



Benefits for Full-Time Employees

Benefit	Start Date	Employee Cost	Brief Description
Medical & RX: Blue Care Network HMO	1 st day of month following 30 days of employment	2 Plans-Base and Buy-up. <i>See Midwest Benefit Checklist for 2020-21 plan rates</i>	Higher benefits for network providers. Both plans have co-pays & deductibles and include prescription coverage. 2 year vision plan is included.
Medical & RX: Blue Cross Blue Shield of MI PPO	1 st day of month following 30 days of employment	2 Plans-Base and Buy-up. <i>See Midwest Benefit Checklist for 2020-21 plan rates</i>	Higher benefits for network providers. Both plans have co-pays & deductibles and include prescription coverage.
Medical & RX: Total Health Care	1 st day of month following 30 days of employment	<i>See Midwest Benefit Checklist for 2020-21 plan rates</i>	Higher benefits for network providers. Both plans have co-pays & deductibles and include prescription coverage.
Dental: Delta Dental of MI Guardian Dental	1 st day of month following 30 days of employment	<i>See Midwest Benefit Checklist for 2020-21 plan rates</i>	Higher benefits for network providers. 100% coverage for preventative, 80% coverage for basic and 50% coverage for major.
Vision: VSP Plan or Guardian Vision	1 st day of month following 30 days of employment	<i>See Midwest Benefit Checklist for 2020-21 plan rates</i>	Must use network provider Plan 1: Annual exam/lens/frames Plan 2: Annual exam/lens. Frames every 2 years
Unum or Guardian Life Insurance	Following 30 days of employment	Based on income and can buy up for additional coverage	Evidence of Insurability required for amounts over \$70,000.
Unum or Guardian STD	Following 30 days of employment	Based on income	Short Term Disability-provides partial income replacement up to 60%.
Unum or Guardian LTD	Following 30 days of employment	Based on income	Long Term Disability-provides partial income replacement if disabled continuously for more than 90 days.
Flex Spending Account	Must elect within first 30 days of hire	Employee selects amount of deferral	Employee defers pre-tax \$\$ for use on approved medical expenses submitted for Reimbursement.
401(k) Retirement Savings Plan Slavic	1 st day of month following 6 months of employment	Employee selects amount of deferral	Employee defers pre-tax \$\$ through payroll deduction. Can contribute up to IRS limits.
Aflac	Available anytime	Payroll deduction available	Offered through agent Brian Graef, plans are optional and portable
Allstate	Available anytime	Payroll deduction available	Offered through agent Brian Graef, plans are optional and portable
Legal Prepaid	Available anytime	Payroll deduction available	Offered through agent Brian Graef, plans are optional and portable
Personal/Vacation Time	Upon Hire	None	10 days per year

Midwest Group Plan Year: October 1, 2020 – September 30, 2021



Midwest Management Group Blue Plans	Blue Care Network HMO \$250	Blue Care Network HMO \$500	Blue Care Network HMO \$1000	Blue Care Network HMO \$4000	Total Health Care HMO \$2000
Annual Deductible	In Network	In Network	In Network	In Network	In Network
Single	\$250 Individual	\$500 Individual	\$1000 Individual	\$4000 Individual	\$2000 Individual
Family	\$500 Double/Family	\$1000 Double/Family	\$2000 Double/Family	\$8000 Double/Fam	\$4000 Double/Family
Annual Coinsurance Max					
Single	\$2500 Individual	\$2500 Individual	\$2500 Individual	None	None
Family	\$5000 Double/Family	\$5000 Double/Family	\$5000 Double/Family		
Out of Pocket Max					
Single	\$8150 Individual	\$8150 Individual	\$6600 Individual	\$6350 Individual	\$4000 Individual
Family	\$16300 Double/Family	\$16300 Double/Family	\$13200 Double/Family	\$12700 Double/Family	\$8000 Double/Family
Primary Care Visit	\$20	\$20	\$20	\$20	\$20
Urgent Care Visit	\$35	\$35	\$50	\$50	\$40
Emergency Room Visit	\$250	\$250	\$150	\$250	\$150
Specialist Physician Visit	\$30	\$30	\$40	\$40	\$40
Inpatient Hospital Admit	20% after deductible	20% after deductible	20% after deductible	20% select services	20% select services
Prescription Drugs	Tier 1A- \$10 Tier 1B- \$30 Tier 2- \$60 Tier 3- \$80 Tier 4- 20% Tier 5- 20%	Tier 1A- \$10 Tier 1B- \$30 Tier 2- \$60 Tier 3- \$80 Tier 4- 20% Tier 5- 20%	Tier 1A- \$10 Tier 1B- \$30 Tier 2- \$60 Tier 3- \$80 Tier 4- 20% Tier 5- 20%	Tier 1A- \$10 Tier 1B- \$30 Tier 2- \$60 Tier 3- \$80 Tier 4- 20% Tier 5- 20%	Tier 1- \$10 Tier 2- \$40 Tier 3- \$60 Tier 4- 25%
Monthly Premiums	Blue Care Network HMO \$250	Blue Care Network HMO \$500	Blue Care Network HMO \$1000	Blue Care Network HMO \$4000	Total Health Care HMO \$2000
Employee	\$435.74	\$428.80	\$420.23	\$375.76	\$294.00
Employee + One (Sp or Ch)	\$1045.78	\$1022.83	\$999.88	\$893.16	\$588.00
Employee + Family	\$1307.22	\$1279.63	\$1252.05	\$1118.61	\$941.00



Midwest Group Plan Year:

October 1, 2020 – September 30, 2021

Midwest Management Group Blue Plans	Blue Cross Blue Shield PPO \$250	Blue Cross Blue Shield PPO \$500	Blue Cross Blue Shield PPO \$1000	Blue Cross Blue Shield PPO \$1500
Annual Deductible	In Network	In Network	In Network	In Network
Single	\$250 Individual	\$500 Individual	\$1000 Individual	\$1500 Individual
Family	\$500 Double/Family	\$1000 Double/Family	\$2000 Double/Family	\$3000 Double/Family
Annual Coinsurance Max				
Single	\$2500 Individual	\$2500 Individual	\$2500 Individual	\$2500 Individual
Family	\$5000 Double/Family	\$5000 Double/Family	\$5000 Double/Family	\$5000 Double/Family
Out of Pocket Max				
Single	\$8150 Individual	\$8150 Individual	\$6350 Individual	\$6350 Individual
Family	\$16300 Double/Family	\$16300 Double/Family	\$12700 Double/Family	\$12700 Double/Family
Primary Care Visit	\$20	\$20	\$30	\$30
Urgent Care Visit	\$35	\$35	\$30	\$60
Emergency Room Visit	\$250	\$250	\$150	\$150
Online Visit	\$20	\$20		\$50
Specialist Physician Visit	\$30	\$30		
Inpatient Hospital Admission	20% select services	20% select services	20% after deductible	20% after deductible
Prescription Drugs	Tier 1A- \$10 Tier 1B- \$30 Tier 2- \$60 Tier 3- \$80 Tier 4- 20% (max\$200) Tier 5- 20% (max\$300)	Tier 1A- \$10 Tier 1B- \$30 Tier 2- \$60 Tier 3- \$80 Tier 4- 20% (max\$200) Tier 5- 20% (max\$300)	Generic \$15 Preferred- \$50 Non-Preferred- \$70 or 50% (max\$100) Specialty- 20% (max\$200) Non Specialty- 25% (max\$300)	Generic \$15 Preferred- \$50 Non-Preferred- \$70 or 50% (max\$100) Specialty- 20% (max\$200) Non Specialty- 25% (max\$300)
Monthly Premiums	Blue Cross Blue Shield PPO \$250	Blue Cross Blue Shield PPO \$500	Blue Cross Blue Shield PPO \$1000	Blue Cross Blue Shield PPO \$1500
Employee	\$527.51	\$510.80	\$489.35	\$466.61
Emp+Spouse or Child	\$1266.05	\$1216.83	\$1167.44	\$1112.85
Emp+Family	\$1582.55	\$1485.63	\$1458.05	\$1389.81

Midwest Group Plan Year:



October 1, 2020 – September 30, 2021

Midwest Management Group Dental and Vision Plans	Delta Dental PPO In Network	Guardian Dental PPO In Network	VSP Vision Annual Plan	VSP Vision 2 Yr Plan on Frames	Guardian Vision VSP Network
Annual Deductibles	Annual Deductible \$50 Individual \$150 Family	Annual Deductible \$50 Individual \$150 Family (3)	Annual Exam Copay \$10 Prescription Lens Copay \$25	Annual Exam Copay \$10 Prescription Lens Copay \$25	Annual Exam Copay \$10
Max Annual Limits	\$1000 Individual (\$1000 Lifetime on Orthodontic)	\$1500 Individual (Unused rollover allowed) (\$1000 Lifetime on Orthodontic)	Contact Lens \$130 allowance per year	Contact Lens \$130 allowance per 24 Months	Contact Lens Eval & Fitting Up to \$60
Age Limits	Dependent children through calendar year they turn age 19	Dependent children through calendar year they turn age 26	N/A	N/A	Dependent children through calendar year they turn age 26
Coverages	Preventative 100% Minor Restorative 80% Major Restorative 50% Bridges/Implants/Dentures 50%	Preventative 100% Minor Restorative 80% Major Restorative 50% Bridges/Implants/Dentures 50%	\$130 Allowance towards large selection of Frames & 20% off amount over allowance	\$130 Allowance towards large selection of Frames & 20% off amount over allowance	Costco Frames Allowance over \$70 Cosmetic Extras Avg. 30% off retail
Monthly Premiums	Delta Dental PPO In Network	Guardian Dental PPO In Network	VSP Vision Annual Plan	VSP Vision 2 Yr Plan	Guardian Vision VSP Network
Employee	\$31.24	\$31.19	\$15.65	\$11.95	\$13.97
Emp+Spouse or Child	\$59.46	\$59.37	\$22.82	\$17.51	\$21.19
Emp+Family	\$110.90	\$110.75	\$41.09	\$31.40	\$37.26