

Bi-Weekly Costs for
HealthCare Coverages, 2018-2019

Medical—Anthem BlueCross BlueShield

	EMPLOYEE PER PAY DEDUCTIONS (Bi-Weekly)
Employee Only	\$ 94.89
Employee/Spouse	\$188.95
Employee/Child	\$184.24
Employee/Children	\$292.41

Voluntary Dental—Guardian

	EMPLOYEE PER PAY DEDUCTIONS (Bi-Weekly)	
	LOW PLAN	HIGH PLAN
Employee Only	\$9.33	\$12.60
Employee + 1	\$20.69	\$28.92
Employee + 2 or more	\$36.32	\$55.45

Voluntary Vision—Guardian

	EMPLOYEE PER PAY DEDUCTIONS (Bi-Weekly)
Employee Only	\$2.58
Employee/Spouse	\$5.49
Employee/Child(ren)	\$5.15
Employee/Family	\$7.57

Carrier Contact Information

MEDICAL	DENTAL	VISION
Anthem BlueCross Blue Shield	Guardian	Guardian
Please see the back of your ID card.	1-800-541-7846	1-844-557-2646
www.anthem.com	www.guardiananytime.com	www.guardiananytime.com

This is your
Opportunity to protect
you and your family



2018-2019
Overview of Benefits



PREDICTIVE SERVICE®



Lewellyn
TECHNOLOGY

LEADER IN RELIABILITY, SAFETY & MAINTENANCE



Medical Plan –Anthem BlueCross BlueShield

Anthem gives you the freedom to see any provider or healthcare professional. You will receive the highest benefit when you seek care from a network provider. You are in the BlueCard PPO Network.

**Deductible included in Out-Of-Pocket Maximum.*

	PPO Plan	
	Network	Non-Network
Deductible Single/Family	\$1,500/ \$3,000	\$4,500/ \$9,000
Co-insurance	0%	50%
Out of Pocket Max Single/Family	\$4,000/ \$8,000	\$12,000/ \$24,000
Office Visits	\$30/\$60 copay	50% after ded
Inpatient	0% after ded	50% after ded
Outpatient	0% after ded	50% after ded
Emergency Room	\$300 copay	
Urgent Care	\$100 copay	50% after ded
Prescription Drug Rx Deductible Retail Mail Order	N/A \$15/\$35/\$75/\$250 \$38/\$88/\$188/\$250	

Voluntary Dental—Guardian

Your dental plan is administered by Guardian. This plan provides for a wide array of dental services with an annual limit of \$1,000 per year. Gaurdian Dental offers orthodontia coverage up to \$1,500 lifetime maximum.

	Guardian DENTAL			
	Low Plan		High Plan	
	Network	Non-Network	Network	Non-Network
Deductible Single Family	\$0 \$0		\$0 \$0	
Co-insurance Preventative Basic Major Orthodontia	100% 80% 50% 50%	100% 80% 50% 50%	100% 80% 50% 50%	100% 80% 50% 50%
Annual Maximum Ortho Lifetime Maximum	\$1000 \$1500		\$1000 \$1500	

Voluntary Vision—Guardian

The vision plan offers coverage for eye care services such as eye exams, lenses, frames, contact lenses - just to name a few services. You get the best value from your benefits when you see an Gaurdian VSP provider.

	Gaurdian	
	Network	Non-Network
Professional Fees Co-pay Eye Exam	\$20 Paid in Full	\$20 \$35 reimbursement
Materials Co-pay Single Lenses Bifocal Lenses Trifocal Lenses Frames Necessary Contacts Elective Contacts	\$20 Paid in Full Paid in Full Paid in Full \$130 reimbursement Paid in Full \$130 reimbursement	\$20 \$23 reimbursement \$37 reimbursement \$49 reimbursement \$46 allowance \$210 allowance \$100 allowance
Service Frequency Exam Lenses Frames	12 months 12 months 24 months	

Life/AD&D—Guardian

This benefit is a flat amount of \$25,000 for all employees and is payable to your beneficiary if you were to pass away. There is also a dismemberment schedule. If you were to lose a limb or eyesight, a portion of your benefit would be payable to you. **The premiums are paid for 100% by your employer.**

Optional Life/AD&D—Guardian

This benefit is a supplemental benefit and is voluntary. The employee benefit is 5x your base annual earnings up to a maximum of \$500,000 (in \$10,000 increments) and is payable to your beneficiary if you were to pass away. There is also a dismemberment schedule. If you were to lose a limb or eyesight, a portion of your benefit would be payable to you. You may also enroll your spouse. The spouse benefit is 100% of the employee amount up to \$100,000 (in \$5,000 increments). A child benefit is available, also. The child benefit is a flat \$5,000—10,000.

Employee responsible for premium.

Voluntary Short Term Disability—Guardian

This is a voluntary benefit, enrollment is optional. Short Term Disability (STD) insurance can help you replace a portion of your income during initial weeks of a Disability. The benefit amount is 60% of your pre-disability earnings to a maximum weekly benefit of \$1,500. Benefits begin on day 8 for injury and day 8 for sickness (including pregnancy). Benefits continue for as long as you are disabled to a maximum duration of 12 weeks disability, if medically necessary. **Employee responsible for premium.**

Voluntary Long Term Disability—Guardian

This is a voluntary benefit, enrollment is optional. Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time ceasing at Normal Retirement Age. The benefit amount is 60% of your pre-disability monthly earnings to a maximum monthly benefit of \$7,500. Benefits would begin after 90 days of disability. **Employee responsible for premium.**

