



Benefit Summary

Effective December 1, 2017 – November 30, 2018

Have a question? Check in with hr@vanderhouwen.com. Eligibility for VHAs benefits begins on the first day of the month following 30 days of employment.

Medical Benefits

United Healthcare

800 782 3740 | myuhc.com

In Network Coverage (you pay)	HSA Plan - AIRU	PPO Plan - VNT
Calendar Year Deductible		
- Individual / Family	\$1,500 / *\$3,000	\$2,000 / \$4,000
Calendar Year OOP Max		
- Individual / Family	\$4,500 / *\$6,850	\$5,000 / \$10,000
Preventive/ Routine Care	Covered in Full	Covered in Full
Primary Care Office Visits	Deductible then 20%	\$20 Copay
Specialist Office Visits	Deductible then 20%	\$20 Copay
Urgent Care Visit	Deductible then 20%	\$50 Copay
Outpatient Mental Health	Deductible then 20%	\$20 Copay
Alternative Care (\$1,500 CYM)	Deductible then 20%	\$20 Copay
Outpatient Lab & X-Ray	Deductible then 20%	Covered in Full
Emergency Room Visit	Deductible then 20%	\$200 Copay
MRI/PET/CT Scans	Deductible then 20%	Deductible then 20%
Maternity		
- Pre/Post/Delivery	Deductible then 20%	Deductible then 20%
- Facility Charge	Deductible then 20%	Deductible then 20%
Outpatient Surgery / Inpatient Hospital	Deductible then 20%	Deductible then 20%
Physical Therapy	Deductible then 20%	\$20 Copay
Pharmacy		
- Tier 1	Deductible then 20%	\$10 Copay
- Tier 2	Deductible then 20%	\$30 Copay
- Tier 3	Deductible then 20%	\$50 Copay
- Specialty Rx		
Out of Network Coverage	Deductible then 50%	Deductible then 40%

CYM = Calendar Year

* HDHP + HSA: When two or more family members are enrolled, the deductible is aggregated.

Monthly Medical Contributions:

Enrollment	VHA Contribution	Your Contribution HSA Plan	Your Contribution VNT Plan
EE Only	\$210.00	\$118.56	\$259.26
EE + Spouse	\$210.00	\$532.54	\$850.53
EE + Children	\$210.00	\$407.69	\$672.21
EE + Family	\$210.00	\$769.11	\$1,188.40

Voluntary Dental Benefits

MetLife

Preferred Provider Plan

800 422-4272 | metlife.com

Service Level	In Network Coverage	Out of Network Coverage
Calendar Year Deductible (Waived for Preventive)		
- Individual	\$50	\$50
- Family	\$150	\$150
Calendar Year Max Payment		
- Per Individual	\$1,000	\$1,000
Lifetime Max Payment Orthodontia (Child Only < 19)		
- Per Individual	\$2,000	\$2,000
Preventive (Cleanings, Exams)	Covered in Full	Covered in Full up to R&C
Basic (Fillings, Root Canals, Periodontics)	80%	80% up to R&C
Major (Crowns, Bridges, Implants)	50%	50% up to R&C
Orthodontia	50%	50%

R&C =Reasonable & Customary charges are based on 90th percentile, this means that 90 percent of dentists in a given area charge this fee or less.

Monthly Dental Contributions:

Enrollment	Your Contribution
EE Only	\$39.31
EE + Spouse	\$80.98
EE + Children	\$82.43
EE + Family	\$133.57

Voluntary Vision Benefits

VSP

800 877 7195 | vsp.com

Service Level	In-network coverage (you pay)
Eye Exam	\$10 co-pay (every 12 months)
Lenses	\$25 co-pay (every 12 months)
Frames	Copay Included in Lens Copay - up to \$130 allowance (every 24 months)
Contact Lenses	\$25 co-pay, up to \$130 allowance (every 12 months, in lieu of

Please refer to your summary plan description for a detailed summary of your benefits



Monthly Vision Contributions:

Enrollment	Your Contribution
EE Only	\$11.04
EE + Spouse or EE + Child	\$17.67
EE + Children	\$18.04
EE + Family	\$29.08

Life and AD&D Benefits

Mutual of Omaha

800 877 5176

Service	Coverage
Life and AD&D Benefit Amount	\$25,000

Life and AD&D premiums are paid by VHA.

Voluntary Life & AD&D Insurance

Mutual of Omaha

Service	Coverage
Life AD&D Insurance for You	5 x annual salary, up to \$300,000 / GI amount up to \$150,000
Life AD&D Insurance for your Spouse	100% of employee's benefit up to \$50,000 / GI amount is \$30,000
Life AD&D Insurance for your Children	100% of employee's benefit up to \$10,000 / GI amount is \$10,000

Voluntary Short & Long Term Disability Insurance

Mutual of Omaha

Service	Coverage
Short Term Disability (14 day wait period)	60% of weekly earnings up to \$1,000 / 11 Week Max Benefit (C-Section Rider Included)
Short Term Disability Pre-existing condition clause	Any condition treated in the 3 months prior to your coverage, which results in a disability during the first 6 months of coverage, would not be covered
Long Term Disability (90 day wait period)	60% of monthly earnings up to \$6,000 / Benefit to Age 65
Long Term Disability Pre-existing Condition Clause	Any condition treated in the 12 months prior to your coverage, which results in a disability during the first 12 months of coverage, would not be covered.

Short and Long Term Disability rates are based on your earnings. You can view your rates through Flock, VHA's online benefit enrollment portal.

Health Savings Account (HSA)

Optum

OptumBank.com

Contribution Type	Calendar Year Maximum 2017 2018
Plan Eligibility	Must be Enrolled in a Qualified HDHP
Self Only Contribution Limit (Employee + Employer)	\$3,400 \$3,450
Family Contribution Limit (Employee + Employer)	\$6,750 \$6,900
Catch-Up Contributions (age 55 or older)	\$1,000 \$1,000