



FULL-TIME EMPLOYEE BENEFITS PACKAGE

Medical | Dental | Vision | Basic Life Insurance



MEDICAL BENEFITS

Inquire about Eligibility Status



MEDICAL BENEFITS

INTERNAL FULL-TIME EMPLOYEES

Employee cost based on Semi-Monthly **80% Paid for Employee & 50% Paid for Dependents**

EXTERNAL FULL-TIME EMPLOYEES

Employee cost based on Semi-Monthly **80% Paid for Employee & 0% Paid for Dependents**

	ANTHEM BLUE CROSS- GOLD PPO 30/500/20% PPO/GOLD	ANTHEM BLUE CROSS- SILVER PPO 45/1750/40% PPO/SILVER	KAISER PERMANENTE - GOLD 80 HMO 250/25 HMO/GOLD	KAISER PERMANENTE - SILVER 70 HMO 1650/55 HMO/SILVER
DEDUCTIBLE				
Individual	PPO: \$500	PPO: \$1,750	HMO: \$250	HMO: \$1,650
Family	PPO: \$1,500	PPO: \$3,500	HMO: \$500	HMO: \$3,300
OUT-OF-POCKET MAX				
Individual	PPO: \$7,250 (includes ded.)	PPO: \$7,900 (includes ded.)	HMO: \$7,800 (includes ded.)	HMO: \$7,800 (includes ded.)
Family	PPO: \$14,500 (includes ded.)	PPO: \$15,800 (includes ded.)	HMO: \$15,600 (includes ded.)	HMO: \$15,600 (includes ded.)
PHYSICIAN SERVICES				
Office Visits	PPO: \$30/\$60 (ded. waived)	PPO: \$45/\$95 (ded. waived)	HMO: \$25/\$50 (ded. waived)	HMO: \$55/\$80 (ded. waived)
Preventive Care	PPO: 0% (ded. waived)	PPO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)
Diagnostic Lab/X-Ray	PPO: \$30/\$60 service (ded. waived)	PPO: \$45/\$95 service (ded. waived)	HMO: \$25/\$65 encounter; (ded. waived)	HMO: \$25/\$75 (ded. waived)
Imaging (CT/PET scans, MRIs)	PPO: \$100/ service 20% coinsurance	PPO: \$100/ service 40% coinsurance	HMO: \$275/procedure	HMO: \$350/procedure after ded.
PRESCRIPTION DRUGS				
Pharmacy Deductible	PPO: \$250/\$500	PPO: \$300/\$600 (Subject to Tiers 2-4)	HMO: None	HMO: \$350/\$700 (Subject to Tiers 2-4)
Tier 1 (Generic Formulary)	PPO: \$15 (up to 30 day supply; Select Rx)	PPO: \$20 (up to 30 day supply; Select Rx)	HMO: \$15 (up to 30 day supply)	HMO: \$20 (up to 30 day supply)
Tier 2 (Preferred Brand Formulary)	PPO: \$40 (up to 30 day supply; Select Rx)	PPO: \$50 (up to 30 day supply; Select Rx)	HMO: \$50 (up to 30 day supply)	HMO: \$75 (up to 30 day supply)
Tier 3 (Non-Preferred Brand Formulary)	PPO: \$80 (up to 30 day supply; Select Rx)	PPO: \$90 (up to 30 day supply; Select Rx)	HMO: \$50; prior auth. required (up to 30 day supply)	HMO: \$75; prior auth. required (up to 30 day supply)
Tier 4 (Specialty Drugs)	PPO: 30% up to \$250 (up to 30 day supply; Select Rx)	PPO: 30% coinsurance up to \$250/ prescription	HMO: 20% coinsurance up to \$250/ prescription	HMO: 20% coinsurance up to \$250/ prescription
HOSPITAL FACILITY SERVICES				
Inpatient Hospital Services	PPO: Tier 1: 20% after ded.;	PPO: Tier 1: 40% after ded.;	HMO: \$600/day, 5 day max	HMO: 40% coinsurance
Outpatient Surgery in a Hospital	PPO: Tier 1: 20% after ded.;	PPO: Tier 1: 40% after ded.;	HMO: \$340/procedure	HMO: 40% coinsurance
EMERGENCY SERVICES				
Emergency Room	PPO: \$250 + 20% after ded. (copay waived if admitted)	PPO: \$300 then 40% after ded. (copay waived if admitted)	HMO: \$250 (copay waived if admitted)	HMO: 40% coinsurance (coinsurance waived if admitted)
Emergency Transport/ Ambulance	PPO: 20% after ded./trip	PPO: 40% after ded./trip	HMO: \$250/trip	HMO: 40% coinsurance
Urgent Care	PPO: \$60 (ded. waived)	PPO: \$95 (ded. waived)	HMO: \$25 (ded. waived)	HMO: \$55 (ded. waived)
MATERNITY				
Prenatal and Postnatal Care	PPO: Covered as any illness	PPO: Covered as any illness	HMO: Covered as any illness	HMO: Covered as any illness
Delivery and All Inpatient Services	PPO: Tier 1: 20% after ded.;	PPO: Tier 1: 40% after ded.;	HMO: \$600/day, 5 day max	HMO: 40% coinsurance
PEDIATRIC SERVICES (UP TO AGE 19)				
Eye Exam	PPO: Anthem Blue View Vision, \$0 (ded. waived; 1 exam/cal. yr.)	PPO: Anthem Blue View Vision, \$0 (ded. waived; 1 exam/cal. yr.)	HMO: Kaiser Permanente: \$0 (1 exam/cal. yr.)	HMO: Kaiser Permanente: \$0 (ded. waived, 1 exam/cal. yr.)
Glasses	PPO: Anthem Blue View Vision, \$0 (ded. waived; 1 exam/cal. yr.)	PPO: Anthem Blue View Vision, \$0 (ded. waived; 1 exam/cal. yr.)	HMO: Kaiser Permanente: \$0 (ded. waived, 1 pair of glasses/ accumulation period, limitations apply)	HMO: Kaiser Permanente: \$0 (ded. waived, 1 pair of glasses/ accumulation period, limitations apply)
Dental Check-up	PPO: Anthem Pediatric Dental PPO - Prime Network: Ded. combined with Med.	PPO: Anthem Pediatric Dental PPO - Prime Network: Ded. combined with Med.	HMO: DeltaCare USA, Delta Dental: Ded: None; OV: \$0; OOP: \$350/\$700; copay based on fee schedule	HMO: DeltaCare USA, Delta Dental: Ded: None; OV: \$0; OOP: \$350/\$700; copay based on fee schedule

DENTAL BENEFITS

Inquire about Eligibility Status



DENTAL BENEFITS

INTERNAL FULL-TIME EMPLOYEES -- Employee cost based on Semi-Monthly 80% Paid for Employee & 50% Paid for Dependents		EXTERNAL FULL-TIME EMPLOYEES -- Employee cost based on Semi-Monthly 80% Paid for Employee & 0% Paid for Dependents	
Employee: \$4.49	Children: \$22.07	Employee: \$4.49	Children: \$39.65
Spouse: \$16.06	Family: \$36.34	Spouse: \$27.63	Family: \$68.19

YOUR NETWORK IS		DENTALGUARD PREFERRED	
Calendar year deductible		<i>In-Network</i>	<i>Out-of-Network</i>
Individual		\$50	\$50
Family limit		3 per family	
Waived for		Preventive	Preventive
Charges covered for you (co-insurance)		<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care		100%	100%
Basic Care		90%	80%
Major Care		60%	50%
Orthodontia		50%	50%
Annual Maximum Benefit		\$2000	\$2000
Maximum Rollover		Yes	
Rollover Threshold		\$800	
Rollover Amount		\$400	
Rollover In-Network Amount		\$600	
Rollover Account Limit		\$1500	
Lifetime Orthodontia Maximum		\$2000	
Dependent Age Limits		26	

A SAMPLE OF SERVICES COVERED BY YOUR PLAN:		PPO <i>Plan pays (on average)</i>	
Preventive Care	Cleaning (prophylaxis)	<i>In-Network</i>	<i>Out-of-Network</i>
	Frequency:	100%	100%
	Cleaning (prophylaxis)	Once Every 6 Months	
	Limits:	100%	100%
	Oral Exams	Under Age 19	
Basic Care	X-rays	100%	100%
	Anesthesia*	90%	80%
	Fillings‡	90%	80%
	Perio Surgery	90%	80%
	Periodontal Maintenance	90%	80%
	Frequency:	Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	90%	80%
	Root Canal	90%	80%
	Scaling & Root Planning (per quadrant)	90%	80%
	Simple Extractions	90%	80%
Major Care	Surgical Extractions	90%	80%
	Bridges and Dentures	60%	50%
	Dental Implants	60%	50%
	Inlays, Onlays, Veneers**	60%	50%
Orthodontia	Single Crowns	60%	50%
	Orthodontia	50%	50%
Limits:		Adults & Child(ren)	

VISION BENEFITS

Inquire about Eligibility Status



VISION BENEFITS

INTERNAL FULL-TIME EMPLOYEES -- Employee cost based on Semi-Monthly **80% Paid for Employee & 50% Paid for Dependents**

Employee: \$0.60
Spouse: \$1.63

Children: \$1.68
Family: \$3.18

EXTERNAL FULL-TIME EMPLOYEES -- Employee cost based on Semi-Monthly **80% Paid for Employee & 0% Paid for Dependents**

Employee: \$0.60
Spouse: \$2.65

Children: \$2.75
Family: \$5.76

YOUR NETWORK IS

Calendar year deductible

You and Spouse/Domestic partner

You and Child(ren)

You, Spouse/Domestic partner and Child(ren)

GUARD VISION

\$ 6.01

\$ 10.11

\$ 10.31

\$ 16.32

Copay

Exams Copay

Materials Copay (*waived for elective contact lenses*)

\$ 10

\$ 25

Sample of Covered Services

In-Network

You Pay:

Out-of-Network

Eye Exams

\$ 0

Amount over \$59

Single Vision Lenses

\$ 0

Amount over \$30

Lined Bifocal Lenses

\$ 0

Amount over \$50

Lined Trifocal Lenses

\$ 0

Amount over \$65

Lenticular Lenses

\$ 0

Amount over \$100

Frames

80% of amount over \$130

Amount over \$70

Contact Lenses (*Elective*)

Amount over \$130

Amount over \$120

Contact Lenses (*Medically Necessary*)

\$ 0

Amount over \$210

Contact Lenses (*Evaluation and fitting*)

Standard \$50; Custom \$75

No discounts

Cosmetic Extras

Up to 45% off providers UCR

No discounts

Glasses (*Additional pair of frames and lenses*)

Courtesy discount from most providers up to 20% off providers UCR

No discounts

Laser Correction Surgery Discount

Up to 25% off the national average

No discounts

Hearing

Savings of 30-60%

No discounts

Service Frequencies

Exams

Every calendar year

Lenses (*for glasses or contact lenses*)#

Every calendar year

Frames

Every two calendar years

Network discounts (*glasses and contact lens professional service*)

Courtesy discounts from most providers up to 20% off providers UCR

Dependent Age Limits

26

The Following Basic Life Benefits are only offered to Internal Full-Time Employees

BASIC LIFE BENEFITS

Inquire about Eligibility Status



BASIC LIFE BENEFITS

INTERNAL FULL-TIME EMPLOYEES

Employee cost based on Semi-Monthly **80% Paid for Employee**

Employee: \$0.60

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides \$75,000 Basic Term Life coverage for all full time employees.	\$25,000 increments to a maximum of \$200,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
Spouse/Domestic Partner Benefit	N/A	You may elect one of the following benefit options: \$25,000. See Cost Illustration page for details.‡
Child Benefit	N/A	Your dependent children age birth† to 26 years. You may elect one of the following benefit options: \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$75,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 \$50,000, 65-69 \$50,000, 70+ \$10,000. Spouse Less than age 65 \$25,000, 65-69 \$25,000, 70+ \$0. Dependent children \$10,000. An Additional \$25,000 per employee can be obtained with a "No" response to the Health question (on your enrollment form). Evidence of Insurability is required if the elected amount exceeds the Guarantee Issue plus Additional amount. The Additional amount is available for ages Less than age 65
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
LifeAssistSM: Provides supplemental income that is calculated based off a percentage of your Life benefit to a specified dollar amount if you are ADL disabled. Benefits are paid to the lesser of 100 months or to when waiver of premium ends.	No	Yes
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	50% at age 70	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

Subject to coverage limits

† and Voluntary Life: Infant coverage is limited based on age.

‡ Spouse/DP coverage terminates at age 70.

EMPLOYEE BENEFITS



Effective: December 1, 2021 – November 30, 2022

**We Cover
80%
of our Employees Cost**

Anthem or Kaiser Medical Plans
Guardian Dental w/ Ortho Plan
Guardian Vision Plan
Guardian Life/AD&D

Employee Assistance Program (EAP)

Now included to all eligible employees providing up to **3 face-to-face visits at no-cost** with a professional counselor when life happens. Legal, Financial, Substance Abuse, Addiction, Depression.

The valuable role that our employees play in the success of our business is why we feel its important to invest in you. Detailed information about your employee benefits can be found at hireupss.com/employee-resources.

Health care needs are different for everyone, Hire Up provides you with **CHOICE**

Medical

2 Anthem Blue Cross PPO Plans
& 2 Kaiser Permanente Plans

Dental

\$2000 Annual Max & \$2000
Ortho Benefit

Vision

VSP Network - \$130 Frames
Benefit

Voluntary Life & AD&D

Guarantee Issue – 50k

QUESTIONS???

Patricia Orona

James G. Parker Insurance
Associates

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License#0554959



With Aflac Plans:

- Everyone's benefits needs are different. That's why we provide you with a 1-to-1 benefits consultation.
- Coverage is customizable and available for you, your spouse and dependent children.
- Benefits are paid directly to you to use how you see fit (unless you specify otherwise).
- Policies are portable, you can continue coverage when you retire or change jobs, with no increase in premiums.

Scan the QR Code below to find out more:



You may also schedule a virtual appointment here

Aflac is different from health insurance; it's insurance to cover unexpected costs and daily living expenses that don't stop when you have an illness or injury. Benefits are paid directly to you, regardless of any other coverage you may have.*

- ☐ **Cancer Protection Assurance** — With the current average out-of-pocket expenses reaching between 24K-36K when a cancer diagnosis hits someone in the family, it's no wonder why people feel more financially safe when covered under an Aflac Cancer Plan. Benefits include lump sum upon diagnosis, therapy treatments, hospitalization, surgical procedures, transportation, extended care and much more.
- ☐ **Accident Advantage** — Injuries large and small can happen at any time and most people's finances can't handle the out-of-pocket costs. Benefits are payable when an injury requires medical attention, including initial treatment, x-rays, hospitalization, major diagnostic exams, follow up treatments and more. Accidental death and dismemberment benefits are included in this comprehensive plan.
- ☐ **Hospital Choice** — Aflac's Hospital Plan can help offset a costly hospitalization in the event an illness or injury finds you or a covered family member admitted more than 23 hours to the hospital. Additional benefits can include doctors visits, labs, ambulance, surgeries, continuous hospital stays and even ICU. ****Maternity options available**
- ☐ **Short-Term Disability Insurance** — A source of monthly income to help make ends meet if you become disabled from a covered accident or covered sickness. ****Maternity options available**
- ☐ **Critical Care Protection** — Unexpected critical illness can financially impact your life regardless of how much your medical coverage pays doctors for treatment. Receive lump sum benefits that can help you pay for what you need when recovering from Heart Attack, Stroke, Coma, Paralysis (due to an accident), End Stage Renal Failure,
- ☐ **Life Insurance** — We're not just here to protect your lifestyle, but the lifestyle of your family as well. Stay prepared with the Aflac's portable Life Insurance Plans.

Employee Section: Please fill in the fields below and turn in this form to your HR or Aflac agent. Thank you!

Erik Freeman

Benefits Advisor

(559) 312-0471

erik_freeman@us.aflac.com

CA Insurance License: 0K60793

Name: _____

Phone: _____

Best Contact Days & Times: _____

☐ Check This Box to Find Out More

☐ Waiver of Participation:

I certify that the features and benefits of Aflac's guaranteed-renewable insurance policies have been explained to me completely and have decided to waive my opportunity to participate at this time.

Signature: _____

*These coverages may not be available in all states; product benefits vary by state. Policies have exclusions and limitations that may affect the benefits payable.

*Unless otherwise assigned. Applicable to Aflac short-term disability insurance policy only. Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York.
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999