



Summary of Insurance Benefits


Effective December 1st, 2016 - November 30th, 2017

Eligibility Requirements


Your eligibility for healthcare benefits beginning December 1, 2016 is determined by meeting one of the following criteria:

- 1) Tews Company employees working shorter term assignments (duration of less than 4 months) accumulating at least 1,560 total working hours over the past twelve months who are currently on active assignment as of December 1, 2016
- 2) Tews Company employees working on longer term assignments (duration of 4 months or longer in a full time position) on active assignment as of December 1, 2016

Payroll Deductions

	
Monthly Deductions for Medical Coverage	
	UHC Plan AHN6
Employee Only	\$110.33
Employee plus Spouse	\$529.56
Employee plus Child(ren)	\$492.78
Family	\$867.89

Contact Information

Medical Insurance

Customer Service Phone #: 1-800-357-0978 (Have ID Card Ready) Websites: General Information: www.uhc.com Website Once Enrolled: www.myuhc.com

Outside Consultant/Agency

Victoria Pittman Phone: (407) 591-3036 301 E. Pine Street Suite 650 Orlando, Florida 32801



SERVICES	UHC Medical Plan: AHN6
Physicians Office	
Primary Care Office Visits	\$30 Copayment
Specialists Office Visits	\$60 Copayment
Preventive Care (Physical Exams)	Lab, X-Ray, Mammograms: 100% Covered
Rx	
Up to a 31 Day Supply	Tier 1-\$20 Copay Tier 2-\$50 Copay Tier 3-\$80 Copay
Up to a 90 Day Supply Mail Order	2X Regular Copays
Hospital Services	
Inpatient Stay	50% after deductible
Outpatient Surgery	50% after deductible
Emergency Room	\$350 Copayment
Physician Fees for Surgical and Medical Services	50% after deductible
Other	
Urgent Care Center	\$100 Copayment
Major Diagnostics—MRI, CAT	50% after deductible
Financial	
Calendar Year Deductible	Single = \$2,000 Family = \$4,000
Plan Coinsurance	United Pays 50% Member Pays 50%
Calendar Year Out-of-Pocket Maximum	Single = \$6,600 Family = \$13,200 (Includes Annual Deductible, Coinsurance, Copays, & Rx)
Non-Network Benefits	Emergency Only
	Network: Choice

Locate Providers at www.myuhc.com

DISCLAIMER: This is not a guarantee of coverage or benefits. You must refer to Insurance or Investment Company for guarantees. Limitations do apply that ARE NOT listed. Your Certificate of Coverage and/or Summary Plan Description ultimately govern your plan.