

Gebruder Weiss, Inc. BENEFIT SUMMARY

Full-time employees are eligible to receive the following benefits on the first of the month following 1st day of employment.

MEDICAL – Renews 01/01/2021

Due to health care reform, preventative services are covered at 100% (no copay) in all medical plans.

BlueCross BlueShield PPO – Blue Choice Options PPO – MIBCO201

- A unique benefit plan which offers a tiered design that gives you the freedom to choose between a Blue Choice network or the larger PPO network.
- PPO gives you the freedom to see any physician in or out of network, including specialists, without a referral.
- **Blue Choice In-network:** 100% coinsurance; **Deductible:** Individual – \$500, Family – \$1,500 ; **Out of pocket max:** Individual - \$500, Family –\$1,500; **Doctors office visit copay** \$20; **Specialist services copay** \$40
- **PPO In-network:** 7 0% coinsurance; **Deductible:** Individual - \$1,500, Family - \$4,500; **Out of pocket max:** Individual - \$3,000, Family - \$9,000; **Doctors office visit copay:** \$50; **Specialist services copay:** \$100
- 800/541-2768; www.bcbsil.com

BlueCross BlueShield HDHP-HSA – Blue Edge HSA– MIEEA200

- PPO plan gives you the freedom to see any physician in or out of network, including specialists, without a referral.
- **In-network:** 100% coinsurance; **Deductible:** Individual - \$1,500, Family - \$3,000; **Out of pocket max:** Individual \$3,000, Family - \$6,000
- **Doctors office visit copay:** Deductible, Coinsurance; **Specialist services copay:** Deductible, Coinsurance
- 800/541-2768; www.bcbsil.com

BlueCross BlueShield of IL – Blue Advantage HMO – MIBAH200 (For IL employees ONLY)

- Must see doctors and specialists in network. Must get referral to see a specialist. NO OUT-OF-NETWORK COVERAGE.
- **In-network:** 100% coinsurance; **Deductible:** Individual - \$0, Family - \$0; **Out of pocket max:** Individual – \$1,500, Family – \$3,000; **Doctors office visit copay:** \$40; **Specialist services copay:** \$60
- 800/541-2767; www.bcbsil.com

DENTAL – Renews 01/01/2020

BlueCross BlueShield of IL – BlueCare Dental PPO DINHR02

- **Deductible** Individual - \$50, Family - \$150
- **Coinsurance:** Preventive - 100%, Basic 80% , Major 50%; Ortho 50%; Annual Maximum: \$2,000
- 800/367-6401; www.bcbsil.com

VISION – Renews 07/01/2021

VSP – Voluntary Vision

- \$10 exam copay; \$25 material copay
- \$150 frame allowance; \$130 contact lens allowance
- 800/877-7195; www.vsp.com

STD, LTD, LIFE and AD&D

Lincoln Financial- STD

- 60% of monthly salary, maximum of \$1000/week
- Elimination period: 7 days; Benefit duration: 13 weeks
- 800/423-2765; www.lfg.com

Lincoln Financial- LTD

- 60% of monthly salary, maximum of \$6,000/month
- Elimination period: 90 days; Benefit duration: SSRA
- 800/423-2765; www.lfg.com

Lincoln Financial- Life and AD&D

- \$50,000 one time payment
- 800/423-2765; www.lfg.com

Lincoln Financial- Voluntary Life and AD&D

- Additional \$10,000-\$500,000
- \$150,000 guarantee issue at first eligibility time
- Coverage for spouse and dependents available
- 800/423-2765; www.lfg.com

Additional

Health Advocate

- 866/695-8622; www.healthadvocate.com/members

ID Shield/Legal Shield

- Contact your HR representative

IMPORTANT INFORMATION

Open Enrollment is typically held annually to allow employees to change between plans.

Outside of Open Enrollment, employees may make changes to their benefit elections if they experience a qualifying event such as; birth, death, marriage, adoption or gain/loss of other coverage. Employees must notify the employer within 30 days of the qualifying event in order to be eligible for the change.

This document is intended to be a convenient summary of the benefits available to employees. In the event between this document and the Summary of Benefits and Coverage (SBC) or the Summary Plan Description, the SBC and Summary Plan Description will prevail.

Gebruder Weiss, Inc.
MONTHLY CONTRIBUTIONS

Medical- BlueCross BlueShield of IL
 Plan Renews: January 1, 2021

	PPO	HSA	HMO
Employee	\$175	\$30	\$30
Employee + Spouse	\$475	\$350	\$350
Employee + Child(ren)	\$425	\$300	\$300
Employee + Family	\$625	\$500	\$500

Dental- BlueCross BlueShield of IL
 Plan Renews: January 1, 2021

Employee	\$0.00
Employee & Spouse	\$40.97
Employee & Child(ren)	\$43.20
Family	\$84.16

VSP- Vision
 Plan Renews: July 1, 2021

Employee	\$6.58
Employee + 1	\$10.53
Employee + Children	\$10.75
Family	\$17.34

STD, LTD, Life and AD&D- Lincoln Financial

100% Employer Paid