



2016 Anders Group Employee Benefits At A Glance

Carrier: UnitedHealthcare

Effective: 4/1/2016

Member Services: See Member ID card

Employee Portal: <http://www.myuhc.com>

Waiting Period: No waiting period

Medical Plan 1: AEPN w/NS

Policy Number: 09G0234

- \$2,500 individual deductible, up to 3x per family
- 100/0 coinsurance
- Out of Pocket Max: \$3,750 *including* deductible, coinsurance, all copays, 3x per family
- Office Copay: \$30/\$60 (PCP copay for children under 19: \$0)
- ER Copay: \$300
- Urgent Care: \$75 copay
- Minor Lab/X-ray: 100% covered, no deductible/coinsurance
- Major Lab (MRI, CT, etc.): \$400
- RX: \$10/35/60
- Preventive Care covered at 100%, no out of pocket from member
- Chiropractic/Physical/Occupational/Speech Therapy at \$30 copay
- Provider search: <http://www.myuhc.com> select UnitedHealthcare Choice Plus network

Medical Plan 2: AEPV w/DV (**BASE PLAN**)

Policy Number: 09S7723

- \$2,000 individual deductible, up to 3x per family
- 80/20 coinsurance on physician charges
- Out of Pocket Max: \$6,350 *including* deductible, coinsurance, all copays, 2x per family
- Office Copay: \$40/\$80 (PCP copay for children under 19: \$0)
- ER Copay: \$400+20% coinsurance (deductible does not apply)
- Urgent Care: \$100 copay
- Minor Lab/X-ray: deductible/coinsurance
- Major Lab (MRI, CT, etc.): \$400
- RX: \$20/40/80
- Preventive Care covered at 100%, no out of pocket from member
- Chiropractic/Physical/Occupational/Speech Therapy at \$40 copay
- Provider search: <http://www.myuhc.com> select UnitedHealthcare Choice network



2016 Anders Group Employee Benefits At A Glance (continued)

Medical Plan 3: AEO5 w/DT

Policy Number: 09S7725

- \$5,000 individual deductible, up to 2x per family
- 100/0 coinsurance
- Out of Pocket Max: \$6,000 *including* deductible, coinsurance, all copays, 2x per family
- Office Visit: 100% covered after deductible
- ER: 100% covered after deductible
- Urgent Care: 100% covered after deductible
- Minor Lab/X-ray: 100% covered after deductible
- Major Lab (MRI, CT, etc.): 100% covered after deductible
- RX: \$15/40/70 after deductible is met (medical and RX deductibles are the same deductible of \$5,000)
- Preventive Care covered at 100%, no out of pocket from member
- Chiropractic/Physical/Occupational/Speech Therapy covered at 100% after deductible
- Provider search: <http://www.myuhc.com> select UnitedHealthcare Choice network

*** All medical plans have Mandatory Generics on RX. If you are prescribed a brand name medication when a generic equivalent is available, and you choose to buy brand, you will pay the generic copay plus the actual price difference between brand and generic. Only the copay will go towards the OOP max, not the price difference.*



2016 Anders Group Employee Benefits At A Glance (continued)

Dental: P3437

- Dental PPO network
- \$1,500/person annual max benefit
- \$50/member deductible, up to 3x/family
- No waiting period
- Preventive Care covered at 100%; up to 2 cleanings/year/member
- Minor Services and Periodontics/Endodontics/Oral Surgery covered at 80% after deductible
- Major Services covered at 50% after deductible
- MaxMultiplier – with at least one claim per year, if claims do not exceed threshold of \$750/year, member gets \$400 added to the annual maximum benefit the next year, another \$100 will be added for utilizing in-network providers. Maximum carryover is \$1,500.
- Provider search: <http://www.myuhcdental.com> select PPO NATIONAL NETWORK

Vision: V0049

- \$15 copay for exam
- \$30 copay for material (glasses or contacts)
- Exam every 12 months
- Lenses every 12 months
- Frames every 24 months
- Provider search: <http://www.myuhcvision.com>

Life+AD&D: \$15,000 coverage per participating employee



2016 Anders Group Employee Benefits At A Glance (continued)

Short Term Disability ST0001ST0AABEI

- Weekly benefit: 60% of taxable income up to \$500/week on benefits
- Elimination period: 7 days for accident, 14 days for sickness
- Benefit Period: 13 weeks
- Pre-existing Limitation: None
- Company paid

Long Term Disability LT0001LB180730

- Monthly benefit: 60% of taxable income up to \$3,000/month on benefits
- Elimination period: 90 days. After Short Term Disability expires, this plan will pick up.
- Benefit Duration: 2 years
- Pre-existing Limitation: 3/12
- Company paid

*** See pricing info on all plans on the ratesheets

Broker contact: Russon Benefits Inc

Lay Wah Ooi
ooi@russonbenefits.com
214.235.6911 (direct)
214.988.5213 (fax)

Billy Barron
billyb@russonbenefits.com
214.926.2022 (direct)
214.988.5213 (fax)