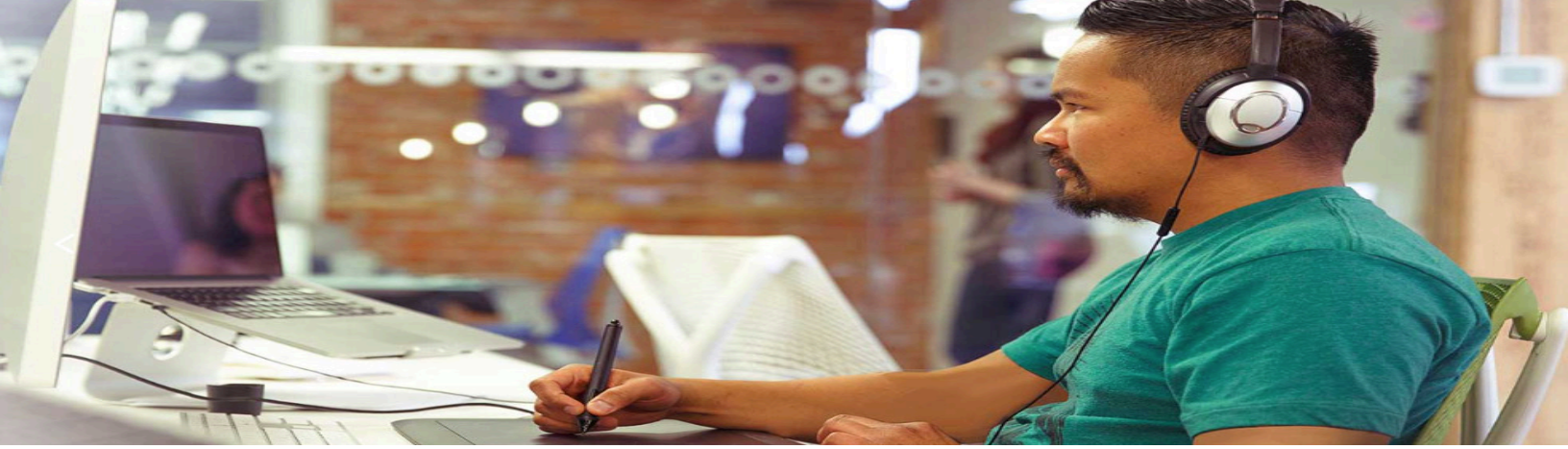




## Employee Benefits At A Glance – 2018

Medical – Humana	\$1,000 80/60 NPOS 10 Copay \$25/\$55		\$1,500 80/60 NPOS 10 Copay \$25/\$55		\$3,000 100/70 NPOS 10 Copay \$25/\$55	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Co-Insurance (You pay)	80%	60%	80%	60%	100%	70%
Calendar Year Deductible						
- Individual	\$1,000	\$3,000	\$1,500	\$4,500	\$3,000	\$9,000
- Family	\$2,000	\$6,000	\$3,000	\$9,000	\$6,000	\$18,000
Out-of-Pocket Maximum (Deductible included)						
- Individual	\$3,000	\$9,000	\$4,500	\$13,500	\$3,000	\$18,000
- Family	\$6,000	\$18,000	\$9,000	\$27,000	\$6,000	\$36,000
Office Visit Copay						
- Primary	\$25 Copay	30% After deductible	\$25 Copay	30% After deductible	\$25 Copay	30% After deductible
- Specialist	\$55 Copay	30% After deductible	\$55 Copay	30% After deductible	\$55 Copay	30% After deductible
Preventive Visits						
Inpatient Services	20% After deductible	40% After deductible	20% After deductible	40% After deductible	Deductible	30% After deductible
Outpatient Services	20% After deductible	40% After deductible	20% After deductible	40% After deductible	Deductible	30% After deductible
Emergency Room Services (Waived if admitted)	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Urgent Care	\$75 Copay	30% After deductible	\$75 Copay	30% After deductible	\$75 Copay	30% After deductible
Lifetime Max. Benefits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Prescription Coverage (30 day supply)	\$1,000 80/60 NPOS 10 Copay \$25/\$55		\$1,500 80/60 NPOS 10 Copay \$25/\$55		\$3,000 100/70 NPOS 10 Copay \$25/\$55	
Deductible	\$0		\$0		\$250 Individual	
Tier 1	\$10 Copay		\$10 Copay		\$10 Copay (deductible waived)	
Tier 2	\$35 Copay		\$40 Copay		\$45 Copay after Rx deductible	
Tier 3	\$55 Copay		\$65 Copay		\$70 Copay after Rx deductible	
Tier 4	25% Coinsurance		25% Coinsurance		25% After Rx deductible	
Tier 5	35% Coinsurance		35% Coinsurance		35% After Rx deductible	
Mail Order Maintenance (90 day supply)						
Mail-Order Tier 1	\$15 Copay		\$15 Copay		\$15 Copay (deductible waived)	
Mail-Order Tier 2	\$87.50		\$100 Copay		\$112.50 Copay after Rx deductible	
Mail-Order Tier 3	\$165 Copay		\$195 Copay		\$210 Copay after Rx deductible	
Mail-Order Tier 4	25% Coinsurance		25% Coinsurance		25% Copay after Rx deductible	
Mail-Order Tier 5	35% Coinsurance		35% Coinsurance		35% Copay after Rx deductible	
Employee Rates (Per pay period)						
Employee	\$146.25		\$123.40		\$109.44	
Employee + Spouse	\$401.94		\$356.24		\$328.33	
Employee + Child(ren)	\$363.59		\$321.32		\$295.50	
Family	\$619.28		\$554.16		\$514.39	



Dental Plan BCBS	Classic Complete GA-2Q (1R1M)	
	In-Network	Out-of-Network
Annual Deductible		
Individual	\$50	\$100
Family	\$150	\$300
Preventative Services (X-rays, routine exams, cleanings)	100%	80%
Basic Services (Fillings, basic oral surgery)	80%	60%
Major Services (Crowns, periodontics, endodontics, dentures)	50%	50%
Annual Plan Maximum	\$1,500	\$1,500
<b>Employee Rates</b>		
	Per pay period	
Employee	\$8.24	
Employee + Spouse	\$25.37	
Employee + Child(ren)	\$29.01	
Family	\$48.38	

Vision Plan Humana	\$20 Exam / \$20 Materials 12/12/24	
	In-Network	Out-of-Network
Exams	\$20 Copay	\$40 Allowance
Eyeglasses		
Single Vision	\$20 Copay	\$40 Allowance
Bifocal	\$20 Copay	\$60 Allowance
Trifocal	\$20 Copay	\$80 Allowance
Lenticular	\$20 Copay	N/A
Frames	\$40 Allowance (wholesale)	\$57 Allowance
Contact Lenses		
Conventional/Disposable	\$150 Allowance	\$150 Allowance
Medically Necessary	Covered 100%	\$280 Allowance
Frequency of Services (Once per calendar year)		
Exam	12 Months	
Lenses	12 Months	
Frames	24 Months	
Contact Lenses	12 Months	
Laser Vision Correction Discounts Available @ Participating Locations Only		
<b>Employee Rates</b>		
	Per pay period	
Employee	\$4.19	
Employee + Spouse	\$8.38	
Employee + Child(ren)	\$7.96	
Family	\$12.50	

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### Medical and Vision | Humana

Member Services: 1.800.448.6262

[www.humana.com](http://www.humana.com)

### Dental | BCBS

Member Services: 1.855.397.9267

[www.bcbsga.com](http://www.bcbsga.com)

Please Note: This document is intended as a convenient summary of the major points of benefit plans. This document does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases and are available for your inspection at any time.