



## **SOUTHERN PRECISION STAFFING is proud to offer a fully comprehensive benefit package to all our benefit eligible employees.**

**JANUARY 1, 2019 – DECEMBER 31, 2019**

### **OPEN ENROLLMENT**

The benefit choices you make should be tailored to your personal needs. Please review all benefits available to you and evaluate the network, costs, and covered services. After Open Enrollment ends, you may not add, delete, or change the coverage you have selected for yourself or your dependents, until the next Open Enrollment period. Outside of Open Enrollment, changes to insurance coverage can only be made within 30 days of a Qualifying Family Status Change, which are as follows:

- Marriage
- Birth or adoption of a dependent child
- Change in custody of a dependent child
- Death of a spouse or dependent child
- Your spouse has a change of employment or status affecting benefits coverage
- Your change of employment status
- You experience an involuntary loss of other group/ACA benefits coverage
- Or within 60 days when the Qualifying Event is relative to Medicaid or CHIP Eligibility
- Employees or Dependents become eligible or lose eligibility with state Medicaid or CHIP subsidies (Special Enrollment Rights Offered)

### **PRE – TAX ADVANTAGE**

A big advantage of your employee benefit program is that your premium contributions are deducted from your paycheck on a pre-tax basis. When you pay for your premiums with pre-tax dollars, you are reducing your taxable income. Instead of paying taxes on your total income, you now pay on your income minus pre-tax deductions.

### **ELIGIBILITY**

You are eligible for benefits if you are classified as an active, full-time employee working 30 hours a week or more. **Your coverage is effective on the 1<sup>st</sup> of the month following 60 days from your hire date.**

**Dependent Eligibility:** If you wish, your dependents may also be covered under the medical, dental, vision and voluntary life plans. Newborns must be enrolled within 30 days from the date of birth.

#### **Eligible Dependents include:**

- Legal spouse, domestic partner, civil union partner equivalent, as defined by the Federal Law;
- Dependent children

### **ELIGIBILITY FOR DEPENDENT COVERAGE BY LINE OF COVERAGE**

Plans that offer dependent coverage must offer coverage to enrollees' adult children until age 26, even if the young adult no longer lives with his or her parents, is not a dependent on a parent's tax return, is no longer a student, or is married.


**MEDICAL** - Your children up to the end of the calendar year in which they turn age 26, regardless of marital status, financial dependency, residency with the Eligible Employee, student status, employment status, or eligibility for other coverage.

**DENTAL & VISION** – Dependent children are eligible until the end of the month in which they turn 26.

**COBRA Continuation Coverage:** When you or any of your dependents no longer meet the eligibility requirements for health and welfare plans, (medical, dental or vision) you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986.

**MEDICAL INSURANCE – BCBS of AL**

BCBS of AL Network access: [WWW.BCBSAL.ORG](http://WWW.BCBSAL.ORG) select “FIND A DOCTOR”.

 BlueCross BlueShield of Alabama	BlueCross BlueShield		BlueCross BlueShield	
BENEFIT CATEGORIES	Blue Saver Bronze		Blue Saver Silver	
PHYSICIAN CARE	In Network	Out Of Network	In Network	Out Of Network
Family Physician Visit	Deductible	50% after ded.	\$40	50% after ded.
Specialist Physician Visit	Deductible	50% after ded.	\$65	50% after ded.
Hospital / Physician / Other	Deductible	50% after ded.	Deductible	50% after ded.
FACILITY CARE				
Urgent Care / Walk In Clinic	Deductible	50% after ded.	\$40	50% after ded.
Emergency Room	Deductible	Deductible	\$400	\$400
In Patient Hospital	Deductible	50% after ded.	\$390 per day max 5 \$800 per day max 5	50% after ded.
Out Patient Surgery	Deductible	50% after ded.	\$390/\$800	50% after ded.
DIAGNOSTIC CARE				
Lab & X-Ray	Deductible	50% after ded.	\$0	50% after ded.
Major Diagnostic - CT, Pet Scan or MRI	Deductible	50% after ded.	\$400	50% after ded.
PRESCRIPTIONS				
RX	\$20/\$35/ded./ded.	N/A	\$15/\$25/\$65/\$100 \$250/40%	N/A
Mail Order 3 Month Supply	N/A		2.5 x retail	
DEDUCTIBLE & MAX OOP				
Deductible Individual / Family	\$7,150/\$14,300	\$14,300/\$28,600	\$2,600/\$5,200	\$2,600/\$5,200
Co-Insurance Percentage	100%	50%	100%	50%
Max Out Of Pocket Individual / Family Including: Copay, RX & Deductible	\$7,150/\$14,300	N/A	\$7,350/\$14,700	N/A
Calendar Year*	YES	NO	YES	NO
LIFETIME MAXIMUM	UNLIMITED		UNLIMITED	


MEDICAL RATES PER WEEK	Bronze Employee Weekly Deduction	Silver Employee Weekly Deduction
Employee only	\$43.62	\$64.65
Employee + Spouse	\$98.67	\$137.58
Employee + Child(ren)	\$108.39	\$150.45
Family	\$163.45	\$223.39

*This Benefits guide in its entirety, represents an overview of the benefits proposed, but it is not a contract. If there are any differences between the benefit descriptions in this summary and the legal plan documents and insurance contracts, the legal plan documents and insurance contracts are the final authority.*

**DENTAL INSURANCE- UNUM**

UNUM Network access: [HTTP://UNUMDENTALCARE.COM/](http://unumdentalcare.com/)

Select “Find A Dentist”, The name of the network is: **DENTEMAX PLUS / ALWAYS CARE**


	UNUM	
	PPO	
BENEFIT CATEGORIES	In Network	Out Of Network
Preventative Services	100%	100%
Waived For Deductible*	YES	
Deductible Individual / Family	\$50/\$150	\$50/\$150
Calendar Year*	YES	
Basic Services	80%	80%
Major Services	50%	50%
Endodontic / Periodontic Services	50%	50%
Maximum Benefit Per Person	\$1,000	
Calendar Year*	YES	

RATES PER WEEK	PPO
Employee only	\$6.64
Employee + Spouse	\$12.94
Employee + Child(ren)	\$16.88
Family	\$25.09

**VISION INSURANCE- UNUM**

UNUM Network access: [www.advanticabenefits.com](http://www.advanticabenefits.com)


Select “PROVIDER SEARCH”

	Advantica	
	130 Vision Plan	
BENEFIT CATEGORIES	In Network	Out of Network
Eye Exam	\$10	Up to \$40
Contact Lenses Fitting	\$10	Not covered
<b>Lenses</b>		
Single Vision	\$25	Up to \$20
Bifocal	\$25	Up to \$40
Trifocal	\$25	Up to \$60
<b>Materials</b>		
Frames	\$130 allowance	Up to \$60
Contact Lenses	\$130 allowance	Up to \$90
Laser Vision Correction	5%-50% discount	None
<b>Frequency</b>		
Exams	12 months	
Lenses	12 months	
Frames	24 months	

RATES PER WEEK	PPO
Employee only	\$2.38
Employee + Spouse	\$4.47
Employee + Child(ren)	\$5.07
Family	\$7.39

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**EMPLOYEE PAID LIFE INSURANCE – UNUM**

	UNUM	Rates per \$10,000 benefit	Proposed
	Voluntary Life AD&D	Age 15-24	\$1.480
<b>BENEFIT CATEGORIES</b>		25-29	\$1.410
Employee		30-34	\$1.740
Life Amount	Increments of \$10,000	35-39	\$2.420
Life Minimum	\$10,000	40-44	\$3.730
Life Maximum	5x annual earnings or \$500,000	45-49	\$5.970
Guarantee Issue	\$70,000	50-54	\$8.860
Spouse		55-59	\$13.060
Life Amount	Increments of \$5,000	60-64	\$17.381
Life Minimum	\$5,000	65-69	\$24.381
Life Maximum	100% of employee election or \$250,000	70-74	\$46.152
Guarantee Issue	\$25,000	75+	\$142.620
Child		Child Life Rate Per Month	\$2.57
Life Amount	\$10,000	<i>*Rate based on Employee age</i>	

**Example: For a 44 - year-old employee who wants to buy \$50,000 of voluntary life, the cost would be \$18.65 per month or \$4.30-per week**

**$(\$3.73 \times \$50,000 / \$10,000 = \$18.65, \$18.65 \times 12 / 52 = \$4.30 \text{ per week})$**


**EMPLOYEE PAID SHORT TERM DISABILITY – UNUM**

	UNUM	STD Rate per \$10 of Benefit	Proposed
	Voluntary STD	Age <25	\$0.236
<b>BENEFIT CATEGORIES</b>		25-29	\$0.223
Weekly Benefit	60%	30-34	\$0.316
Weekly Maximum	\$1,000	35-39	\$0.390
		40-44	\$0.508
Benefits Begin		45-49	\$0.668
Accident	14th Day	50-54	\$0.908
Illness	14th day	55-59	\$1.251
Benefit Duration	11 weeks	60-64	\$1.579
Pre Ex	3/12	65+	\$1.921

**Example: For a 35 - year-old employee who earns \$1,000 a week the cost would be \$5.40 per pay period.**

**$(\$1,000 \times .6 = \$600 / 10 \times \$0.39 = \$23.40 \times 12 / 52 = \$10.80)$**

**EMPLOYEE PAID LONG TERM DISABILITY – UNUM**

	UNUM	LTD rate per \$100 of Monthly Income	Proposed
	Voluntary LTD	<25	\$0.22
BENEFIT CATEGORIES		25-29	\$0.26
Monthly Benefit	60%	30-34	\$0.44
Monthly Maximum	\$5,000	35-39	\$0.77
		40-44	\$1.37
Elimination Period	90 days	45-49	\$1.95
Benefit Duration	SSNRA	50-54	\$2.75
Own Occupation	2 years	55-59	\$3.28
Pre-Ex	3/12	60-64	\$3.16
		65-69	\$2.79
		70+	\$2.28

**Example: For a 33 - year-old employee who earns \$5,000 a month the cost would be \$5.08 per pay period.**

**$(\$5000 / 100 \times \$0.44 = \$22.00 \times 12 / 52 = \$5.08)$**



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