



## Employee Health & Dental Insurance

Health insurance is available for any regular full-time employees working 30 or more hours per week, and their dependents through **Kaiser Permanente**.

Employees have two options for health insurance plans: DHMO & Flexible Choice. The DHMO plan is available at no cost to the employee. Employees will pay 10% for dependents. If employees wish to participate in the Flexible Choice plan, they may upgrade to that plan by paying the difference in cost. Please see the charts on page 5 of this packet to compare costs. The employee contribution is taken out on a pre-tax basis.

Additionally, Bread for the City provides a dental PPO plan through Lincoln Financial Group.

### ***DHMO***

The Kaiser Permanente HMO plan with the Signature network gives you quality care from Mid-Atlantic Permanente Medical Group, P.C. (Permanente), physicians. They're part of a group of almost 1,500 physicians who practice in Kaiser's medical centers located in Maryland, the District of Columbia, and Virginia. Employees must select a primary care physician and get a referral to see a specialist. This plan does not offer any out-of-network benefits. A list of participating primary care doctors and specialists can be accessed by visiting [www.kp.org](http://www.kp.org).

#### **DHMO benefits:**

- In-network deductibles are \$500 for single and \$1,000 for family.
- Primary Care Physician office visit co-pays are \$20.
- Specialist Physician office visit co-pays are \$30.
- Preventive Care is covered at 100%.
- Most services are covered at 100% after a co-pay, and/or deductibles where applicable.
- Hospitalizations at an in-network facility are covered at 100% after deductible. Pre-authorization is required.
- Out-of-network services are paid at 80% of the allowable charge after a deductible is met.
- Prescription drug co-pays are \$10/20/35 at a Kaiser pharmacy. If you visit a community pharmacy, co-pays are higher.

### ***Flexible Choice***

The Flexible Choice plan is available to employees for a monthly charge. This triple-option plan allows you to choose which doctor to see, depending on what suits you at the time. The plan offers three provider options and different ways to manage out-of-pocket costs. It also provides

you with the security and convenience of being able to access an extensive national network of providers by accessing this link [www.multiplan.com/kpmas](http://www.multiplan.com/kpmas).

Like three health care plans rolled into one, Flexible Choice allows members to receive care from:

**Option 1:** Physicians in the Mid-Atlantic Permanente Medical Group.

**Option 2:** Providers in an extensive Preferred Provider Organization (PPO) using contracted Private Healthcare Systems (PHCS) and MultiPlan network.

**Option 3:** Any other out-of-network licensed provider, not included in Option 1 or 2.

**Flexible Choice Benefits:**

- There is no deductible when seeing a doctor at a Kaiser facility (Signature). Deductibles for the PHCS/Multiplan network are \$500 for single & \$1,000 for Family.
- Out-of-network deductibles are \$1,000 for single & \$2,000 for family.
- Kaiser facility (Signature): Primary Care Physician office visit co-pays are \$30 & Specialist Physician office visit co-pays are \$40.
- Office visit co-pays using the PHCS/Multiplan network are higher.
- Preventive Care is covered at 100%.
- Most services are covered at 100% after a co-pay, and/or deductibles where applicable.
- Hospitalizations at a Kaiser facility are covered at 100% after co-pays. Deductibles + 10% coinsurance apply to the PHCS/Multiplan network. Pre-authorization is required.
- Out-of-network services are paid at 70% of the allowable charge after a deductible is met.
- Prescription drug co-pays are \$10/20/35 at a Kaiser pharmacy. If you visit a community pharmacy, co-pays are higher.

**Health Insurance Plan Comparison (2018)**

**DHMO**

Dependent Category	Total Premium	BFTC Pays	You Pay Monthly	Per Pay Period
Employee	\$436.48	\$436.48	\$0	\$0
Employee + Child(ren)	\$806.71	\$726.04	\$80.67	\$40.34
Employee + Spouse/Partner	\$1005.52	\$904.97	\$100.55	\$50.28
Employee + Family	\$1222.59	\$1100.33	\$122.26	\$61.13

**Flexible Choice**

Dependent Category	Total Premium	BFTC Pays	You Pay Monthly	Per Pay Period
Employee	\$556.47	\$436.48	\$119.99	\$60.00
Employee + Child(ren)	\$1028.47	\$726.04	\$302.43	\$151.22
Employee + Spouse/Partner	\$1281.94	\$904.97	\$376.98	\$188.49
Employee + Family	\$1558.67	\$1100.33	\$458.34	\$229.17

	DC 2018 DHMO Signature Plan 11	DC 2018 Flexible Choice Plan D
SERVICES	YOU PAY	YOU PAY (Signature / PHCS Multiplan)
<b>Deductible</b>		
Individual	\$500	None / \$500
Family	\$1,000	None / \$1,000
<b>Out-of-Pocket Maximum</b>		
Individual	\$3,000	\$2,250 / \$3,000
Family	\$6,000	\$4,500 / \$6,000
<b>Preventive Care</b>		
Adult Physical Exam	Nothing	Nothing
Routine Screenings	Nothing	Nothing
<b>Office Visits</b>		
Primary Care	\$20 Co-pay	\$30 / \$45 Co-pay
Specialist	\$30 Co-pay	\$40 / \$55 Co-pay
Labs / X-Rays	Nothing	Nothing / 10% After Deductible
Complex Imaging	Nothing after Deductible	\$100 Co-pay / 10% After Deductible
<b>Emergency Services</b>		
Urgent Care	\$30 Co-pay	\$40 / \$55 Co-pay
Emergency Room	\$100 Co-pay	\$100 Co-pay
<b>Hospitalization</b>		
Inpatient Facility*	Nothing after Deductible	\$100 Co-pay / 10% After Deductible
Outpatient Facility*	Nothing after Deductible	\$75 Co-pay / 10% After Deductible
<b>Prescription Drugs</b>		
Deductible – Individual	None	None
Deductible – Family	None	None
Co-pays	Plan Pharmacy: \$10 / \$20 / \$35 Co-pay Community Pharmacy: \$20 / \$35 / \$50 Co-pay	Plan Pharmacy: \$10 / \$20 / \$35 Co-pay Community Pharmacy: \$25 / \$35 / \$75 Co-pay

\*see benefit summary and certificate of coverage booklet for more details

### ***Dental***

Bread for the City provides a PPO (Low) plan through **Lincoln**. This plan is available at no cost to employees. If employees wish to select the PPO (High) plan, they can upgrade for a monthly charge.

### **PPO (Low)**

Bread for the City pays 100% of the monthly premium for employees and their dependents selecting this plan.

- In-network: The plan pays 100% for preventive care, 80% for basic services and 50% for major services.
- Out-of-network: The plan pays 80% for preventive care, 65% for basic services and 40% for major services based on the allowable charges
- \$1,500 Annual Maximum
- \$50 Single / \$150 Family Deductible based on Calendar Year
- This plan does not provide orthodontia coverage.
- A list of participating dentists is available at [www.lincolnfinancial.com/findadentist](http://www.lincolnfinancial.com/findadentist).

### **PPO (Low) Plan Costs:**

<b>Dependent Category</b>	<b>Total Monthly Premium</b>	<b>Bread For the City Pays</b>	<b>You Pay Monthly</b>	<b>Per Pay Period</b>
Individual	\$21.08	\$21.08	\$0.00	\$0.00
Employee + Spouse/Partner	\$41.10	\$41.10	\$0.00	\$0.00
Employee + 1 child	\$42.78	\$42.78	\$0.00	\$0.00
Family	\$63.22	\$63.22	\$0.00	\$0.00

### **PPO (High)**

*You will pay the difference to buy-up to the PPO (High Option)*

- In-network: The Plan pays 100% for preventive care, 80% for basic services and 50% for major services
- Out-of-network: The plan pays 100% for preventive care, 80% for basic services and 50% for major services. This plan reimburses at 90% UCR
- \$1,500 Annual Maximum
- \$50 Single / \$150 Family Deductible based on Calendar Year
- Child Orthodontia is covered at 50% to \$1,000 lifetime maximum
- A list of participating dentists is available at [www.lincolnfinancial.com/findadentist](http://www.lincolnfinancial.com/findadentist).

### **PPO (High) Plan Costs:**

<b>Dependent Category</b>	<b>Total Monthly Premium</b>	<b>Bread For the City Pays</b>	<b>You Pay Monthly</b>	<b>Per Pay Period</b>
Individual	\$28.00	\$21.08	\$6.92	\$3.46
Employee + Spouse/Partner	\$54.68	\$41.10	\$13.58	\$6.79
Employee + 1 child	\$60.51	\$42.78	\$17.73	\$8.86
Family	\$87.70	\$63.22	\$24.48	\$12.24

**\*\*If you are having any basic or major work done, always ask your doctor to submit a pre-treatment estimate to Lincoln so that you know what your cost is up front.**