

SET SEG Summary of Benefits

Health Insurance – 2 options:

- BLUE CROSS BLUE SHIELD Simply Blue HSA
In-Network Deductible: 1300/2600; Out-Of-Network Deductible: 2600/5200
RX Copay: 5/25/50; Coinsurance: N/A
Cash in Lieu of Health Insurance: 5,992.30 annually
Plan Year: January 1 – December 31
- BLUE CROSS BLUE SHIELD Simply Blue HSA
In-Network Deductible: 1300/2600; Out-Of-Network Deductible: 2600/5200
RX Copay: 10/40/80; Coinsurance: 20%
Cash in Lieu of Health Insurance: 5,992.30 annually
Plan Year: January 1 – December 31

Dental Insurance:

\$1,000 maximum per family member per calendar year

Exam: 2 per year @ 100%

Restorative: 75% R&C

Oral Surgery: 75% R&C

Endodontics: 75% R&C

Periodontics: 75% R&C

Orthodontics: \$500 lifetime max to age 19

Plan Year: January 1 – December 31

Vision Insurance:

Exam \$40

Frames \$75

Contact Lenses \$200

Plan Year: July 1 – June 30

Basic Term Life Insurance (Administrators):

Salary + \$5,000 Life, Salary + \$5,000 AD&D

Basic Term Life Insurance (All other personnel):

\$5,000 Life, \$5,000 AD&D

Long Term Disability Insurance (Administrators):

66 2/3% of Salary, Maximum \$9,723 per month

90 Day Elimination Period

Long Term Disability Insurance (All other personnel):

60% of salary, Maximum \$3,000 per month

90 Day Elimination Period