

Product & Premiums		2015/2016 Benefits		
Medical Insurance		<u>Network</u>		<u>Non-Network</u>
<u>Payroll Deductions (26 Pay Periods)</u>		Deductible (Family)	\$1000 (\$3000)	\$2000 (\$6000)
Employee	\$44.87	Doctor Office Visits	\$40 (\$55 Specialist)	Deductible & Co-Ins.
Employee + Spouse	\$224.35	Co-Insurance	70%	50%
Employee + Child(ren)	\$197.43	Co-Ins. Out-of-Pocket Maximum (Family)	\$3250 (\$6500) Includes in-network deductibles, copays & co-insurance	\$6500 (\$13,000)
Family	\$376.92	Prescription Benefit	\$7 Generic \$30 Preferred Brand \$70 Non-Preferred Brand 10% Specialty Drugs up to a \$100 max per prescription	
Dental Insurance		Deductible (waived for preventive & Orthodontia Services) \$50 (3x)		
<u>Payroll Deductions (26 Pay Periods)</u>		Annual Maximum \$1,000		
Employee	\$2.23	Preventive (exams, cleanings, sealants, fluoride, bitewing x-rays) 100%		
Employee + Spouse	\$11.01	Basic (fillings, space maintainers, root canal, periodontics, simple extractions, full mouth x-rays) 80%		
Employee + Child(ren)	\$11.44	Major (crowns, dentures, bridges, surgical extractions) 50%		
Family	\$23.90	Orthodontia 50% Lifetime Maximum on Orthodontia \$1,000		
Voluntary Vision Insurance		<u>Network</u>		<u>Non-Network Allowances</u>
<u>Payroll Deductions (26 Pay Periods)</u>		Exam / Material Co-Pays	\$10 / \$25	Up to \$35
Employee	\$2.60	Plastic Lenses		
Employee + Spouse	\$5.20	Single Vision	Covered by Co-Pay	Up to \$25
Employee + Child(ren)	\$5.50	Bifocal	Covered by Co-Pay	Up to \$40
Family	\$8.63	Trifocal	Covered by Co-Pay	Up to \$50
		Lenticular	\$80 Allowance	Up to \$50
		Progressive	\$70 Allowance	Up to \$40
		Frames	\$120 Allowance	Up to \$50
		Contact Lenses		
		Elective	Up to \$120	Up to \$100
		Medically Necessary	Up to \$210	Up to \$210
		Benefit Frequency	Once per 12 mos for exams & lenses; 24 mos for frames	
Who to call		Carrier Name	Number	Website / Email
Medical, Policy #78548ERC		BCBS of LA	800-599-2583	www.bcbsla.com
Dental, Policy #ACAD314		AlwaysCare	888-729-5433	www.alwayscarebenefits.com
Vision, Policy # ACAD314		AlwaysCare	888-729-5433	www.alwayscarebenefits.com

We are pleased to provide you with a brief outline of the benefits available to you as our employee. This is a brief summary and does not constitute a contract. Please refer to your Certificate of Insurance for further information. Information last updated 1/23/2015

