

Madison Correction Ctr/LTCW Summary of Benefits Effective 6/1/22

**Benefits Listed are all In-Network Benefits, please refer to your benefit packet for complete explanation of each benefit.

<p><u>BCBS MEDICAL</u></p> <ul style="list-style-type: none"> • PPO Nation Wide Network • Employer Pays \$465.99 Monthly for Employee only Medical • Child(ren) Covered up to age 26 <p>Semi Monthly Rates</p> <p>Employee Employee/Spouse Employee/Child(ren) Family</p>	<p style="text-align: center;">(BASE PLAN)</p> <p style="text-align: center;"><u>Premier Blue Copay 100/80 \$6250</u></p> <ul style="list-style-type: none"> • \$6250 Ind / \$12,500 Fam Ded • 100% Coinsurance after Ded • \$7900 Ind / \$15,800 Family Out of Pkt Max • Copays: \$50 Primary Care / \$60 Specialist \$60 Urgent Care / \$350 ER / \$50 Ambulance • RX: Applies towards the Deductible / Generic 100% - Name 80% after Deductible. <p style="text-align: center;">\$68.71 \$370.42 \$325.16 \$626.87</p>	<p style="text-align: center;">(BUY UP OPTION)</p> <p style="text-align: center;"><u>Premier Blue Copay 80/60 \$1000A</u></p> <ul style="list-style-type: none"> • \$1000 Ind / \$3000 Fam Ded • 80% Coinsurance after Ded • \$4750 Ind / \$9500 Family Out of Pkt Max • Copays: \$35 Primary Care / \$50 Specialist / \$50 Urgent Care / \$350 ER \$50 Ambulance • RX copays: \$7 Generic / \$30 Preferred Name / \$70 Non-Preferred Name Specialty 10% max \$150 <p style="text-align: center;">\$208.02 \$649.03 \$582.88 \$1023.89</p>
<p><u>Guardian Dental</u></p> <ul style="list-style-type: none"> • Employee Paid <p>Semi Monthly Rates</p> <p>Employee Employee/Spouse Employee/Child(ren) Family</p>	<ul style="list-style-type: none"> • Dental Guard Preferred Network • Child Covered up to age 26 • \$2000 Annual Max Dental • \$1500 Life Max Orthodontia • \$100 lifetime Deductible (max 3 per family) <ul style="list-style-type: none"> • 100% Preventative Care: Cleanings / Xray (deductible waived) • 90% Basic Care after deductible: Fillings/Periodontal/Root Canals/Scaling <ul style="list-style-type: none"> • 60% Major Care after deductible: Bridges/Dentures/Veneers Crowns/Simple & Surgical Extractions • 50% Orthodontia Care after deductible: ADULT & CHILDREN <p style="text-align: center;">\$16.69 \$33.88 \$40.62 \$61.49</p>	
<p><u>Guardian Vision</u></p> <ul style="list-style-type: none"> • Employee Paid <p>Semi Monthly Rates</p> <p>Employee Employee/Spouse Employee/Child(ren) Family</p>	<ul style="list-style-type: none"> • Davis Vision Network • Children Covered up to age 26 • \$10 Exam Copay (Every 12 months) • \$25 Material Copay (Glasses or Contacts) • Lenses every 12 months & Frames every 24 months • \$130 Frame allowance • \$130 Contact allowance every 12 months <ul style="list-style-type: none"> • 15%-20% discount over allowed amount <p style="text-align: center;">\$3.25 \$5.48 \$5.58 \$8.83</p>	

<p><u>Guardian Basic Life</u></p> <ul style="list-style-type: none"> • Employer Paid (Free to you) 	<ul style="list-style-type: none"> • \$10,000 life policy with AD&D • Benefits Reduction: 35% at age 65 / 60% at age 70 / 75% at age 75 / 85% at age 80 								
<p><u>Guardian Voluntary Life</u></p> <ul style="list-style-type: none"> • Employee Paid **Refer to Rate Sheet 	<ul style="list-style-type: none"> • \$100K Guarantee Issue at Initial enrollment (Less than 65) • Additional 100K available for employee with one Medical Question (Less than 65) <ul style="list-style-type: none"> • Employee age 65-69 Guarantee Issue \$50K • Spouse Guarantee Issue \$30K (Less than age 65) • Spouse Additional 25K with one Medical Question (Less than 65) • Spouse age 65-69 \$10K Guarantee Issue <ul style="list-style-type: none"> • Child(ren) Guarantee Issue \$10K up to age 26 • Benefits Reduction: 35% at age 65 / 60% at age 70 / 75% at age 75 / 85% at age 80 								
<p><u>Guardian Accident</u></p> <ul style="list-style-type: none"> **Off Job Only • Employee Paid <p>Semi Monthly Rates</p> <table data-bbox="151 850 1019 1018"> <tr> <td>Employee</td> <td>\$6.01</td> </tr> <tr> <td>Employee/Spouse</td> <td>\$10.11</td> </tr> <tr> <td>Employee/Child(ren)</td> <td>\$10.91</td> </tr> <tr> <td>Family</td> <td>\$15.01</td> </tr> </table>	Employee	\$6.01	Employee/Spouse	\$10.11	Employee/Child(ren)	\$10.91	Family	\$15.01	<ul style="list-style-type: none"> • \$50 Annual Wellness • Children covered up to age 26 • Ambulance • Accidental Death • Blood/Plasma/Platelets • Burns • Chiropractic Visits • Coma • Concussion • Dislocations • Emergency Room • Fracture • Gun Shot Wound • Hospital Admission • ICU Admission • Laceration • Lodging • Surgery • X-Ray
Employee	\$6.01								
Employee/Spouse	\$10.11								
Employee/Child(ren)	\$10.91								
Family	\$15.01								
<p><u>MetLife Cancer</u></p> <ul style="list-style-type: none"> **High Option • Employee Paid <p>Semi Monthly Rates</p> <table data-bbox="151 1270 1019 1438"> <tr> <td>Employee</td> <td>\$14.58</td> </tr> <tr> <td>Employee/Spouse</td> <td>\$29.14</td> </tr> <tr> <td>Employee/Child(ren)</td> <td>\$19.83</td> </tr> <tr> <td>Family</td> <td>\$34.39</td> </tr> </table>	Employee	\$14.58	Employee/Spouse	\$29.14	Employee/Child(ren)	\$19.83	Family	\$34.39	<ul style="list-style-type: none"> • \$100 Annual Wellness • \$5000 First Diagnosis • \$5000/month Chemo-Radiation-Immunotherapy-Radioactive Isotope • Surgery up to \$3000 • Breast Prothesis Actual Charge • \$4000/month Colony Stimulating • \$4000/month Self Admin RX • \$15K Bone Marrow Stem Cell Transplant • 12/month PreX • Portable • \$7500 annual New Experimental Treatment • Optional ICU Rider
Employee	\$14.58								
Employee/Spouse	\$29.14								
Employee/Child(ren)	\$19.83								
Family	\$34.39								
<p><u>Colonial Life Short Term Disability</u></p> <ul style="list-style-type: none"> **Off Job Only **Refer to Rate Sheet • Employee Paid 	<ul style="list-style-type: none"> • 3 / 6 / 12-month Benefit • 0 day waiting period for Accident • 14 day waiting period for Sickness • 60% of income up to \$3,000/Monthly • Tax Free Benefit • Portable • Claims Paid up to age 70 • 12 month PreX 								