



BENEFITS OUTLINE 2017 / 2018

PLEASE TURN IN ALL BENEFIT FORMS WITHIN 30 DAYS OF YOUR START DATE.

MEDICAL INSURANCE	PRIORITY HEALTH – HMO-1T	TRADITIONAL
EMPLOYEE COST / MONTH	FIXED CO-PAYS (*AFTER DEDUCTIBLE)	RX CO-PAYS (*AFTER DEDUCTIBLE)
SINGLE: \$ 230.31	OFFICE VISIT (PCP): \$ 25	GENERIC: \$ 10
DOUBLE: \$ 506.68	SPECIALIST VISIT: \$ 40	PREFERRED BRAND: \$ 40
FAMILY: \$ 633.36	URGENT CARE: \$ 75	NON-PREFERRED BRAND: \$ 80
	ER VISIT: \$ 150*	PREFERRED SPECIALTY: \$ 20%, MAX \$100
EMPLOYER COST / MONTH	AMUBLANCE: \$ 150*	NON-PREFERRED SPECIALTY: \$ 20%, MAX \$200
SINGLE: \$ 271.32	HIGH TECH IMAGING: \$ 150*	
DOUBLE: \$ 596.60		
FAMILY: \$ 746.12		
DEDUCTIBLE	COINSURANCE MAX (IN-NETWORK)	TOTAL OUT-OF-POCKET (IN-NETWORK)
INDIVIDUAL: \$ 1,000	INDIVIDUAL: \$ 0	INDIVIDUAL: \$ 6,850
FAMILY: \$ 2,000	FAMILY: \$ 0	FAMILY: \$ 13,700
	HOSPITAL COINSURANCE 100%	
SPECIAL FEATURES:	<ul style="list-style-type: none"> • MEDNOW VIRTUAL VISITS: High quality Michigan-based providers available 24/7. • PRIORITY HEALTH REWARDS: Use your MyHealth account with Priority Health to earn Visa reward cards for shopping for green providers before receiving major services. 	

MEDICAL INSURANCE	PRIORITY HEALTH – HMO-5	TRADITIONAL
EMPLOYEE COST / MONTH	FIXED CO-PAYS (*AFTER DEDUCTIBLE)	RX CO-PAYS (*AFTER DEDUCTIBLE)
SINGLE: \$ 180.88	OFFICE VISIT (PCP): \$ 25	GENERIC: \$ 15
DOUBLE: \$ 397.94	SPECIALIST VISIT: \$ 40	PREFERRED BRAND: \$ 50
FAMILY: \$ 497.42	URGENT CARE: \$ 75	NON-PREFERRED BRAND: \$ 80
	ER VISIT: \$ 150*	PREFERRED SPECIALTY: \$ 20%, MAX \$150
EMPLOYER COST / MONTH	AMUBLANCE: \$ 150*	NON-PREFERRED SPECIALTY: \$ 20%, MAX \$300
SINGLE: \$ 271.32	HIGH TECH IMAGING: \$ 150*	
DOUBLE: \$ 596.90		
FAMILY: \$ 746.12		
DEDUCTIBLE	COINSURANCE MAX (IN-NETWORK)	TOTAL OUT-OF-POCKET (IN-NETWORK)
INDIVIDUAL: \$ 1,000	INDIVIDUAL: \$ 1,500	INDIVIDUAL: \$ 6,850
FAMILY: \$ 2,000	FAMILY: \$ 3,000	FAMILY: \$ 13,700
	HOSPITAL COINSURANCE 80%	
SPECIAL FEATURES:	<ul style="list-style-type: none"> • MEDNOW VIRTUAL VISITS: High quality Michigan-based providers available 24/7. • PRIORITY HEALTH REWARDS: Use your MyHealth account with Priority Health to earn Visa reward cards for shopping for green providers before receiving major services. 	



MEDICAL INSURANCE	PRIORITY HEALTH – HMO-7		HSA
EMPLOYEE COST / MONTH	FIXED CO-PAYS (*AFTER DEDUCTIBLE)	RX CO-PAYS (*AFTER DEDUCTIBLE)	
SINGLE: \$ 161.19	OFFICE VISIT (PCP): \$ NA	GENERIC: \$ 10*	
DOUBLE: \$ 354.62	SPECIALIST VISIT: \$ NA	PREFERRED BRAND: \$ 40*	
FAMILY: \$ 443.28	URGENT CARE: \$ NA	NON-PREFERRED BRAND: \$ 80*	
	ER VISIT: \$ NA	PREFERRED SPECIALTY: \$ 20%, MAX \$100*	
	AMUBLANCE: \$ NA	NON-PREFERRED SPECIALTY: \$ 20%, MAX \$100*	
EMPLOYER COST / MONTH	HIGH TECH IMAGING: \$ NA		
SINGLE: \$ 271.32			
DOUBLE: \$ 596.90			
FAMILY: \$ 746.12			
DEDUCTIBLE	COINSURANCE MAX (IN-NETWORK)	TOTAL OUT-OF-POCKET (IN-NETWORK)	
INDIVIDUAL: \$ 1,300	INDIVIDUAL: \$ 0	INDIVIDUAL: \$ 2,000	
FAMILY: \$ 2,600	FAMILY: \$ 0	FAMILY: \$ 4,000	
	HOSPITAL COINSURANCE 100%		
SPECIAL FEATURES:	<ul style="list-style-type: none"> MEDNOW VIRTUAL VISITS: High quality Michigan-based providers available 24/7. PRIORITY HEALTH REWARDS: Use your MyHealth account with Priority Health to earn Visa reward cards for shopping for green providers before receiving major services. 		

MEDICAL INSURANCE	PRIORITY HEALTH -- HMO-8		TRADITIONAL
EMPLOYEE COST / MONTH	FIXED CO-PAYS (*AFTER DEDUCTIBLE)	RX CO-PAYS (*AFTER DEDUCTIBLE)	
SINGLE: \$ 150.31	OFFICE VISIT (PCP): \$ 25	GENERIC: \$ 15	
DOUBLE: \$ 330.68	SPECIALIST VISIT: \$ 40	PREFERRED BRAND: \$ 50	
FAMILY: \$ 413.37	URGENT CARE: \$ 75	NON-PREFERRED BRAND: \$ 80	
	ER VISIT: \$ 150*	PREFERRED SPECIALTY: \$ 20%, MAX \$150	
	AMUBLANCE: \$ 150*	NON-PREFERRED SPECIALTY: \$ 20%, MAX \$300	
EMPLOYER COST / MONTH	HIGH TECH IMAGING: \$ 150*		
SINGLE: \$ 271.32			
DOUBLE: \$ 596.90			
FAMILY: \$ 746.12			
DEDUCTIBLE	COINSURANCE MAX (IN-NETWORK)	TOTAL OUT-OF-POCKET (IN-NETWORK)	
INDIVIDUAL: \$ 2,000	INDIVIDUAL: \$ 1,500	INDIVIDUAL: \$ 6,850	
FAMILY: \$ 4,000	FAMILY: \$ 3,000	FAMILY: \$ 13,700	
	HOSPITAL COINSURANCE 80%		
SPECIAL FEATURES:	<ul style="list-style-type: none"> MEDNOW VIRTUAL VISITS: High quality Michigan-based providers available 24/7. PRIORITY HEALTH REWARDS: Use your MyHealth account with Priority Health to earn Visa reward cards for shopping for green providers before receiving major services. 		



MEDICAL INSURANCE		PRIORITY HEALTH – HMO-12		HSA	
EMPLOYEE COST / MONTH		FIXED CO-PAYS (*AFTER DEDUCTIBLE)		RX CO-PAYS (*AFTER DEDUCTIBLE)	
SINGLE:	\$ 57.45	OFFICE VISIT (PCP):	\$ NA	GENERIC:	\$ 10*
DOUBLE:	\$ 126.40	SPECIALIST VISIT:	\$ NA	PREFERRED BRAND:	\$ 40*
FAMILY:	\$ 158.00	URGENT CARE:	\$ NA	NON-PREFERRED BRAND:	\$ 40*
		ER VISIT:	\$ NA	PREFERRED SPECIALTY:	\$ 40*
EMPLOYER COST / MONTH		AMUBLANCE:	\$ NA	NON-PREFERRED SPECIALTY:	\$ 40*
SINGLE:	\$ 271.32	HIGH TECH IMAGING:	\$ NA		
DOUBLE:	\$ 596.90				
FAMILY:	\$ 746.12				
DEDUCTIBLE		COINSURANCE MAX (IN-NETWORK)		TOTAL OUT-OF-POCKET (IN-NETWORK)	
INDIVIDUAL:	\$ 2,000	INDIVIDUAL:	\$ 4,000	INDIVIDUAL:	\$ 4,000
FAMILY:	\$ 4,000	FAMILY:	\$ 8,000	FAMILY:	\$ 8,000
		HOSPITAL COINSURANCE 80%			
SPECIAL FEATURES:		<ul style="list-style-type: none"> • MEDNOW VIRTUAL VISITS: High quality Michigan-based providers available 24/7. • PRIORITY HEALTH REWARDS: Use your MyHealth account with Priority Health to earn Visa reward cards for shopping for green providers before receiving major services. 			

MEDICAL INSURANCE		PRIORITY HEALTH – HMO-13		VALUE HSA	
EMPLOYEE COST / MONTH		FIXED CO-PAYS (*AFTER DEDUCTIBLE)		RX CO-PAYS (*AFTER DEDUCTIBLE)	
SINGLE:	\$ 0	OFFICE VISIT (PCP):	\$ NA	GENERIC:	\$ NA
DOUBLE:	\$ 0	SPECIALIST VISIT:	\$ NA	PREFERRED BRAND:	\$ NA
FAMILY:	\$ 0	URGENT CARE:	\$ NA	NON-PREFERRED BRAND:	\$ NA
		ER VISIT:	\$ NA	PREFERRED SPECIALTY:	\$ NA
EMPLOYER COST / MONTH		AMUBLANCE:	\$ NA	NON-PREFERRED SPECIALTY:	\$ NA
SINGLE:	\$ 271.32	HIGH TECH IMAGING:	\$ NA		
DOUBLE:	\$ 596.90				
FAMILY:	\$ 746.12				
DEDUCTIBLE		COINSURANCE MAX (IN-NETWORK)		TOTAL OUT-OF-POCKET (IN-NETWORK)	
INDIVIDUAL:	\$ 6,350	INDIVIDUAL:	\$ 6,350	INDIVIDUAL:	\$ 6,850
FAMILY:	\$ 12,700	FAMILY:	\$ 12,700	FAMILY:	\$ 13,700
		HOSPITAL COINSURANCE 100%			
SPECIAL FEATURES:		<ul style="list-style-type: none"> • MEDNOW VIRTUAL VISITS: High quality Michigan-based providers available 24/7. • PRIORITY HEALTH REWARDS: Use your MyHealth account with Priority Health to earn Visa reward cards for shopping for green providers before receiving major services. 			



DENTAL INSURANCE		DELTA DENTAL		EMPLOYER PAID
<u>EMPLOYEE COST / MONTH</u>	<u>FEATURES</u>	<u>DESCRIPTION</u>		
SINGLE: \$ 0.00	BENEFIT MAX: \$ 1,000	PREVENTATIVE SERVICES:	NO DEDUCTIBLE APPLIES – COVERED 100%	
DOUBLE: \$ 0.00	DEDUCTIBLE: \$ 50	BASIC SERVICES:	COVERED 80% AFTER DEDUCTIBLE	
FAMILY: \$ 0.00	ORTHO MAX: \$ 1,000	MAJOR SERVICES:	COVERED 50% AFTER DEDUCTIBLE	
		ORTHODONIC:	COVERED 50% AFTER DEDUCTIBLE	
		DEPENDENTS:	COVERED TO AGE 26	
SPECIAL FEATURES:				
<ul style="list-style-type: none"> No ID card required – simply let your provider know you have Delta Dental and they will be able to look you up by your SSN 				

VISION INSURANCE		EYEMED		EMPLOYER PAID
<u>EMPLOYEE COST / MONTH</u>	<u>FEATURES</u>	<u>DESCRIPTION</u>		
SINGLE: \$ 0.00	EXAMS: ONCE EVERY 12 MONTHS	EXAM CO-PAY:	\$ 10	
DOUBLE: \$ 0.00	CONTACTS: ONCE EVERY 12 MONTHS	CONTACT LENSES:	COVERED 80% AFTER DEDUCTIBLE	
FAMILY: \$ 0.00	CONTACTS: ONCE EVERY 12 MONTHS			
	FRAMES: ONCE EVERY 24 MONTHS			
SPECIAL FEATURES:				
<ul style="list-style-type: none"> No ID card required – simply let your provider know you have EyeMed and they will look you up by your SSN 				

LIFE INSURANCE		LINCOLN FINANCIAL		VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<u>COVERAGE</u>	SPECIAL NOTES:		
<ul style="list-style-type: none"> Rates are based on employee's age and amount of coverage 	EMPLOYEE: \$10k to \$100k guaranteed	<ul style="list-style-type: none"> You must elect coverage for yourself in order to elect coverage for your spouse and / or child(ren) 		
	SPOUSE: \$5k to \$50k guaranteed	<ul style="list-style-type: none"> Any amount elected over the guarantee issue amount will be subject to medical underwriting 		
	DEPENDENT: \$10k guaranteed			

SHORT TERM DISABILITY		LINCOLN FINANCIAL		VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<u>COVERAGE</u>	SPECIAL NOTES:		
<ul style="list-style-type: none"> Rates will vary based on your weekly salary 	<ul style="list-style-type: none"> 60% of weekly salary up to \$1,000 per week Benefits begin on (Accident) 1st day Benefits begin on (Illness) 8th day Max Duration of Benefits: 26 weeks 	<ul style="list-style-type: none"> <u>Pre-Existing Condition:</u> You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 6 months. 		

LONG TERM DISABILITY		LINCOLN FINANCIAL		VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<u>COVERAGE</u>	SPECIAL NOTES:		
<ul style="list-style-type: none"> Rates will vary based on your monthly salary 	<ul style="list-style-type: none"> 60% of weekly salary up to \$5,000 per month Elimination Period: 180 days Max Duration of Benefits: till age 65 	<ul style="list-style-type: none"> <u>Pre-Existing Condition:</u> You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 6 months. 		



OFF THE JOB ACCIDENT		ALLSTATE	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<i>SPECIAL FEATURES</i>		
EMPLOYEE: \$ 13.76	<ul style="list-style-type: none"> This coverage pays you cash benefits that correspond with a variety of covered occurrences, such as dismemberment; dislocation or fracture; hospital confinement; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more. Benefits are paid once per accident unless otherwise noted in the schedule of benefits. Guaranteed issue coverage and coverage available for spouse and child(ren). See plan document for more details. 		
EE + SPOUSE: \$ 20.85			
EE + CHILD: \$ 31.91			
EE + FAMILY: \$ 39.96			

CRITICAL ILLNESS		ALLSTATE	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<i>SPECIAL FEATURES</i>		
<ul style="list-style-type: none"> Rates will vary based on your issue age, who you wish to cover, the amount of coverage and whether or not you use tobacco products 	<ul style="list-style-type: none"> Benefit Coverage options are \$10,000 or \$20,000 This coverage helps offer financial support if you are diagnosed with a covered critical illness. With the expense of treatment often so high, seeking the treatment you need seems like a heavy financial burden. But when a diagnosis occurs (such as cancer, major organ failure, etc), what you should be focusing on is getting better. With Allstate Benefits, you gain the power to take control of your health when faced with a covered event. <u>How It Works</u>: You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, this coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition. 		

HOSPITAL INDEMNITY		ALLSTATE	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<i>SPECIAL FEATURES</i>		
EMPLOYEE: \$ 7.67	<ul style="list-style-type: none"> This coverage pays a cash benefit for hospital confinement. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. Guaranteed issue coverage and coverage available for spouse and child(ren). Coverage can be continued as long as premiums are paid to Allstate Benefits. See plan document for more details. 		
EE + SPOUSE: \$ 20.15			
EE + CHILD: \$ 13.26			
EE + FAMILY: \$ 21.84			

FLEX BENEFIT – HEALTH & DEPENDENT CARE		AXIOS HR	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<i>SPECIAL FEATURES</i>		
<ul style="list-style-type: none"> You elect how much to contribute annually 	<ul style="list-style-type: none"> Health Care Spending Account Maximum Limit: \$2,600 Annually Dependent Care Spending Account Maximum Limit: \$5,000 Annually FSA's give you a way to pay for your health care and / or dependent care expenses with pre-tax dollars. FSA's are voluntary – YOU decide how much to have taken out of your paycheck and put into your Health care and / or Dependent Care Spending Account(s). See the attached Flexible Spending Account section for more information. 		

401(k)		JOHN HANCOCK	RETIREMENT PLAN
	<u>SERVICE LENGTH</u>	<u>AGE</u>	<u>ENTRY DATE</u>
<u>ELIGIBILITY REQUIREMENTS:</u>	<ul style="list-style-type: none"> NO SERVICE REQUIRED 	<ul style="list-style-type: none"> NO AGE REQUIREMENT 	<ul style="list-style-type: none"> IMMEDIATE ENTRY
<u>SPECIAL FEATURES:</u>	<ul style="list-style-type: none"> Standard and Roth 401(k) available 		