

## Medical

Benefit Provision	Anthem KC 1000	Anthem HSA Plan
<b>Deductible</b>	<b>Individual/Family</b>	<b>Individual/Family</b>
In-network	\$1,000/\$2,000	\$3,000/\$6,000
Out-of-network	\$1,500/\$3,000	\$3,000/\$6,000
<b>Coinsurance</b>		
In-Network	80% Anthem/ 20% Employee	100% Anthem/ 0% Employee*
Out-of-Network	60% Anthem/ 40% Employee	80% Anthem/ 20% Employee*
<b>Patient Co-Pay</b>		
Primary Care	\$25 copay	0% after deductible
Specialist	\$50 copay	0% after deductible
<b>Out-of-Pocket Max</b>	<b>Individual/Family</b>	<b>Individual/Family</b>
In-Network	\$4,000/\$8,000	\$5,000/\$10,000
Out-of-Network	\$5,000/\$10,000	\$6,000/\$12,000
<b>Preventive Care</b>		
Examples of services covered are: Pap smear, mammogram, prostate screening, gynecological exam, routine physical examination	100% Coverage	100% Coverage
<b>Emergency Room</b>	20% Network Charges	0% after deductible
<b>Individual Lifetime Maximum</b>	Unlimited	Unlimited

\*Prices apply after deductible for HSA Plan.

Prescription Drug	Retail 30 day supply	Mail order 90 day supply
<b>Tier 1 Generic</b>	\$10	\$25
<b>Tier 2 Preferred Brand</b>	\$30	\$75
<b>Tier 3 Non-Preferred Brand</b>	\$50	\$125
<b>Tier 4 Specialty Drugs</b>	20% up to \$200/month	20% up to \$200/month

\*Prices apply after deductible for HSA Plan.

## Vision

Benefit Provision	In-Network	Out-of Network
<b>Eye Exam</b>	\$10 copay per 12-month period	\$50 maximum after \$10 copay
<b>Single Vision</b>	\$25 copay per 12-month period	\$48 maximum after \$10 copay
<b>Bifocal</b>	\$25 copay per 12-month period	\$67 maximum after \$25 copay
<b>Trifocal</b>	\$25 copay per 12-month period	\$86 maximum after \$25 copay
<b>Frames</b>	80% of amount over \$130	\$48 maximum after \$25 copay
<b>Contact Lenses</b>	Medically Necessary - \$25 copay Elective - \$130 maximum	Medically Necessary - \$210 after \$25 copay Elective - \$105 maximum

## Dental

Benefit Provision	High Option	Basic Option
<b>Deductible</b>	\$50/Individual \$150/Family	\$50/Individual \$150/Family
<b>Preventive Care</b>	100% Covered by Guardian	100% Covered by Guardian
<b>Basic Services</b>	80% Covered by Guardian	80% Covered by Guardian
<b>Major Services</b>	50% Covered by Guardian	No Coverage
<b>Orthodontia</b> (19 years or younger eligible)	50% Covered by Guardian \$1,000 Lifetime Maximum	Not Available
<b>Maximum Benefit</b>	\$1,000	\$1,000

## Health Savings Account

### 2016 Contribution Limits (includes employer/employee)

	IRS Limit for 2015	Employer Contribution (Annual/Per Pay)	Annual Maximum You Can Contribute
<b>Employee Only</b>	\$3,350	\$750/\$28.85	\$2,600
<b>Employee Plus One</b>	\$6,750	\$1,500/\$57.69	\$5,250
<b>Employee Plus Family</b>	\$6,750	\$1,500/\$57.69	\$5,250

HSA catch-up contribution (age 55 and older) is \$1,000 annually

The \$3,000 high deductible plan is paired with a Health Savings Account which is a tax-free medical IRA. Under the \$3,000 medical plan, you are responsible for paying for the full cost of prescriptions and covered medical services until you reach the \$3,000 deductible for an individual. The plan will pay 100% for all covered services, except for prescriptions, after reaching the deductible. This account is to help pay for out-of-pocket medical, dental and vision expenses. The funds in this account roll over from year to year and are portable if an employee leaves the organization. You must participate in the \$3,000 plan to be eligible for the HSA.

## Flexible Spending Accounts

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### **Health Care Spending Account**

A flexible spending account allows eligible employees to set aside money, through pre-tax payroll deductions, which can be used for certain out-of-pocket health care and dependent care expenses. Eligible employees can set aside a maximum of \$2,550 in pre-tax dollars each year to cover health care expenses not reimbursed by any medical, dental or vision care plan. The employee will receive a debit card to pay for eligible services as they are rendered. This card helps pay for services such as copays for physician office visits and prescription drugs. Employees must plan their annual amount carefully because the Internal Revenue Service (IRS) requires employees to forfeit the unused balance. Employees can roll over up to \$500 into the next plan year.

### **Dependent Care Spending Account**

Eligible employees can set aside a maximum of \$5,000 in pre-tax dollars annually to pay for dependent care expenses. In order for expenses to qualify, the daycare must be necessary to allow the employee or their spouse to work and/or attend school full-time. The employee can be reimbursed for dependent children under age 13 or a dependent child, spouse, or parent of any age who is physically or mentally unable to care for themselves and dependent on the employee for support.

## Disability & Life

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### **Short Term Disability Coverage**

Shentel provides Short Term Disability at no cost to full-time employees. This benefit replaces up to 60% of the employee's income in the event of a qualified sickness or injury that keeps the employee from working for up to 180 calendar days. Employees have a 7 calendar day waiting period. The employee must use all available Paid Time Off and Banked Paid Time Off before accessing Short Term Disability.

### **Long Term Disability Coverage**

Shentel provides basic Long Term Disability at no cost to full-time employees. After 180 days of continuous disability, the plan pays a benefit of 60% of the monthly income, up to \$7,000 per month (less social security, worker's compensation and income protection insurance) for a qualified illness or injury.

### **Life and AD&D Insurance**

All full-time employees receive employer-provided coverage up to 2 times their annual base pay up to a max of \$600,000 at no cost to the employee. Employees may elect to purchase supplemental voluntary life and AD&D coverage for themselves, spouse and/or children. Rates are based on the age of the employee for voluntary and spouse coverage.