible: (waived for preventive) Annual Maximum: Orthodontia Lifetime Maximum: Diagnostic & Preventive Services: (radiographs, cleanings, fluoride treatment, sealants, space maintainers) Basic: (periodontal & endodontic services, extractions, restorations, oral surgery, emergency treatment) Major: (bridges, crowns, inlays/onlays, dentures (full/partial)) Orthodontia: (adult and child)	\$50 / Ind. \$150 / Family \$1,500 \$1,000 100% 80% 50% 50%																	
Vision Insurance Carrier: United Healthcare <u>Monthly payroll deduction:</u> Employee \$7.27 Employee + 1 \$13.08 Employee + Family \$20.34 <u>1st & 2nd payroll</u> Employee \$3.64 Employee + 1 \$6.54 Employee + Family \$10.17		Benefit Frequency: Exams Once every 12 Months Lenses or Contacts Once every 12 Months Frames Once every 12 Months Copays / Allowance: Exams \$10 Copay Single Vision Lenses \$25 Copay Bifocal Lenses \$25 Copay Trifocal Lenses \$25 Copay Frames \$150 retail allowance + 30% off balance Contact Lens: Formulary Non-Formulary Medically Necessary	In Network \$10 Copay \$25 Copay \$25 Copay \$25 Copay \$150 retail allowance + 30% off balance Up to 6 boxes from in-network provider \$150 allowance Covered in full after copay	Out of Network Up to \$40 Up to \$23 Up to \$37 Up to \$49 Up to \$46 Up to \$105 Up to \$105 Up to \$210																

<p>Employer Paid Basic Life & AD&D Carrier: 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 to a max of \$130,000 • Basic life and AD&D insurance coverage amount reduces to 65% at age 70, to 45% age 75 and to 30% at age 80. • For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable. 		
<p>Long-Term Disability Insurance Carrier: Standard</p> <p>This coverage is provided by your employer at no cost to you.</p>	<ul style="list-style-type: none"> • Monthly benefit - 50% of the first \$12,000 of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers compensation, state disability, etc.) • Maximum monthly benefit - \$6,000 • Minimum monthly benefit - \$100 or 10% of the Long Term Disability benefit before reduction by deductible income (whichever is greater) • 90 day waiting period 		
<p>Voluntary Life Insurance Carrier: Standard</p>	<p>Newly hired employees may elect coverage amounts between \$10,000 and \$250,000 in increments of \$10,000 up to a guarantee issue of \$100,000; not to exceed 6 times your annual earnings.</p> <p>Newly hired employees may elect coverage amounts on his/her spouse between \$5,000 and \$50,000 in increments of \$5,000 up to a guarantee issue of \$50,000; not to exceed 100% of the employees amount.</p> <p>Newly hired employees may elect coverage amounts on his/her dependent children</p> <ul style="list-style-type: none"> • between \$2,000 and \$10,000 in increments of \$2,000; not to exceed 100% of the employees amount. 		
<p>Important Contacts:</p>			
<p>Medical / Pharmacy / Dental / Vision Group Life & 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><i>The Summary Above Has Been Provided For Your Convenience. Please Refer To Carrier Summary of Benefits For A Complete Listing Of Benefits And Coverage Available Under Each Plan Option.</i></p>			