

FRISCO SPINE

2021 Open Enrollment !

Effective June 1, 2021

- Health Insurance renews with United Healthcare All Savers
- 2 co-pay and 3 H.S.A. plans utilizing the Choice network
- Virtual physician visits with Healthiest You
- Motion Wellness program
- Dental plan renews with Dental Select & Vision plan renews with VSP MetLife

Open enrollment for group medical, dental and vision insurance provides you the opportunity to enroll for coverage or make changes to your coverage. Keep in mind, the decision you make at open enrollment regarding your insurance coverage is effective for the entire plan year (June 1, 2021 – May 31, 2022). You may only change your plan and/or dependent status if you have a “qualifying event” as defined by the IRS, such as marriage, divorce, birth, adoption, or loss of coverage.

The cutoff date for completing the enrollment is **May 21, 2021**. If you have any questions, contact your Human Resources contact:

- Jenny Andrews
- Michelle Blair (broker's office)
214-443-1401
michelle@insuranceisboring.com

All additional compliance notices are included on the www.insuranceisboring.com benefit website: (generic login)

Email: benefits@friscospine.com

Password: spine



MEDICAL PLANS

The company will be offering two medical co-pay plans and three medical H.S.A. plans using the **United Healthcare EPO Choice Network**. There are no out-of-network benefits on the EPO.

HSA Plan

An HSA plan combines a medical plan with a Health Savings Account (HSA). With an HSA plan, all eligible expenses apply to the deductible and co-insurance first, except for preventive care which is covered at 100% on all plans. Prescriptions are applied to the plan deductible first; then once you meet the plan deductible, all eligible expenses are paid at 100%.

The HSA funds may be used to pay for eligible medical, dental and vision expenses such as, but not limited to, doctor visits and prescriptions.

You are encouraged to take full advantage of the tax savings by contributing towards the HSA account. The IRS limits the amount that may be contributed to an HSA account. The employee and employer HSA contributions are on a pre-tax basis. If you or your spouse is 55 years of age or older, you may elect to contribute an additional \$1,000 catch-up contribution for yourself and/or your spouse in 2020 in addition to the annual limits.

Combined annual IRS limits:	<u>Individual Limits</u>	<u>Family Limits</u>
	\$3,600 (2021)	\$7,200 (2021)

What are the benefits of an HSA?

- **Pre-tax dollars** may be used to pay for qualified expenses anytime for yourself and your eligible dependents.
- Your HSA funds rollover at the end of the year
- **You may easily access your HSA funds by debit card or check.**
- **Funds left in an HSA can grow, tax-deferred, and may be invested similarly to an IRA**
- Your account stays with you even if you change employers
- After age 65 you can withdraw your funds, and the distributions will be taxed as ordinary income
- Your HSA funds may be used tax-free to pay for Medicare insurance premiums

What expenses are qualified medical expenses? Qualified expenses include most normal medical, dental and vision expenses such as:

- Doctor visits
- Prescription drugs
- Dental services
- Vision care (including contact lenses, glasses, and Lasik surgery)
- View a complete list of eligible expenses on the www.insuranceisboring.com website

FRISCO SPINE - MEDICAL BENEFITS AT A GLANCE		
Choice Network	E3500 3060 ek0LX	E3500 3060 ek0i80MaxLX
	EPO Plans – No Out-of-Network Benefits	
CALENDAR YR. DEDUCTIBLE		
Individual Deductible	\$3,500	\$3,500
Family Deductible Maximum	\$7,000	\$7,000
MAXIMUM OUT-OF-POCKET per calendar year per member - includes copays, co-ins, and deductible		
Individual	\$6,000	\$7,350
Family	\$12,000	\$14,700
WELLNESS & IMMUNIZATIONS		
Well Child Care, includes immunizations	100%	100%
Well Adult	100%	100%
INPATIENT		
Hospitalization, Inpatient Mental (inpatient)	100% after deductible	Deductible + 20% co-insurance
OUTPATIENT		
Physician Office Visit (illness or injury, except surgery)	\$30 copay PCP \$60 copay Specialist	\$30 copay PCP \$60 copay Specialist
Outpatient Surgery (in surgical facility or doctor’s office)	100% after deductible	Deductible + 20% co-insurance
MRI, CT Scan, PETSCAN, etc.	100% after deductible	Deductible + 20% co-insurance
Lab & X-ray coordinated with office visit	100% after deductible	Deductible + 20% co-insurance
Mental Health Out-Patient	\$60 copay/visit	\$60 copay/visit + 20% co-insurance
Urgent Care Visit	\$100 copay	\$100 copay
Emergency Room Services	\$300 copay + deductible	\$300 copay + deductible + 20% co-insurance
PRESCRIPTIONS		
Tier 1	\$15 copay	\$15 copay
Tier 2	\$35 copay	\$35 copay
Tier 3	\$75 copay	\$75 copay
Tier 4	\$250 copay	\$250 copay

FRISCO SPINE - MEDICAL BENEFITS AT A GLANCE

Choice Network	HE3500 3060	HE5000 3060	HE6650
	EPO Plans – No Out-of-Network Benefits		
CALENDAR YR. DEDUCTIBLE			
Individual Deductible	\$3,500	\$5,000	\$6,650
Family Deductible Maximum	\$7,000	\$10,000	\$13,300
MAXIMUM OUT-OF-POCKET per calendar year per member - includes copays, co-ins, and deductible			
Individual	\$6,550	\$6,550	\$6,550
Family	\$13,100	\$13,100	\$13,300
WELLNESS & IMMUNIZATIONS			
Well Child Care, includes immunizations	100%	100%	100%
Well Adult	100%	100%	100%
INPATIENT			
Hospitalization, Inpatient Mental (inpatient)	100% after deductible	100% after deductible	100% after deductible
OUTPATIENT			
Physician Office Visit (illness or injury, except surgery)	\$30 copay PCP \$60 copay Specialist after deductible	\$30 copay PCP \$60 copay Specialist after deductible	100% after deductible
Outpatient Surgery (in surgical facility or doctor’s office)	100% after deductible	100% after deductible	100% after deductible
MRI, CT Scan, PETSCAN, etc.	100% after deductible	100% after deductible	100% after deductible
Lab & X-ray coordinated with office visit	100% after deductible	100% after deductible	100% after deductible
Mental Health Out-Patient	\$60/visit after deductible	\$60/visit after deductible	100% after deductible
Urgent Care Visit	\$100 copay after deductible	\$100 copay after deductible	100% after deductible
Emergency Room Services	\$300 copay after deductible	\$300 copay after deductible	100% after deductible
PRESCRIPTIONS			
Co-pays apply after deductible			
Tier 1	\$10 co-pay	\$10 co-pay	100% after deductible
Tier 2	\$35 co-pay	\$20 co-pay	100% after deductible
Tier 3	\$60 co-pay	\$70 co-pay	100% after deductible
Tier 4	\$100 co-pay	\$250 co-pay	100% after deductible

Medical Plan Contributions

These are your monthly premiums.

	<u>E3500 3060 ek0LX</u>	<u>E35003060 ek0i80MaxLX</u>
Employee Only	\$ 565.40	\$ 507.40
Employee + Spouse	\$1,153.67	\$1,031.86
Employee + Children	\$1,046.70	\$ 936.52
Employee + Family	\$1,688.46	\$1,508.66

These are your monthly premiums.

	<u>HE3500 3060</u>	<u>HE5000 3060</u>	<u>HE6650</u>
Employee Only	\$ 522.63	\$ 450.32	\$ 430.58
Employee + Spouse	\$1,063.84	\$ 912.00	\$ 870.58
Employee + Children	\$ 965.43	\$ 828.06	\$ 790.59
Employee + Family	\$1,555.87	\$1,331.70	\$1,270.57

Dental Plan

The company will continue the dental plan with Dental Select. Frisco Spine will contribute 100% of the employee only dental premium, and you will be responsible for the dependent premiums.

This plan provides a \$5,000 per year maximum benefit.

FRISCO SPINE - DENTAL BENEFITS AT A GLANCE	
PLAN FEATURES	PPO PLAN
Annual Deductible (waived for preventive services)	
Individual	\$50
Family	\$150
Annual Benefit Maximum	
Per Individual	\$5,000
Type A - Preventive Services	100%
Type B - Basic Restorative	80%
Type C - Major Restorative	50%
Type D - Orthodontics for children under 19	50% to \$1,000 lifetime

Dental Plan Contributions

The rates shown below are your before-tax premiums

	<u>Semi-Monthly</u>
Employee Only	\$ 37.58
Employee + Spouse	\$ 84.49
Employee + Children	\$ 97.75
Employee + Family	\$138.90



Vision Plan

The company will be continuing our vision coverage with VSP / MetLife. Frisco Spine will contribute 100% of the employee only vision premium, and you will be responsible for the dependent premiums.

The rates shown below are your before-tax premiums



	<u>Semi-Monthly</u>
Employee Only	\$ 7.69
Employee + Spouse	\$15.41
Employee + Children	\$13.06
Employee + Family	\$21.52

Enrollment Instructions

**Enrollment must
be completed by
May 21, 2021**

To make elections online:

Go to: www.bernieportal.com

User name: your email

Password: the last 4 of your SSN plus 2-digit birth month