## 2022 BENEFITS AT A GLANCE

### Medical and Prescription Drugs  
**Blue Options Silver 2500 CA**  
**In Network You Pay:**  
- **Deductible:** $2,500 Individual / $5,000 Family  
- **Out-of-Pocket Max:** $8,550 Individual / $17,100 Family  
- **Coinsurance:** 30% after deductible  
  - **Primary Care Visit:** $30 copay  
  - **Specialist Visit:** $150 copay  
  - **Emergency Room Visit:** $1,500 copay  
  - **Urgent Care Visit:** $150 copay  
  - **Prescription Drugs:**  
    - Tier 1: $15 copay  
    - Tier 2: $35 copay  
    - Tier 3: $45 copay  
    - Tier 4: $90 copay  

**Blue Options Gold 1500 CA**  
**In Network You Pay:**  
- **Deductible:** $1,500 Individual / $3,000 Family  
- **Out-of-Pocket Max:** $5,000 Individual / $10,000 Family  
- **Coinsurance:** 30% after deductible  
  - **Primary Care Visit:** $35 copay  
  - **Specialist Visit:** $70 copay  
  - **Emergency Room Visit:** $500 copay  
  - **Urgent Care Visit:** $70 copay  
  - **Prescription Drugs:**  
    - Tier 1: $4 copay  
    - Tier 2: $15 copay  
    - Tier 3: $35 copay  
    - Tier 4: $50 copay

### Dental  
**In Network You Pay:**  
- **Deductible:** $50 Individual / $150 Family  
- **Annual Maximum:** $1,000  
- **Preventative Services:** Exams, X-rays, cleanings  
  - Covered at 100%  
- **Basic Services:** Fillings, periodontics, simple oral surgery, general anesthesia  
  - Covered at 80%  
- **Major Services:** Endodontics, crowns, bridges, dentures  
  - Covered at 50%

### Vision  
**In Network You Pay:**  
- **Exam:** $10 copay  
- **Lenses or Necessary Contacts:** $25 copay  
- **Elective Contacts:** $130 allowance  
- **Frames:** $130 allowance + 20% off remaining balance  
- **Frequency of Services:**  
  - Exams- 12 months  
  - Lenses- 12 months  
  - Frames- 24 months
**Basic Life Insurance**

Your company provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance in the amount of $25,000 and pays the full cost of this benefit. Benefits begin reducing at age 65. Contact Human Resources to update your beneficiary information.

**Disability Income Benefits**

<table>
<thead>
<tr>
<th></th>
<th>Short Term Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Begin</td>
<td>8&lt;sup&gt;th&lt;/sup&gt; day accident/illness</td>
</tr>
<tr>
<td>Benefit Duration</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Percentage of Income Replaced</td>
<td>60% of weekly income</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>$1,000 weekly</td>
</tr>
</tbody>
</table>

**Insurance Contacts**

**MEDICAL**
Blue Cross & Blue Shield of NC
Network: Blue Options
877.258.3334
[www.bcbsnc.com](http://www.bcbsnc.com)

**DENTAL**
Principal
Network: PPO
800.986.3343
[www.principal.com](http://www.principal.com)

**VISION**
Principal
Network: VSP Choice
800.986.3343
[www.principal.com](http://www.principal.com)

**LIFE & DISABILITY**
Principal
800.654.4278
[www.principal.com](http://www.principal.com)

**MARSH MCLENNAN AGENCY**
Select Business Unit
1-833-468-9515
EBSBUTeam@marshmma.com

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.