

BENEFITS SNAPSHOT
2018

MEDICAL – MINIMUM ESSENTIAL COVERAGE (800) 252-9653 www.boonchapman.com Group #MT00215 1/1/2018		VOLUNTARY DENTAL- Dental Select (800) 999-9789 www.dentalselect.com (IN-NETWORK) Group #12008660 January 1, 2018	
Preventative Services for Adults <ul style="list-style-type: none"> • Screenings: Blood Pressure, Cholesterol, Colorectal Cancer, Depression, Type 2 Diabetes • Immunization: Hepatitis A, Hepatitis B, Influenza, Pneumococcal, Tetanus, Diphtheria, Pertussis 		PLAN NAME PPO Choice Max Rewards PROVIDER NETWORK Platinum Network	
Preventative Services for Women <ul style="list-style-type: none"> • Pregnant Women Screenings: Anemia, Folic Acid, Gestational Diabetes, Rh Incompatibility • Mammography Screening, Cervical Cancer Screening, Osteoporosis Screening, Well-woman visits and Contraception 		DEDUCTIBLE (WAIVED FOR PREVENTIVE) <ul style="list-style-type: none"> • Calendar Year (Individual / Family) \$50 / \$150 	
Preventative Services for Children <ul style="list-style-type: none"> • Screenings: Autism, Depression (for adolescents), Developmental (for children under 3), Hearing (for newborns), Phenylketonuria (PKU) for newborns, Vision • Immunization: Influenza, Meningococcal, Inactivated Poliovirus, Measles, Mumps, Rubella, Diphtheria, Tetanus & Pertussis 		MAXIMUM ANNUAL BENEFIT \$750 PREVENTIVE SERVICES Covered at 100% <ul style="list-style-type: none"> • 1 exam / cleaning every 6 months 	
Primary Care Visits <ul style="list-style-type: none"> • Primary Care Provider \$25 Copay, Max 6 visits / \$0 Generic PPCA mandated RX only 		BASIC SERVICES Covered at 80% <ul style="list-style-type: none"> • Fillings, Extractions, Oral Surgery 	
		MAJOR SERVICES Covered at 50% <ul style="list-style-type: none"> • Crowns, Dentures and Bridges • Endodontics & Periodontics 	
VOLUNTARY VISION- Dental Select (800) 999-9789 www.dentalselect.com (IN-NETWORK) Group #12008660 January 1, 2018		VOLUNTARY DENTAL- Dental Select (800) 999-9789 www.dentalselect.com (IN-NETWORK) Group #12008660 January 1, 2018	
PLAN NAME & NETWORK Voluntary Choice Vision 6 EyeMed Select Network		PLAN NAME Co-Pay Plan PROVIDER NETWORK In network services only Gold Network	
EXAMS \$10 copay, 1 exam per 12 month period		DEDUCTIBLE (WAIVED FOR PREVENTIVE) <ul style="list-style-type: none"> • Calendar Year (Individual / Family) \$25 / \$75 	
GLASSES \$0 copay, 1 pair per 12 month period		MAXIMUM ANNUAL BENEFIT No Maximum	
LENSES \$10 copay, 1 set per 12 month period		PREVENTIVE SERVICES Covered at 100% <ul style="list-style-type: none"> • 1 exam / cleaning every 6 months 	
FRAMES \$100 allowance, 1 set per 24 month period		BASIC SERVICES Fixed Copays <ul style="list-style-type: none"> • Fillings, Extractions, Oral Surgery 	
CONTACT LENS SERVICES <ul style="list-style-type: none"> • Medically Necessary \$0 copay, Covered in Full, in lieu of glasses per 12 months • Elective \$0 copay, \$115 allowance, in lieu of glasses, every 12 months 		MAJOR SERVICES Fixed Copays <ul style="list-style-type: none"> • Crowns, Dentures and Bridges • Endodontics & Periodontics 	
VOLUNTARY SHORT TERM DISABILITY- Transamerica www.transamericaemployeebenefits.com (IN-NETWORK) (800)-400-3042 Group # G00031279 January 1, 2018		VOLUNTARY CRITICAL ILLNESS - Transamerica www.transamericaemployeebenefits.com (IN-NETWORK) (800)-400-3042 Group #G00031279 January 1, 2018	
Short Term Disability <ul style="list-style-type: none"> • Income replacement for employees with illness or injury 		Critical Illness <ul style="list-style-type: none"> • Pays a lump sum to the insured when diagnosed for the first time with a covered critical illness 	
Benefit Period <ul style="list-style-type: none"> • Maximum benefit duration 6 months 		Guaranteed Issue \$20,000 Category 1 <ul style="list-style-type: none"> • Heart Attack, Stroke, Heart Transplant Surgery 100% 	
Accident and Sickness Elimination Period <ul style="list-style-type: none"> • Length of time before benefits begin 7 days 		Category 2 <ul style="list-style-type: none"> • Major Organ Transplant, 3rd degree Burns, Coma, Loss of Sight, Speech and/or Hearing, Paralysis not due to Stroke (4 limbs) 100% 	
Limitations <ul style="list-style-type: none"> • Monthly Benefit cannot exceed 60% of monthly compensation 		Category 3 <ul style="list-style-type: none"> • Invasive Cancer, Bone Marrow Transplant 100% 	

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VOLUNTARY ACCIDENT INSURANCE #1-Transamerica (IN-NETWORK) (800)-400-3042 Group # G000031279 January 1, 2018 www.transamericaemployeebenefits.com		VOLUNTARY ACCIDENT INSURANCE #2- Transamerica (IN-NETWORK) (800)-400-3042 Group # G000031279 January 1, 2018 www.transamericaemployeebenefits.com	
Accident Insurance • Pays a lump sum to the insured for accidents / injuries		Accident Insurance • Pays a lump sum to the insured for accidents/injuries	
Physician Treatment & X-Ray Benefit	\$125	X-Ray Benefit	\$125
Major Diagnostic Benefit • CT Scan, MRI, EEG within 90 days of accident	\$200	Major Diagnostic Benefit • CT Scan, MRI, EEG within 90 days of accident	\$200
Fracture Benefit	Benefit varies by location of fracture	Fracture Benefit	Benefit varies by location of fracture
Follow-Up Visits and Physical Therapy	\$40	Follow-Up Visits and Physical Therapy	\$50
Initial Accident Hospitalization	\$1,050	Initial Accident Hospitalization	\$1,500
Ambulance Benefit •Ground Ambulance	\$210	Ambulance Benefit •Ground Ambulance	\$300
• Air Ambulance	\$1,050	• Air Ambulance	\$1,500
Accidental Death and Dismemberment Rider •Common Carrier (fare-paying transportation) Accidental Death	\$75,000	Accidental Death and Dismemberment Rider •Common Carrier (fare-paying transportation) Accidental Death	\$120,000
• Automobile Accidental Death	\$37,500 -\$55,000 (varies by seatbelt and airbag utilization)	• Automobile Accidental Death	\$60,000-\$88,000 (varies by seatbelt and airbag utilization)
• Other Accidental Death	\$25,000	• Other Accidental Death	\$40,000
Major Surgery due to Accident • Limited to Open abdominal, cranial or thoracic surgery	\$900	Major Surgery due to Accident • Must occur within 1 year of accident	\$1,500
• Must occur within 1 year of accident			
VOLUNTARY UNIVERSAL LIFE- Transamerica (IN-NETWORK) (800)-400-3042 Group # G000031279 January 1, 2018 www.transamericaemployeebenefits.com		Dental & Vision Rates	
Cannot exceed lesser of \$50,000 or 5x salary		Dental - Copay Plan	Employee Cost per payroll
LIFE/AD&D Guaranteed Issue		<u>Bi-Weekly per pay period Rates (26 payrolls)</u>	
SPOUSE LIFE/AD&D Guaranteed Issue	Cannot exceed \$15,000	Employee Only	\$4.42
CHILDREN'S LIFE Guaranteed Issue	Cannot exceed \$10,000	Employee + Spouse	\$9.28
*Accelerated Death Benefit included		Employee + Child	\$10.02
		Employee + Family	\$13.20
Medical Rates		Dental - PPO Choice Max Rewards	
Medical - Minimum Essential Coverage	Employee Cost per payroll	<u>Bi-Weekly per pay period Rates (26 payrolls)</u>	
<u>Bi-Weekly per pay period Rates (26 payrolls)</u>		Employee Only	\$8.45
Employee Only	\$24.92	Employee + Spouse	\$16.85
Employee + Spouse	\$54.92	Employee + Child	\$18.20
Employee + Child	\$84.92	Employee + Family	\$25.62
Employee + Family	\$114.92	Vision - Voluntary Choice Vision	
Employees working 20+ hours a week are eligible for Benefits 1st of the month following 60 Days of Hire - Please log into Benefits connect to enroll		<u>Bi-Weekly per pay period Rates (26 payrolls)</u>	
***www.benefitconnect.net/aslamgroup		Employee Only	\$4.44
		Employee + Spouse	\$8.42
		Employee + Child	\$8.87
		Employee + Family	\$13.31

Please call 800-577-4996 if you have any questions or issues logging into the portal

*** Please see Benefits Connect Log in Flyer

