



**INSURANCE & INVESTMENT
PROFESSIONALS, INC.**

MDS Fitness

Benefit Options 2020-2021

BLUE CROSS BLUE SHIELD

Health Insurance	Comp Choice 500/PP0		
	Single	EE + Children	Family
Deductible	\$500	\$750	\$1000
Coinsurance	20% after deductible met		
Out of Pocket Limit	\$3000	\$4500	\$6000
Physicians Visits	\$25 + 20% coins.		
Specialist Visits	\$25 + 20% coins.		
Labs & X-Rays	20% Coins.		
ER Visit	\$75		
Urgent Care	\$25		
Hospital	Covered in Full		
Drug Coverage	\$15		

HMO DENTAL INSURANCE OPTION

	Calendar Year Deductible	Coinsurance (policy pays)	Maximum Benefit per Calendar Year
Preventative	No Deductible	100%	Calendar Year Maximums Combined for all procedures per member.
Basic	\$50 Single \$1500 Family	80%	
Major	\$50 Single \$100 Family	50%	

VISION INSURANCE OPTION

Exams	Preventative	Once per 12 months
Frames	\$100 allowance	One set 24 months
Lenses	Single, Bi-, or Tri- Focal	One pair per 12 months
Contacts	Fitting and Evaluation: 15% in network discount. Up to \$60 copay. Up to \$150 contact lens allowance per year.	Per 12 months

PLAN COST PER CHECK (PAID SEMI-MONTHLY ON 1ST & 15TH)

	BCBS- Health	Principal- Dental	Principal- Vision	Total / Monthly
Single	\$104.37	\$8.89	\$2.60	\$115.85 / \$231.71
E+Children	\$277.74	\$35.25	\$9.01	\$321.99 / \$643.99
Family	\$425.49	\$36.57	\$9.35	\$471.41 / \$942.82

THE BENEFITS LISTED ABOVE IS A SUMMARY OF BENEFITS, SUBJECT TO CHANGE.