

**Contractor Sponsored Healthcare
Information Request**

Company Name: _____
Submitted By: _____

Plan Effective Date: _____
Renewal Date: _____

Minimum Standards		Employee Sponsored Coverage includes:
100% no deductible	Preventative Care (includes eye exam)	
\$300 Single/\$900 Family	Deductible	
\$2000 Single/\$6000 Family	Annual Out of Pocket Maximum	
\$5,000,000.00	Lifetime Maximum	
\$25.00 copay	Office Visit	
80% coinsurance after deductible	Hospital Services	
80% coinsurance after deductible	ER Services	
\$25.00 copay	Urgent Care Clinic	
	Pharmacy	
\$12	Generic	
\$35	Brand Preferred	
\$60	Brand Nonpreferred	
	Mail Order Pharmacy	
\$24	Generic	
\$70	Brand Preferred	
\$125	Brand Nonpreferred	
80% coinsurance up to \$200 maximum per prescription per month	Specialty Drugs	
	Additional Benefits	
\$25.00 copay	Chiropractic Care	
80% coinsurance after deductible	Outpatient Care	
80% coinsurance after deductible	Durable Medical Equipment	
80% coinsurance after deductible	Physical, Occupational, Speech Therapy	
\$20.00 copay/80% coinsurance after deductible	Mental Health	
\$20.00 copay/80% coinsurance after deductible	Chemical Health	

	Dental	
\$50.00	Annual Deductible	
\$1,500.00	Annual Maximum	
100%	Preventive Services	
60%	Basic Restorative	
60%	Major Restorative	
60%	Oral Surgery	
\$1,000.00	Oral Surgery Maximum	
100%	Orthodontia	
\$2,000.00	Orthodontia Lifetime Max	
	Vision	
\$180 per year	Eye Glass Lenses, Frames, Contact Lenses, & Safety Eyewear	
	Life and Disability	
\$10,000	Life	
13 Weeks at 60% of regular wages, up to \$600.00/week	Short Term Disability	
52 Weeks at 50% of regular wages, up to \$2,500.00/month	Long Term Disability	
<i>Contractor must pay health insurance through the duration of short term disability</i>		
	Other	
All employer-sponsored healthcare plans must include an employee assistance program. The employer is responsible for the healthcare premiums of any employee who is out of work due to an injury that is covered by Worker's Compensation, up to a maximum of 72 weeks.		
Satewide Limited Energy Agreement Section 3.11(b) Health/Welfare Insurance		
<u>Employer Provided Plan.</u> Employers whose Employees have selected the health insurance plan offered by the Employer by majority vote shall pay 80% of the cost of the Employer provided health care plan for each Employee. Employees electing coverage will pay 20% of the cost of the Employer provided plan by payroll deduction.		
Benefits provided under an Employer plan will be "comparable" to benefits provided under the Employees' local Union health benefit plan. Annually, the Employer shall provide to the Union a copy of the Employer plan, including a schedule of benefits. In the event there is a change in benefits made under the Employer plan, the Union shall be notified in a timely manner and provided with a copy of the revised benefit schedule. The Employer shall also provide the Union with proof of payment of insurance premiums in the form of a certificate of insurance, with thirty (30) day notice of cancellation, as well as a list of the Employees covered under the Employer provided plan.		