

HEALTH BENEFITS QUICK FACTS – GROUP #OKRL

Carefirst Blue Cross Blue Shield – effective 6/1/2011

	HMO HRA – Option 1	HMO HRA	PPO HRA – Option 1	PPO HRA
In-Network	You Pay	Employee Bi-Weekly Contributions	You Pay	Employee Bi-Weekly Contributions
Office Co-pay	\$20 PCP / \$30 Specialist	Individual: \$68	Deductible, then 10%	Individual: \$99
Deductible	\$1,200 Ind / \$2,400 Fam <i>(Deductible paid for by Integral Consulting Services)</i>	Employee/Child: \$115	\$1,200 Ind / \$2,400 Fam (combined in-and out-of-network) – <i>Deductible paid for by Integral Consulting Services</i>	Employee/Child: \$149
Co-insurance	0%	Employee/Spouse: \$135	10%	Employee/Spouse: \$189
Out of Pocket Max	\$2,400 Ind / \$4,800 Fam	Employee/Family: \$155	\$3,400 Ind / \$6,800 Fam (combined in- and out-of-network)	Employee/Family: \$199
ER Copay	Deductible, then \$100/visit (waived if admitted)		Deductible, then \$100/visit, plus 10% (waived if admitted)	
Urgent Care Copay	Deductible, then \$30/visit		Deductible, then 10%	
Hospital Copay	Deductible, then \$250 / admission		Deductible, then 10%	
Lifetime Max	Unlimited		\$2 million (combined in- and out-of-network)	
Prescription	Deductible, then \$0/\$25/\$45		Deductible, then \$15/\$25/\$50	
Out-of-Network	You Pay		You Pay	
Office Co-pay	N/A		Deductible, then 30%	
Deductible	N/A		\$1,200 Ind / \$2,400 Fam (combined in- and out-of-network)	
Co-insurance	N/A		Deductible, then 30%	
Out of Pocket Max	N/A		\$3,400 Ind / \$6,800 Fam (combined in- and out-of-network)	
ER Copay	N/A		Same as in-network; notification is required	
Lifetime Max	N/A		\$2 million (combined in- and out-of-network)	
Prescription	N/A		Deductible, then \$15/\$25/\$50	
<i>*\$1200/2400 Deductible paid for by Integral Consulting Services</i>				

DENTAL BENEFITS QUICK FACTS – GROUP # OKRL

Carefirst Blue Cross Blue Shield – effective 6/1/2011

	Traditional Dental – Option	Traditional Dental
In-Network	Plan Pays	Employee Bi-Weekly Contributions
Preventive/Diagnostic	100%	Individual: \$15.23
Basic Dental Services	80%	Employee/Child: \$28.15
Major Dental Services	50%	Employee/Spouse: \$35.07
Orthodontics	50% to \$1,200 max	Employee/Family: \$42.46
Deductible**	\$50 Ind / \$150 Fam	
Annual Maximum	\$1,500	
Out-of-Network	Plan Pays	Employee Bi-Weekly Contributions
Preventive/Diagnostic	100%	
Basic Dental Services	80%	
Major Dental Services	50%	
Orthodontics	50% to \$1,200 max	
Deductible**	\$50 Ind / \$150 Fam	
Annual Maximum	\$1,500	
** The annual deductible does not apply to preventive and diagnostic services.		

VISION BENEFITS QUICK FACTS – GROUP # OKRL

Carefirst Blue Cross Blue Shield (Davis Vision) – effective 6/1/2011

	BlueVision Plus – Option 1	BlueVision Plus
In-Network	Plan Pays	Employee Bi-Weekly Contributions
Eye Exam	No copay; 1 x every 12 months	Individual: \$1.85
Frames	No copay for approximately 270 frames 1 x every 12 months	Employee/Child: \$3.23
Lenses	No copay; 1 x every 12 months	Employee/Spouse: \$4.15
Contacts (medically necessary)	No copay with prior approval; 1 x every 12 months	Employee/Family: \$5.08
Out-of-Network	Plan Pays	Employee Bi-Weekly Contributions
Eye Exam	Covered up to \$45	
Frames	Covered up to \$45	
Lenses	Covered up to \$52-181	
Contacts (medically necessary)	Covered up to \$97-285	

DISABILITY BENEFITS QUICK FACTS - GROUP # 05756084

Metlife - effective 08/01/2011

	BlueVision Plus – Option 1	BlueVision Plus
Benefit	Plan Pays	Employee Bi-Weekly Contributions
Short Term Disability	60% of weekly earnings to a maximum of \$750 per week. Benefits begin on the 0 day for accident and the 7th day for sickness; payable for 13 weeks.	Individual: \$0 Employee/Child: \$0 Employee/Spouse: \$0 Employee/Family: \$0
Long Term Disability	60% of monthly earnings to a maximum of \$6,000 per month. 90 day waiting period.	