



Oliver de Silva, Inc. Health Care Plan

January 1, 2018 Benefits Snapshot

Our employees are our most valuable asset. That's why at Oliver de Silva, Inc. we are committed to a comprehensive benefits program that helps our employees stay healthy, feel secure and maintain a positive work-life balance. This is a snapshot of our employee benefits program.

		
MEDICAL INSURANCE		
Anthem Blue Cross Provider Network	Preferred Providers	Non-Preferred Providers
Lifetime Maximum	Unlimited	Unlimited
Deductible (Individual / Family)	\$100 / \$200	\$100 / \$200
Out of Pocket Maximum (Ind / Fam)	\$200 / \$400	\$400 / \$800
Preventive Care (Baby & Adult)	No copay per visit	80% after deductible
Office Visit Copay	90% after deductible	80% after deductible
Hospitalization (must be pre-certified)	90% after deductible	80% after deductible
Emergency Room (ded waived if admitted)	90% after deductible	80% after deductible
X-Ray and Lab Tests	90% after deductible	80% after deductible
Hearing Aid Benefit (limited to \$1,500 per device, one per each ear every 36months)	100% after deductible	Not Covered
Rx Drugs	Annual Out-of-Pocket Limit \$1,500	
• Retail (34-Day Supply or 100 unit dose)	\$10 copay Generic / \$20 copay Brand	
• Mail Order (90-Day Supply or 300 unit dose)	\$20 copay Generic / \$40 copay Brand	
Contact Information	Phone (800) 442-7247/ Website: www.healthcomp.com	

	
MEDICAL INSURANCE	
Lifetime Maximum	Unlimited
Deductible (Individual / Family)	None
Out of Pocket Maximum (Individual / Family)	\$1,500 per person / \$3,000 per family
Preventive Care (Baby and Adult)	No copay per visit
Office Visit Copay	No copay per visit
Hospitalization	No copay per visit
Emergency Room	No copay per visit
Outpatient Surgery	No copay per visit
Hearing Aid Benefit	Up to \$1,500 allowance per device, one per each ear every 36months
Rx Drugs	
• Retail (30-Day Supply)	\$10 copay Generic / \$20 copay Brand
• Mail Order (100-Day Supply)	\$20 copay Generic / \$40 copay Brand
Contact Information	Phone (800) 464-4000 / Website: www.kp.org

Employee Contributions	
Medical	\$175 per month for employee & \$175 per month for spouse *Waived with Participation in Wellness Program and meeting health goals
Dental , Vision, Life and Disability	There is no cost to you; 100% paid by Oliver de Silva

Wellness Program Administered by Interactive Health Systems (IHS)

Comprehensive health evaluation including blood screening	Identifies cardiovascular disease risks, diabetes, liver and kidney disease, and more
Health Coaching	One-on-one health coaching to support and guide behavioral changes
Health Education	Classes include Smoke Free for Life, Diabetes Prevention & Control, Personal fitness, Better Nutrition and more

Fitness Reimbursement Program—Administered by Oliver de Silva

Quarterly benefit to reimburse eligible members for a portion of their fitness activities, such as gym memberships, fitness classes, charity running/walking events, etc. Please contact Kristina La Point for specific details.

DENTAL INSURANCE



	PPO	Non-Network*
Class I / Preventive	100%	100%
Class II / Basic	80%	80%
Class III / Major	50%	50%
Class IV / Orthodontia (Child & Adult)	50%	50%
Orthodontia Lifetime Maximum	\$1,000	
Individual Deductible (Waived for Preventive)	\$25	\$25
Family Deductible	3 per family	3 per family
Calendar Year Maximum	\$1,500*	\$1,500*
Contact Information	Phone: (888) 600-1600	www.guardiananytime.com

*Calendar Year Maximum is combined between networks.

**Out-of-Network Reimbursement is measured by the Usual, Customary, & Reasonable charges based on the 90th percentile of dentists in the same geographic area.

Vision Reimbursement Plan—Administered by Oliver de Silva

Vision Exam	Once every 12 month you may receive up to \$75 allowance
Materials (Lenses & Frames or Contacts)	Once every 12 month you may receive up to \$175 allowance
Reimbursement Process	Bring a copy of your receipt to Kristina La Point for reimbursement

LIFE AND DISABILITY INSURANCE



Short Term Disability

Under the STD plan, you are covered for 70% of your weekly earnings up to \$2,350 if you become disabled and are temporarily unable to do your job. The benefit is effective after a 30 day elimination period, and coverage lasts up to 22 weeks from the time you become disabled.

Long Term Disability

LTD coverage begins after you have been disabled for 180 days. This coverage pays you 60% of your monthly earnings (70% all sources) up to \$10,000 per month, to Social Security retirement age.

Life and AD&D

As an employee, you automatically receive 1 ½ times your Annual Salary of life and AD&D insurance, up to a maximum of \$500,000. Please be sure your beneficiary info is up to date. Please contact Kristina LaPoint for any changes.

Contact Information

Phone: (800) 423-2765

www.lfg.com