

VOLUNTARY PERMANENT LIFE & STD

Transamerica Life Insurance Company Permanent Life

* Includes Accidental Death and Dismemberment, Waiver of premium layoff rider & Terminal Illness Rider

* Coverage available for employee, spouse, children & grandchildren

Allstate

* If you become disabled: choose the monthly maximum benefit that meets your needs. The benefit will pay a range from \$400 - \$5,000 up to 60% of your monthly income after the elimination period has been satisfied. Choose from a 7 or 14 day Accident/7 or 14 day Sickness period for 3 months or 7 or 14 day Accident/7 or 14 day Sickness period for 6 months.

***The Employee pays premium.**

Eligibility

All Full Time employees are eligible for benefits the first of the month following 30 days after your hire date.

You must enroll in the benefit plans when you are first eligible or if you have a Qualifying Event (QE); otherwise, you will not be able to enroll until open enrollment.

“Qualifying Events” Marriage, Divorce, Death, Birth, Adoption, Job Change

QE enrollments must be done within 30 days.

LIFE/AD&D, & VOLUNTARY LIFE

MetLife

Group Life—Basic Life and Accidental Death & Dismemberment coverage of \$25,000. Benefits reduce by 35% at age 65, and 50% of original amount at age 70. Benefits under the life and accidental death plans will be paid to your designated beneficiary.

*** Employer pays premium.**

Voluntary Term Life - You have the opportunity for supplemental Term Life/AD&D in increments of \$10,000 up to 5x your salary to \$500,000. With a Guarantee Issue of \$100,000. You may elect coverage for your spouse in increments of \$5,000 up to your benefit or \$100,000. With a Guarantee Issue of \$25,000. Child Coverage is also available.

***The Employee pays premium.**

DENTAL

Delta Dental Plan - Delta PPO Plus Premier

*Please refer to your benefit summary for out of network expenses.

Calendar Year Deductible

Individual	\$50
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Coinsurance

Preventative	100%
Basic	80%
Major	60%
Child Orthodontic	60%

Calendar Maximum \$2,000 Per Person

Lifetime Orthodontic Max \$2,000 Per Dependent

Carrier Contact Information

United Health Care - Medical

Group #
www.ccok.com
(918) 594-5242

Delta Dental - Dental

Group #5724
www.deltadentalok.org
(800) 522-0188

MetLife - Life/AD&D, Vol Life

Group #5735883
www.metlife.com
(800) 438-6388

Worksite Products - Transamerica & AllState

Krista Underwood
kunderwood@yoursummit.com
(800) 475-0991 ext. 5453

Transamerica

Voluntary Permanent Life
www.transamericaemployeebenefits.com
(800) 400-3042

Allstate Financial

American Heritage Life & Cancer
www.allstatebenefits.com
(800) 521-3535

Benefit Advisor - Summit

Kay Alldredge
kalldredge@yoursummit.com
(918) 280-7703
(800) 475-0991 ext. 2203

**This benefits brochure is only a summary,
not a guarantee of benefits.**



Employee Benefit Plans

January 1, 2018
through
December 31, 2018

Presented by



www.yoursummit.com

MEDICAL

United Healthcare

AVLQ/DV

Calendar Year Deductible

Individual	\$500
Family	\$1,500

Out-of-Pocket (Deductibles, Medical & RX Copays)

Individual	\$5,000
Family	\$12,700

Coinsurance 80%

Office Visit (PCP) \$25 Copay

Office Visit (Specialist) \$25 Copay

Urgent Care \$50 Copay

Emergency Room \$250 Copay then Coin

Inpatient Hospital Ded. + 20% Coin

Outpatient Surgery Ded. + 20% Coin

Outpatient Lab \$40 Copay

Outpatient Radiology \$40 Copay

MRI, CT Scan, Pet Scan \$400 Copay

Rx Copays

Tier 1	\$20
Tier 2	\$45
Tier 3	\$80
Tier 4	N/A

Rx Mail Order 2.5x Copay for 90 Days

MEDICAL

United Healthcare

AVL5/DV

Calendar Year Deductible

Individual	\$1,000
Family	\$3,000

Out-of-Pocket (Deductibles, Medical & RX Copays)

Individual	\$5,000
Family	\$10,000

Coinsurance 80%

Office Visit (PCP) \$30 Copay

Office Visit (Specialist) \$30 Copay

Urgent Care \$50 Copay

Emergency Room \$400 Copay then Coin

Inpatient Hospital Ded. + 20% Coin

Outpatient Surgery Ded. + 20% Coin

Outpatient Lab Ded. + 20% Coin

Outpatient Radiology Ded. + 20% Coin

MRI, CT Scan, Pet Scan \$400 Copay

Rx Copays

Tier 1	\$20
Tier 2	\$45
Tier 3	\$80
Tier 4	N/A

Rx Mail Order 2.5x Copay for 90 Days

MEDICAL

United Healthcare

AVL1/DT

Calendar Year Deductible

Individual	\$1,500
Family	\$3,000

Out-of-Pocket (Deductibles, Medical & RX Copays)

Individual	\$5,000
Family	\$12,700

Coinsurance 80%

Office Visit (PCP) \$30 Copay

Office Visit (Specialist) \$30 Copay

Urgent Care \$50 Copay

Emergency Room \$350 Copay then Coin

Inpatient Hospital Ded. + 20% Coin

Outpatient Surgery Ded. + 20% Coin

Outpatient Lab \$40 Copay

Outpatient Radiology \$40 Copay

MRI, CT Scan, Pet Scan \$400 Copay

Rx Copays

Tier 1	\$15
Tier 2	\$40
Tier 3	\$70
Tier 4	N/A

Rx Mail Order 2.5x Copay for 90 Days

MEDICAL

United Healthcare

AVLV/DV

Calendar Year Deductible

Individual	\$2,000
Family	\$6,000

Out-of-Pocket (Deductibles, Medical & RX Copays)

Individual	\$5,000
Family	\$10,000

Coinsurance 80%

Office Visit (PCP) \$40 Copay

Office Visit (Specialist) \$40 Copay

Urgent Care \$50 Copay

Emergency Room \$400 Copay then Coin

Inpatient Hospital Ded. + \$250 Copay/Day

Outpatient Surgery Ded. + 20% Coin

Outpatient Lab Ded. + 20% Coin

Outpatient Radiology Ded. + 20% Coin

MRI, CT Scan, Pet Scan \$400 Copay

Rx Copays

Tier 1	\$20
Tier 2	\$45
Tier 3	\$80
Tier 4	N/A

Rx Mail Order 2.5x Copay for 90 Days