

BUTLER KAHN LAW FIRM

2023 Benefits Overview

	<u>Carrier</u>	<u>Website</u>	<u>Contact #</u>
Medical	UHC All Savers	www.myuhc.com	877.797.8812
Dental	Principal	www.principal.com/find-dentist	800.247.4695
Vision	Principal	www.vsp.com	800.877.7195

United Healthcare LF

HP635021 HSA		P3000i80LX21 - Copay	
	In Network Benefits		In Network Benefits
Physician/Specialist	0% After Deductible	Physician/Specialist	\$25 / \$75
Individual Deductible	\$6,350	Individual Deductible	\$3,000
Family Deductible	\$12,700	Family Deductible	\$5,000
Ind. Out/Pocket Max	\$6,350	Ind. Out/Pocket Max	\$7,900
Coinsurance In	100%	Coinsurance In	20%
Inpatient Hospital	0% After Deductible	Inpatient Hospital	20% After Deductible
Imaging/MRI-CT-PET	0% After Deductible	Imaging/MRI-CT-PET	20% After Deductible
Rx	0% After Deductible	Rx	\$15/\$35/\$75/\$250
Urgent Care Copay	0% After Deductible	Urgent Care Facility/Physician	\$50/\$50
ER Copay	0% After Deductible	ER Copay	\$300 After Deductible

Principal Dental

	UCR
Deductible	\$50
Family Deductible	\$150
Annual Max	\$1,500
Preventive	100%
Basic	80%
Major	50%
Endodontics	50%
Periodontics	50%
Simple Oral Surgery	80%
Orthodontia	NA

Principal Vision

	VSP Choice Network
Exams	\$10 Copay
Lenses	\$25 Copay
Frames	Allowance \$130 20% Discount on frames over \$130
Contacts	\$130 Allowance w 15% Discount
Contact Fitting	\$60 copay
Frequency	Exam: 12 months Lenses/Contacts: 12 months Frames: 24 months

Per Bi-weekly Pay Period - 26

	HP6350 HSA	P2500 copay	Dental	Vision	HSA
Employee only	<input type="checkbox"/> \$0.00	<input type="checkbox"/> \$17.82	<input type="checkbox"/> \$19.10	<input type="checkbox"/> \$3.24	<input type="checkbox"/> HSA
Employee+spouse	<input type="checkbox"/> \$167.58	<input type="checkbox"/> \$234.14	<input type="checkbox"/> \$39.89	<input type="checkbox"/> \$6.96	<input type="checkbox"/> Annual Amount
Employee+child/ren	<input type="checkbox"/> \$134.58	<input type="checkbox"/> \$194.81	<input type="checkbox"/> \$47.12	<input type="checkbox"/> \$6.30	<input type="checkbox"/> \$ _____
Employee+family	<input type="checkbox"/> \$316.04	<input type="checkbox"/> \$411.14	<input type="checkbox"/> \$71.26	<input type="checkbox"/> \$10.63	
	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive

*Butler Law contributes \$437.50 per month per employee.

Print Name: _____ Signature: _____ Date: _____

*This document is intended to highlight or summarize certain aspects of Butler Law's benefit program. This plan information is not intended to be ACA compliant. Please refer to the insurance carrier to obtain an ACA compliant summary.

