



# **EMPLOYEE BENEFITS**



# Benefits Overview

- ❑ **Medical - Anthem BCBS** – 2 POS Advantage One Plans to choose from. **POS Adv. One 25/500** and **POS Adv. One 30/2000**. Company pays 75% of premium.
- ❑ **Pharmacy RX – Express Scripts** – Our Pharmacy Benefits Manager offering excellent services at Local Pharmacies as well as Mail Order to your home!
- ❑ **Dental – Delta Dental of Virginia** – A dental plan for an incredibly affordable premium! Includes implants!
- ❑ **Vision – United Healthcare** - A Vision Plan with excellent benefits at an affordable premium!
- ❑ **Life/AD&D/Short Term Disability – The Hartford** – For all full time employees we have you covered with these benefits at no cost to you!
- ❑ **Other Benefits offered:** TASC FSA, Vanguard Retirement Plan, Optima EAP.
- ❑ **Voluntary Benefits offered:** Hartford Supplemental Life Insurance, Allstate Benefits – (Accident, Cancer & Critical Illness).
- ❑ **Legal Shield & ID Shield Protection:** Select from Legal Services, ID Theft or a combination of both plans!



# Medical The Big Picture

- ❑ **Anthem BCBS**: We will continue to offer the same two Medical Plans: **POS Advantage One**.
  - POS Advantage One 25/500
  - POS Advantage One 30/2000
  
- ❑ **Virginia residents will continue to utilize the HealthKeepers of VA Network of Providers**. A continuously growing Network of Virginia Providers.
  
- ❑ Residents of **all other states outside VA** will continue to utilize the National PPO Network of Providers.

# Eagle Corporation

## Anthem BCBS POS Advantage One

	Plan Year POS 25/500 RX: \$10/\$30/\$50/\$100 \$50 Ded applies to Tiers 2 & 3	Plan Year POS 30/2000 RX: \$10/\$30/\$50/\$100 \$50 Ded applies to Tiers 2 & 3
<b>Out-Patient Benefits</b>	<b>In-Network Benefits</b>	<b>In-Network Benefits</b>
<b>Deductible</b>	<b>\$500 Ind./\$1,000 Family</b>	<b>\$2,000 Ind./\$4,000 Family</b>
Office/PCP Visit	\$25 copay	\$30 copay
Specialist Visit	\$50 copay	\$50 copay
Lab Work and X-Rays	20% coinsurance - <b>subject to deductible</b>	20% - <b>subject to deductible</b>
Advanced Radiology - MRI, CT, PET scans	20% coinsurance - <b>subject to deductible</b>	20% - <b>subject to deductible</b>
Well Baby Care	<b>No Charge</b>	<b>No Charge</b>
<b>Routine Annual Physical</b>	<b>No Charge</b>	<b>No Charge</b>
<b>Live Health Online</b>	<b>\$15 copay</b>	<b>\$20 copay</b>
Outpatient Surgery	\$250 copay + 20% per visit	20% - <b>subject to deductible</b>
Emergency Room	\$250 copay + 20% per visit	20% - <b>subject to deductible</b>
ER Physician Services	20% coinsurance - <b>subject to deductible</b>	20% - <b>subject to deductible</b>
Urgent Care Visits	\$50 copay per visit	\$50 copay per visit
Autism Spectrum Disorder	Applied Behavioral Analysis - 20% coinsurance (no limit) - <b>subject to deductible</b>	Applied Behavioral Analysis - 20% coinsurance (no limit) - <b>subject to deductible</b>
Mental Health	\$0 PCP/\$0 Spec.	\$30 copay per visit
Substance Abuse	\$0 PCP/\$0 Spec.	\$30 copay per visit
<b>In-Patient Benefits</b>		
Hospital	\$350 copay + 20% per admission	20% - <b>subject to deductible</b>
Mental Health/Subst. Abuse Facility	20% per admission - <b>subject to deductible</b>	20% - <b>subject to deductible</b>
<b>Other</b>		
Durable Medical	20% of AC, unlimited maximum per cal yr - <b>subject to deductible</b>	20% - <b>subject to deductible</b>
Home Care Services	20% coinsurance (100 visits per calendar yr) - <b>subject to deductible</b>	20% - <b>subject to deductible</b> (100 visits limit)
Skilled Nursing Facility	20% coinsurance (100 days for each admission) - <b>subject to deductible</b>	20% - <b>subject to deductible</b> (100 days per admission)
<b>Deductible</b>	<b>\$500 Ind./\$1,000 Family</b>	<b>\$2,000 Ind./\$4,000 Family</b>
<b>Co-Insurance</b>	<b>20%</b>	<b>20%</b>
<b>Maximum Out-of-Pocket</b>	<b>\$3,000 Ind./\$6,000 Family</b>	<b>\$4,500 Ind./\$9,000 Family</b>
<b>Plan Maximum</b>	<b>Unlimited</b>	<b>Unlimited</b>
<b>Out of Network Benefits</b>	<b>Out of Network Benefits</b>	<b>Out of Network Benefits</b>
<b>Calendar Year Deductible</b>	<b>\$1,000 Ind. / \$2,000 Family</b>	<b>\$3,000 Ind./\$6,000 Family</b>
<b>Co-Insurance</b>	<b>30%</b>	<b>30%</b>
<b>Out of Pocket Maximum</b>	<b>\$4,500 Ind./\$9,000 Family</b>	<b>\$6,750 Ind./\$13,500 Family</b>



# Pharmacy

## The Big Picture

- ❑ **Express Scripts** is our Pharmacy Benefits Manager (PBM) providing you with services at **Retail Pharmacies as well as Mail Order delivery to your home!**
- ❑ **Retail** co-pay structure **\$10/\$30/\$50**. **Specialty** co-pay structure of **\$100**.
- ❑ **Preferred Home Delivery for Maintenance RX Drugs!** You receive **3 months** of RX Drugs supply for the price of **2 months!** Mail order co-pay structure **\$20/\$60/\$100**.
- ❑ **Rx Out-of-Pocket Maximums:**
  - POS Advantage One 25/500 - \$3,600 Ind. / \$7,200 Fam.
  - POS Advantage One 30/2000 - \$2,100 Ind. / \$4,200 Fam.



# Dental Big Picture

❑ **Delta Dental of Virginia** is our administrator for our dental benefits. Accessing the PPO Network of providers gives you the strongest benefits – nationwide for an affordable premium.

❑ **Benefits Overview:**

- \* **Max Annual Benefits** - \$2000/covered person – Cal. Year
- \* **Deductible** - \$50 Ind. / \$150 + 1 or a family
- \* **Preventive Care** – Plan pays 100% - no Deductible
- \* **Basic Restorative Care** – Plan pays 80% - Ded. Applies
- \* **Major Restorative Care** – Plan pays 80% - Ded. Applies
- \* **Implants** – Plan pays 80% - Major Service. Ded. Applies
- \* **Orthodontia** - \$2000 lifetime benefit. Plan pays 60% for dependents to age 19.



# Vision Big Picture

❑ **United Healthcare (UHC)** is our provider of vision benefits with a National Network. **UHC** delivers affordable, innovative vision care solutions through the nations leading vision care network for over 50 years!

❑ **Benefits Overview:**

- \* **Exam Copay** - \$10 for exam (once every 12 months)
- \* **Materials** - \$25 Lenses, (single vision, lined bifocal & trifocal) Many lens coatings and options a available
- \* **Frame Allowance** – \$130 retail frame allowance
- \* Contact Lens Benefit
- \* **Enhanced Pediatric Benefit!** For dependents 13 and under! Vision Parameters Apply!
- \* UHC is partnered with **QualSight Lasik** for up to **35% off** the national average with this Discount Savings.



# HCMS KnovaSolutions

- **HCMS KnovaSolutions** is an independent, health information company serving employers, their employees and healthcare providers. **HCMS KnovaSolutions** is a clinical prevention, personal health service.
- **KnovaSolutions** is staffed by a **Master's level Nurse, Clinical Pharmacist, and Medical Librarian in each clinical team.** It is a bridge to specialty care, and is collaborative with health management programs.
- **KnovaSolutions** provides **information, education and decision support** so employees and their families can own their healthcare and make wise and safe decisions.
- **Most Important** – there is **no cost** to the employee to **access KnovaSolutions.** It is **completely confidential!** It is a service there for the employees and their families! If you are ever contacted listen to how they can help! Employees can also contact **KnovaSolutions** directly for assistance.





# FLEXIBLE SPENDING ACCOUNTS TASC

(Total Administrative Services Corporation)

## Health Care and Dependent Care Flexible Spending Accounts

- ❑ Pay for Out of Pocket expenses on a pre-tax basis by investing in your Flexible Spending Account. Copays, deductibles, braces, glasses and any other eligible medical expense can be set aside - **pretax** – for use throughout the year!
- ❑ Maximum amount employee can defer pre-tax funds to use for health care and for dependent care. Annual amount are per IRS guidelines and can change annually.
- ❑ You can receive up to **two cards**. If you lose your card and need additional cards, there is **NO FEE for another card**.



# 401(k) PLAN Vanguard

## ☐ 401k Administration:

- ☐ **Eligible to enroll after completing 1 year of service.**
- ☐ **The minimum auto deferral amount is 5%.** You can opt out or change that if you choose. **For your 5% contribution to your 401k, Eagle Corp. will match:**
  - \* **the first 3% at 100%,**
  - \* **followed by the next 2% at 50%.**
  - \* **This makes our company contribution 4%.**
- ☐ **The auto increase** of 1% will take effect in the 1<sup>st</sup> quarter, for those who are deferring 5% or higher. The cap on the auto increase is 10%.
- ☐ **Maximum deferral limit** - will increase beginning January 1 each year – per IRS guidelines.
- ☐ **Employee catch-up contribution** will increase January 1 of each year per the IRS.
- ☐ **Digital Advisor** – A brand new online financial planning service that can help you become a better saver, a better investor and give you a better chance of reaching your financial goals!



# Other Benefits

- **Hartford Life Insurance/AD&D/Short Term Disability** - All brought to the employee for no cost! We offer the full time employee 2 x salary up to **\$50,000** in life insurance and a matching benefit for AD&D. We also offer 26 weeks of Short Term Disability if ever needed at no cost. Supplemental Life Insurance is also available but at the employees cost.
- **Optima Employee Assistance Program** - A 24-hour clinically-staffed assistance line for help 24/7 – 365 days of the year for times when life gets tough! This benefit is offered at no charge to the employee.
- **Legal/ID Shield Protection** - Affordable Legal and ID Shield Protection for you and your family. One NEW plan has **UPGRADED ID Shield Protection Plan**. This voluntary coverage is paid for by the employee.
- **Allstate Cancer, Accident, Critical Illness** - Supplemental medical plans that provide cash payments at times of medical crisis. This benefit is voluntary and paid for by the employee.