

Medical Insurance Plan Options and Costs

UnitedHealthcare	UHC Buy Up Plan		UHC Base 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 <i>Retail (at participating pharmacies) Mail Order (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.

OPEN ENROLLMENT RUNS 11/14 - 12/20

CBIZ HRA

- CBIZ will be administering the HRA fund in 2020

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



2020 Employee Cost Per Paycheck**

	2020 Dinklage Contribution	2020 Employee Contribution
UHC Buy Up Plan		
Employee	\$364.03	\$40.45
Employee & Spouse	\$728.06	\$80.90
Employee & Child(ren)	\$673.47	\$74.83
Employee & Family	\$1,037.50	\$115.28
UHC Base Plan		
Employee	\$278.33	\$0
Employee & Spouse	\$556.66	\$0
Employee & Child(ren)	\$514.92	\$0
Employee & Family	\$793.25	\$0
Dental		
Employee		\$15.11
Employee & Spouse	N/A	\$32.60
Employee & Child(ren)		\$35.11
Employee & Family		\$53.01
Vision		
Employee		\$4.00
Employee & Spouse	N/A	\$6.74
Employee & Child(ren)		\$6.87
Employee & Family		\$10.87
Basic Life and AD&D		
Employee - \$20,000 Spouse - \$10,000 Dependent - \$5,000	Employer Paid	N/A

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, 1-888-842-4571

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

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