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Employee Benefit Guide

Plan Year: January 1, 2020 – December 31, 2020

Revised 12/4/2019

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Southern Precision Staffing strives to provide you with a comprehensive employee benefits program as part of your overall compensation package.

We put together this guide to help you understand your benefits and to help you get the most out of them. We encourage you to review it thoroughly so you can identify which offerings are best for you and your family.

If you have questions about your benefits, reach out to Human Resources or use the contact information included in this guide to get the answers you need.

MEDICAL INSURANCE



You may choose from two medical plans through BCBS of Alabama. When selecting your medical plan consider:

- “ The premium you’ll pay (your payroll deduction)
- “ What you’ll pay when accessing care (copays, deductible, coinsurance)
- “ What medications are covered
- “ Which providers are In-Network

SOME INSURANCE TERMS

Copay – a fixed amount you pay when seeking care for certain services.

Deductible – the amount you pay for certain health care services in a calendar year before the plan begins paying any portion of those services.

Coinsurance – the percentage you pay for certain services after meeting your deductible and before you meet your Out of Pocket Maximum.

Out of Pocket Maximum – the most you will pay in a calendar year for covered services. This includes copays, deductibles, coinsurance, and prescriptions. Once the Out of Pocket Maximum has been met, the plan will pay 100% of covered services for the remainder of that calendar year.

Balance Billing – the amount you are billed by out-of-network providers to make up the difference between the amount they charge and what the insurance reimburses. This amount is in addition to and does not count toward your Out of Pocket Maximum.

Medical Weekly (52) Payroll Deductions		
	Blue Saver Bronze	Blue Secure Silver
Employee	\$70.70	\$92.05
Employee + Spouse	\$141.41	\$184.10
Employee + Child(ren)	\$130.80	\$170.29
Employee + Family	\$201.50	\$262.34

MEDICAL INSURANCE

We cover what matters.

Benefit Highlights	Blue Saver Bronze	Blue Secure Silver
In Network		
Financials		
Deductible (Single/Family)	\$7,150 / \$14,300	\$4,000 / \$8,000
Coinsurance (Carrier/Member)	100%/0% *	100%/0% *
Max. Out of Pocket (Single/Family)	\$7,150 / \$14,300 includes deductible, coinsurance, copays & Rx	\$8,150 / \$16,300 includes deductible, coinsurance, copays & Rx
Lifetime Maximum (Per Person)	Unlimited	Unlimited
Physician Services		
Primary Care	1st 3 visits: \$40 copay All Others: 100%/0% *	\$40 copay
Specialist	100%/0% *	\$70 copay
Hospitalization		
Inpatient Hospitalization	100%/0% *	Lower: \$450 copay per day; \$2,250 max per admission Higher: \$850 copay per day; \$4,250 max per admission
Outpatient Surgery	100%/0% *	Lower: \$450 copay Higher: \$850 copay
Physician Services at Hospital and ER	100%/0% *	100%/0% *
Urgent Care	1st 3 visits: \$40 copay All Others: 100%/0% *	\$40 copay
Emergency Room	100%/0% *	\$450 copay
Outpatient Diagnostics		
Routine Diagnostics (Lab & X-ray)	100%/0% *	No copay
Major Diagnostics (MRI, CAT, PET Scans, etc.)	100%/0% *	\$450 copay per visit
Prescriptions		
Rx Deductible	Medical & Rx Deductible Combined	None
Tier Level 1	\$20 copay	\$15 copay
Tier Level 2	\$35 copay	\$30 copay
Tier Level 3	100%/0% *	\$75 copay
Tier Level 4	100%/0% *	\$100 copay
Mail Order Pharmacy	N/A	2.5 x retail copay (90 day supply)
Out of Network		
Deductible (Single/Family)	\$14,300 / \$28,600	\$4,000 / \$8,000
Coinsurance (Carrier/Member)	50%/50% *	50%/50% *
Max. Out of Pocket (Single/Family)	None	None
Lifetime Maximum (Per Person)	Unlimited	Unlimited
* Deductible must be met before coinsurance is applied.		

Benefit Summary	UNUM PPO	
	In Network	Out of Network
Fee Reimbursement	Fee Schedule	MAC
Preventive Expenses Benefit	100%	100%
Basic Expenses Benefit	80%	80%
Major Expenses Benefit	50%	50%
Orthodontia	Not Included	
Annual Deductible (single/family)	\$50 / \$150	
Deductible Amount Applies To	Basic & Major Services	
Endodontic & Periodontic Services	Major Service	
Annual Maximum Benefit	\$1,000	
Rollover?	Yes	

Dental Weekly (52) Payroll Deductions	
	UNUM PPO
Employee	\$6.84
Employee + Spouse	\$13.33
Employee + Child(ren)	\$17.39
Employee + Family	\$25.84

Benefit Summary	In Network	Out of Network
Vision Exam		
Frequency	Once a plan year	
Routine Eye Exam	\$10 copay	Ophthalmologist: up to \$40 (less \$10 copay) Optometrist: up to \$40 (less \$10 copay)
Material Lenses		
Frequency	Once a plan year	
Single Vision Lenses (pair)	\$25 copay	Up to \$20 (less \$25 copay)
Bifocal Lenses (pair)		Up to \$40 (less \$25 copay)
Trifocal Lenses (pair)		Up to \$60 (less \$25 copay)
Lenticular Lenses (pair)		Up to \$100 (less \$25 copay)
Frames		
Frequency	Once a plan year	
Frame	\$25 copay \$130 retail allowance	Up to \$52 (less \$25 copay)
Contact Lenses	In Lieu of Frame & Lenses	
Frequency	Once a plan year	
Medically Necessary	\$250 retail allowance	Up to \$250
Elective Contact Lenses	\$130 retail allowance	Up to \$78

Vision Weekly (52) Payroll Deductions	
	Vision Plan
Employee	\$2.38
Employee + Spouse	\$4.47
Employee + Child(ren)	\$5.07
Employee + Family	\$7.39

NOTES

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CONTACTS



Carrier / Vendor	Phone / Email	Website
Alltrust Insurance	727-772-4248 Tina Vigo; Account Manager sharrington@alltrustinsurance.com 727-772-4246 Jason Slack; Senior Consultant jslack@alltrustinsurance.com	www.alltrustinsurance.com
Blue Cross Blue Shield of Alabama	Medical; 800-292-8868	www.bcbsal.org
UNUM	Dental; 866-679-3054	www.unumdental.com
Superior	Vision; 800-507-3800	www.superiorvision.com

Information Provided by:



This Employee Benefits Guide is designed to provide select information about the benefit plans and programs offered by Southern Precision Staffing. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs described herein. This booklet does not constitute a Summary Plan Description (SPD) or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). If there is a conflict between this document and the SPD, the SPD shall prevail. The SPD is available from your Human Resource representative.

If you are electing dental, vision, short and long term disability, basic life and/or voluntary life coverage for the first time, you are required to be 'Actively at Work' on a full time basis on the day that the coverage begins. 'Actively at Work' is defined as, you are working for your employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation.