



2017 Benefits Summary

Type of Benefit	Carrier	Type of Coverage	Effective Date / Costs																																										
Health Who's Eligible Full-Time Part-Time	QualCare Two Options: <ul style="list-style-type: none">• PPO• HMO	PPO – A three-tier plan structure which allows for inner circle (RBMC), in-network and out-of-network services. HMO – Incorporates a specific network of hospitals, physicians and other providers into a single-service organization. As an Open Access plan, network services outside of your Primary Care Physician do not require a referral.	<p>Eligibility: 1st of the month following employment date. Employees hired on the 1st day of the month will be eligible for immediate coverage.</p> <p>Cost Per Pay Full-Time (0.9 and 1.0 FTE)</p> <table><tr><th rowspan="2">Coverage</th><th>PPO</th><th>PPO</th><th>HMO</th></tr><tr><th><70k</th><th>>70k</th><th></th></tr><tr><td></td><td>% of base pay*</td><td>% of base pay*</td><td>% of base pay*</td></tr><tr><td>Employee Only</td><td>1.27%</td><td>1.65%</td><td>0.95%</td></tr><tr><td>Parent + Child(ren)</td><td>2.28%</td><td>3.36%</td><td>1.71%</td></tr><tr><td>Employee/Spouse</td><td>2.67%</td><td>3.87%</td><td>2.16%</td></tr><tr><td>Family</td><td>3.80%</td><td>5.06%</td><td>2.67%</td></tr></table> <p>* PPO contribution capped at \$2,652 annually/ \$102 per pay if base salary is less than \$70,000 per year. If base salary is \$70,000 or more, contributions are capped at \$3,276 annually or \$126 per pay</p> <p>* HMO contribution capped at \$2,600 annually/ \$100 per pay</p> <p>Cost Per Pay PART TIME (0.5 – 0.8 FTE)</p> <table><tr><th>Coverage</th><th>PPO</th><th>HMO</th></tr><tr><td>Employee Only</td><td>\$49.50</td><td>\$38.50</td></tr><tr><td>Parent + Child(ren)</td><td>\$74.25</td><td>\$57.75</td></tr><tr><td>Employee/Spouse</td><td>\$99.00</td><td>\$77.00</td></tr><tr><td>Family</td><td>\$148.50</td><td>\$115.50</td></tr></table>	Coverage	PPO	PPO	HMO	<70k	>70k			% of base pay*	% of base pay*	% of base pay*	Employee Only	1.27%	1.65%	0.95%	Parent + Child(ren)	2.28%	3.36%	1.71%	Employee/Spouse	2.67%	3.87%	2.16%	Family	3.80%	5.06%	2.67%	Coverage	PPO	HMO	Employee Only	\$49.50	\$38.50	Parent + Child(ren)	\$74.25	\$57.75	Employee/Spouse	\$99.00	\$77.00	Family	\$148.50	\$115.50
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Prescription Who's Eligible Full-Time Part-Time	CVS Caremark	Retail Pharmacy Program (30-day supply) <ul style="list-style-type: none">▪ Generic - \$10 co-pay▪ Single Source - Brand-name drugs that can be obtained when a generic alternative is not available - \$45 co-pay▪ Multi Source - Brand-name drugs that can be obtained whether a generic alternative is available or not - \$65 co-pay	<p>Eligibility: 1st of the month following employment date. Employees hired on the 1st day of the month will be eligible for immediate coverage.</p> <p>A mail-order program is available and is required for maintenance drugs Mail Order Co-pays (90-day supply): Generic - \$25 Single Source - \$112.50 Multi Source - \$162.50</p> <p>Costs Per Pay period No additional cost; the prescription plan is bundled with the medical plan.</p>																																										

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Dental <u>Who's Eligible</u> Full-Time Part-Time	<ul style="list-style-type: none">▪ Delta Premier▪ Delta Preferred▪ HealthPlex	<p>Delta Premier – Employees have the flexibility to choose either an in network dentist (9200+) or go out of network. Maximum benefit received by utilizing services of a participating dentist.</p> <table><tr><th>Service</th><th>Coverage</th></tr><tr><td>Preventative & Diagnostic</td><td>100%</td></tr><tr><td>Basic* (fillings, extractions)</td><td>70%</td></tr><tr><td>Crowns*</td><td>50%</td></tr></table> <p>*Deductible–Per Person/\$50, Family/\$150; Annual Maximum Per Person \$1,500</p> <p>Delta Preferred – Employees may choose any fully licensed dentist participating in the Delta Preferred network to render services (6100+). If a non-Delta Preferred network dentist is chosen, benefits are paid on a schedule of allowances and any part of the dental fee that exceeds the allowance will be the responsibility of the employee.</p> <table><tr><th>Service</th><th>Coverage</th></tr><tr><td>Preventative & Diagnostic</td><td>100%</td></tr><tr><td>Basic (fillings, extractions)</td><td>80%</td></tr><tr><td>Crowns</td><td>60%</td></tr></table> <p>*Deductible–Per Person/\$50, Family/\$150; Annual Maximum Per Person \$1,500</p> <p>HealthPlex – Provides services through Eastern Dental, a provider of dental care for International Healthcare Services. Program only allows for services performed by a participating dentist through Eastern Dental. No deductibles, annual maximums or claim forms.</p>	Service	Coverage	Preventative & Diagnostic	100%	Basic* (fillings, extractions)	70%	Crowns*	50%	Service	Coverage	Preventative & Diagnostic	100%	Basic (fillings, extractions)	80%	Crowns	60%	<p>Eligibility: 1st of the month following employment date. Employees hired on the 1st day of the month will be eligible for immediate coverage.</p> <p><u>Cost Per Pay</u> DENTAL PREMIER</p> <table><tr><th>Coverage</th><th>Full-Time</th><th>Part-Time</th></tr><tr><td>Employee Only</td><td>\$6.00</td><td>\$6.00</td></tr><tr><td>Parent + Child(ren)</td><td>\$10.00</td><td>\$13.00</td></tr><tr><td>Employee/Spouse</td><td>\$13.00</td><td>\$17.00</td></tr><tr><td>Family</td><td>\$16.00</td><td>\$23.00</td></tr></table> <p><u>Cost Per Pay</u> DELTA PREFERRED</p> <table><tr><th>Coverage</th><th>Full-Time</th><th>Part-Time</th></tr><tr><td>Employee Only</td><td>\$3.00</td><td>\$3.00</td></tr><tr><td>Parent + Child(ren)</td><td>\$5.00</td><td>\$6.50</td></tr><tr><td>Employee/Spouse</td><td>\$6.50</td><td>\$8.50</td></tr><tr><td>Family</td><td>\$8.00</td><td>\$10.50</td></tr></table> <p><u>Cost Per Pay</u> HEALTHPLEX</p> <table><tr><th>Coverage</th><th>Full-Time</th><th>Part-Time</th></tr><tr><td>Single</td><td>\$2.50</td><td>\$2.50</td></tr><tr><td>Parent + Child(ren)</td><td>\$3.00</td><td>\$5.50</td></tr><tr><td>Employee/Spouse</td><td>\$3.50</td><td>\$7.00</td></tr><tr><td>Family</td><td>\$5.00</td><td>\$10.00</td></tr></table>	Coverage	Full-Time	Part-Time	Employee Only	\$6.00	\$6.00	Parent + Child(ren)	\$10.00	\$13.00	Employee/Spouse	\$13.00	\$17.00	Family	\$16.00	\$23.00	Coverage	Full-Time	Part-Time	Employee Only	\$3.00	\$3.00	Parent + Child(ren)	\$5.00	\$6.50	Employee/Spouse	\$6.50	\$8.50	Family	\$8.00	\$10.50	Coverage	Full-Time	Part-Time	Single	\$2.50	\$2.50	Parent + Child(ren)	\$3.00	\$5.50	Employee/Spouse	\$3.50	\$7.00	Family	\$5.00	\$10.00
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Vision Who's Eligible Full-Time Part-Time	VSP	<ul style="list-style-type: none">▪ High Option Plan – Allows eye exam, spectacle lenses and frame or contact lenses every 12 months.▪ Low Option – Allows eye exam every 12 months, spectacle lenses and frame or contact lenses every 24 months.	<p>Eligibility: 1st of the month following employment date. Employees hired on the 1st day of the month will be eligible for immediate coverage.</p> <p>Cost Per Pay HIGH OPTION</p> <table><tr><th>Coverage</th><th>FT & PT</th></tr><tr><td>Employee Only</td><td>\$3.93</td></tr><tr><td>Parent + Child(ren)</td><td>\$6.52</td></tr><tr><td>Employee/Spouse</td><td>\$6.66</td></tr><tr><td>Family</td><td>\$10.32</td></tr></table> <p>Cost Per Pay LOW OPTION</p> <table><tr><th>Coverage</th><th>FT & PT</th></tr><tr><td>Employee Only</td><td>\$2.67</td></tr><tr><td>Parent + Child(ren)</td><td>\$4.41</td></tr><tr><td>Employee/Spouse</td><td>\$4.51</td></tr><tr><td>Family</td><td>\$7.26</td></tr></table> <p>Co payments for both plans: \$10.00 exam, \$25.00 for materials</p>	Coverage	FT & PT	Employee Only	\$3.93	Parent + Child(ren)	\$6.52	Employee/Spouse	\$6.66	Family	\$10.32	Coverage	FT & PT	Employee Only	\$2.67	Parent + Child(ren)	\$4.41	Employee/Spouse	\$4.51	Family	\$7.26
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