

- Medical & Prescription Plans
- Dental Plan
- Vision Plan
- Voluntary Life / AD&D
- Long Term Disability
- Flexible Spending Account

Medical

Choice Plus Plan In & Out of Network	In-Network	Out-of-Network
Coinsurance	Plan pays 90%	Plan pays 60%
Calendar Year Deductible	\$500 - Individual \$1,500 - Family	\$1,500 - Individual \$4,500 - Family
Out-of-Pocket Maximum (deductible NOT included)	\$2,000 - Individual \$6,000 - Family	\$4,000 - Individual \$12,000 - Family
Office Visit Copay	\$20 - PCP / Specialist \$35 - Urgent care	Plan pays 60% after deductible
Inpatient Services	Plan pays 90% after deductible	Plan pays 60% after deductible
Emergency Room Services	Plan pays 90% after deductible	Plan pays 80% after deductible
Outpatient Services	Plan pays 90% after deductible (excludes X-rays & mammography)	Plan pays 60% after deductible
Medical Lifetime Max.	\$2,000,000	\$2,000,000
Prescription Coverage (31 day supply)	<ul style="list-style-type: none"> • Tier 1 \$15 • Tier 2 \$30 • Tier 3 \$60 	<ul style="list-style-type: none"> • Tier 1 \$15 • Tier 2 \$30 • Tier 3 \$60
Mail Order (90 day supply)	<ul style="list-style-type: none"> • Tier 1 \$30 • Tier 2 \$60 • Tier 3 \$120 	<ul style="list-style-type: none"> • Tier 1 \$30 • Tier 2 \$60 • Tier 3 \$120

Tier 4 is included for both plans covered at 80% up to \$5,000 annual maximum; then covered at 100% the remainder of the year.

Dental

Deductibles	\$25 Individual; \$50 Family
Type I (Preventive) Oral exams, Cleanings, X-Rays, Fluoride treatments, Sealants	100% - deductible waived
Type II (Basic) Fillings, Simple Extractions, General Anesthesia, Sealants, Endodontics, Periodontics, Space Maintainers, Root Canal	80%
Type III (Major) Bridges, Crowns, Dentures, Inlays, Onlays, Repairs, Implants	50%
Orthodontics (adult & child)	50%; up to \$1,500 deductible waived
Calendar Year Max	\$1,500 per person

Long Term Disability

Monthly Benefit Percentage	60%
Maximum Monthly Benefit	\$5,000
Benefit Waiting Period	90 Days
Maximum Benefit Period	Age 65

Employer Contribution 100%

Flexible Spending Accounts

An FSA plan offers you a great way to reduce your taxable income while at the same time pay for medical and dependent daycare expenses. Waiting period is 180 after date of hire.

Healthcare FSA	\$5,000
Dependent Care FSA	\$5,000

Contacts & Plan Information

Northwestern Benefit Corporation

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Internal Service Rep.
 404.846.3189

Toll Free
 800.304.6157

Facsimile
 404.846.3195

Medical
 United Health Care
 Policy # 707303

Member Services
 770.300.3501
www.uhc.com
www.myuhc.com

Dental
 MetLife

Member Services
 1.800.942.0854
www.metlife.com

Vision
 EyeMed
 Policy # 9706441

Member Services
 1.866.454.3190
www.eyemedvisioncare.com

Long Term Disability
 Cigna
 Policy # BK-960140

Member Service
 1.800.828.3485
www.cigna.com

Voluntary Life and AD&D
 UNUM
 Policy # 39651

Member Service
 1.800.421.0344
www.unum.com

Vision

	In-Network	Out-of-Network Reimbursement
Frequency (exam/lenses/frames)	12/12/24	12/12/24
Exam	Covered in full after \$10 co-pay	Up to \$35
Single Vision	Covered in full after \$25 co-pay	Up to \$25
Bifocal	Covered in full after \$25 co-pay	Up to \$40
Trifocal	Covered in full after \$25 co-pay	Up to \$65
Standard Progressive	Up to \$55 plus 20% off balance after \$25 co-pay	Up to \$40
Contacts:		
• Conventional / Disposables	\$135 Allowance	Up to \$108
• Medically Necessary	Covered in Full	Up to \$200
Frames (retail allowance)	\$120 Allowance; 20% off balance	Up to \$60

Voluntary Life / AD&D Insurance

Employee Coverage: 2 times Annual Earnings up to \$500,000

Spouse Coverage: Up to \$250,000 in Increments of \$1,000; not to exceed 50% of employee amount

Dependent Coverage: Flat \$5,000

Employee Bi-Weekly Contributions

	Choice Plus Plan In & Out of Network	
	FT	PT64
Employee	\$55.64	\$72.01
EE + 1	\$109.93	\$126.34
Family	\$161.86	\$173.09

	Dental	
	FT & PT64	
Employee	\$15.71	
EE + 1	\$29.86	
Family	\$48.98	

	Vision	
	FT & PT64	
Employee	\$2.68	
EE + Spouse	\$5.10	
EE + Child	\$5.35	
Family	\$7.88	

This page is intended as a convenient summary of the major points of benefit plans. This summary does not cover all provisions, limitations and exclusions.

The official plan documents, policies and certificates of insurance govern in all cases and are available for your inspection at any time.