



Employee Benefits Program

For the period beginning 7/1/2015
(the following deductions are 'per-pay-period')

Health Insurance Overview – 2 Plan Options with Humana:

Plan 1 – Humana Simplicity 3 Silver \$0 Deductible Plan

Deductible:	In / Out of Network	Prescription Drug:	Level 1- \$10
Individual	\$0 / \$5,000		Level 2 - \$40
Family	\$0 / \$10,000		Level 3 - \$70
Coinsurance:	100% / 50%	Annual Wellness:	100% Covered in Network
Out of Pocket:	In / Out of Network	Vision	Exam/Lenses/Frames every
Individual	\$6,350 / \$19,050		12 Months, \$15 Copay for
Family	\$12,700 / \$38,100		Exam, \$20 for Materials
Office Visit:	In - \$50 Copay Out – Ded then 50%	Emergency Care:	\$600 Copay (Waived if Admitted)
Specialist OV:	In - \$100 Copay Out – Ded then 50%	Network	Humana ChoicePOS
Tier	Current Weekly Contribution		New Weekly Contribution
Individual	\$24.34		\$22.04 (-\$2.30)
EE / Spouse	\$48.69		\$44.08 (-\$4.61)
EE / Child(ren)	\$46.25		\$40.79 (-\$5.46)
Family	\$77.83		\$62.86 (-\$14.97)

Plan 2 – Humana 1 Gold Copay Plan

Deductible:	In / Out of Network	Prescription Drug:	Level 1 - \$10
Individual	\$0 / \$5,000		Level 2 - \$35
Family	\$0 / \$10,000		Level 3 - \$55
Coinsurance:	100% / 50%	Annual Wellness:	100% Covered in Network
Out of Pocket:	In / Out of Network	Vision	Exam/Lenses/Frames every
Individual	\$6,350 / \$19,050		12 Months, \$15 Copay for
Family	\$12,700 / \$38,100		Exam, \$20 for Materials
Office Visit:	In - \$30 Copay Out – Ded then 50%	Emergency Care:	\$250 Copay (Waived if Admitted)
Specialist OV:	In - \$55 Copay Out – Ded then 50%	Network	Humana ChoicePOS
Tier	Current Weekly Contribution		New Weekly Contribution
Individual	\$32.56		\$63.54 (+\$32.98)
EE / Spouse	\$65.12		\$127.09 (+\$61.97)
EE / Child(ren)	\$61.86		\$117.58 (+\$55.72)
Family	\$104.12		\$181.15 (+\$77.03)

*(Please refer to Benefit Summaries for detailed schedule of benefits of both plans)

Administered by:

The Chapin Group

www.thechapingroup.net

ryan.groves@thechapingroup.net

Office: 901.683.2208

Health Options Analysis:

The table below helps illustrate the difference between the two health insurance plans (Humana 1 Gold & Simplicity3 Silver):

Tier	Difference in Annual Contribution	Difference in Annual Deductible	Difference in Annual Out of Pocket
Individual	\$2,158	\$0	\$0
EE / Spouse	\$4,316	\$0	\$0
EE / Child(ren)	\$3,993	\$0	\$0
Family	\$6,151	\$0	\$0

Dental Insurance Overview – Lincoln Financial Group

Annual Deductible (Waived for Diagnostic & Preventative Services)		\$50
Per Member Per Calendar Year		\$150
Per Family Per Calendar Year		
A – Exams, X-rays and Cleanings		100%
B – Basic Restorative, Basic & Major Endodontics, Basic & Major Periodontics, Basic & Major Oral Surgery		80%
C – Major Restorative, Implants and Prosthodontics		50%
Benefit Maximum Per Calendar Year		\$1500
Tier	Current Weekly Contribution	New Weekly Contribution
Individual	\$1.38	\$1.44 (+0.06)
EE / Spouse	\$3.20	\$3.39 (+0.19)
EE / Child(ren)	\$3.14	\$3.32 (+0.18)
Family	\$5.02	\$5.33 (+0.31)

Basic Life Insurance – Lincoln Financial Group

Each employee after completing the initial waiting period (20 days) will be covered with \$15,000 Basic Life and AD&D. Reduced 65% at 70, 50% at 75.

Long Term Disability – Lincoln Financial Group

Each employee after completing the initial waiting period (30 days) will be covered for 60% of their basic monthly earnings up to \$5,000 per month.

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