



# General Overview of All Coverage Options

Dec. 1, 2022 through Nov. 30, 2023

## Medical Insurance

Full-time employees have a choice between four medical benefit plans from either Assured Benefits Administrators or Humana. Below is a chart of the plan highlights, and a detailed plan description is available on Patriot Security company website.

**Plan Option #2 is voted "Most Popular"**

Biweekly Premium Cost	Option 1: MEC Plus Plan	Option 2: Optimal Plan	Option 3: High Deductible Plan	Option 4: High Premium Plan
Employee Only Enrollment	<b>\$33.00</b>	<b>\$60.00</b>	<b>Call for payroll cost</b>	<b>\$780.36</b>
Employee & Spouse Enrollment	\$57.09	\$84.00	Call for payroll cost	\$1,716.80
Employee & Child(ren) Enrollment	\$90.09	\$96.60	Call for payroll cost	\$1,482.69
Employee, Spouse & Child(ren) Enrollment	\$119.79	\$114.60	Call for payroll cost	\$2,497.17
Care from Network Provider	Option 1: MEC Plus Plan	Option 2: Optimal Plan	Option 3: High Deductible Plan	Option 4: High Premium Plan
Routine Physical & Preventive Care	You pay \$0	You pay \$0	You pay \$0	You pay \$0
Flu Shots, Immunizations, COVID Test	You pay \$0	You pay \$0	You pay \$0	You pay \$0
Video or Phone Doctor Visit available 24 hrs. every day	You pay \$0 mytelemedicine.com (800) 661-5601	You pay \$0 mytelemedicine.com (800) 661-5601	You pay \$0 doctorondemand.com	You pay \$0 doctorondemand.com
In-Office Doctor Office Visit	You pay \$10 copay (limited to 4 visits per year)	You pay \$20 copay per visit (unlimited number of visits)	After satisfying the annual \$6,250 deductible, you pay \$0	You pay \$55 or \$100 copay per visit
Hospitalization, Surgery and Complex Imaging	You pay full cost	You pay 30%. Plan pays 70%	After satisfying the annual \$6,250 deductible, you pay \$0	You pay \$2,350 daily copay (max 3 per stay) to \$7,150 out-of-pocket
Retail Prescription Drugs	Up to 50% discount	Generic drugs: \$10 copay Name Brand drugs: \$40 copay	After satisfying the annual \$6,250 deductible, you pay \$0	Generic drugs: \$5 copay Name Brand: \$20 to \$100 copay
Maximum benefit per plan year	Unlimited	\$10,000 per plan year per person \$1,500 for inpatient surgeon's fee \$1,000 for outpatient benefits \$10,000 for inpatient hosp. illness \$7,500 for inpatient hosp. injury	Unlimited	Unlimited
Directory of Network Doctors and Facilities	www.multiplan.com choose Limited Benefit Plan		humana.com/directories	humana.com/directories
Phone Number for Member Services	(800) 247-7114	(800) 247-7114	(866) 427-7478	(866) 427-7478
Cash Rewards for Wellness/Fitness	None	None	go365.com	go365.com

## Vision Insurance

Full-time employees may enroll in Vision Insurance from Mutual Of Omaha. The list below outlines the core benefits provided with an EyeMed optical provider is used. A detailed plan description is available on Patriot Security company website.

- Yearly routine eye claim with dilation is covered 100% after \$10 copay
- Yearly glasses lenses are covered 100% after \$25 copay.
- Every other year purchase of glasses frames is covered 100% for the first \$130
- Yearly, contacts are covered (in the place of glasses) at 100% for the first \$130
- EyeMed network includes Vision Mann, Lenscrafters, Eye Place, America's Best, TSO, Target, Pearle, JCPenney, EyeMart Express, Today's Vision, Sears, Today's Vision and many other providers.

## Dental Insurance

Full-time employees may enroll in Dental Insurance from Mutual Of Omaha. The chart below highlights the major provisions of the plan, and a detailed plan description is available on Patriot Security company website.

Maximum Annual Benefit	\$1,500 per person
Annual Deductible	\$50 per person
Type A Services Exams/Cleaning Bitewing X-rays Fluoride	You pay \$0 (no deductible)
Type B Services Full Mouth X-rays Fillings Simple Extracts	After 6 months of coverage and \$50 annual deductible, you pay 20%.
Type C Services Surgery Bridgework/Dentures Crowns & Inlays Endo and Periodontics	After 12 months of coverage and \$50 annual deductible, you pay 50%.
Child Orthodontia	After 12 months of coverage, the plan pays 50% up to \$1,000 per child
Phone Number Member Services	877-999-2330

## Short Term Disability Insurance

Full-time employees may enroll in Short Term Disability Insurance from Mutual Of Omaha. If you become disabled (unable to work) for two weeks, then the plan pays you a weekly benefit equal to 60% of your pre-tax wages (maximum of \$500 per week) until you are able to return to work (maximum of eleven weeks). Your premium for this coverage is waived while you are receiving benefits. Complete plan details are available on the Patriot Security company website.

## Life and AD&D Insurance

Full-time employees may enroll in Term Life and Accidental Death and Dismemberment insurance from Mutual Of Omaha. Coverage may be purchased on the life of the employee, spouses and children.

- Coverage amounts for employees: \$10,000, \$25,000, \$50,000, \$75,000 or \$100,000
- Coverage amounts for spouse of employee: \$10,000 or \$25,000 (but not greater than employee coverage).
- Coverage amounts for children: \$10,000 per child (and employee must have coverage).

Detailed plan description is available on Patriot Security company website

## Key Contacts (when you need answers):

- Vision Member Services: Call (833) 279-4358 with questions about dental benefits, network or claims
- EyeMed Vision Network Providers: [www.mutualofomaha.com/vision](http://www.mutualofomaha.com/vision)
- Dental Member Services: Call (877) 999-2330 with questions about dental benefits, network or claims
- Your Insurance Broker: Alan McCormick 832-877-5109 or [alan@mccormick-benefits.com](mailto:alan@mccormick-benefits.com).