

## FRISCO SPINE

# 2021 Open Enrollment !

We recognize our employees are our number one asset. You are the driving force behind our success!

**Effective June 1, 2021**

- Health Insurance renew 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](http://www.insuranceisboring.com) benefit website: (generic login)

**Email:** [benefits@friscospine.com](mailto: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%.

**Employees electing an HSA plan will receive a per month contribution from Frisco Spine to their HSA.** You may make additional contributions to the HSA from your payroll not to exceed the annual IRS limits. To receive the employer HSA contribution, all employees enrolled in an HSA plan must open an account with **Optum Bank**. You will be receiving more information once the group is enrolled.

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.

|                                    |  |                                      |
|------------------------------------|--|--------------------------------------|
| <b>Combined annual IRS limits:</b> | <u><a href="#">Individual Limits</a></u> | <u><a href="#">Family Limits</a></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](http://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<br>\$60 copay Specialist | \$30 copay PCP<br>\$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<br>\$60 copay Specialist after deductible | \$30 copay PCP<br>\$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

The company has made a substantial investment in your healthcare. Frisco Spine will contribute \$525 per month toward the employee-only medical premium on all plans, and you will be responsible for any employee premium balance and the dependent premiums. For employees that elect an HSA plan, the company will contribute monthly **\$12.62** for plan HE35003060 **\$83.51** for plan HE50003060 and **\$102.86** for plan HE6650 to their HSA.

**These are your SEMI-MONTHLY before tax employee contributions.**

|                     | <u><a href="#">E3500 3060<br/>ek0LX</a></u> | <u><a href="#">E35003060<br/>ek0i80MaxLX</a></u> |
|---------------------|---|--|
| Employee Only       | \$ 14.66                                    | \$ 0.00  |
| Employee + Spouse   | \$303.03                                    | \$257.09   |
| Employee + Children | \$250.59                                    | \$210.36   |
| Employee + Family   | \$565.18                                    | \$490.82   |

**These are your SEMI-MONTHLY before tax employee contributions.**

|                     | <u><a href="#">HE3500 3060</a></u> | <u><a href="#">HE5000 3060</a></u> | <u><a href="#">HE6650</a></u> |
|---------------------|------------------------------------|------------------------------------|-------------------------------|
| Employee Only       | \$ 0.00                            | \$ 0.00                            | \$ 0.00                       |
| Employee + Spouse   | \$265.30                           | \$226.32                           | \$215.69                      |
| Employee + Children | \$217.06                           | \$185.17                           | \$176.48                      |
| Employee + Family   | \$506.49                           | \$432.05                           | \$411.76                      |

## 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><a href="#">Semi-Monthly</a></u> |
|---------------------|-------------------------------------|
| Employee Only       | \$0.00                              |
| Employee + Spouse   | \$23.00                             |
| Employee + Children | \$29.50                             |
| Employee + Family   | \$49.67                             |



## 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> |
|----------------------------|---------------------|
| <b>Employee Only</b>       | \$0.00              |
| <b>Employee + Spouse</b>   | \$3.79              |
| <b>Employee + Children</b> | \$2.63              |
| <b>Employee + Family</b>   | \$6.78              |

## Basic Life/AD&D

Your complementary **Basic Life/Accidental Death & Dismemberment** policy coverage is **\$25,000 of Basic Life and \$25,000 AD&D.**

There is NO COST to you for this coverage!



## Enrollment Instructions

We thank you for service to our company and hope that the benefits covered in this package are of service to you and your family.

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

To make elections online:

Go to: [www.bernieportal.com](http://www.bernieportal.com)

User name: your Frisco Spine email

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