

United Health Care

EMPLOYEE

Monthly Premiums – Bear Cognition

December 1st 2020 – November 30th 2021

	PPO	
Network	In	Out
Deductible**		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Co-Insurance	100%	70%
Max. Out-of-Pocket Includes deductible		
Individual	\$4,000	\$ 8,000
Family	\$8,000	\$16,000
Office Co-Pay / Specialist Co-Pay	\$25/\$50	\$25/\$50
Preventive	100%	100%
Inpatient/Outpatient Co-Pay	\$250/\$750	\$250/\$750
Emergency Room Co-Pay	\$500	\$500
Urgent Care Co-Pay	\$50	\$50
Routine Eye Exam	100%	100%
Lifetime Maximum	Unlimited	
Prescription Drug Card/Retail Mail Order	\$10/\$35/\$60 \$25/\$88/\$150	
RATES	Monthly	
Employee	\$40.00	
Employee + Spouse	\$464.00	
Employee + Child(ren)	\$320.00	
Family	\$896.00	

Deductible calculation is based on the calendar year and will reset January 1st, regardless of the plan year.

Guardian DENTAL**EMPLOYEE****Monthly Premiums – Bear Cognition****December 1st 2020 – November 30th 2021**

Schedule of Benefits	In-Network	Choice
Co-insurance		
Preventative	100%	100%
Basic	100%	80%
Major	60%	50%
Orthodontia	0	0
Network/Reasonable & Customary	100th	90th
Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Preventative	Yes	Yes
Waived for Orthodontia	N/A	N/A
Endodontics	100%	80%
Periodontics maintenance	100%	80%
surgery	100%	80%
Calendar Year Maximum	\$1,000 w/rollover	\$1,000 w/rollover
RATES	Monthly Premium	
Employee	\$36.77	
Employee + Spouse	\$73.62	
Employee + Child(ren)	\$79.23	
Family	\$120.01	

Guardian VISION

EMPLOYEE

Monthly Premiums – Bear Cognition

December 1st 2020 – November 30th 2021

Schedule of Benefits	In-Network	Out of Network
Exam Co-pay Frequency	\$10 12 months	\$10 12 months
Lenses Co-pay Frequency Contacts	\$25 12 months \$120 allowance	\$25 12 months \$120 Allowance
Frames Co-pay Frequency	\$25 24 months \$120 allowance... ...& 80% of amount over \$120	\$25 24 months \$47 allowance
RATES	Monthly Premium	
Employee	\$10.76	
Employee + Spouse	\$18.46	
Employee + Child(ren)	\$29.20	
Family	\$29.20	