

MAJOR MEDICAL (BCBSGA / HMO)

In-Network:

Deductible: \$0

Coinsurance: 100%

Max Out-of-Pocket: n/a

PCP Copay: \$25

Specialist Copay: \$25

Outpatient Surgery Copay: \$100

Emergency Room Copay: \$100

Prescription Drugs

Generic: \$10

Name Brand: \$30

Non-Formulary: \$60

Mail Order (90 Day Supply): \$60

Out-of Network

Not Available / Emergency Only

MAJOR MEDICAL (BCBSGA / PPO)

In-Network:

Deductible: \$500 (\$1,500 Family)

Coinsurance: 90%

Max Out-of-Pocket: \$1,000 (\$3,000 Family)

PCP Copay: \$25

Specialist Copay: \$25

Emergency Room Copay: \$100

Out-of Network

Deductible: \$1,000 (\$3,000 Family)

Coinsurance: 60%

Max Out-of-Pocket: \$4,000 (\$12,000 Family)

DENTAL PLAN (Guardian w/Orthodontia)

Group No: G432123

Deductible: \$50 (Waived on Preventive Services)

Annual Maximum Benefit: \$1,500

Orthodontia Lifetime Benefit: \$1,000 (Children up to age 19)

Coinsurance:

Preventive Services: 100% (Oral Exams, 2 Cleanings / yr, X-Rays)

SUPPLEMENTAL TERM LIFE INSURANCE (Ft. Dearborn Life)

Group No: G198712

(After Tax benefit) (FDL apps get mailed only for amounts over GI)

Guarantee Issue amounts

Employee Under Age 60: \$100,000
Employee Age 60-69: \$10,000
Spouse: \$10,000
Each Child: \$5,000

SUPPLEMENTAL PERMANENT LIFE INSURANCE (Boston Mutual)

Group No: 65432

(After tax benefit / Portable/ Available for Spouse & Child(ren))

(See brochure for description of benefits)

ACCIDENT PLAN (Allstate / AHL AP3)

Case No: 98765

(Multiple benefit options / see brochure for description of benefits)

CANCER PLAN (Allstate / AHL CP10B)

Case No: 98765

(Multiple benefit options / see brochure for description of benefits)

FLEXIBLE SPENDING ACCOUNT / DEPENDENT CARE (JSL)

FSA Annual Minimum Election: \$520 (\$10 Week)
FSA Annual Maximum Election: \$3,640 (\$70 Week)

Dependent Care

Single Parent Annual Maximum: \$2,500 (\$48.07 week)
Dual Parent Annual Maximum: \$5,000 (\$96.15 week)