



You are eligible to enroll in our group medical insurance plan. We offer three medical plan options: Bronze, Silver and Gold. We also offer a Dental and Vision plan. You can enroll in Dental and Vision separately from the medical plan.

Below is a brief summary of the plans offered. Please note that we have a reference-based pricing plan in place. This means that there is no underlying, pre-negotiated network affiliated with our plan. Instead, our vendor BAS, will review and reprice medical bills working directly with providers.

Calendar Year Benefits	GOLD PLAN	SILVER PLAN	BRONZE PLAN
Deductible	\$2,000 Single /\$5,000 Family	\$3,500 Single /\$7,000 Family	\$7,000 Single/ \$14,000 Family
Out of Pocket Maximum	\$8,150 Single/ \$16,300 Family	\$8,150 Single/ \$16,300 Family	\$8,150 Single/ \$16,300 Family
Hospitalization	20% after Deductible	30% after Deductible	40% after Deductible
Office Visit	\$40 copay Primary Care \$80 copay Specialist	30% after Deductible	\$40 copay for 2 visits— then 40% after Deductible
Annual Physicals	No copay	No copay	No copay
Prescription Drugs	\$20 Generic \$40 Brand \$100 Non Formulary	30% after Deductible	40% after Deductible
Rx Mail Order	2 copays for a 90 day supply	30% after Deductible for a 90 day supply	40% after Deductible for a 90 day supply
Urgent Care	\$50 copay	30% after Deductible	40% after Deductible
Emergency Room	20% after Deductible	30% after Deductible	40% after Deductible
Diagnostic Xray & Lab	20% after Deductible	30% after Deductible	40% after Deductible

DENTAL	
Dental Calendar Year Maximum	\$1,500 per person
Calendar Year Deductible	\$50 Individual / \$150 Family
Preventive Care	100% (no Deductible)
Basic Care	80% after Deductible
Major Care	50% after Deductible
Orthodontia	50% after Deductible
Orthodontia LIFETIME max	\$1,500

VISION	
Eye Exam	\$50 every 12 months
Frames	\$100 every 24 months
Lenses	\$100 every 24 months
Contacts (in lieu of glasses)	\$100 every 24 months

Medical Plan Premium per Month	Gold	Silver	Bronze
Employee	\$1,127.93	\$906.53	\$750.00*
Employee + Spouse	\$2,997.76	\$2,380.21	\$2,077.46
Employee + Child	\$6,227.69	\$5,042.09	\$3,712.66
Employee + Family	\$7,913.37	\$7,091.27	\$5,160.91
*9.78% of gross wages, capped at \$750/month.			

Dental & Vision Plan Premium per Month	
Employee	\$86.14
Employee + Spouse	\$175.05
Employee + Child	\$210.06
Employee + Family	\$297.59

Benefit / Enrollment Questions ?

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Help with Individual Plan Options?

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