

Kohner Properties Health Insurance Benefits 2019

Effective January 1, 2019, our medical benefits are renewing with Aetna. The medical plan utilizes the Coventry Missouri Healthcare PPO network and is summarized below:

Plan ID E-MO 18 PPO 1500 90/70 Rx2	In-Network	Non-Network
Office Visit Copays	\$25 / \$50	30% after deductible
Prescriptions	\$3 / \$12 / \$50 / \$75 / \$150 / \$300	Twice the cost as in network
Prescription Mail Order	\$7.50 / \$30 / \$125 / \$187.50 / n/a / n/a	Not covered
Preventive Care	No member cost share if billed as Preventive	30% after deductible
Emergency Room	\$300 Copay (waived if admitted)	\$300 Copay(waived if admitted)
Urgent Care	\$100 Copay Additional charges for services performed such as lab, x-ray, scans, etc. See summary for information	30% after deductible
Deductible	\$1,500 (\$3,000 per family)	\$3,000 (\$6,000 per family)
Coinsurance	10% after deductible	30% after deductible
Lab, X-Ray & Major Diagnostics	Deductible / coinsurance	30% after deductible
Out-of-pocket maximum (all costs will then be covered at 100%)	\$3,500 (\$7,000 per family)	\$7,000 (\$14,000 per family)
*Note re: O-o-P Max.	All in-network dollars that are member responsibility accumulate toward the out-of-pocket maximum.	Separate accumulators from IN-network benefits. Also note OUT-of-network is subject to balance billing, so the deductible, out-of-pocket, etc. are likely NOT the entire amount a patient would owe.

You can visit Aetna's web site at www.aetnavigators.com to investigate your coverage further.

EMPLOYEE PREMIUMS EFFECTIVE JANUARY 1, 2019

Coverage Level	Non-Tobacco		Tobacco	
	Monthly	Per Pay Period	Monthly	Per Pay period
Employee Only	\$91.00	\$42.00	\$156.00	\$72.00
Employee & Spouse	\$743.17	\$343.00	\$808.17	\$373.00
Employee & 1 child	\$435.50	\$201.00	\$500.50	\$231.00
Employee & 2 children	\$507.00	\$234.00	\$572.00	\$264.00
Employee & 3 children	\$576.33	\$266.00	\$641.33	\$296.00
Family	\$1150.50	\$531.00	\$1215.50	\$561.00

The Medical Flexible Spending Account (FSA) is available to all employees participating in the Traditional Copay Plan.

Highlights:

- Annual medical maximum \$2,650
- Elections are pre-tax
- \$500 Rollover of unused funds
- Entire election available at start of plan
- Eligible expenses can be found on separate attachment (Section 213 of the IRS tax code)

The Dependent Care Flexible Spending Account (FSA) is also available. Highlights:

- IRS established \$5,000 annual maximum
- Use it or lose it
- Pre-tax
- Contribution must have come out of paycheck before receiving reimbursement

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Employee Dental Premiums Effective JANUARY 1, 2019

	Dental	
Coverage Level	Monthly	Per Pay Period
Employee Only	\$ 29.72	\$ 13.72
Employee & Spouse	\$ 59.44	\$ 27.44
Employee & Children	\$ 87.35	\$ 40.32
Family	\$ 105.31	\$ 48.61

Employee Vision Premiums Effective JANUARY 1, 2019

	Vision	
Coverage Level	Monthly	Per Pay Period
Employee Only	\$ 6.02	\$ 2.78
Employee & Spouse	\$ 11.29	\$ 5.21
Employee & Children	\$ 12.81	\$ 5.91
Family	\$ 18.66	\$ 8.61