

Product & Premiums		2016/2017 Benefits	
Medical Insurance		<u>Network</u>	Non-Network
Blue Cross Blue Shield of LA www.bcbsla.com / 800-599-2583	Deductible (Family)	\$1500 (\$4500)	\$3000 (\$9000)
Payroll Deductions (26 Pay Periods) Employee \$45.	Doctor Office Visits	\$40 (\$55 Specialist)	Deductible & Co-Ins.
Employee + Spouse \$229 Employee + Child(ren) \$201	06 Co-Insurance	70%	50%
Family \$384		\$6350 (\$12,700) Includes in-network deductibles, copays & co-insurance	\$12,700 (\$25,400)
	Prescription Benefit	\$15 Generic / \$40 Preferred Brand / \$ 10% Specialty Drugs up to \$150 n	

## In an effort to keep cost down, here are some things you can do to help:

- Use network providers and hospitals
- Use preventive / wellness benefits for early detection of serious health issues. Your wellness benefits cover 100% of the
  cost of preventive services. In other words, exams and other covered preventive services are provided at no cost to you!
- Use generic drugs when available
- Use mail service to purchase maintenance or prescription drugs
- Stay healthy and informed
- Use the emergency room only when appropriate (for emergencies)
- Question costly procedures

## Blue Cross Employee AccessBlue Online Instructions:

- Step 1 <u>www.bcbsla.com</u>
- Step 2 If you are already a member choose "My Account". If you don't have an account, choose "Register for an Account"
- Step 3 For either option above, you will need to follow the instructions given on the screen during this process

Dental Insurance Always Care www.alwayscarebenefits.com		Deductible (Fly) waived for p	oreventive & orthodontia services	\$50 (3x) \$1,000
888-729-5433		<b>Preventive</b> (exams, cleanings, sealants, fluoride, bitewing x-rays)		100%
Payroll Deductions (26 Pay Periods)		<b>Basic</b> (fillings, space maintainers, root canal, periodontics, simple extractions, full mouth x-rays)		80%
Employee	\$2.40	Major (crowns, dentures, bridges, surgical extractions)		50%
Employee + Spouse	\$12.00	Orthodontia		50%
Employee + Child(ren)	\$12.48	Lifetime Maximum on Orthodontia		\$1,000
Family	\$25.99	Eliculite Maximum on Orthodonia		Ψ1,000
Voluntary Vision Insura	ance		<u>Network</u>	Non-Network <u>Allowances</u>
Always Care		Exam / Material Co-Pays	\$10 / \$25	Up to \$35
www.alwayscarebenefits.com		Plastic Lenses		
888-729-5433		Single Vision	Covered by Co-Pay	Up to \$25
		Bifocal	Covered by Co-Pay	Up to \$40
		Trifocal	Covered by Co-Pay	Up to \$50
Payroll Deductions (26 Pay Periods)		Lenticular	\$80 Allowance	Up to \$50
Employee	\$2.60	Progressive	\$70 Allowance	Up to \$40
Employee + Spouse	\$5.20			
Employee + Child(ren)	\$5.50	Frames	\$120 Allowance	Up to \$50
	\$8.63			
Family	Ψ0.00			
Family	ψ0.00	Contact Lenses	11. 1. 0100	II. I. 6100
Family	ψ0.00	Elective	Up to \$120	Up to \$100
Family	46.60		Up to \$120 Up to \$210	Up to \$100 Up to \$210