

D.M.H. ELECTRICAL CONTRACTORS

EMPLOYEE BENEFIT SUMMARY

Effective November 1, 2020

HEALTH PLAN



Blue Cross Blue Shield

Costs Weekly

Employee Only	\$47.86
Employee + Spouse	\$95.72
Employee+Child(ren)	\$88.54
Full Family	\$136.40

Benefit

	<u>HMO Blue NE \$2,000 w/ Copayment</u>
Annual Exam	\$0
PCP	\$25
Other Physician	\$45
Emergency	Deductible*+\$750
Hospital	Deductible*+\$550
Out. Surgery	Deductible*+\$250
Lab	Deductible*+\$80 (NHP: Deductible*)
X-Ray	Deductible*+\$125 (NHP: Deductible*)
MRI, CT & PET	Deductible*+\$350 (NHP: Deductible*+\$75)
Prescriptions	10/45/175/250
Mail Order RX	20/90/350/750
Max Out-of-Pocket	\$8,000 per Individual/ \$16,000 per Family * \$2,000 Deductible Max. per Individual \$4,000 Deductible Max. per Family

VISION PLAN



VSP

Costs Weekly

Employee Only	\$1.01
Employee + Spouse	\$1.61
Employee+Child(ren)	\$1.64
Full Family	\$2.65

Benefit

Eye Exam	\$20 Copay
Materials Copay	\$25
Single Vision Lenses	\$0 after Copay
Lined Bifocal Lenses	\$0 after Copay
Lined Trifocal Lenses	\$0 after Copay
Progressive Lenses	Standard- \$0 after Copay Premium- \$95-\$105 after Copay Custom- \$150-\$175 after Copay
Frames	Covered in full up to \$130
Elective Contacts	Covered in full up to \$130
Necessary Contacts	Covered up to \$210 after Copay
Laser Vision Correction	15-20% Discount
Additional Glasses	20% off U&C

DENTAL PLAN



Dental Blue

Costs Weekly

Employee Only	\$4.41
Full Family	\$10.81

Benefit

Preventive	100%
Basic	80%
Endo. + Perio.	80%
Major	50%
Deductible	\$50 per Individual (Max. \$150 per Family)
Ded. Waived for:	Preventive
Maximum	\$2,000
Orthodontia	50% to \$1,500

LIFE, STD & LTD PLAN



Costs Weekly

Employee Only	\$0
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LIFE/AD&D

Life Benefit	Flat \$25,000
Maximum Benefit	\$25,000
Guarantee Issue	\$25,000
Reduces to:	65% at age 65, 50% at age 70

STD

Percent of Earnings	60% of Weekly Earnings
Maximum per Week	\$1,000 per Week
Elimination Period	0 Day Injury/ 7 Day Sickness
Duration	13 Weeks

LTD

Percent of Earnings	60% of Monthly Earnings
Maximum per Month	\$6,000 per Month
Elimination Period	90 Days
Duration	Greater of SSNRA or RBD
Definition	2-Year Own Occupation
Survivor Benefit	3 Times the benefit
Pre-ex. Limitation	6/12

FSA PLAN



Benefit Strategies

Benefits

Pre-Tax	Save by contributing pre-tax dollars.
Maximum	\$2,750 annual max.
Roll Over	Up to \$550 in unused funds rolled over to next benefit year.
Debit Card	Debit card to pay medical, dental and vision expenses.

CONTACT INFORMATION



Cooney Health, Inc.

Benefit Advisors

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