



2018 BENEFITS OVERVIEW

FOR BENEFITS EFFECTIVE 1/1/18-12/31/18

We recognize the importance of benefits within the overall compensation package provided to all of our eligible employees. This year when we reviewed our employee benefits options, we focused not only on providing quality medical plans but also on controlling the cost and financial risk for our employees. Our goal is to offer multiple options to meet the individual needs of our employees and their dependents.

SUMMARY OF 2018 BENEFITS

- Dinklage Feed Yards, Inc. is excited to announce we will partner with United Healthcare for our Medical/RX and Basic Life Insurance.
- CBIZ will administer the HRA fund in 2018.
- Guardian will remain our dental and vision carrier
- The Affordable Healthcare Act (ACA) is still in effect. This legislation imposes fees/taxes on employer plans and those fees are still included and will continue in 2018.

NOT SURE HOW TO GET STARTED? DON'T WORRY!

Now is the perfect time to prepare by doing the following:

- ✓ Checking out the plans being offered for the coming year
- ✓ Checking out the plans being offered for the coming year

In this booklet, you'll find easy-to-understand instructions to help you make your benefit decisions.

As always, we value you as a member of the Dinklage Feed Yards Inc. family and look forward to a healthy and safe 2018.

Welcome to Dinklage Feed Yards, Inc.

REMINDERS

You will need to complete:

- The United Healthcare Enrollment form provided electing or waiving insurance. A form must be completed and turned in by everyone.
- A new beneficiary form for the Life/AD&D insurance.

All forms must be returned to Office Manager.

QUESTIONS

Please email open enrollment or benefit questions to Allison Liras, Human Resources: 308-254-5150 or allison@dinklagefeedyards.com



Medical Insurance Plan Options and Costs

UnitedHealthcare	Gold Plan		Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
HRA Contribution	HealthFund HRA - \$500 individual / \$1,250 family		HealthFund HRA - \$500 individual / \$1,250 family	
Deductible Individual / Family	\$1,500 / \$3,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$7,500 / \$15,000
Coinsurance	80%	50%	100%	50%
Out-of-Pocket Maximum Individual / Family <i>(includes deductible, coinsurance & copay)</i>	\$5,500 / \$11,000	\$10,000 / \$20,000	\$6,550 / \$13,100	\$15,000 / \$30,000
Office Visit Primary Care Physician	\$25 Copay	50% after deductible	100% after deductible	50% after deductible
Preventive Care	No copay	N/A	100%	N/A
Urgent Care	\$25 copay	50% after deductible	Deductible then 100%	Deductible then 50%
Emergency Room	Deductible then 80%		Deductible then 100%	
Outpatient Surgery	80% after deductible	50% after deductible	100% after deductible	50% after deductible
Inpatient Hospital Services	80% after deductible	50% after deductible	100% after deductible	50% after deductible
Prescription Drug Retail <i>(at participating pharmacies)</i> Mail Order <i>(90-day supply)</i>	\$15 / \$35 / \$70 \$37.50 / \$87.50 / \$175	\$15 / \$35 / \$70 Not covered	\$20 / \$50 / \$100 \$50 / \$125 / \$250	\$20 / \$50 / \$100 Not covered

UHC – How to Find a Doctor

UHC's website offers great resources for you and your family- details to come in our meetings.

- Go to www.myuhc.com
- Under Links and Tools,
- Choose Find Physician, Laboratory Or Facility. (Lab Corp the is Preferred Lab)
- Choose Medical Directory
- Choose All UnitedHealthcare Plans
- Choose Choice Plus
- Change Zip Code
- Search by desired category – Doctor Name, Specialty, Facility Name, Clinic Name, Medical Group Name



Dental Insurance Plan Options and Costs

Guardian	PPO In-Network	Out-of-Network	
Deductible Individual / Family	\$50 / Per Member	\$50 / Per Member	Aggregate
Annual Maximum	\$1,000	\$1,000	Applied to Type A, B & C Services
Preventive Services	100% (no deductible)	100% of allowable (no deductible)	<ul style="list-style-type: none"> • Oral examinations • Bitewing X-rays • Fluoride treatments • Sealants • Prophylaxis: cleanings
Basic Services	Deductible then 80%	Deductible then 80% of allowable	<ul style="list-style-type: none"> • Anesthesia • Fillings • Simple and surgical extractions • Root canal • Scaling and root planting • Perio surgery • Periodontal maintenance • Repair and maintenance of crowns, bridges and dentures
Major Services	Deductible then 50%	Deductible then 50% of allowable	<ul style="list-style-type: none"> • Bridges and Dentures • Inlays, Onlays, Veneers • Single Crowns

Vision Insurance Plan Options and Costs

Guardian	In-Network	Out-of-Network
Examination Copay	\$20	\$20
Frequency of Service Exam Lenses Frames	Every 12 months Every 24 months Every 24 months	Every 12 months Every 24 months Every 24 months
Lenses Single Bifocal Trifocal Lenticular Standard Progressive Lenses	100% 100% 100% 100% N/A	<u>Reimbursement</u> \$47 \$66 \$85 \$125 N/A
Frames	\$120	<u>Reimbursement</u> \$47
Contacts <i>(allowance includes materials only)</i>		<u>Reimbursement</u>
Conventional	\$120	\$120
Medically Necessary	100%	\$210

REMEMBER:

Open enrollment is the one time of year you can make any adjustments you'd like for the upcoming plan year.

CBIZ HRA

- CBIZ will be administering the HRA fund in 2018

How to file a claim

- UnitedHealthcare will process the claim through the plan and you will need to file a claim with CBIZ

- 1) File a paper claim
- 2) Download app and upload picture of claim



2018 Employee Cost Per Paycheck**

	2018
Gold Plan	
Employee	\$35.63
Employee & Spouse	\$71.27
Employee & Child(ren)	\$65.92
Employee & Family	\$101.56
Bronze Plan	
Employee	\$0
Employee & Spouse	\$0
Employee & Child(ren)	\$0
Employee & Family	\$0
Dental	
Employee	\$14.26
Employee & Spouse	\$30.76
Employee & Child(ren)	\$33.12
Employee & Family	\$50.01
Vision	
Employee	\$3.88
Employee & Spouse	\$6.54
Employee & Child(ren)	\$6.67
Employee & Family	\$10.56
Basic Life and AD&D	
Employee - \$20,000	Employer Paid
Spouse - \$10,000	
Dependent - \$5,000	

2018 Dinklage Contribution Per Pay Period

	2018
Gold Plan	
Employee	\$320.71
Employee & Spouse	\$641.42
Employee & Child(ren)	\$593.31
Employee & Family	\$914.02
Bronze Plan	
Employee	\$244.05
Employee & Spouse	\$488.10
Employee & Child(ren)	\$451.49
Employee & Family	\$695.53

CONTACT INFORMATION

If you have any questions regarding your benefits, please contact the carrier, the Benefits Team, or your Dinklage Human Resources representative.



Medical

UnitedHealthcare
www.myuhc.com, 1-800-357-0978

Dental

Guardian
www.guardiananytime.com, 1-800-627-4200

Vision

Guardian
www.guardiananytime.com, 1-800-627-4200

Basic Life and AD&D

UnitedHealthcare
www.myuhc.com, 1-888-842-4571

Health Reimbursement Account

CBIZ
1-800-815-3023 option 4

BENEFITS TEAM

CBIZ Benefits & Insurance Services
816.945.5500

Stacy Le, Account Manager
sle@cbiz.com

Ashley Hund, Senior Account Manager
ahund@cbiz.com

Yvonne Waterman, Senior Account Executive
ywaterman@cbiz.com