

Financial Network Group Benefit Plan

2020 Benefits At A Glance

Dental- Standard

Benefit Provisions	Plan A	Plan B
Deductibles:		
Single	\$50	\$50
Family	\$150	\$150
Preventive	100%	100%
Basic	80% after ded	80% after ded
Major	50% after ded.	50% after ded.
Orthodontia	50% after ded.	50% after ded.
Annual Maximum	\$1,250	\$2,500
Orthodontia Lifetime Maximum	\$1,250	\$2,000
Rollover	\$250	\$400
PPO Bonus	\$100	\$100
Orthodontia Limiting Age	19	Adults and Children
Coverage Level		
Employee Only	48.68/mo	65.52/mo
Employee + Spouse	95.60/mo	128.56/mo
Employee + Child(ren)	130.16/mo	173.92/mo
Employee + Family	177.04/mo	237.00/mo

Vision- -Standard-VSP

VISION SERVICE PLAN	BENEFITS
Eye Exam	\$0 copay
Material Copay	\$0 copay
Frames	Covered once every 24 months
Lenses	Covered once every 12 months
Contact Lenses- in lieu of frame	\$180 Allowance
Monthly Premium	
Single	\$10.68
Employee+1	\$19.80
Family	\$30.20

Disability - Unum

Disability coverage provides coverage in the event you are unable to work due to an extended illness.

Short Term Disability provides a weekly benefit equal to 60% of salary to a weekly maximum of \$3,500. Benefits are payable after a 15 day elimination period. The maximum benefit duration is 90 days. Max annual salary covered is \$300,000.

Long Term Disability provides a monthly benefit equal to 60% of salary up to a monthly benefit maximum of \$15,000. Benefits are payable after a 90 day waiting period. . Max annual salary covered is \$300,000.

Monthly Cost of Coverage

Coverage	Premium
STD*	\$0.26/ \$10 weekly covered benefit
LTD	\$0.60 / \$100 monthly covered payroll

Note: All state mandated disability (short term disability) plans are coordinated in conjunction with the appropriate state law and max benefit limits. (NJ, California, NY and HI) Each office or individual must contact the appropriate state entity for the basic benefit. The UNUM benefit is paid in coordination with the state benefit – not in lieu.

Life and AD&D- Unum

Coverage

Employee Life/Accidental Death and Dismemberment

- ◆ Basic Life of \$25,000 11.90/mo. - mandatory
- ◆ Voluntary life 1,2 or 3 times up to \$750,000. Those with coverage currently in excess of \$750,000 will be grandfathered. Life elections for both Employee and Spouse Coverage will be based on the following premium chart

Age	Mo. Prem/\$1,000
15-24	0.11
25-29	0.11
30-34	0.13
35-39	0.14
40-44	0.19
45-49	0.25
50-54	0.37
55-59	0.58
60-64	0.82
65-69	1.32
70-74	2.11
75+	6.42

- ◆ Benefit reduces to 50% at age 70.

Spousal Life

- ◆ Coverage equal to 100% of employee life up to \$500,000.
- ◆ EOI is required for \$25,000 or greater.

Child(ren) Life

Coverage	5,000	10,000
Mo. Premium	2.70	5.40

Accident Insurance

Accident Insurance pays a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

Monthly Premium	
You	\$22.35
You and your spouse	\$38.46
You and your child(ren)	\$41.62
You, your spouse and child(ren)	\$57.73

Critical Illness Insurance

How does it work?

If you're diagnosed with an illness that is covered by this insurance, you'll receive a benefit payment in one lump sum. You can use the money however you want.

Monthly Premium per \$1,000 of Coverage		
Age	Non-Tobacco	Tobacco
0-24	\$0.58	\$0.87
25-29	\$0.63	\$1.05
30-34	\$0.83	\$1.48
35-39	\$1.13	\$2.17
40-44	\$1.60	\$3.19
45-49	\$2.20	\$4.40
50-54	\$2.90	\$5.88
55-59	\$3.82	\$7.49
60-64	\$4.89	\$8.97
65-69	\$5.50	\$9.35
70-99	\$9.86	\$15.07

Monthly Premium for Wellness Benefit	
Employee and Children	\$1.60
Spouse	\$1.60

Discount Programs

Financial Network Group Health Plan offers many employee discounts.

They include:

- Amusement park, Broadway, and Movie tickets
- Sporting events
- Hotels
- Zoos, Museums, and aquariums
- Merchant gift certificates
- Online shopping and service discounts
- Legal services
- Pet Insurance

Enrollment Fees

- \$475 annually in November of each year
- \$13 month thereafter through the end of the plan year

Hearing Aid Discounts – TruHearing

If you have elected vision coverage, you and your dependents are also eligible for Hearing Aid Discounts. VSP participants and dependents can save up to \$2,400 on a pair of hearing aids.

Learn more at vsp.truhearing.com or call 877-396-7194 and mention VSP.

Individual/Small Group Health Plans

In today's busy world, we have so many needs that many groups in and of themselves can't solve or meet your individual or family specific needs. In light of these changes, the changes within our individual area, we are now offering a variety of individual tools that will help you provide solutions for your family. We have access to a variety of services and products that will enhance your personal financial plan. These could be of great benefit to you, your family and your business.