

## SET SEG Summary of Benefits

Health Insurance – 2 options:

**Option 1: BLUE CROSS BLUE SHIELD Simply Blue HSA**

In-Network Deductible: \$1,600/\$3,200

RX Copay: \$5/\$25/\$50; Coinsurance: N/A

**Option 2: BLUE CROSS BLUE SHIELD Simply Blue HSA**

In-Network Deductible: \$1,600/\$3,200

RX Copay: 10/40/80; Coinsurance: 20%

**Cash in Lieu of Health Insurance:** 7,702.85 annually

**Plan Year:** January 1 – December 31

Dental Insurance:

\$1,000 maximum per family member per calendar year

Exam: 2 per year @ 100%

Restorative: 75% R&C

Oral Surgery: 75% R&C

Endodontics: 75% R&C

Periodontics: 75% R&C

Orthodontics: \$500 lifetime max to age 19

Plan Year: January 1 – December 31

Vision Insurance:

Exam \$95

Frames \$75

Contact Lenses \$200

Plan Year: January 1 – December 31

Basic Term Life Insurance (Administrators):

Salary + \$5,000 Life, Salary + \$5,000 AD&D

Basic Term Life Insurance (All other personnel):

\$5,000 Life, \$5,000 AD&D

Long Term Disability Insurance (Administrators):

66 2/3% of Salary, Maximum \$11,111 per

month 90 Day Elimination Period

Long Term Disability Insurance (All other personnel):

60% of salary, Maximum \$5,000 per month

90 Day Elimination Period