
MEDICAL

Blue Cross Blue Shield of Michigan
Customer Service –

www.bcbsm.com

(Pre-Certification of Hospitalization must be called in)

DENTAL

Blue Cross Blue Shield of Michigan
Customer Services - (800) 392.1167

www.bcbsm.com

LIFE/AD&D, LTD & STD

Reliance Standard

Customer Service - (800) 351-7500

www.rsli.com

VISION

EyeMed

Customer Services - (866) 939-3633

www.eyemedvisioncare.com

401(K)

John Hancock

Customer Services - (800) 395-1113

www.jhpensions.com

AFLAC

American Family Life Assurance
Company of Columbus

www.aflac.com

Charlie Glaub 616-443-2723

PLAN ARRANGED BY:

Robert E. Miller Insurance Agency
373 W 101st Terrace, Suite 200
Kansas City, MO 64114
816-333-3000



SCHEDULE OF EMPLOYEE BENEFITS 2011



HTP Teammates

This schedule is for illustrative purposes only. Please refer to your plan booklet for benefits and coverages.

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MEDICAL

Blue Cross Blue Shield of Michigan

Deductible:	Plan 1	Plan 2
Individual	\$1,000	\$4,000
Family	\$2,000	\$8,000
Coinsurance:	80%	80%
Office Copay:	\$30	\$30
Out-of-Pocket Maximum:		
Coinsurance	Plan 1	Plan 2
Maximum:		
Individual	\$2,000	\$5,000
Family	\$4,000	\$10,000
Emergency Room:	\$150 copay	\$150 copay
Prescriptions:	\$10 Generic	\$40 Brand

DENTAL

Blue Cross Blue Shield of Michigan

Deductible:	Network	Non-Network
Individual	\$50	\$50
Family	\$100	\$100

Deductible applies to Type II, III, IV Services

Coverage:	Network	Non-Network
Type I Preventive	75%	75%
Type II Basic Restorative	75%	75%
Type III Major Restorative	50%	50%
Type IV Orthodontia	50%	50%
Annual Maximum:	\$1,000	
Orthodontia Lifetime Maximum:	\$1,000	

LIFE & AD&D

Reliance Standard

Basic Life:	\$25,000
Accidental Death & Dismemberment:	Matches Basic Life Benefit

SHORT TERM DISABILITY

Reliance Standard

Benefit Schedule:	60% of Earnings
Maximum Weekly Benefit:	\$500
Benefit Duration:	9 weeks
Elimination Period:	31st consecutive day for injury & sickness

LONG TERM DISABILITY

Reliance Standard

Benefit Schedule:	60% of Earnings
Maximum Monthly Benefit:	\$5,000
Benefit Duration:	Age 65
Elimination Period:	90 Days

VISION

EyeMed

Well Vision Exam:	\$10 copay every plan year
Lenses:	single vision, lined bifocal and lined trifocal lenses
Frames:	Every plan year \$120 Allowance 20% off amount over your allowance
Contacts:	\$40 exam; \$135 allowance; 15% off balance over \$135

401 K

John Hancock

Employer Match: 100% of employee contributes, up to 3% of pay, plus 50% of what employee contributes up to next 2% of pay.

Enrollment: Upon hire January 1 or July 1

Vesting Schedule: Immediately

PAID HOLIDAYS

January 1; Memorial Day; July 4; Labor Day; Thanksgiving Day; December 25

PAID TIME OFF

Employment Years **Days Earned**
Please see handbook

AFLAC

Providing voluntary benefit plans and all benefits are paid directly to you and you spend them how you wish.

-Pays CASH directly to you with or without a health care plan

-Does not alter or affect any other coverage you have

-Portable – which means you own the policy

-Can continue beyond employment at your original group discount rate

-Provides lifetime coverage – you cannot be canceled because of benefits used.

For full benefit packet, contact Aflac Representative Charlie Glaub at 616-443-2723 or Human Resources

