

FAQ's

When am I eligible for insurance coverage to begin? Start of the month following 60 days of full-time employment.

When can I enroll? Anytime starting 7 days after receiving your first payroll check, up to 30 days prior to the effective date of your coverage.

How do I enroll? Enrollment is done completely on-line at www.EnrollmentPoint.com

How do I login to the enrollment site? What is my user ID and password? Gather your social security number and see your timekeeper for login instructions.

Who do I call if I have questions or need help enrolling? A Support Call Center is available at (866) 507-7060 Monday-Friday from 7 am to 7 pm CST.

¿Puedo hablar con un representante de habla española en el centro de llamadas? Sí, por supuesto.

What if I did not elect insurance coverage when I was first eligible to enroll or I failed to enroll during the Open Enrollment period? Due to government regulations, you will not be eligible to enroll in coverage until the next Open Enrollment period, which is typically towards the end of the calendar year for coverage that will be effective at the start of the next calendar year.

What is "Open Enrollment"? Open Enrollment is a two week period in November of each year in which newly eligible employees or existing employees can enroll in new coverages or make changes to existing coverages for the next calendar year.


Can I cancel or change my insurance elections after I have elected them? Once your coverage becomes effective, unless your spouse becomes newly eligible for coverage under his/her employer or you have a "qualified life event" (such as birth, adoption, marriage, divorce, death, etc.), you must keep the coverage you elected until the end of the calendar year.

What is a PPO Plan? In a PPO Plan, you will receive the maximum benefits under the plan and pay less out of your pocket when you use an "In-Network" provider. "Out-of-Network" providers are reimbursed based on reasonable and customary charges. Any charges over the R&C will be your responsibility.


Where can I find more information or updates? Under the "BENEFITS" tab at www.INF-GRP.com

2017 RATES / PREMIUMS


MONTHLY MEDICAL EMPLOYEE CONTRIBUTION

	High Plan	Low Plan	MERP Plan
Employee Only 	\$236	\$120	\$40
Employee + Spouse	\$724	\$468	\$210
Employee + Child(ren)	\$620	\$424	\$166
Employee + Family	\$860	\$516	\$330

MONTHLY DENTAL EMPLOYEE CONTRIBUTION

	High Plan	Low Plan
 Employee Only	\$24	\$16
Employee + 1 Dependent	\$52	\$32
Employee + 2 or more Dependents	\$88	\$64

MONTHLY VISION EMPLOYEE CONTRIBUTION

	High Plan
 Employee Only	\$8
Employee + 1 Dependent	\$12
Employee + 2 or more Dependents	\$16

Note: Premiums are deducted from the first four payroll checks of each month for a total of 48 periods.

CONTACT INFORMATION

Enrollment Support Call Center	(866) 507-7060
Blue Cross/Blue Shield (Medical)	(800) 521-2227
PanaBridge (Medical)	(800) 999-5382
Ameritas (Dental/Vision)	(800) 487-5553
Voya (Life/AD&D/LTD)	(877) 886-5050
Benefit Strategies (Flex/Cobra)	(888) 401-3539

To enroll, go to www.EnrollmentPoint.com

The sole purpose of this document is to provide a brief summary of the health & welfare benefits offered by The Infinity Group. If an error or inconsistency occurs, the formal plan documents will prevail.



Employee Benefit Summary



MEDICAL INSURANCE - Blue Cross/Blue Shield PPO (Employee/Company Paid)

	PPO - High Plan		PPO - Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Individual/ Family	\$2,000/ \$4,000	\$4,000/ \$8,000	\$4,000/ \$8,000	\$8,000/ \$16,000
Out-Of-Pocket Max Individual/ Family	(Includes deductible, coinsurance, and copays)			
	\$6,000/ \$12,000	\$12,000/ \$24,000	\$6,350/ \$12,700	\$20,000/ \$40,000
Lifetime Max	Unlimited		Unlimited	
Office Visit Primary Care Specialist Preventive Care	\$40 copay \$75 copay 100%	Ded., 60% Ded., 60% Ded., 60%	\$40 copay \$75 copay 100%	Ded., 50% Ded., 50% Ded., 50%
Urgent Care	\$75 copay	Ded., 60%	\$75 copay	Ded., 50%
Hospital Services In/Outpatient Emergency Room*	Ded., 80% \$300 copay	Ded., 60% \$300 copay	Ded., 70% \$300 copay	Ded., 50% \$300 copay
Lab and X-Ray Diag. (Lab/X-Ray) High Tech Services	100% Ded., 80%	Ded., 60% Ded., 60%	100% Ded., 70%	Ded., 50% Ded., 50%
Prescriptions Tier 1 Tier 2 Tier 3	\$20 copay \$50 copay \$100 copay	Copay+80% of allowable amount	\$20 copay \$50 copay \$100 copay	Copay+80% of allowable amount
Mail Order	2x copay	Not covered	2x copay	Not covered

NOTE: %s listed above are amounts the plan pays after deductibles are met. *Only "true emergencies" are eligible for this copay.

VISION INSURANCE - Ameritas (Employee Paid)

	Vision - High Plan	
	In-Network	Out-of-Network
Eye Exam (Every 12 months)	\$10 copay	Up to \$35
Lenses (Every 12 months)		
Single	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$55
Frames (Every 24 months)	Up to \$100	Up to \$45
Contact Lenses (Every 12 months)		
Medically Necessary	100%	Up to \$200
Elective (in lieu of glasses)	Up to \$115	Up to \$100
Lasik Procedure (Lifetime Benefit for both eyes)		
Year 1 \$350	Year 2 \$350	Year 3 \$700

MEDICAL INSURANCE - PanaBridge Minimum Essential Reimbursement Plan (Employee/Company Paid)

	MERP Plan
Doctor Visit - Routine Doctor Visit - Preventive Care	\$75/day (6 days/year max) 100% In-Network Provider
Outpatient Tests Diagnostic Labs (Glucose, Urinalysis, CBC) X-Ray (Chest, Broken Bones) CT Scan/MRI, etc.	\$45/day (3 days/year max) \$100/day (2 days/year max) \$400/day (2 days/year max)
Hospital Services - Inpatient Inpatient Admission Daily Confinement	\$500 (1 day/admission) \$600/day (60 days/year max)
Specific Hospital Confinements	
Intensive Care Substance Abuse Mental Illness Skilled Nursing	\$1,200/day (30 days/year max) \$300/day (30 days/year max) \$300/day (60 days/year max) \$300/day (57 days/year max)
Lump Sum Surgical Inpatient Outpatient Outpatient Minor Procedure	\$1,000/day (1 day/year max) \$500/day (2 days/year max) Not covered
Emergency Room Sickness Visit	\$75/day (4 days/year max)
Specified Illness - Lump Sum* First diagnosis of invasive cancer, heart attack, stroke, or major organ transplant	\$1,500 (Employee) Spouse 50% of Lump Sum Children 25% of Lump Sum
Group Term Life/AD&D	
Group Term Life Employee** Spouse Children (6 mos to age 26) Infant (10 days to 6 mos)	\$5,000 \$2,500 \$1,250 \$200

*Waiting periods apply. ** Employee also receives \$5,000 of AD&D coverage

Please note, PanaBridge MERP is not a major medical coverage plan. This plan pays a fixed benefit amount to help cover the cost of common medical services, but is not designed to cover the costs of serious or chronic illnesses.

DENTAL INSURANCE - Ameritas (Employee Paid)

	Dental - High Plan	Dental - Low Plan
Annual Deductible Individual/ Family	\$50 \$150	\$50 \$150
Type 1 (Preventive)	100%	100%
Type 2 (Basic)	80%	80%
Type 3 (Major)	50%	N/A
Annual Plan Maximum	\$1,000	\$750
Orthodontia (Child only)	50%	None
Orthodontia Lifetime Max	\$1,000	N/A

BASIC LIFE/ADD INSURANCE - Voya (Company Paid)

All Employees with Company medical insurance - \$10,000

SUPPLEMENTAL LIFE/AD&D INSURANCE - Voya (Employee Paid)

Newly eligible employees may purchase additional Life/AD&D coverage for yourself and your eligible dependents up to the guaranteed issue (GI) amount without proof of good health. Coverage requested in excess of GI, or if you enroll at any other time, will require employee and/or dependent to go through the Evidence of Insurability process.

Employee - GI is \$150K, \$500K max up to 7x salary (\$10K increments)

Spouse - GI is \$50K, \$500K max up to employee coverage (\$10K increments)

Child(ren) - \$10K per child up to age 26

NOTE: Coverage reductions for Basic, Classed and Supplemental insurances occur at ages 60, 65 and 70. In order to elect supplemental coverage for spouse or child, employee must have elected employee supplemental coverage.

FLEXIBLE SPENDING ACCOUNTS - Benefit Strategies (Employee Paid)

	Health Care	Dependent Care
Annual Contribution Limit	\$2,600	\$5,000*
Examples of eligible expenses	Deductibles, copays, medical & dental expenses not covered by insurance	Wages to a baby-sitter, licensed child care provider, day camp expenses

*Maximum election based on Federal filing election



2017