

DENTAL/VISION PLAN

- Ameritas – (800) 451-8000, Claims – (800) 487-5553
- Policy #BBE03807-0
- 80% Basic
- 50% Major
- Employee covered after thirty days of employment (i.e.: if employee starts on the 15th of June, his enrollment would be August 1).
- Indemnity Plan
- Individual \$23.99
- Spouse \$23.85
- Child \$28.75
- Family \$52.60 (does not include employee)

HEALTH PLAN

Humana Health Plan PPO – (800) 558-4444

New employees covered immediately – 1st day of work

Policy #5109465 (Austin), Policy #5109464 (Dallas) effective 6/01

PPO Doctor Visit - \$35 Co-Pay

Non PPO Doctor Visit – 30% Co-pay

Prescription: \$10 Co-Pay (Generic)

\$30 Co-Pay (Non Generic)

\$50 Non-Formulary

25% for High Tech/Meds

No pre-existing condition if employee has coverage up until time of this coverage

Extended coverage after termination for existing condition – 90 days

Hospital plan covers 80% payable if PPO provider, 60% if Non-PPO

Lifetime maximum coverage – 5 million

Prenatal – No deductible – 100%

PPO/Non PPO Deductible \$1,000.00

Cobra – 18 months

Employee Premium (Pre-Tax) \$418.82

Spouse Premium (Pre-Tax) \$461.30

Child Premium (Pre-Tax) \$376.34

Spouse & Child Premium (Pre-Tax) \$856.38 (does not include employee)