



## 2019 Medical and Dental Insurance Premium Rates

### Medical Insurance Eligibility:

1st of the month following your hire date as a FT/PT Associate, or a qualifying event (see reverse)

**\*\*DURING YEAR END OPEN ENROLLMENT, CONFIRM ELECTIONS ON-LINE ULTIPTRO\*\***

**If you earn \$15.40/hour or less  
These are the 2019 Premiums**

**If you earn \$15.41/hour or more  
These are the 2019 Premiums**

(Associate semi-monthly premiums taken out during 2 payrolls each month)

**BLUE PPO- HDHP with H.S.A.; First dollar deductible of \$1,350 single/\$2,700 family with \$3,000 single/\$6,000 family max IN-OOP (3-tier Rx \$5/\$45/\$90 after deductible is met)**

High Deductible Health Plan with Health Savings Account-

Thompson funds an annual contribution to your H.S.A. of up to \$500 (\$19.23/pay x 26) for a single contract and up to \$1,000 (\$38.46/pay x 26) for a family contract (2 or more enrolled)

PLAN TYPE	1/1/2019 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	EFFECTIVE COST	1/1/2019 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	EFFECTIVE COST
				X 24 cycles/year					X 24 cycles/year	
Full time-Associate only	513.87	461.87	52.00	\$ 26.00	\$ 5.17	513.87	442.87	71.00	\$ 35.50	\$ 14.67
Full time-Assoc. & Spouse/DP only	1181.79	949.79	232.00	\$ 116.00	\$ 74.33	1181.79	907.79	274.00	\$ 137.00	\$ 95.33
Full time-Associate & Child(ren)	1325.50	1068.50	257.00	\$ 128.50	\$ 86.83	1325.50	1024.50	301.00	\$ 150.50	\$ 108.83
Full time-FAMILY	1394.83	1104.83	290.00	\$ 145.00	\$ 103.33	1394.83	1057.83	337.00	\$ 168.50	\$ 126.83
Part time-Associate only	513.87	410.87	103.00	\$ 51.50	\$ 30.67	513.87	394.87	119.00	\$ 59.50	\$ 38.67
Part time-Assoc. & Spouse/DP only	1181.79	861.79	320.00	\$ 160.00	\$ 118.33	1181.79	823.79	358.00	\$ 179.00	\$ 137.33
Part time-Associate & Child(ren)	1325.50	951.50	374.00	\$ 187.00	\$ 145.33	1325.50	907.50	418.00	\$ 209.00	\$ 167.33
Part time-FAMILY	1394.83	989.83	405.00	\$ 202.50	\$ 160.83	1394.83	945.83	449.00	\$ 224.50	\$ 182.83

**BLUE PPO- HDHP with H.S.A.; First dollar deductible of \$2,500 single/\$5,000 family with \$5,000 single/\$10,000 family max IN-OOP (3-tier Rx \$5/\$45/\$90 after deductible is met)**

High Deductible Health Plan with Health Savings Account- IN ADDITION TO LOWER PREMIUMS,

Thompson funds an annual contribution to your H.S.A. of up to \$500 (\$19.23/pay x 26) for a single contract and up to \$1,000 (\$38.46/pay x 26) for a family contract (2 or more enrolled)

PLAN TYPE	1/1/2019 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	EFFECTIVE COST	1/1/2019 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	EFFECTIVE COST
				X 24 cycles/year					X 24 cycles/year	
Full time-Associate only	462.48	420.48	42.00	\$ 21.00	\$ 0.17	462.48	406.48	56.00	\$ 28.00	\$ 7.17
Full time-Assoc. & Spouse/DP only	1063.61	877.61	186.00	\$ 93.00	\$ 51.33	1063.61	843.61	220.00	\$ 110.00	\$ 68.33
Full time-Associate & Child(ren)	1192.95	985.95	207.00	\$ 103.50	\$ 61.83	1192.95	950.95	242.00	\$ 121.00	\$ 79.33
Full time-FAMILY	1255.35	1022.35	233.00	\$ 116.50	\$ 74.83	1255.35	984.35	271.00	\$ 135.50	\$ 93.83
Part time-Associate only	462.48	379.48	83.00	\$ 41.50	\$ 20.67	462.48	368.48	94.00	\$ 47.00	\$ 26.17
Part time-Assoc. & Spouse/DP only	1063.61	806.61	257.00	\$ 128.50	\$ 86.83	1063.61	776.61	287.00	\$ 143.50	\$ 101.83
Part time-Associate & Child(ren)	1192.95	892.95	300.00	\$ 150.00	\$ 108.33	1192.95	856.95	336.00	\$ 168.00	\$ 126.33
Part time-FAMILY	1255.35	930.35	325.00	\$ 162.50	\$ 120.83	1255.35	895.35	360.00	\$ 180.00	\$ 138.33



## 2019 Medical and Dental Insurance Premium Rates

### DENTAL PLANS (Associate semi-monthly premiums taken out during 2 payrolls each month)

Eligibility: 1st of the month following 6 months in a benefits eligible position

	BASIC DENTAL	PREMIER DENTAL
Class 1 Preventative	100%	100%
Class 2 (i.e cavities)	60%	80%
Class 3	50%	50%
Class 4	50%	50%
Annual Deductible:	\$50/ \$150 Applies to classes 2 & 3	\$50/ \$150 Applies to classes 2 & 3
Annual Maximum:	\$1,000	\$2,000
Orthodontia Lifetime Max:	\$1,000	\$2,000 includes adult
Dependent/Full-time Student Age:	19/23	19/23

Requires Full-time Student Depend. Certification Form between ages 19-23

PLAN TYPE	ASSOC. SEMI-MO. COST	ASSOC. SEMI-MO. COST
Single	\$ 9.00	\$ 12.75
Family (2+)	\$ 21.00	\$ 32.00

### LOWEST COST? Use AHP Providers or Thompson Health Enhanced Benefit

#### Quick Reference-

Shows in-network only	HDHP with H.S.A. \$1,350/\$2,700 or \$2,500/\$5,000 Deductible
Office Visit Copay (PCP)	70-90% covered, subject to deductible
Office Visit Copay (Specialist)	70-80% covered, subject to deductible
Network	National Bluecard
In-network deductible	see plan deductible limit
In-network co-insurance	10-20%
In-network Out of Pocket Max.	\$3,000 or \$5,000 ind./\$6,000 or \$10,000 fam.
PCP Child up to age 19	70-90% covered, subject to deductible
Well Child Visit	Covered in Full
Preventative Health	Covered in Full
(Adult physical, Mammography, Pap Smear, GYN Exam, Prostate Cancer per recommended guidelines)	
Prescriptions	\$5/45/90, subject to deductible
(w/ mail order 3 for 2 savings-ask for brochure, or see on-line)	
Diagnostic X-rays	70-90% covered, subject to deductible
Diagnostic Labs	70-90% covered, subject to deductible
Inpatient Hospital	70-80% covered, subject to deductible
Urgent Care Center	70-90% covered, subject to deductible
Emergency Room	80% covered, subject to deductible
Outpatient Surgical Care	80-90% covered, subject to deductible
Routine Vision	80% covered, subject to deductible
Eyewear Allowance	none
Qualified Dependents/Students to Age: 26	26

**Quick Reference Summary only:** PLEASE obtain plan booklet or side-by-side comparisons.

The information above describes the most common benefits. Plans are governed by Excellus BC/BS Documents

If your work status changes between full-time and part-time, or you receive a promotion/demotion, your payroll deductions will be adjusted as appropriate.

Premium based on wage in effect as of 12/09/18

### Several Methods to help you select an appropriate plan:

#### What you will find on the Internet/Intranet:

Medical plan comparisons  
Dental plan information  
AHP Network link  
HSA information  
Voluntary benefit information

#### From Home:

<https://www.thompsonhealth.com/Careers/Compensation-Benefits>

**No access?** Associate Services has forms and information

[www.ahpnetwork.com](http://www.ahpnetwork.com)

1.585.784.8855 or 1.888.457.7463

### LOWEST COST? Use AHP Providers or Thompson Health Enhanced Benefit

[Click here for Intranet \(from work\)](#)

We offer domestic partner (DP) coverage for medical and dental insurance  
Completed affidavit required with enrollment form; imputed income applies

#### Legend:

FT- FULL TIME

PT- PART TIME

#### When can I change my plan??

Open Enrollment Times:

Next January 1

OR within 30 days of a status change:

(I.e. birth, death, adoption, marriage, divorce, loss of coverage, change of FT/PT hours)

We offer domestic partner (DP) coverage for medical and dental insurance  
Completed affidavit required with enrollment form; imputed income applies