

RESTON LIMOUSINE

Benefits Quick Facts

Kaiser				
Plan Name	Kaiser S FLEX H POS	Kaiser HMO 6	Kaiser HDHP HSA 1700	Kaiser HDHP HSA 4500
In Network				
Preventive Care	0%	0%	0%	0%
Deductible (Indv/Family)	\$500 / \$1,000	\$0 / \$0	\$1,700 / \$3,400	\$4,500 / \$9,000
Coinsurance	20%	20%	0%	40%
Out-of-Pocket Max (Individual/Family)	\$3,000 / \$6,000	\$2,250 / \$4,500	\$3,400 / \$6,800	\$6,250 / \$12,500
PCP / Specialist	\$45 / \$55	\$20 / \$40	100% after Deductible	40% after Deductible
Urgent Care	\$55	\$40	100% after Deductible	40% after Deductible
Emergency Room Copay	\$100	\$100	100% after Deductible	40% after Deductible
In Patient Hospital	20% after Deductible	\$300 per Admission	100% after Deductible	40% after Deductible
Outpatient Care	20% after Deductible	\$100	100% after Deductible	40% after Deductible
Diagnostic X-Ray Lab	\$100 per Test	\$100 per Test	100% after Deductible	40% after Deductible
Prescription Deductible	\$150 separate Prescription Deductible applies	\$0	Medical Deductible first, then copays	Medical Deductible first, then copays
Prescription Copay	\$25 / \$40 / \$55	\$20 / \$35 / \$50	\$25 / \$35 / \$50	\$25 / \$50 / 50% / 50% up to a \$150 max
Employee Cost Per Pay				
Employee Only	\$425.57	\$351.47	\$207.41	\$64.52
Employee + Child(ren)	\$830.18	\$706.77	\$466.96	\$229.03
Employee + Spouse	\$1063.51	\$910.12	\$611.93	\$316.11
Family	\$1322.75	\$1136.02	\$773.01	\$412.92
Principal Dental			Principal VSP Vision	
Employee Cost Per Pay			Employee Cost Per Pay	
	Dental PPO Low	Dental PPO High		VSP Vision
Employee	\$13.17	\$26.96	Employee	\$3.83
Employee + 1 Dependent	\$26.74	\$52.10	Employee + 1 Dependent	\$6.32
Family	\$34.09	\$78.06	Family	\$8.43
BalanceCare Member Guide	ComPsych EAP (Employee Assistant Program)	401K & ROTH BENEFITS Company Match	Legal Shield	AFLAC Plans
Questions about benefits?	Call confidentially 24/7/365	Employees are automatically enrolled 1st of the quarter after 90 days	Legal Insurance Identity Protection	Accident/Hospital Indemnity Cancer/Specified Disease Short Term Disability
Call or email 877-598-8617 balancecare@eniweb.com	844-869-2365	Visit The Standard to enroll https://login.standard.com/register	Contact LegalShield Reps Sharon Brown 703-615-1220 or Nett Brown 703-963-8633	Contact AFLAC Rep Michael Ohm 703-930-1044