



Medical Insurance Benefits	Preferred Provider Option	High Deductible Option
Employer Paid Premium	\$357	\$267
Employee Premium Cost (Employee pays dependent cost)	\$0	\$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	20% After Deductible has been met
Office Visit Copay - Specialist	\$45	20% After Deductible has been met
Coinsurance	70/30	80/20
Emergency Room Copay	30% After Deductible has been met	20% After Deductible has been met
Generic Drug Copay Retail	\$15	\$10 After Deductible has been met
Preferred Brand Copay Retail	\$35	\$35 After Deductible has been met
Non-Preferred Brand Copay Retail	\$75	\$70 After Deductible has been met
Preventive Care	100 % No Copay	100 % No Copay
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		
Routine Exam (every 12 months)		\$10
Frames (every 24 months)		\$150 Allowance
Lenses (every 12 months)		\$25 Materials Copay
Contacts (every 12 months)		\$150 Allowance
401 (k) Retirement Benefit		
Vesting Scheduling		1 year - 0%; 2 years - 50%; 3 years - 100%
Employer Match		50% of your contribution up to the first 3% of earnings
Base Life Insurance/AD&D		
Employee	Employer Provided - 1 times your annual earnings up to \$150,000; AD&D Matched.	
Supplemental Life/AD&D		
Employee	Choose from \$10,000 to \$500,000 not to exceed 6 times your basic annual earnings. Guaranteed Issue of \$150,000 when first eligible. Matching AD&D.	
Spouse	Choose from \$5,000 to \$100,000 not to exceed 100% of Employee Amount. Guaranteed Issue of \$30,000 when first eligible. Matching AD&D.	
Dependent Child	Choose from \$2,000 to \$10,000 not to exceed 100% of Employee Amount; all amounts Guaranteed Issue when first eligible. Matching AD&D.	
Short-Term Disability - Voluntary		
Employee	Benefit begins 15 days after illness or injury. Benefit will replace 60% of your Weekly Earnings up to \$1,800/week. Benefit pays up to 11 weeks.	
Long-Term Disability - Voluntary	Option 1	Option 2
Employee	Benefit begins after 90 days (or when Short Term ends). Benefit is 40% of your Monthly Earnings up to \$6,000/month. Benefit can last up to Social Security Normal Retirement Age (SSNRA).	Benefit begins after 90 days (or when Short Term ends). Benefit is 60% of your Monthly Earnings up to \$6,000/month. Benefit can last up to SSNRA.
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