



Medical Insurance Benefits	Preferred Provider Option	High Deductible Option
Employer Paid Premium	\$360	\$360
Employee Premium Cost	\$150	\$0
Network Individual Deductible	\$1,500	\$4,000
Network Individual Out of Pocket (includes deductible)	\$6,000	\$6,550
Office Visit Copay - Primary Care		\$25
Office Visit Copay - Specialist		\$45
Coinsurance		70/30
Emergency Room Copay	\$50	80%
Generic Drug Copay Retail		\$10
Preferred Brand Copay Retail		\$35
Non-Preferred Brand Copay Retail		\$70
Dental	Basic Plan	Enhanced Plan
Individual Deductible	\$50	\$25
Family Deductible	\$150	\$75
Annual Maximum		\$1,200
Preventative Coinsurance		100%
Basic Coinsurance		80%
Major Coinsurance		50%
Orthodontic Coinsurance		50% (\$1000 Maximum Benefit)
Vision		
Exam Co-Pay (every 12 months)		\$10
Frames (every 24 months)		\$150
Other (Glasses) Materials (every 12 months)		\$25
Contacts (every 12 months)		\$150
401 (k) Retirement Benefit		
Vesting Scheduling		3 years
Employer Match		\$.50/\$1.00 up to 6% of earnings
Base Life Insurance/AD&D		
Employee	\$.085 per \$1000 coverage up to \$150,000; 100% of premium paid by Employer. AD&D Matched.	
Supplemental Life/AD&D		
Employee	\$10,000 increments up to 6X annual salary. \$10,000 minimum; \$150,000 guaranteed issue; \$500,000 Maximum Benefit. AD&D Matching.	
Spouse	\$5,000 increments not to exceed 100% of Employee's Amount. \$5,000 minimum; \$30,000 guaranteed issue; \$100,000 Maximum Benefit. AD&D Matching.	
Dependent Child	\$2,000 increments up to \$10,000. \$2,000 minimum; \$10,000 guaranteed issue; \$10,000 Maximum Benefit. AD&D Matching.	
Short-Term Disability		
Employee	60% salary after 15th date of disability for up to 11 weeks. \$25 weekly minimum; \$1800 weekly maximum. Premiums dependent on Age Bands.	
Long-Term Disability	Option 1	Option 2
Employee	40% salary after 90 day waiting period with 12 Month Return to Work Incentive. \$100 monthly minimum benefit; \$6,000 Maximum monthly benefit.	60% salary after 90 day waiting period with 12 Month Return to Work Incentive. \$100 monthly minimum benefit; \$6,000 Maximum monthly benefit.
EAP		
Employee	Personal counseling: 3 face-to-face visits per occurrence., Legal, HR, and Parental resources also available.	

Note: Unless otherwise stated, premium and coverage details above are based on employee-only coverage. Premium detail above provided only for employer-paid health and life insurance. Employee plus spouse, employee plus children, and employee plus family options available for most plans. Premium details available from HMP HR. The information above does not constitute a legally-binding contract; it does not alter or amend the plan documents; and, it does not establish eligibility to participate in any benefit plan. It is a summary only as of a particular date and time, and you are encouraged to read all plan documents for complete descriptions. In the event of a conflict between the informational statement and the plan documents, the plan documents govern. For questions, please email hr@healthier.ms