



Summary of Important Changes to your Health Plan & Rx Coverage

Effective August 1, 2017

*We are pleased to announce that there will be no increase in employee contributions this year! The **12 month** premiums are as follows:*

Employee Only	Employee Pays: \$102.57
Employee/Child	Employee Pays: \$269.16
Employee/Spouse	Employee Pays: \$251.37
Family Coverage	Employee Pays: \$285.82

PPO Network

To help improve your benefit experience and provide you and your family with the greatest access to care we will continue to use the CIGNA network. Cigna is a national network of more than 860,000 providers and 6,200 hospitals. For a complete listing of hospitals and physicians or to verify if a provider is in the network, please visit www.cigna.com.

Tel-a-doc – Tel-a-doc will enable you to speak to a license doctor by web, phone or mobile app in under 10 minutes. You can find them on the web at www.teladoc.com or call 1-800-835-2362

Benefits are as follows

COVERED SERVICES	Old In-Network Benefits	<u>New In-Network Benefits</u>
In-Network Deductible • Per Calendar Year Per Covered Person	\$400	\$400
Out-of-Network Deductible • Per Calendar Year Per Covered Person	\$10,000	\$25,000
Coinsurance- • Per Covered Person after Deductible has been met	80% in-network 50% out-of-network	50% in-network 40% out-of-network
In-Network Out-of-Pocket Expense Limit • Per Covered Person	\$2,300	\$2,700
Out-of-Network Out-of- Pocket Expense Limit • Per Covered Person	\$12,700	\$50,000

Dental and Vision

In addition, Russell County will be offering dental benefits through Delta Dental and Vision Benefits through Humana to all employees. You may add your dependents to the coverages for an additional charge. The following are monthly employee contribution rates:

DENTAL COVERAGE

Employee Only - No **Cost to Employee**
 Employee/Spouse – Employee pays \$38.72
 Employee/Child(ren) – Employee pays \$36.00
 Family - Employee pays \$77.02

VISION COVERAGE

Employee Only - **No Cost to Employee**
 Employee/Spouse – Employee pays \$3.64
 Employee/Child(ren) – Employee pays \$3.28
 Family - Employee pays \$7.24

In-Network Benefits:

Preventative – Covered at 100%
Basic Services – Covered at 80%
Major Services – Covered at 50%
Orthodontia – Covered at 50%
\$50 Individual/3x individual Max for Family Deductible
\$2,000 Calendar year Maximum Benefit
\$2,000 Lifetime Maximum Orthodontia Benefit

In-Network Benefits:

Exam - \$15 Copay
Lenses - \$20 Copay
Frame Allowance - \$40 Wholesale
Contact Lense Allowance - \$110 allowance
Exam Frequency - every 12 months
Lenses Frequency – every 12 months
Frames Frequency – every 24 months