



## 2020 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 \$15.70/hour or less  
These are the 2020 Premiums**

**If you earn \$15.71/hour or more  
These are the 2020 Premiums**

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

**BLUE PPO- HDHP with H.S.A.; First dollar deductible of \$1,400 single/\$2,800 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	1/1/2020	THOMPSON	ASSOC.	ASSOC.	EFFECTIVE		1/1/2020	THOMPSON	ASSOC.	ASSOC.	EFFECTIVE	
	PREMIUMS	MO. COST	MO. COST	SEMI-MONTHLY			PREMIUMS	MO. COST	MO. COST	SEMI-MONTHLY		COST
				<b>X 24 cycles/year</b>						<b>X 24 cycles/year</b>		
Full time-Associate only	537.56	481.56	56.00	\$ 28.00	-19.23	\$ 7.17	537.56	462.56	75.00	\$ 37.50	-19.23	\$ 16.67
Full time-Assoc. & Spouse/DP only	1236.27	994.27	242.00	\$ 121.00	-38.46	\$ 79.33	1236.27	952.27	284.00	\$ 142.00	-38.46	\$ 100.33
Full time-Associate & Child(ren)	1386.61	1119.61	267.00	\$ 133.50	-38.46	\$ 91.83	1386.61	1075.61	311.00	\$ 155.50	-38.46	\$ 113.83
Full time-FAMILY	1459.13	1159.13	300.00	\$ 150.00	-38.46	\$ 108.33	1459.13	1112.13	347.00	\$ 173.50	-38.46	\$ 131.83
Part time-Associate only	537.56	430.56	107.00	\$ 53.50	-19.23	\$ 32.67	537.56	414.56	123.00	\$ 61.50	-19.23	\$ 40.67
Part time-Assoc. & Spouse/DP only	1236.27	906.27	330.00	\$ 165.00	-38.46	\$ 123.33	1236.27	868.27	368.00	\$ 184.00	-38.46	\$ 142.33
Part time-Associate & Child(ren)	1386.61	1002.61	384.00	\$ 192.00	-38.46	\$ 150.33	1386.61	958.61	428.00	\$ 214.00	-38.46	\$ 172.33
Part time-FAMILY	1459.13	1044.13	415.00	\$ 207.50	-38.46	\$ 165.83	1459.13	1000.13	459.00	\$ 229.50	-38.46	\$ 187.83

**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	1/1/2020	THOMPSON	ASSOC.	ASSOC.	EFFECTIVE		1/1/2020	THOMPSON	ASSOC.	ASSOC.	EFFECTIVE	
	PREMIUMS	MO. COST	MO. COST	SEMI-MONTHLY			PREMIUMS	MO. COST	MO. COST	SEMI-MONTHLY		COST
				<b>X 24 cycles/year</b>						<b>X 24 cycles/year</b>		
Full time-Associate only	483.80	437.80	46.00	\$ 23.00	-19.23	\$ 2.17	483.80	423.80	60.00	\$ 30.00	-19.23	\$ 9.17
Full time-Assoc. & Spouse/DP only	1112.64	916.64	196.00	\$ 98.00	-38.46	\$ 56.33	1112.64	882.64	230.00	\$ 115.00	-38.46	\$ 73.33
Full time-Associate & Child(ren)	1247.94	1030.94	217.00	\$ 108.50	-38.46	\$ 66.83	1247.94	995.94	252.00	\$ 126.00	-38.46	\$ 84.33
Full time-FAMILY	1313.22	1070.22	243.00	\$ 121.50	-38.46	\$ 79.83	1313.22	1032.22	281.00	\$ 140.50	-38.46	\$ 98.83
Part time-Associate only	483.80	396.80	87.00	\$ 43.50	-19.23	\$ 22.67	483.80	385.80	98.00	\$ 49.00	-19.23	\$ 28.17
Part time-Assoc. & Spouse/DP only	1112.64	845.64	267.00	\$ 133.50	-38.46	\$ 91.83	1112.64	815.64	297.00	\$ 148.50	-38.46	\$ 106.83
Part time-Associate & Child(ren)	1247.94	937.94	310.00	\$ 155.00	-38.46	\$ 113.33	1247.94	901.94	346.00	\$ 173.00	-38.46	\$ 131.33
Part time-FAMILY	1313.22	978.22	335.00	\$ 167.50	-38.46	\$ 125.83	1313.22	943.22	370.00	\$ 185.00	-38.46	\$ 143.33



## 2020 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.	ASSOC.
	SEMI-MO. COST	SEMI-MO. COST
Single	\$ 10.00	\$ 13.75
Family (2+)	\$ 24.00	\$ 35.00

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

#### Quick Reference-

Shows in-network only	HDHP with H.S.A. \$1,400/\$2,800 or \$2,500/\$5,000 Deductible
Office Visit Copay (PCP)	in-network information below
Office Visit Copay (Specialist)	70-90% covered, subject to deductible
Network	70-80% covered, subject to deductible
In-network deductible	National Bluecard
In-network co-insurance	see plan deductible limit
In-network Out of Pocket Max.	10-20%
PCP Child up to age 19	\$3,000 or \$5,000 ind./\$6,000 or \$10,000 fam.
Well Child Visit	70-90% covered, subject to deductible
Preventative Health	Covered in Full
(Adult physical, Mammography, Pap Smear, GYN Exam, Prostate Cancer per recommended guidelines)	Covered in Full
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 12/08/19

### 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