INTEGRITY CONSULTING — HEALTH INSURANCE OPTIONS

Effective 4/1/2019

Integrity offers group health insurance to all full-time employees who will be employed longer than 90 days. There is a 90 day waiting period on all coverage
The plan includes 3 different options, "base plan", "buy up" plan and "alternate plan"
Integrity covers 50% of either the base plan or alternate plan. If you opt for buy-up plan, integrity covers 50% of the base plan rate
Employees can add dependents, but are responsible for 100% of the premiums.
Dental, Vision and Disability can be added for employee and dependent but employee covers entire premium. Life Insurance is not offered

AGE BANDED PRICE *Prices listed are the total monthly price (not employee portion). Prices for children will be based on their age*

ALTERNATE PLAN AV-DN

Age	Price	Age	Price
<15	$ 218.98	40	$ 365.83
15	$ 238.45	41	$ 372.70
16	$ 245.89	42	$ 379.28
17	$ 253.33	43	$ 388.44
18	$ 261.35	44	$ 399.89
19	$ 269.36	45	$ 413.35
20	$ 277.66	46	$ 429.38
21	$ 286.25	47	$ 447.41
22	$ 286.25	48	$ 468.02
23	$ 286.25	49	$ 488.34
24	$ 286.25	50	$ 511.24
25	$ 287.40	51	$ 533.86
26	$ 293.12	52	$ 558.76
27	$ 299.99	53	$ 583.95
28	$ 311.15	54	$ 611.14
29	$ 320.31	55	$ 638.34
30	$ 324.89	56	$ 667.82
31	$ 331.76	57	$ 697.59
32	$ 338.63	58	$ 729.37
33	$ 342.93	59	$ 745.11
34	$ 347.51	60	$ 776.88
35	$ 349.80	61	$ 804.36
36	$ 352.09	62	$ 822.40
37	$ 354.38	63	$ 845.01
38	$ 356.67	64+	$ 858.75
39	$ 361.25		

BASE PLAN BH-39

Age	Price	Age	Price
<15	$ 265.79	40	$ 444.03
15	$ 289.42	41	$ 452.37
16	$ 298.45	42	$ 460.36
17	$ 307.48	43	$ 471.48
18	$ 317.21	44	$ 485.37
19	$ 326.94	45	$ 501.70
20	$ 337.02	46	$ 521.16
21	$ 347.44	47	$ 543.05
22	$ 347.44	48	$ 568.06
23	$ 347.44	49	$ 592.73
24	$ 347.44	50	$ 620.53
25	$ 348.83	51	$ 647.98
26	$ 355.78	52	$ 678.20
27	$ 364.12	53	$ 708.78
28	$ 377.67	54	$ 741.78
29	$ 388.79	55	$ 774.79
30	$ 394.34	56	$ 810.58
31	$ 402.68	57	$ 846.71
32	$ 411.02	58	$ 885.28
33	$ 416.23	59	$ 904.39
34	$ 421.79	60	$ 942.95
35	$ 424.57	61	$ 976.31
36	$ 427.35	62	$ 998.20
37	$ 430.13	63	$ 1,025.64
38	$ 432.91	64+	$ 1,042.32
39	$ 438.47		

BUY UP PLAN BH-3L

Age	Price	Age	Price
<15	$277.86	40	$464.18
15	$302.55	41	$472.90
16	$312.00	42	$481.25
17	$321.44	43	$492.88
18	$331.61	44	$507.40
19	$341.78	45	$524.48
20	$352.31	46	$544.82
21	$363.21	47	$567.70
22	$363.21	48	$593.85
23	$363.21	49	$619.64
24	$363.21	50	$648.69
25	$364.66	51	$677.39
26	$371.93	52	$708.99
27	$380.64	53	$740.95
28	$394.81	54	$775.45
29	$406.43	55	$809.96
30	$412.24	56	$847.37
31	$420.96	57	$885.14
32	$429.68	58	$925.46
33	$435.13	59	$945.44
34	$440.94	60	$985.75
35	$443.84	61	$1,020.62
36	$446.75	62	$1,043.50
37	$449.65	63	$1,072.20
38	$452.56	64+	$1,089.63
39	$458.37		

INTEGRITY CONSULTING — HEALTH INSURANCE GROUP PLANS SUMMARIES

PLAN	ALTERNATE PLAN AV-DN		BASE PLAN BH-39		BUY UP PLAN BH-3L	
Coinsurance	50%	50%	80%	60%	80%	60%
Deductible	In -Network	Out of Network	In -Network	Out of Network	In -Network	Out of Network
Individual Deductible	$5,000	$10,000	$2,500	$5,000	$1,000	$2,000
Family Deductible	$10,000	$20,000	$5,000	$10,000	$2,000	$4,000
Out of Pocket Max						
Individual Max	$7,350	$14,700	$5,000	$10,000	$6,000	$12,000
Family Max	$14,700	$29,400	$10,000	$20,000	$12,000	$24,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care	$50 CoPay Virtual $10	50% after Ded	$30 CoPay	60% after Ded	$40 CoPay Virtual $10	60% after Ded
Specialist	$100 CoPay	50% after Ded	$60 CoPay	60% after Ded	Designated Network: $80 CoPay Network: Ded 60%	60% after Ded
Preventative Care						
Routine exams, Well Child Care, Immunizations, OBGYN exams, Cervical Cancer Screening, Ovarian Cancer screenings, mamograms, colorectal screening, bone mass measurements	100%	50% after Ded	100%	60% after ded	100%	60% after Ded

PLAN	ALTERNATE PLAN EV-DN		BASE PLAN BH-39		BUY UP PLAN BH-3L	
Hospitalization						
Out-Patient Surgery	50% after Ded	50% after Ded	80% after Ded	60% after Ded	$250 CoPay and then 80% after Ded	$250 CoPay and then 60% after Ded
Outpatient Labs and Mammograms with surgery or other services. Outpatient Labs and Mammograms without surgery or other services. Outpatient x-rays, ultrasounds, and other diagnostic test	100%	50% after Ded	100% after Ded	70% after Ded	100%	60% after Ded
Major Diagnostic: EEG's and EKG's. CT scans, MRI's, MRA's and PET scams in any location, including physicians office.	50% after Ded	50% after Ded	80% after Ded	60% after Ded	80% after Ded	60% after Ded
In-Patient Hospitalization / Surgery	50% after Ded	50% after Ded	80% after Ded	60% after Ded	$500 CoPay and then 80% after Ded	$500 CoPay and then 60% after Ded
Emergency Room	50% after Ded	50% after Ded	$250/80% after Ded	$250/80% after Ded	$250 CoPay	$250 CoPay
Urgent Care Center	$50 CoPay	50% after Ded	$50 CoPay	60% after Ded	$50 CoPay	60% after Ded
RX						
Tier 1 Preferred Generic	$15 CoPay		$10 CoPay		$10 CoPay	
Tier 2 Non-Pref Generic	$50 CoPay		$35 CoPay		$35 CoPay	
Tier 3 Preferred Brand	$85 CoPay		$70 CoPay		$70 CoPay	
Tier 4 Non-Pref. Brand	$200 CoPay		$150 CoPay		$150 CoPay	
Tier 5 Specialty						
Vision						
Routine Eye Exam	Pediat. Only 100%	N/A	Pediat. Only 100%	N/A	Pediat. Only 100%	N/A

**** Information for summary purposes only. See complete plan for official details***

INTEGRITY CONSULTING — VISION PLAN from UNITED HEALTHCARE

Vision plan is separate and covered 100% by employee and is completely voluntary
They offer discounts on non-covered options to reduce out-of pocket expenses (may not be in all states)
Both private practice and retail providers
Access to discounted laser vision correction procedures
Covered-in-full benefits for eye exams, eyeglasses and contact lenses (after applicable copayment)
Premium digital hearing aid discount program

COVERAGE SUMMARY	
Services & Materials	
Exam Copay	$10
Materials Copay	$25

PRICE LIST	
Employee Only	$6.73
Employee & Spouse	$12.79
Employee & Child(ren)	$14.95
Employee & Family	$21.08

Frequencies	
Exam	1 x 12 Months
Lenses	1 x 12 Months
Frames	1 x 24 Months

Contact Lens Benefit

Fitting/evaluation fees, contacts, and up to 2 follow-up visits are covered-in-full (after applicable copay)
For disposable lenses, up to 4 boxes are included For disposable lenses, up to 4 boxes are included
All other elective contacts - $105 Allowance

Out of Network Allowance	
Exam	Up to $40
Single Vision Lenses	Up to $40
Bifocal Lenses	Up to $60
Trifocal Lenses	Up to $60
Lenticular Lenses	Up to $80
Frames	Up to $45
Contact Lenses	Up to $105

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INTEGRITY CONSULTING — DENTAL PLAN from UHC

Plans are completely voluntary, employee is responsible for 100% of premium
Plans are with United HealthCare
The Out of Network reimbursements may be based on a percentage of the Usual and Customary (UCR) or Maximum Allowable Charges (MAC)service that would have been rendered by a network provider.
The Out of Network reimbursements are based on the geographic area in which the expenses are incurred.
This information is for summary purposes only, See plan for complete details and restrictions

Price List

Employee Only	$33.41	per month
Employee & Spouse	$66.83	per month
Employee & Child(ren)	$73.18	per month
Employee & Family	$111.91	per month

Coverage

Deductible (Individual /Family)	$50/$150	
Preventive Services	100%	
Minor Restore	80%	
Endododontics (in network/out)	50%/80%	(in network/out of network)
Periodontics	50%/80%	(in network/out of network)
Oral Surgery	50%/80%	(in network/out of network)
Major Services	50%	
Child Orthodontia (19 and under)	50%/50%	(50% up to max of $1000 after decutible)

Extras

Extended benefits during pregnancy
Oral cancer screenings for all adults that covers light contrast screenings and brush biopsies
Access to an extensive national network of dentists and the freedom to visit non-network dentists

INTEGRITY CONSULTING DISABILITY PLANS from THE HARTFORD

Both Long and Short Term Disability plans are offered
Plans are completely voluntary, employee is responsible for 100% of premium
Plans are with The Hartford
This information is for summary purposes only, See plan for complete details and restrictions

Short Term Disability

Starts on 8th day
Covers up to 12 weeks
60% of weekly earnings up to a max of $2,000/week

Long Term Disability

Starts after 90 days
66.67% of monthly earnings up to a max of $10,000/month

Price List

Short Term	$.285 per $10 weekly benefit
Long Term	$.31 per $100 covered salary

*Short Term Example: An employee makes $1200/week, the cost of short term would be $20.52 per month ($1200 / $10 = $120, $120 * .285 = $34.20, $34.20 * 60% = $20.52)*

*Long Term Example: An employee makes $5000/month, the cost of the long term would be $15.50 per month ($5000 / $100 = $50, $50 * .31 = $15.50)*