



2023 | Benefits at a Glance

Plan Year: January 1, 2023 through December 31, 2023

CARRIER CONTACT INFO	Carrier	Website	Contact #
Medical	Humana	www.humana.com	800-787-3311
Dental & Vision	Unum	www.unum.com	800-531-9047
Vol. Life	Humana	www.humana.com	866-679-3054

HUMANA MEDICAL	GA NPOS 10 5000 Copay	GA NPOS 10 3000 Copay	GA NPOS 1000 Copay
Physician/Specialist	\$25 / \$55	\$25 / \$55	\$25 / \$55
Individual Deductible	\$5,000	\$3,000	\$1,000
Ind. Out/Pocket Max	\$0	\$0	\$2,000
Coinsurance In	100%	100%	80%
Inpatient Hospital	Subject to Deductible	Subject to Deductible	20% Coinsurance
Emergency Room	\$250 copay	\$250 copay	\$250 Copay
Urgent Care	\$75 copay	\$75 copay	\$75 Copay
Prescriptions	\$10 / \$45 / \$70 / 25%	\$10 / \$45 / \$70 / 25%	\$10 / \$35 / \$55 / 25%

UNUM DENTAL	Dental Plan	UNUM Vision	Vision Plan	VOL. LIFE
Deductible	\$50 (3 per family)	Exams Copay	\$10	Benefit Amount: EE Election
Annual Max	\$1,500	Frames	\$130 allowance per 24 months	AD&D: EE Election
Preventive	100%	Lenses	\$25 copay single vision per 12 months	Guaranteed Issue: \$75,000
Basic	80%	Contacts	\$0 necessary / \$130 elective	Minimum / Maximum:
Major	50%	Lasik	Not a covered benefit.	\$15,000 / \$100,000
Endodontics	Basic Services			
Periodontics	Basic Services			

*Employee deductions are pre-tax contribution per pay period for standard benefits

*Per pay period deductions	GA NPOS 10 5000 Copay	GA NPOS 10 3000 Copay	GA NPOS 1000 Copay	Dental Plan	Vision Plan
Employee only	<input type="checkbox"/> \$125.12	<input type="checkbox"/> \$157.22	<input type="checkbox"/> \$204.70	<input type="checkbox"/> \$17.58	<input type="checkbox"/> \$2.57
Employee + Spouse	<input type="checkbox"/> \$375.35	<input type="checkbox"/> \$439.56	<input type="checkbox"/> \$534.51	<input type="checkbox"/> \$35.88	<input type="checkbox"/> \$5.14
Employee + Child/ren	<input type="checkbox"/> \$337.82	<input type="checkbox"/> \$337.82	<input type="checkbox"/> \$485.04	<input type="checkbox"/> \$39.76	<input type="checkbox"/> \$5.79
Employee + Family	<input type="checkbox"/> \$588.06	<input type="checkbox"/> \$588.06	<input type="checkbox"/> \$814.86	<input type="checkbox"/> \$60.44	<input type="checkbox"/> \$9.03
Waive Coverage	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive

Print Name: _____

Signature: _____

Date: _____

*This document is intended to highlight or summarize certain aspects of Expert Technical Solutions' benefit program. This plan information is not intended to be ACA compliant. Please refer to the insurance carrier to obtain an ACA compliant summary.

