



BULLHOOK

Community Health Center

2018

Benefit Guide

Medical Benefit Overview

Insured by: Montana Medical Association

Medical Benefits	Comp \$1,500	Comp \$3,000	HDHP \$3,500
Lifetime Maximum	Unlimited		
Deductible (calendar year)	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	\$3,500 Individual \$7,000 Family
Coinsurance	80/20%	80/20%	80/20%
Out-of-Pocket Maximum (includes deductible)	\$4,500 Individual \$9,000 Family	\$5,500 Individual \$11,000 Family	\$6,550 Individual \$13,100 Family
Office Visit	Deductible waived, 20%	Deductible waived, 20%	Deductible & Coinsurance apply
Urgent Care			
Emergency Room	Deductible & Coinsurance apply	Deductible & Coinsurance apply	
Adult & Well Child Preventive Care	Covered 100%; deductible waived		
Prescription Drug Benefits			
Generic	Preventive: \$0 co-pay All Others: \$15 co-pay	Preventive: \$0 co-pay All Others: \$15 co-pay	Safe Harbor Prescription Drugs covered at the copay levels. Other covered prescriptions go towards the medical deductible and max out of pocket.
Preferred Brand	\$40 co-pay	\$40 co-pay	
Non-Preferred Brand	50%	50%	
Specialty	\$150 co-pay	\$150 co-pay	
Mail Order	3x retail co-pay for 90-day supply	3x retail co-pay for 90-day supply	
Prescription Out-of-Pocket Maximum	\$1,650 Individual \$3,300 Family	\$1,650 Individual \$3,300 Family	

Health Savings Account (HSA)

A Health Savings Account (HSA) is an account funded to help you save for future medical expenses. Unused HSA funds roll over from year to year and remain with the employee if they leave employment. There are certain advantages to putting money into these accounts, including favorable tax treatment.

Any adult can have an HSA if you:

- ✓ Are not enrolled in Medicare.
- ✓ Have coverage under an HSA-qualified, high-deductible health plan (HDHP).
- ✓ Cannot be claimed as a dependent on someone else's tax return.
- ✓ Have no other first-dollar medical coverage. Other types of insurance, such as specific injury or accident, disability, dental care, vision care, or long-term care, are permitted.

2018 Contribution Limits

Employee Only	\$3,450
Employee + 1 or more	\$6,900
Age 55+ Catch-Up Contribution	\$1,000

Voluntary Dental Benefit Overview

Insured by: Delta Dental

Benefit Description		In-Network Coverage
Deductible (calendar year)		\$50 Individual \$150 Family
Maximum Annual Benefit		\$2,000 (Waived for D&P)
Preventive		100%; deductible waived
Basic		80%
Major		50%
Orthodontia	Lifetime Maximum	\$1,000
	Deductible	\$50
	Coinsurance	50%

Voluntary Dental Premiums

	Total Monthly Premium
Employee Only	\$40.18
Employee + Spouse	\$72.23
Employee + Child(ren)	\$73.24
Employee + Family	\$117.58

Voluntary Vision Benefit Overview

Insured by: VSP

Benefit Description		In-Network Coverage	Frequency of Service
Exam		\$10 co-pay	12 months
Materials		\$25 co-pay	Varies
Lenses (single, bifocal, trifocal, lenticular)		\$25 co-pay	12 months
Frames		\$130 allowance	24 months
Contact Lens Evaluation & Fitting		\$130 allowance	12 months (in lieu of glasses)
Contacts	Elective	\$130 allowance	
	Medically Necessary	\$0 co-pay	
Laser Vision Correction		Discounts available	

Voluntary Vision Premiums

	Total Monthly Premium
Employee Only	\$9.19
Employee + Spouse	\$14.71
Employee + Child(ren)	\$15.01
Employee + Family	\$24.20

Life and AD&D Benefit Overview

Insured by: UNUM

Benefit Description	Coverage
Life Benefit	\$100,000
AD&D Benefit	\$100,000
Age Reduction	Age 65: 35% of Original Amount Age 70: Additional 25% of Original Amount Age 75: Additional 15% of Original Amount

Medical Premiums - MMA Comp \$1,500

	Total Premium	Employer Paid Per Month	Employee Paid Per Month
Employee Only	\$686.80	\$550.00	\$136.80
Employee + Spouse	\$1,356.80	\$550.00	\$815.80
Employee + Child(ren)	\$1,422.80	\$550.00	\$872.80
Employee + Family	\$2,092.80	\$550.00	\$1,542.80

Medical Premiums - MMA Comp \$3,000

	Total Premium	Employer Paid Per Month	Employee Paid Per Month
Employee Only	\$562.80	\$550.00	\$12.80
Employee + Spouse	\$1,107.80	\$550.00	\$557.80
Employee + Child(ren)	\$1,161.80	\$550.00	\$611.80
Employee + Family	\$1,706.80	\$550.00	\$1,156.80

Medical Premiums - MMA Comp \$3,500

	Total Premium	Employer Paid Per Month	Employee Paid Per Month	Employer HSA Contribution
Employee Only	\$503.80	\$550.00	\$0.00	\$46.20
Employee + Spouse	\$990.80	\$550.00	\$440.80	\$0.00
Employee + Child(ren)	\$1,038.80	\$550.00	\$488.80	\$0.00
Employee + Family	\$1,525.80	\$550.00	\$975.80	\$0.00

This information is a summary of benefits and does not supersede the carrier-provided summary of benefits. Benefits and general provisions described herein are subject to the terms of the Summary Plan Description or Group Contract.

Contact Information

 <p>MMA MONTANA MEDICAL ASSOCIATION</p>	<p>Medical</p>	<p>Montana Medical Association (406) 443-4000 www.MMAOffice.org</p>
 <p>DELTA DENTAL</p>	<p>Dental</p>	<p>Delta Dental (800) 521-2651 www.DeltaDentalIns.com</p>
 <p>vsp Vision care for life</p>	<p>Vision</p>	<p>VSP (800) 877-7195 www.VSP.com</p>
 <p>PayneWest INSURANCE</p>	<p>Benefit Contacts</p>	<p>PayneWest Insurance Christa LeCoure <i>Sales Executive</i> (406) 327-6549 CLeCoure@PayneWest.com</p> <p>Alyssa Creighton <i>Sales Executive</i> (406) 683-4932 ACreighton@PayneWest.com</p> <p>Susan Tangmo <i>Account Manager</i> (406) 533-1004 STangmo@PayneWest.com</p> <p>Jessica Kostecki <i>Account Manager</i> (406) 327-6599 JKostecki@PayneWest.com</p>