



Open Enrollment **2021**

I Medical Overview



Medical Plan Overview



	Current				Renewal			
Medical Benefits								
Plan Name / Network	HSA		Traditional Copay		HSA		Traditional Copay	
Conditions & Limitations	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Medical Deductible	\$2,000/\$4,000	\$2,000/\$4,000	\$500/\$1,000	\$500/\$1,000	\$2,000/\$4,000	\$2,000/\$4,000	\$500/\$1,000	\$500/\$1,000
Out of Pocket Maximum	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000
Plan Type	Fully Insured		Fully Insured		Fully Insured		Fully Insured	
Office Services								
Office Visits - Preventive Care	Covered 100%	40% AD	Covered 100%	40% AD	Covered 100%	40% AD	Covered 100%	40% AD
Office Visits - Primary Care Physicians	20% AD	40% AD	\$20	40% AD	20% AD	40% AD	\$20	40% AD
Office Visits - Specialists	20% AD	40% AD	\$30	40% AD	20% AD	40% AD	\$30	40% AD
Urgent Care	20% AD	40% AD	\$0	40% AD	20% AD	40% AD	\$0	40% AD
Hospital Services								
Inpatient / Outpatient	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
Emergency Room	20% AD		\$150 AD		20% AD		\$150 AD	
Diagnostic & Imaging Services								
Diagnostic Test - Minor (x-ray, blood work)	Covered 100%	40% AD	Covered 100%	40% AD	Covered 100%	40% AD	Covered 100%	40% AD
Imaging (CT / PET Scans, MRI, MRA)	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
Mental Health Coverage								
Inpatient Services	20% AD	Not Covered	20% AD	Not Covered	20% AD	Not Covered	20% AD	Not Covered
Office Visit / Outpatient Services	20% AD	Not Covered	\$0	Not Covered	20% AD	Not Covered	\$0	Not Covered
Prescription Drugs (Retail)								
Tier 1 / Tier 2 / Tier 3 / Tier 4	\$10 AD / 25% AD / 50% AD / 20% AD		\$10 / 25% / 50% / 20%		\$10 AD / 25% AD / 50% AD / 20% AD		\$10 / 25% / 50% / 20%	
Current Active Participants								
Employee Only	1		4		1		4	
2-Party	0		0		0		0	
Family	0		10		0		10	
Total Participants by Plan	1		14		1		14	
Total Enrollment	15				15			
Premium by Plan								
Employee Only	\$549.58		\$666.28		\$579.58		\$702.24	
2-Party	\$1,137.60		\$1,379.18		\$1,199.02		\$1,453.64	
Family	\$1,538.78		\$1,865.54		\$1,621.88		\$1,966.28	
	\$549.58		\$21,320.52		\$579.58		\$22,471.76	
Monthly Premium	\$21,870.10				\$23,051.34			
Annual Premium	\$262,441.20				\$276,616.08			
Difference to Current					5.40%			
Annual Premium Difference					\$14,174.88			



Please note that the following is intended to be used for general guidance purposes only — it is not intended to constitute legal advice, nor is it a dispositive position on coverage. Each claim is subject to review by the applicable insurer and coverage is dependent upon the terms and conditions of your specific insurance policy.

III Dental Overview





Dental Plan Overview



	Current		Renewal	
Dental Benefits				
Plan Name	High		High	
Conditions & Limitations	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible	\$25/\$75	\$25/\$75	\$25/\$75	\$25/\$75
Class 1 - Preventive	100%	20%	100%	20%
Class 2 - Basic	80%	60%	80%	60%
Class 3 - Major	50%	70%	50%	70%
Annual Maximum	\$1,500		\$1,500	
Class 4 - Orthodontia Benefit (Under Age 19)	50%	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,500		\$1,500	
Provisions				
Endodontia	Basic		Basic	
Periodontia	Basic		Basic	
Max Rollover	None		None	
New Hire/Late Entrant Waiting Periods				
Preventive	None / 12 Months		None / 12 Months	
Basic	None / 12 Months		None / 12 Months	
Major	None / 12 Months		None / 12 Months	
Ortho	None / 12 Months		None / 12 Months	
Current Active Participants				
Employee Only	5		5	
2-Party	0		0	
Family	10		10	
Total Participants by Plan	15		15	
Total Enrollment	15		15	
Premium by Plan				
Employee Only	\$51.84		\$52.10	
2-Party	\$70.90		\$71.24	
Family	\$107.32		\$107.86	
	\$1,332.40		\$1,339.10	
Monthly Premium	\$1,332.40		\$1,339.10	
Annual Premium	\$15,988.80		\$16,069.20	
Difference to Current			0.50%	
Annual Premium Difference			\$80.40	



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IV Vision Overview





Vision Plan Overview



	Current		Renewal	
Vision Benefits				
Plan Name				
Conditions & Limitations	In Network	Out of Network	In Network	Out of Network
Exam	No Coverage	No Coverage	No Coverage	No Coverage
Lenses				
Single Vision / Bifocal / Trifocal	\$10/\$10/\$10	Up to \$25/\$40/\$55	\$10/\$10/\$10	Up to \$25/\$40/\$55
Standard Progressive Lens	\$75	Up to \$40	\$75	Up to \$40
Frames / Contacts				
Frame Allowance	\$130	Up to \$65	\$130	Up to \$65
Contacts Allowance	\$130	Up to \$104	\$130	Up to \$104
Frequency				
Exams / Lenses / Contacts / Frames	12 / 12 / 12 / 12		12 / 12 / 12 / 12	
Current Active Participants				
Employee Only	2		2	
2-Party	0		0	
Family	7		7	
Total Enrollment	9		9	
Monthly Premium				
Employee Only	\$6.38		\$6.31	
2-Party	\$10.15		\$9.96	
Family	\$13.91		\$13.61	
Monthly Premium	\$110.13		\$107.89	
Annual Premium	\$1,321.56		\$1,294.68	
Difference to Current			-2.03%	
Annual Premium Difference			-\$26.88	
Rate Guarantee				

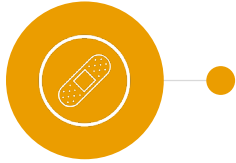


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IX Additional Benefits and Resources



Supplemental Health Benefits



Accident Insurance



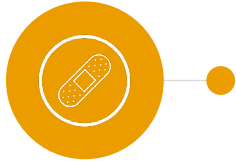
Supplemental Health Benefits	Proposed New Sales			
	Accident (Off Job) Plan			
Plan Name	Silver Plan		Platinum Plan	
Accidental Death & Dismemberment				
Employee	\$10,000		\$50,000	
Spouse	\$5,000		\$25,000	
Child	\$5,000		\$5,000	
Seatbelts and Airbags Benefit	Seatbelts: \$10,000; Airbags: \$15,000		Seatbelts: \$10,000; Airbags: \$15,000	
Office Services / Accident				
Wellness Benefit	\$100 / Year		\$150 / Year	
Child Organized Sports	25% increase to Child Benefits		25% increase to Child Benefits	
Initial Physician's Office / Urgent Care	\$75		\$125	
Accident Follow Up Visit - Doctor	\$25 up to 6 Treatments		\$75 up to 6 Treatments	
Emergency Dental Work	\$200 / Crown; \$50 / Extraction		\$400 / Crown; \$100 / Extraction	
X-Ray	\$30		\$50	
Burns (2nd Degree / 3rd Degree)	Up to \$12,000		Up to \$12,000	
Dislocations	Up to \$3,000		Up to \$7,000	
Fracture	Up to \$4,000		Up to \$8,000	
Knee Cartilage	\$250		\$750	
Laceration	Up to \$300		Up to \$500	
Concussions	\$100		\$300	
Hospital & Emergency Services				
Accident Emergency Treatment	\$100		\$250	
Ambulance / Air Ambulance	\$150 / \$750		\$300 / \$1,500	
Hospital / ICU Admission	\$750 / \$1,500		\$1,500 / \$3,000	
Hospital / ICU Confinement (Up to 1 year; Up to 15 Days)	\$150 / Day; \$300 / Day		\$300 / Day; \$600 / Day	
Coma	\$7,500		\$12,500	
Joint Replacement (hip/knee/shoulder)	\$1,500 / \$750 / \$750		\$3,500 / \$1,750 / \$1,750	
Ruptured Disc with Surgical Repair	\$250		\$750	
Surgery (Cranial, Open Abdominal, Thoracic)	\$1,000; Hernia: \$200		\$1,500; Hernia: \$300	
Tendon/Ligament/Rotator Cuff	1 / \$250; 2 or more / \$500		1/ \$750; 2 or more / \$1,500	
Monthly Premium / Current Participants	Value Plan	Participants	Premier Plan	Participants
Employee Only	\$11.66	0	\$20.77	0
Employee+Spouse	\$20.15	0	\$35.33	0
Employee+Child(ren)	\$21.85	0	\$37.02	0
Family	\$30.34	0	\$51.58	0
Rate Guarantee	Two Years			

*Minimum of 5 employees must enroll for policy to be issued

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Supplemental Health Benefits



Critical Insurance



Supplemental Health Benefits	Proposed	
	Critical Illness	
Plan Name	Low Plan	High Plan
Conditions & Limitations		
Guarantee Issue	\$5,000	\$20,000
Benefit Waiting Period	30 Days	
Pre-Ex Limitation	None	
Plan Benefits		
Lifetime Maximum Benefit per Category*	None	
Subsequent Occurrence Benefit (Different Category*)	100%	
Recurrence Benefit (Same Category*)	50%	
Portability	Included	
Preventive Care		
Wellness Benefit (Health Screening)	\$150 / year (per covered person)	
Categories		
Basic		
Heart Attack, Cancer, Stroke, Kidney (Renal) Failure	100%	
Partial		
Carcinoma in situ	30%	
Enhanced		
Paralysis, Coma, Blindness, Ruptured Cerebral, Carotid, or Aortic Aneurysm	100%	
Brain Tumor	75%	
	\$5,000	\$20,000
Monthly Premium by Plan		
Under 30	\$2.05	\$8.20
30 - 39	\$4.45	\$17.80
40 - 49	\$8.35	\$33.40
50 - 59	\$16.80	\$67.20
60 - 69	\$29.70	\$118.80
70+	\$43.55	\$174.20
Dependent Children (per \$1,000)	No Charge (Eligible for 25% of Emp Amount)	No Charge (Eligible for 25% of Emp Amount)
Rate Guarantee	Two Years	

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Supplemental Health Benefits



Hospital Insurance



	Renewal - Option 1		Renewal - Option 2	
Supplemental Health Benefits	Hospital Plan		Hospital Plan	
Plan Name	Plan 1	Plan 2	Plan 1	Plan 2
Plan Benefits				
Hospital Admission Benefit (Inpatient)				
One Benefit per Covered Person Per Plan Year	\$500	\$750	\$1,000	\$1,500
Room and Board Per Day	\$50	\$50	\$100	\$100
Daily ICU Confinement	N/A	N/A	\$100	\$200
Wellness Care				
One Benefit per Covered Person Per Plan Year	\$50	\$50	\$100	\$150
Non-Insurance Services				
On-Call Travel Assistance	Included	Included	Included	Included
	Plan 1	Plan 2	Plan 1	Plan 2
Monthly Premium by Plan				
Employee Only	\$29.03	\$40.64	\$22.79	\$30.77
Employee+Spouse	\$61.26	\$85.76	\$48.05	\$64.94
Employee+Child(ren)	\$43.55	\$60.97	\$34.27	\$46.16
Family	\$75.77	\$106.08	\$59.43	\$80.32
Rate Guarantee	Two Years		Two Years	

*Minimum of 5 employees must enroll for policy to be issued



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Thank You.



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