Native American Electric

EMPLOYEE BENEFITS OUTLINE
EFFECTIVE: January 1, 2024

Medical | Prescription Drugs - **Anthem BlueCross**	800-676-2583 anthem.com\ca
Dental - **Lincoln Financial** Provider Locator	800-423-2765 lfg.com
Vision - **Lincoln Financial**	800-423-2765 lfg.com
Life Insurance - **Lincoln Financial**	800-423-2765 lfg.com

In the event that you are not able to get your questions answered to your satisfaction, please contact our Broker, Chad Baransky, at Pioneer Employee Benefits.

Office Number	480-286-3033
E-Mail Address	chad@pioneeremployeebenefits.com

All information is for illustrative purposes only.

Note: The intent of this outline is to briefly highlight key features of your plan and is not to replace your insurance contract/booklet. We have compiled information into summary form to outline answers to questions we most commonly receive. If this benefits outline doesn't address your specific benefit needs, you should contact the insurance carrier or refer to their booklet for more specific information and limitations. The information provided in the enclosed material is for comparative and informational purposes only. Actual claims paid are subject to the terms and conditions of the individual carriers' contracts. Please review the carriers' proposal/contract for more detailed information on the plans being offered by the carrier.

Medical Benefits Outline

	Anthem BlueCross Gold PPO 35 | 500 |25%
Web Address	anthem.com\ca
Annual Deductible | **In Network**	$500 person $1,500 family
Annual Out-of-Pocket Max. | **In-Network**	$8,200 person $16,400 family
	Benefits
Co-Insurance	75%
Primary Care	Deductible Waived $35 Copay
Specialist	Deductible Waived $65 Copay
Preventive Care	No Charge
Advanced Imaging	75% after Deductible
Urgent Care	Deductible Waived $35 Copay
Emergency Room	$250 Copay (Waived if Admitted) 75% after Deductible
OutPatient Facility	75% after Deductible
InPatient Facility	75% after Deductible
Prescription Deductible	**$250 | $500 Deductible Applies**
Prescriptions	Generic - $10 | $20 Copay Brand Name - $50 | $60 Copay Non-Formulary - $90 | $100 Copay Specialty - 30% Copay up to $250 **RX Deductible Waived for Generic**
Lifetime Maximum	Unlimited
Out of Network	50%
Provider Network	BlueCross PPO Prudent Buyer

If you choose a Non-Participating Provider, your out-of-pocket costs are higher. **This benefit outline is for illustrative purposes only.** Please refer to master contract/booklet for actual plan specifics.

Dental Benefit Outline

	Lincoln Financial PPO 100|80|50
Web Address	lfg.com
Annual Deductible Individual Family Annual Benefit Maximum	 $50 $150 $1,500
Services Provided	**In-Network | Out-of-Network**
Preventive Services (Class 1) Cleanings, routine exams, and x-rays	100% | 100% Deductible Waived
Basic Services (Class 2) Fillings, Extractions, Endo, Perio	80% | 80% after Deductible
Major Services (Class 3) Crowns, Bridges, Dentures, Implants	50% | 50% after Deductible
Network	Lincoln Dental Connect

If you choose a Non-Participating Provider, your out-of-pocket costs are higher. **This benefit outline is for illustrative purposes only.** Please refer to master contract/booklet for actual plan specifics.

Vision Benefit Outline

	Lincoln Financial Lincoln Vision Connect - Spectera
Web Address	lfg.com
 Exam Lenses (eyeglasses or contacts) Frames	**FREQUENCY** 12 months 12 months 24 months
Exam	$10 Copay
Materials	$25 Copay
Lenses	100%
Frames Single Bifocal Trifocal	$130 Allowance 100%
Contact Lenses	100% after $25 Copay
Lasik	Free Consultation Preferred Pricing

Life Insurance Benefit Outline

	Lincoln Financial Plan Highlights
Life Insurance Amount	$10,000
Accidental Death & Dismemberment Amount	100% of basic life benefit
Guarantee Issue	$10,000
Age Based Benefit Reduction Schedule	35% at age 65 25% at age 70 Additional 15% at age 75

This Benefit outline is for illustrative purposes only.

Employee Monthly Cost Outline - MEDICAL

	Anthem BlueCross Gold		
Birthday	Monthly Employee Cost	Monthly Employer Contribution	Employee Cost Per Month
11/12/1991	$551.59	$551.59	$0.00
9/21/1989	$566.04	$566.04	$0.00
8/27/1982	$607.07	$607.07	$0.00
11/30/1972	$869.57	$869.57	$0.00
12/28/1978	$673.28	$673.28	$0.00
4/28/1990	$558.58	$558.58	$0.00
8/24/1998	$468.13	$468.13	$0.00
9/23/2003	$452.27	$452.27	$0.00
4/22/1978	$673.28	$673.28	$0.00
2/18/1999	$466.26	$466.26	$0.00
4/17/1998	$468.13	$468.13	$0.00
4/23/1989	$566.04	$566.04	$0.00
10/18/1974	$795.44	$795.44	$0.00
7/16/1970	$951.17	$951.17	$0.00
9/26/1966	$1,136.28	$1,136.28	$0.00
9/20/1964	$1,213.67	$1,213.67	$0.00
7/15/1984	$588.42	$588.42	$0.00
12/26/1984	$588.42	$588.42	$0.00
12/3/2002	$466.26	$466.26	$0.00

RATE TABLE ABOVE IS FOR EMPLOYEE ONLY - DOES NOT INCLUDE THE COST FOR DEPENDENTS

Employer Contribution is 100% for Employees and 0% for Dependents

Monthly Cost Outline for Dependents - MEDICAL

Anthem BlueCross PPO Gold 35|500|25%

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
<15	$356.69	24	$466.26	34	$566.04	44	$651.37	54	$995.47
15	$388.39	25	$468.13	35	$569.77	45	$673.28	55	$1,039.76
16	$400.52	26	$477.45	36	$573.50	46	$699.39	56	$1,087.78
17	$412.64	27	$488.64	37	$577.23	47	$728.76	57	$1,136.28
18	$425.70	28	$506.82	38	$580.96	48	$762.34	58	$1,188.03
19	$438.75	29	$521.74	39	$588.42	49	$795.44	59	$1,213.67
20	$452.27	30	$529.21	40	$595.88	50	$832.74	60	$1,265.43
21	$466.26	31	$540.40	41	$607.07	51	$869.57	61	$1,310.19
22	$466.26	32	$551.59	42	$617.79	52	$910.14	62	$1,339.56
23	$466.26	33	$558.58	43	$632.71	53	$951.17	63	$1,376.40
								64>	$1,398.78

RATE TABLE ABOVE IS FOR DEPENDENTS/NEW HIRES

Employer Contribution is 100% for Employees and 0% for Dependents

Employee Monthly Cost Outline - DENTAL & VISION

Lincoln Financial - DENTAL

	Total Monthly Cost	Employer Will Pay Monthly	Employee Cost Per Month
Employee	$30.12	$30.12	$0.00
Employee + Spouse	$57.42	$30.12	$27.30
Employee + Child(ren)	$69.20	$30.12	$39.08
Employee + Family	$104.18	$30.12	$74.06

Lincoln Financial - VISION

	Total Monthly Cost	Employer Will Pay Monthly	Employee Cost Per Month
Employee	$6.61	$6.61	$0.00
Employee + Spouse	$12.52	$6.61	$5.91
Employee + Child(ren)	$14.70	$6.61	$8.09
Employee + Family	$20.66	$6.61	$14.05

Life Insurance is covered 100% by Employer