COMMUNITY CONNECTIONS
HEALTHCARE COVERAGE

ELIGIBILITY: Employees working 130+ hours in a month and their dependents. Dependents may enroll in one or all of the coverages that the employee is enrolled in.
ORIENTATION & WAITING PERIOD: 1st of month after 90 days from date of employment.
ENROLLMENT: Regular, benefited employees will be contacted prior to their eligibility date to complete paperwork, even if they will be declining coverage. Employees, not classified as benefited, who work 130+ hours in a month will be contacted immediately upon knowledge of eligibility and offered retroactive coverage for that month.
BREAK IN SERVICE: If you fall below 130 hours in a month, coverage will be retroactively terminated for that month. Once you work 130+ hours you may elect to enroll in coverage for that month. If you incur a break in service for a period of at least 13 weeks during which no hours of service were credited you must meet a new orientation and waiting period. However, the employee may be treated as a new hire if the period with no hours of service is at least four weeks long and is longer than the employee's period of employment immediately before the break in service.

COVERED		PPO	HSA	Dental Vision
EMPLOYEE COST	Employee Only	$175.00	$125.00	$25.00
	Employee & Spouse	$700.00	$580.00	$40.00
	Employee & Child(ren)	$630.00	$525.00	$50.00
	Employee & Family	$1100.00	$900.00	$100.00

DEDUCTED MONTHLY ON THE ≈15TH PAYCHECK

NEW HIRE ELIGIBILITY EXAMPLE	Hire Date	90 Days	Benefit Start Date
	October 5	January 3	February 1

PPO

COVERAGE		
	Deductible Annual amount that you will pay before your health insurance begins coverage.	Individual $1,000 Family $3,000
	Preventive Services	100%
	Coinsurance The percentage of your healthcare costs that insurance will cover after your costs exceed your annual deductible. You pay coinsurance for care after you meet your deductible.	Insurance covers 50% after deductible
	Out of Pocket Max This is the maximum total expense that you could incur in a given year.	Individual $6,000 Family $12,700
	Pharmacy Copay The fee you pay for each prescription. You pay copay and coinsurance. Does not apply towards satisfying deductible.	Generic $10 Copay, then insurance covers 100% Preferred $30 Copay, then insurance covers100% Non-Preferred $50 Copay, then 100% thereafter Preventive Drugs $0 Copay

HSA

COVERAGE		
	Deductible Annual amount that you will pay before your health insurance begins coverage.	Individual $5,000 Family $10,000
	Preventive Services	100%
	Coinsurance The percentage of your healthcare costs insurance will cover after your costs exceed your annual deductible. You pay coinsurance for care after you meet your deductible.	Insurance covers 100% after deductible
	Out of Pocket Max This is the maximum total expense that you could incur in a given year.	Individual $5,000 Family $10,000
	Pharmacy Copay The fee you pay for each prescription. You pay for all prescriptions until you meet your deductible. Costs go towards satisfying deductible.	100% after deductible
	Additional Plan Features An employee-owned savings account must be opened with Tongass Federal Credit Union for establishing your HSA. The HSA is portable and funds roll over from year to year. Employees will receive a monthly employer contribution of $125, deposited into their TFCU account, to use on qualified medical expenses. Employees may elect to make additional tax free contributions to their HSA.	

DENTAL

COVERAGE		
	Deductible Annual amount that you will pay before your health insurance begins coverage.	Individual $50 Family $100
	Preventive Services Two exams and cleanings twice a year, at least 6 months apart. Bite Wing x-rays once per year; Full Mount x-rays once every three years.	Diagnostic & Preventive (Exams, X-rays, Cleanings) 100% (deductible waived)
	Coinsurance The percentage of your healthcare costs that insurance will cover after your costs exceed your annual deductible.	Basic (Fillings, Drillings, Extractions): 80% after deductible Major (Inlays, Crowns, Bridges, Dentures, Implants) : 50% after deductible Orthodontic Services: not covered Calendar Year Max Benefit: $2,000

VISION

COVERAGE		
	Deductible Annual amount that you will pay before your health insurance begins coverage.	Individual $0 Family $0
	Preventive Services	See coinsurance below
	Coinsurance The percentage of your healthcare costs that insurance will cover after your costs exceed your annual deductible.	100% - One eye exam per calendar year (per covered person) Hardware 100%; up to $300 per calendar year

CONTACTS

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EnvisionRX - Prescription Drug	800-361-4542	www.envisionrx.com
BridgeHealth	800-680-1366	www.bridgehealthmedical.com
Teladoc	800-Teladoc (835-2362)	www.teladoc.com
Tongass Federal Credit Union - HSA	907-225-9063	www.tongassfcu.com
First Choice Health Network	Visit the site to find Network Providers	www.fchn.com