

Right Way Plumbing Co. – Health Insurance Summary

Benefit Descriptions	Effective December 1, 2021
Plan Highlights	Simplicity
Deductible	\$0
Coinsurance	100%
Max Out of Pocket (OOP)	\$6,500
Office Visits Physician / Specialist	\$30 / \$100
Diagnostic Test/Imaging	\$0 / \$600
Outpatient	\$0 / \$60
ER – Room / Transportation / Urgent Care	\$600 /\$600 / \$125
Hospital	\$1,500 per day up to 3 days
Rx	\$10/40/70/25% Specialty 35%
Dental * - Prepaid Plan HS205	Co-Pays Based on Services
Vision * - Exam Lenses / Frames	\$10 Discount 20% / 15%
Life & ADD	\$15,000 (18-64) \$9,750 (65-69) \$7,500 (70+)
Employees Assistance Plan (EAP)	Unlimited calls for assistance with personal, work-related, or emotional concerns and 3 face-to-face sessions.

HMO Medical, HMO Dental, Vision, Life & EAP Plan

Humana Simplicity	Monthly Charge	Total Weekly Deduction
Employee Only	\$412.54	\$25.00
Employee & Spouse	\$820.19	\$119.07
Employee & Child	\$784.58	\$110.86
Family	\$1,315.14	\$233.29

Optional PPO Dental Plan comes with an additional fee listed below not covered by employer.

PPO Dental Coverage	Monthly Charge	Weekly Deduction	Total Weekly Deduction
Employee Only	\$26.77	\$2.78	\$27.78
Employee & Spouse	\$53.55	\$5.57	\$124.64
Employee & Child	\$68.27	\$8.12	\$118.98
Family	\$95.05	\$9.65	\$242.94

American Public Life / Gap Insurance - No Change on Rates/Coverage

Ages	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
18 – 54	\$4.88	\$9.76	\$9.51	\$14.40
55+	\$7.32	\$14.64	\$11.95	\$19.27

* Dental & Vision, Life and EAP are separate policies. They are not part of the health insurance policy.

** The above comparison summarizes the benefits of the health, dental, vision, life and EAP insurance plans. It is meant to provide a short, concise comparison of key points of the policy. The explanation in the Summary of Benefits and Coverage and Benefits Summaries overrides any discrepancy between it and the table above.

Right Way Plumbing Co. – Health Insurance Summary

Descripción de los Beneficios	A partir del 1 de diciembre de 2021
Aspectos destacados del plan	Simplicity
Deducible	\$0
Coaseguro	100%
Máximo de Bolsillo (OOP)	\$6,500
Visita al consultorio Médico / Especialista	\$30 / \$100
Prueba de diagnóstico/imágenes	\$0 / \$600
Clínica Externa	\$0 / \$60
ER – Habitación / Transporte / Atención Urgente	\$600 / \$600 / \$125
Hospital	\$1,500 por día hasta 3 días
Rx (prescripciones)	\$10/40/70/25% Specialty 35%
Dental * - Plan Prepago HS205	Co-pagos basados en servicios
Visión * - Examen	\$10
Lentes / Marcos	Descuento 20% / 15%
Seguro de Vida & ADD	\$15,000 (18-64) \$9,750 (65-69) \$ 7,500 (70+)
Plan de Asistencia al Empleado (EAP)	Llamadas ilimitadas para asistencia con preocupaciones personales, laborales o emocionales y 3 sesiones presenciales.

HMO Medical, HMO Dental, Visión, Seguro de Vida & Plan EAP

Humana Simplicity	Cargo mensual	Total de deducción semanal
Empleado	\$412.54	\$25.00
Empleado y Cónyuge	\$820.19	\$119.07
Empleado e Hijo (s)	\$784.58	\$110.86
Familia	\$1,315.14	\$233.29

El Plan Dental PPO opcional viene con un cargo adicional que se enumera a continuación no está cubierto por el empleador.

PPO Dental Coverage	Cargo mensual	Deducción semanal	Total de deducción semanal
Empleado	\$26.77	\$2.78	\$27.78
Empleado y Cónyuge	\$53.55	\$5.57	\$124.64
Empleado e hijo (s)	\$68.27	\$8.12	\$118.98
Familia	\$95.05	\$9.65	\$242.94

American Public Life / Seguro de Gap - Sin cambios en las tarifas/cobertura

Edades	Empleado	Empleado y Cónyuge	Empleado y Niño(s)	Empleado y familia
18 – 54	\$4.88	\$9.76	\$9.51	\$14.40
55+	\$7.32	\$14.64	\$11.95	\$19.27

* Dental & Vision, Life and EAP are separate policies. They are not part of the health insurance policy.

** The above comparison summarizes the benefits of the health, dental, vision, life and EAP insurance plans. It is meant to provide a short, concise comparison of key points of the policy. The explanation in the Summary of Benefits and Coverage and Benefits Summaries overrides any discrepancy between it and the table above.