




# Peterson and Smith Equine Hospital 2019 Medical Insurance At-A-Glance




|  | BlueCare 47 HMO      |                | BlueOptions 5302 PPO                          |   | BlueOptions 5772 PPO |                      | BlueOptions 3559 PPO |                     | BlueOptions 3160/3161 PPO - HSA   |                           |
|---|----------------------|----------------|---|---|----------------------|----------------------|----------------------|---------------------|-----------------------------------|---------------------------|
|   | In Network           | Out of Network | In Network                                    | Out of Network                                      | In Network           | Out of Network       | In Network           | Out of Network      | In Network                        | Out of Network            |
| <b>Calendar Year Deductible (CYD):</b><br>Individual<br>Family                    | \$1,500<br>\$4,500   | No Coverage    | \$5,000<br>\$10,000                           | \$10,000<br>\$30,000                                | \$2,000<br>\$6,000   | \$6,000<br>\$18,000  | \$500<br>\$1,500     | \$750<br>\$2,250    | \$1,350<br>\$2,700                | \$2,500<br>\$5,000        |
| <b>Coinsurance (Coins):</b><br>Carrier/Member                                     | 80%/20%              | No Coverage    | 70%/30%                                       | 50%/50%   | 80%/20%              | 50%/50%              | 80%/20%              | 60%/40%             | 80%/20%                           | 60%/40%                   |
| <b>Primary Care Physician</b>   | \$30 Copay           | No Coverage    | \$30 Copay                                    | CYD + Coins   | \$35 Copay           | CYD + Coins          | \$20 Copay           | CYD + Coins         | CYD + Coins                       | CYD + Coins               |
| <b>Specialist Physician</b>   | \$55 Copay           | No Coverage    | \$55 Copay                                    | CYD + Coins   | \$65 Copay           | CYD + Coins          | \$40 Copay           | CYD + Coins         | CYD + Coins                       | CYD + Coins               |
| <b>Urgent Care</b>  | \$60 Copay           | No Coverage    | \$60 Copay                                    | CYD + \$60  | \$70 Copay           | CYD + \$70           | \$45 Copay           | CYD + \$45          | CYD + Coins                       | CYD + Coins               |
| <b>Blood Work (Quest Diagnostics)</b>   | \$0                  | No Coverage    | \$0   | CYD + Coins   | \$0                  | CYD + Coins          | \$0                  | CYD + Coins         | CYD + Coins                       | CYD + Coins               |
| <b>X-Ray (Independent Diagnostic Testing Center)</b>                              | \$50                 | No Coverage    | CYD + Coins                                   | CYD + Coins   | \$50                 | CYD + Coins          | \$50                 | CYD + Coins         | CYD + Coins                       | CYD + Coins               |
| <b>Imaging - CT/PET Scans/MRI</b>   | \$250 Copay          | No Coverage    | CYD + Coins                                   | CYD + Coins   | \$300 Copay          | CYD + Coins          | \$150 Copay          | CYD + Coins         | CYD + Coins                       | CYD + Coins               |
| <b>Prescription Drugs:</b><br>Generic<br>Preferred<br>Non-Preferred               | \$10<br>\$50<br>\$80 | No Coverage    | \$10<br>\$800 DED + \$60<br>\$800 DED + \$100 | 50% Coins<br>\$800 DED + Coins<br>\$800 DED + Coins | \$10<br>\$50<br>\$80 | 50% Coins            | \$10<br>\$50<br>\$80 | 50% Coins           | CYD then:<br>\$10<br>\$50<br>\$80 | INN CYD<br>+<br>50% Coins |
| <b>Out of Pocket Max:</b><br>Individual<br>Family                                 | \$4,500<br>\$9,000   | No Coverage    | \$6,350<br>\$12,700                           | \$20,000<br>\$40,000                                | \$5,500<br>\$11,000  | \$11,000<br>\$22,000 | \$2,500<br>\$5,000   | \$5,000<br>\$10,000 | \$5,000<br>\$5,000                | \$10,000<br>\$10,000      |


|                       | BlueCare 47 - HMO |            | BlueOptions 5302 - PPO |            | BlueOptions 5772 - PPO |            | BlueOptions 3559 - PPO |            | BlueOptions 3160/3161 HSA |            |
|-----------------------|-------------------|------------|------------------------|------------|------------------------|------------|------------------------|------------|---------------------------|------------|
|                       | Bi-Weekly         | Monthly    | Bi-Weekly              | Monthly    | Bi-Weekly              | Monthly    | Bi-Weekly              | Monthly    | Bi-Weekly                 | Monthly    |
| Employee              | \$ 52.80          | \$ 114.41  | \$ 52.99               | \$ 114.82  | \$104.05               | \$ 225.45  | \$139.62               | \$ 302.50  | \$ 71.99                  | \$ 155.98  |
| Employee + Spouse     | \$323.76          | \$ 701.47  | \$324.21               | \$ 702.45  | \$445.74               | \$ 965.76  | \$530.37               | \$1,149.13 | \$419.76                  | \$ 909.49  |
| Employee + Child(ren) | \$217.73          | \$ 471.75  | \$218.08               | \$ 472.51  | \$312.03               | \$ 676.07  | \$375.16               | \$ 812.84  | \$291.96                  | \$ 632.57  |
| Family                | \$469.05          | \$1,016.28 | \$469.64               | \$1,017.56 | \$628.96               | \$1,362.74 | \$739.90               | \$1,603.12 | \$594.91                  | \$1,288.97 |



# Peterson and Smith Equine Hospital 2019 Ancillary Benefits At-A-Glance





|               | Dental – PPO High Plan |                |
|--|------------------------|----------------|
|  | In-Network             | Out of Network |
| <b>Calendar Year Deductible (CYD):</b><br>Individual<br>Family                                 | \$50<br>\$150          | \$50<br>\$150  |
| <b>Maximum Annual Benefit</b>  | \$2,000                | \$2,000        |
| <b>Preventive Care:</b> Oral Exams, cleanings, bitewing x-rays, fluoride treatment (to age 19) | 100%                   | 80%            |
| <b>Basic Care:</b> Periodontal and endodontic services, simple extractions, scaling            | 80%                    | 60%            |
| <b>Major Care:</b> Bridges and dentures, complex extractions, crowns, inlays, onlays, veneers  | 50%                    | 40%            |


|  | Vision 130                        |                     |                       |
|---|-----------------------------------|---------------------|-----------------------|
|   | In-Network                        | Out of Network      | Frequency of Benefits |
| <b>Eye Exam</b>   | \$10                              | \$30                | Once every 12 months  |
| <b>Eyeglass Plastic Lenses</b>  | \$15                              | Varies (\$25-\$100) | Once every 12 months  |
| <b>Eyeglass Frames</b>  | \$130 Allowance (+20% over \$130) | \$65 Allowance      | Once every 24 months  |
| <b>Contact Lenses – Elective</b>  | \$130 Allowance (+15% over \$130) | \$104 Allowance     | Once every 12 Months  |

| Dental – PPO High Plan     |           |          |
|----------------------------|-----------|----------|
|                            | Bi-Weekly | Monthly  |
| <b>Employee</b>            | \$15.24   | \$ 33.02 |
| <b>Employee + Spouse</b>   | \$31.95   | \$ 69.22 |
| <b>Employee + Children</b> | \$36.87   | \$ 79.88 |
| <b>Family</b>              | \$53.07   | \$114.99 |

| Vision 130                 |           |         |
|----------------------------|-----------|---------|
|                            | Bi-Weekly | Monthly |
| <b>Employee</b>            | \$3.07    | \$ 6.66 |
| <b>Employee + Spouse</b>   | \$6.15    | \$13.32 |
| <b>Employee + Children</b> | \$5.84    | \$12.65 |
| <b>Family</b>              | \$9.18    | \$19.89 |

|  | Term – Life                           |                        |           |           |
|---|---------------------------------------|------------------------|-----------|-----------|
|   | Policy Limits                         | Coverage Type          | Bi-Weekly | Monthly   |
| <b>Employee Only</b>  | \$25,000                              | Term Life Policy Limit | No Charge | No Charge |
| <b>Dependent Coverage</b>   | \$10,000 Spouse<br>\$5,000 Child(ren) | Term Life Policy Limit | \$1.32    | \$2.87    |

|  | Voluntary – Life and Accidental Death & Dismemberment          |                           |                  |
|---|--|---------------------------|------------------|
|   | Guaranteed Issue   | Monthly Rates per \$1,000 |                  |
| <b>Employee Only</b>  | \$100,000  | Under 30                  | \$0.09           |
|   |  | 30-34                     | \$0.09           |
|   |  | 35-39                     | \$0.12           |
|   |  | 40-44                     | \$0.17           |
|   |  | 45-49                     | \$0.29           |
|   |  | 50-54                     | \$0.44           |
| <b>Spouse Coverage</b>  | \$25,000   | 55-59                     | \$0.60           |
|   |  | 60-54                     | \$0.69           |
|   |  | 65-69                     | \$0.85           |
|   |  | 70-74                     | \$1.05           |
|   |  | 75+                       | \$1.05           |
| <b>Child Coverage</b>   | \$500 - 14 days to 6 months<br>\$10,000 - 6 months to 30 years | \$5,000<br>\$10,000       | \$1.65<br>\$3.30 |



The company offers a variety of voluntary insurance through Colonial Life, which includes Accident, Life, Critical Illness and Short-Term Disability. The cost of these voluntary plans varies based on age and coverage limits. A Colonial Life Rep will contact you directly to discuss your plan options.