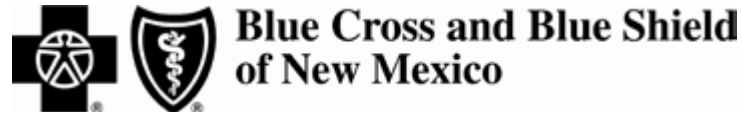


# 2020 Benefits At A Glance



## OPTION 1 BLUENET EPO \$2000C

Benefit	You Pay	
Deductible: Individual	\$2000	
Deductible: Family	\$6000	
Out-of-Pocket: Individual	\$4000	
Out-of-Pocket: Family	\$8000	
Co-Insurance	30%	
Primary Care Visit	\$40 Copay	
Preventative Care	No Charge	
Specialist Visit	\$55 Copay	
Lab & X-Ray	30% no deductible	
Emergency Room	\$300 Copay	
Urgent Care Visit	\$100 Copay	
In/Out Patient Hospital**	30% Coinsurance subject to deductible	
Prescription Drugs by tier	\$0 / \$10 / \$50 / \$100 / \$150 / \$250	
Employee Contribution	Per Month	Per Pay Check (SM)
Employee Only	\$0	\$0
Employee + Child (ren)	\$702.60	\$351.30
Employee + Spouse	\$510.98	\$255.49
Employee + Family	\$1,213.59	\$606.80

## OPTION 2 BLUENET EPO \$1000C

Benefit	You Pay	
Deductible: Individual	\$1000	
Deductible: Family	\$3000	
Out-of-Pocket: Individual	\$3000	
Out-of-Pocket: Family	\$6000	
Co-Insurance	30%	
Primary Care Visit	\$40 Copay	
Preventative Care	No Charge	
Specialist Visit	\$55 Copay	
Lab & X-Ray	30% no deductible	
Emergency Room	\$300 Copay	
Urgent Care Visit	\$100 Copay	
In/Out Patient Hospital**	30% coinsurance subject to deductible	
Prescription Drugs by tier	\$0 / \$10 / \$50 / \$100 / \$150 / \$250	
Employee Contribution	Per Month	Per Pay Check (SM)
Employee Only	\$84.62	\$42.31
Employee + Child (ren)	\$880.31	\$440.16
Employee + Spouse	\$663.30	\$331.65
Employee + Family	\$1,458.99	\$729.50

\*\* Subject to Deductible and Coinsurance

**Eight Northern Indian Pueblo Council pays 100% of the Employee Benefit. For medical ENIPC will pay 100% employee only rate on Option 1. You may elect to purchase additional amounts of employee, spouse, and dependent life coverage. See HR Department for further details.**

To enroll in any of the benefits listed on this page please, complete the appropriate enrollment form or contact your HR department. Eight Northern Indian Pueblo Council has a first of the month following date of hire waiting period for all benefits. An employee is eligible for coverage on the first day of the month following date of hire. The enrollment form must be received before the eligibility date.

If you do not elect the benefits at this time then you will not be able to elect them again until open enrollment or if you have a qualifying event such as:  
 \* Involuntary loss of coverage      \* Divorce      \* Adoption      \* Marriage      \* Birth

**Annual open enrollment is March 4th – 11th to be effective April 1st**

The rates and benefits on this sheet are a brief summary of benefits quoted and not intended as a full representation of all benefits. See the Summary Plan Description for a complete benefit description.



# 2020 Benefits At A Glance



DNNHRO4 IN NETWORK BENEFITS		VSP SIGNATURE PLAN (B) *		GROUP LIFE AND DISABILITY
<b>Annual Deductible</b>	\$50 individual / \$150 Family	<b>Eye Exam Frequency</b>	<b>In Network</b> \$10 Copay	<b>100% Paid for by ENIPC</b>
<b>Annual Benefit Max</b>	\$1,500	Exams	Every 12 months	Life:
<b>Lifetime Orthodontics Max</b>	\$1,000	Lenses	Every 12 months	Employee : 2x's Annual Salary, rounded to the next higher \$1000
<b>Diagnostic &amp; Preventive</b>	No Charge	Frames	Every 24 months	Guarantee Issue: \$300,000*
<b>Basic Services</b>	20%	<b>Rx Glasses Lenses</b>	\$25 Co-pay	Maximum Amount: \$300,000*
<b>Restorative Services</b>	20%	Single	See Frame and Lenses	AD&D: Same as Life amount
<b>Major Services</b>	50%	Lined Bifocal	Up to \$50	Short Term Disability: 60% of Weekly income to max of \$1000
<b>Orthodontics (Child &amp; Adult)</b>	50%	Lined	Up to \$75	Begins the 31 <sup>st</sup> day due to injury or illness for 22 weeks
		Trifocal	Included in Rx Glasses	Long Term Disability: 50% of Monthly income to max of \$6,000
		<b>Frames</b>	\$130 Allowance	Begins after 180 days continues for length of disability or until age 65 or SSNRA*, whichever is later
		<b>Contacts</b>	Up to \$60 Co-pay	*Benefit reduction 35% at age 65, additional 25% at age 70, additional 15% at age 75
		Contact Lens	\$130 Allowance	
		Instead of glasses	Up to \$105	

Employee Contribution	Per Month	Per Pay Check(\$M)	Employee Contribution	Per Month	Per Pay Check(\$M)
Employee Only	\$0	\$0	Employee Only	\$0	\$0
Employee + Child(ren)	\$41.47	\$20.74	Employee + Child(ren)	\$5.93	\$2.97
Employee + Spouse	\$25.71	\$12.86	Employee + Spouse	\$5.62	\$2.81
Employee + Family	\$76.73	\$38.37	Employee + Family	\$15.31	\$7.66

Definition of Disability: Own occupation and loss of at least 20% of earnings  
 \*SSNRA: Social Security Normal Retirement Age  
 \*\*Voluntary rates are illustrated in your Lincoln packet



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**VOLUNTARY ACCIDENTAL INSURANCE**  
**A lump-sum, tax-free benefit for accident related expenses**  
 Hospitalization, Physical Therapy, Hospital Intensive Care, Transportation, Lodging  
 And many more treatments associated with an accident.  
**Additional Option** to elect a hospital confinement benefit that pays you a per day amount if confined to a hospital due to a sickness. **Insurance costs are the same for everyone, regardless of age.**

**VOLUNTARY CRITICAL ILLNESS INSURANCE**  
**Tax-free, lump-sum benefit upon the diagnosis of:**  
 Heart Attack, Stroke, Kidney Failure, Major Organ Transplant, Coronary Artery Bypass Surgery (Heart Surgery),  
 Permanent Paralysis, Cancer  
**\$5,000 - \$50,000 which can be used at your discretion.**  
**Insurance costs are based on individual age. Coverage can be extended to an eligible spouse and children.**