

Benefits Overview

Proven Recruiting Core CA Employees

January 1, 2022



Medical Insurance | Anthem Blue Cross

Choice of plan options:	Priority HMO <i>In-Network Benefits Only</i>	Value HMO <i>In-Network Benefits Only</i>	PPO 3500	High Deductible PPO with H.S.A
Network	Priority Select HMO	Select HMO	Prudent Buyer PPO	Prudent Buyer PPO
Deductible				
Individual (In / Out-of-Network)	\$3,000	\$0	\$3,500 / \$10,500	\$4,500 / \$13,500
Family (In / Out-of-Network)	\$3,000	\$0	\$7,000 / \$21,000	\$9,000 / \$27,000
Coinsurance (In / Out-of-Network)	70%	80%	70% / 50%	80% / 50%
Out-of-Pocket Max				
Individual (In / Out-of-Network)	\$6,400	\$3,500	\$6,350 / \$19,050	\$7,000 / \$21,000
Family (In / Out-of-Network)	\$12,800	\$7,000	\$12,700 / \$38,100 <i>Includes Deductible</i>	\$14,000 / \$42,000 <i>Includes Deductible</i>
Physician Services (In-Network)				
Well Adult / Well Child Physician Office / Specialist Visit X-Rays / Lab Diagnostics	100% \$30 copay / \$50 copay 100%	100% \$20 / \$40 copay 100%	100% \$30 copay / \$50 copay Deductible then 70%	100% Deductible then 80%
Emergency Room	\$250 copay + Deductible then 70%	\$200 copay	\$150 copay + Deductible then 70%	Deductible then 80%
Urgent Care (In-Network)	\$30 copay	\$20 copay	\$30 copay	Deductible then 80%
Prescription Drugs (In-Network)	Rx Out of Pocket Max: \$500 Ind. / \$1,500 Fam. Copays: \$5 / \$20 / \$50 / \$75 / Deductible then 70%,	Copays: \$5 / \$20 / \$40 / \$60 30% to a \$250 Max	Copays: \$5 / \$20 / \$40 / \$60 30% to a \$250 Max	Copays: \$5 / \$15 / \$40 / \$60 30% to a \$250 Max
Generic / Formulary / Non-Formulary				

Bi-Weekly Contributions:	Priority HMO	Value HMO	PPO 3500	High Deductible PPO with H.S.A
Employee Only	\$106.40	\$143.94	\$194.58	\$130.94
Employee & Spouse	\$234.08	\$316.67	\$428.08	\$288.06
Employee & Child(ren)	\$191.52	\$259.09	\$350.24	\$235.68
Family	\$329.84	\$446.22	\$603.20	\$405.90



Dental Insurance | Anthem Blue Cross

Preferred Provider Organization (PPO)

These dental plans allow the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

Preventive:

- Annual cleanings (2 per year)
- X-rays (1 per year)
- And more

Basic:

- Fillings
- Root canals
- And more

Major:

- Dentures/bridges/partials
- Extractions
- And more

Dental Plan Details	PPO In-Network / Out-of-Network
Network Name	Dental Complete
Individual Deductible (Family = 3x)	\$50 / \$50
Office Visit Copay	None
Preventive Coinsurance	100% / 100%
Basic Coinsurance	80% / 80%
Major Coinsurance	50% / 50%
Annual Plan Maximum	\$2,000 / \$2,000
Orthodontia (up to age 19)	50% / 50%
Orthodontia Lifetime Maximum	\$1,500 / \$1,500

Bi-Weekly Contributions:	You Pay
Employee Only	\$8.94
Employee & Spouse	\$18.23
Employee & Child(ren)	\$22.07
Family	\$32.75



Vision Insurance | Anthem Blue Cross

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider. By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an exam, frames, lenses or contact lenses every 12 months.

Out-of-network providers will merely offer you an allowance towards your vision services. Eye-care providers include many independent optical shops and national chains.

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Network	Blue View Vision		
Eye Exam	Every 12 months	\$10 copay	\$42 max allowance
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 months*	\$10 copay	Allowance varies
Frames	Every 12 months*	\$130 allowance + 20% off balance	\$45 max allowance
Elective Contacts	Every 12 months**	\$130 allowance+ 15% off balance	\$105 max allowance

Bi-Weekly Contributions:	You Pay
Employee Only	\$1.96
Employee & Spouse	\$3.92
Employee & Child(ren)	\$4.36
Family	\$6.87

*Vision benefit frequencies are based on the date of service within the policy year

** You cannot get contacts and glasses in the same calendar year