



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 Select & Flexible Choice. The DHMO Select 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 3 of this packet to compare costs. The employee contribution is taken out on a pre-tax basis.

Additionally, Bread for the City provides 2 dental PPO plans (high and low) through Lincoln Financial Group.

DHMO Plan 11 - Select

The Kaiser Permanente HMO plan with the Select 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 also offers the Select network which includes a network of physicians who have private practices in the community and do not practice in Kaiser Permanente medical centers. This network gives you access to an additional 23,000 providers in the Mid-Atlantic. 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. You can find providers in the Select network by visiting <https://legacy.providerlookuponline.com/kaiser/po/Begin.asp>.

DHMO Plan 11 - Select 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.
- 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.

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 benefits are based on 80% of UCR charges, which is the amount paid for a medical service in a geographical area based on what providers usual charge for the same or similar service. You pay 30% of the cost after the deductible is met. There is always balance billing when visiting a non-participating doctor.
- 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 (2020)

DHMO Plan 11- Select

Dependent Category	Total Premium	BFTC Pays	You Pay Monthly	Per Pay Period
Employee	\$511.11	\$511.11	\$0	\$0
Employee + Child(ren)	\$944.64	\$850.18	\$94.46	\$47.23
Employee + Spouse/Partner	\$1177.45	\$1059.71	\$117.75	\$58.87
Employee + Family	\$1431.62	\$1288.46	\$143.16	\$71.58

Flexible Choice D

Dependent Category	Total Premium	BFTC Pays	You Pay Monthly	Per Pay Period
Employee	\$643.08	\$511.11	\$131.97	\$65.98
Employee + Child(ren)	\$1188.54	\$850.18	\$338.36	\$169.18
Employee + Spouse/Partner	\$1481.47	\$1059.71	\$421.77	\$210.88
Employee + Family	\$1801.27	\$1288.46	\$512.81	\$256.41

	DHMO Select Plan 11	Flexible Choice Plan D
SERVICES	YOU PAY	YOU PAY (Signature / PHCS Multiplan)
Deductible		
Individual	\$500	None / \$500
Family	\$1,000	None / \$1,000
Out-of-Pocket Maximum		
Individual	\$3,000	\$2,250 / \$3,000
Family	\$6,000	\$4,500 / \$6,000
Preventive Care		
Adult Physical Exam	Nothing	Nothing
Routine Screenings	Nothing	Nothing
Office Visits		
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
Emergency Services		
Urgent Care	\$30 Co-pay	\$40 / \$55 Co-pay
Emergency Room	\$100 Co-pay	\$100 Co-pay
Hospitalization		
Inpatient Facility*	Nothing after Deductible	\$100 Co-pay / 10% After Deductible
Outpatient Facility*	Nothing after Deductible	\$75 Co-pay / 10% After Deductible
Prescription Drugs		
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, no matter the coverage level. 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.

PPO (Low) Plan Costs:

Dependent Category	Total Monthly Premium	Bread For the City Pays	You Pay Monthly	Per Pay Period
Individual	\$24.45	\$24.45	\$0.00	\$0.00
Employee + Spouse/Partner	\$47.67	\$47.67	\$0.00	\$0.00
Employee + 1 child	\$49.63	\$49.63	\$0.00	\$0.00
Family	\$73.33	\$73.33	\$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.

PPO (High) Plan Costs:

Dependent Category	Total Monthly Premium	Bread For the City Pays	You Pay Monthly	Per Pay Period
Individual	\$32.48	\$24.45	\$8.03	\$4.02
Employee + Spouse/Partner	\$63.43	\$47.67	\$15.76	\$7.88
Employee + 1 child	\$70.19	\$49.63	\$20.56	\$10.28
Family	\$101.73	\$73.33	\$28.40	\$14.20

****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.**