




Peterson and Smith Equine Hospital 2020 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
Calendar Year Deductible (CYD): Individual Family	\$1,500 \$4,500	No Coverage	\$5,000 \$10,000	\$10,000 \$30,000	\$2,000 \$6,000	\$6,000 \$18,000	\$500 \$1,500	\$750 \$2,250	\$1,350 \$2,700	\$2,500 \$5,000
Coinsurance (Coins): Carrier/Member	80%/20%	No Coverage	70%/30%	50%/50%	80%/20%	50%/50%	80%/20%	60%/40%	80%/20%	60%/40%
Primary Care Physician	\$30 Copay	No Coverage	\$30 Copay	CYD + Coins	\$35 Copay	CYD + Coins	\$20 Copay	CYD + Coins	CYD + Coins	CYD + Coins
Specialist Physician	\$55 Copay	No Coverage	\$55 Copay	CYD + Coins	\$65 Copay	CYD + Coins	\$40 Copay	CYD + Coins	CYD + Coins	CYD + Coins
Urgent Care	\$60 Copay	No Coverage	\$60 Copay	CYD + \$60	\$70 Copay	CYD + \$70	\$45 Copay	CYD + \$45	CYD + Coins	CYD + Coins
Blood Work (Quest Diagnostics)	\$0	No Coverage	\$0	CYD + Coins	\$0	CYD + Coins	\$0	CYD + Coins	CYD + Coins	CYD + Coins
X-Ray (Independent Diagnostic Testing Center)	\$50	No Coverage	CYD + Coins	CYD + Coins	\$50	CYD + Coins	\$50	CYD + Coins	CYD + Coins	CYD + Coins
Imaging - CT/PET Scans/MRI	\$250 Copay	No Coverage	CYD + Coins	CYD + Coins	\$300 Copay	CYD + Coins	\$150 Copay	CYD + Coins	CYD + Coins	CYD + Coins
Prescription Drugs: Generic Preferred Non-Preferred	\$10 \$50 \$80	No Coverage	\$10 \$800 DED + \$60 \$800 DED + \$100	50% Coins \$800 DED + Coins \$800 DED + Coins	\$10 \$50 \$80	50% Coins	\$10 \$50 \$80	50% Coins	CYD then: \$10 \$50 \$80	INN CYD + 50% Coins
Out of Pocket Max: Individual Family	\$4,500 \$9,000	No Coverage	\$6,350 \$12,700	\$20,000 \$40,000	\$5,500 \$11,000	\$11,000 \$22,000	\$2,500 \$5,000	\$5,000 \$10,000	\$5,000 \$5,000	\$10,000 \$10,000

To view payroll deductions and the Summary of Benefits and Coverage (SBC), please log in to BerniePortal or contact the Human Resources Department.



Peterson and Smith Equine Hospital 2020 Ancillary Benefits At-A-Glance



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

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

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

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

	Term – Life			
	Policy Limits	Coverage Type	Bi-Weekly	Monthly
Employee Only	\$25,000	Term Life Policy Limit	No Charge	No Charge
Dependent Coverage	\$10,000 Spouse \$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	
Employee Only	\$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
Spouse Coverage	\$25,000	55-59	\$0.60
		60-54	\$0.69
		65-69	\$0.85
		70-74	\$1.05
		75+	\$1.05
Child Coverage	\$500 - 14 days to 6 months \$10,000 - 6 months to 30 years	\$5,000 \$10,000	\$1.65 \$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.