

Overview of Benefits Effective 5/1/17

Medical - Cigna

Cigna Base Plan		12 Month Employee Contribution	10 Month Employee Contribution	Total Premium
\$30 PCP Copay	Employee Only	\$ 24.73	\$ 29.68	\$ 475.97
\$60 Specialist Copay	Employee/Spouse	\$ 686.37	\$ 823.64	\$ 1,137.61
\$2,000 Individual In-Network Deductible	Employee/Children	\$ 472.16	\$ 566.59	\$ 923.40
ER/UC: \$200/\$60 then 30% after deductible	Family	\$ 1,012.43	\$ 1,214.92	\$ 1,463.67
70% In-Network Coinsurance				
OOP Max: \$4,000/\$10,000K Including Deductible				
Prescriptions: \$15/\$40/\$60/20%				
Cigna Choice Plan		12 Month Employee Contribution	10 Month Employee Contribution	
\$30 Office Visit Copay	Employee Only	\$ 50.51	\$ 60.61	\$ 553.94
\$60 Specialist Copay	Employee/Spouse	\$ 820.47	\$ 984.56	\$ 1,323.90
\$1,000 Individual In-Network Deductible	Employee/Children	\$ 571.19	\$ 685.43	\$ 1,074.62
ER/UC: \$200/\$50 then 10% after deductible	Family	\$ 1,199.93	\$ 1,439.92	\$ 1,703.36
90% In-Network Coinsurance				
OOP Max: \$3,000K/\$7,000K Including Deductible				
Prescriptions: \$15/\$40/\$60/20%				

Vision - Cigna

\$5 Copay, one exam/12 months	Employee Only	\$ -	\$ -	\$ 5.89
\$0 Copay eyeglass lenses, once/12 months	Employee/Spouse	\$ 5.89	\$ 7.07	\$ 11.78
\$130 eyeglass frame allowance, once/ 24 months	Employee/Children	\$ 6.01	\$ 7.21	\$ 11.90
\$0 Copay contact lense, once/12 mo (Non-Elective lenses)	Family	\$ 13.10	\$ 15.72	\$ 18.99
\$130 contact lense allowance, once/12 mo (Elective lenses)				

Dental - Cigna

\$50 Deductible	Employee Only	\$ 5.40	\$ 6.48	\$ 31.50
\$1,500 Annual Maximum	Employee/Spouse	\$ 35.58	\$ 42.70	\$ 61.68
Preventative covered at 100%	Employee/Children	\$ 41.12	\$ 49.34	\$ 67.22
Basic Services covered at 80%	Family	\$ 77.88	\$ 93.46	\$ 103.98
Endodontics covered at 80%				
Major Services covered at 50%				
Orthodontia covered at 50% or up to \$1K lifetime max				

Life Insurance

\$40,000 Basic Term Life Insurance per Employee paid by Twin Peaks

Voluntary Life Insurance

Employees can purchase additional Term Life Insurance
Employees are eligible for up to \$100,000 of coverage with no underwriting requirement

Short and Long Term Disability

Example: Monthly cost for a \$40,000 salary employee: \$5.27
Employees's salary is protected at 60% (untaxed) to a weekly maximum of \$1000
Benefit begins after 7 day elimination period