

Sample Benefit Sheet

Effective January 1st, 2012

Medical Services				
	Core Medical Plan		Premium Medical Plan	
	First Health Network	Non-Network	First Health Network	Non-Network
Routine Medical Expenses				
Convenience Care Visits	\$10 Copay to a maximum of \$100 per visit		\$10 Copay to a maximum of \$100 per visit	
Office Visits	\$25 Copay to a maximum of \$250 per visit		\$20 Copay to a maximum of \$350 per visit	
Specialist Office Visits	\$25 Copay to a maximum of \$250 per visit	50% after Deductible	\$20 Copay to a maximum of \$350 per visit	50% after Deductible
Diagnostic, Xrays and Labs	\$25 Copay to a maximum of \$250 per visit		\$20 Copay to a maximum of \$350 per visit	
Urgent Care Facilities	\$50 Copay to a maximum of \$500 per visit		\$40 Copay to a maximum of \$500 per visit	
Hospital Services				
Inpatient Services	90% after deductible	50% after Deductible	90% after deductible	50% after Deductible
Out patient services				
Emergency Room visits	\$250 Copay to a max of \$750 per visit		\$250 Copay to a max of \$750 per visit	
Deductible	\$2000 Per Family Per Month (Limited to \$6000 in Deductible Exposure)		\$750 Per Family Per Month (Limited to \$3000 in Deductible Exposure)	
Coinsurance				
Out of Pocket Limit	\$2000 Per Family Per Year	\$5,000	\$1000 Per Family Per Year	\$5,000
Other Medical Services				
All other medical services	90% after deductible		90% after deductible	
Wellness Benefit	Covered at 100%	60% after deductible	Covered at 100%	60% after Deductible
Childhood Immunizations	Covered at 100%		Covered at 100%	
Prescription Drugs - Restat for Retail Pharmacy - CanaRX for Mail Order				
Generic Drugs	\$15 Copay for a 30 day supply		\$10 Copay for a 30 day supply	
Brand Name Medications	30% Copay for a 30 day supply (max of \$100 per script)		30% Copay for a 30 day supply (max of \$100 per script)	
Mail Order - 90 day Supply Maintenance Scripts	\$0 Copay using Cana-RX for mail order 90 day supplies			
Vision Plan				
Office visits \$25 copay then plan pays up to \$100 per visit / lenses & frames - Plan pays up to \$50 per year.				
Medical Helpline (24 Hour Ask a Nurse)				
Registered nurses available 24 hours per day, 365 days per year to answer your healthcare questions and offer advice on various treatment options including cost... AVAILABLE AT NO ADDITIONAL COST TO YOU!				
WorldDoc				
WorldDoc is the leading provider of consumer care management systems to health plans, third party administrators (TPA's) and employers. WorldDoc's fully integrated product suite empowers individuals to make better health care decisions leading to improved health and decreased healthcare costs.				
Plan Year Maximum Benefits	\$2,000,000			
Lifetime Maximum Benefits	Unlimited			
Your Bi Weekly Cost to Participate				
Employee Only	\$0.00		\$55.00	
Full Family	\$200.00		\$300.00	

See official Plan Document for a comprehensive explanation of all benefits.

Sample Dental Benefit Sheet

Dental Plan		
	Base Medical Plan	Buy-Up Medical Plan
Maximum Calendar Year Benefits	\$1,000	\$1,500
Calendar Year Deductible	\$100 per person	\$50 per person
Diagnostic and Preventative Care (e.g. cleanings)	100% of Allowable Amount	\$100% of Allowable Amount
Basic Care (e.g. fillings)	70% of Allowable Amount	80% of Allowable Amount
Major Care (e.g. crowns and dentures)	50% of Allowable Amount	50% of Allowable Amount
Orthodontia	50% of Allowable Amount	50% of Allowable Amount
Lifetime Orthodontia Maximum	\$1,500	\$1,000
Your Bi-Weekly Cost to Enroll		
Employee	\$0	\$12.00
Family	\$32.00	\$55.00