

# TEAM

RISK MANAGEMENT STRATEGIES

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 now enroll in Dental and Vision separately from the medical plan.

Below is a brief highlight of the medical plans we offer. 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 HealthComp, 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	\$1,280.00	\$1,030.00	\$800*
Employee + Spouse	\$3,400.00	\$2,700.00	\$2,360.00
Employee + Child	\$7,080.00	\$5,730.00	\$4,220.00
Employee + Family	\$8,990.00	\$8,060.00	\$5,860.00
<b>*8.75 percent of gross wages capped at \$800/month.</b>			

Dental & Vision Plan Premium per Month±	
Employee	\$99.00
Employee + Spouse	\$199.00
Employee + Child	\$239.00
Employee + Family	\$339.00

## Benefit / Enrollment Questions ?

**TEAM - Naomi Clift**  
[benefits@teamemployer.com](mailto:benefits@teamemployer.com)  
 619-795-0843

**Acisure - Travis Hunter**  
[tlhunter@acisure.com](mailto:tlhunter@acisure.com)  
 720-880-5079

±Premium amounts reflect the employee's responsibility for cost of coverage, should the employee elect to enroll in coverage for the current plan year or until employee termination or other Qualifying Life Event.