



**Eii Insurance**

GROUP BENEFITS

**Acme Hardware**

January 1 thru December 31, 2016

**Russ Dorfler / Broker**  
EII Phone: 303-932-1151  
russ@eii4u.com

	<u><a href="#">RCI</a></u> <u><a href="#">3000 / 100% - \$30 /\$50</a></u> <u><a href="#">PPO - Partially Self Funded</a></u>
<b>DEDUCTIBLE</b>	<b>Cigna Network</b>
Individual	PPO: \$3,000 OON: \$6,000
Family	PPO: \$6,000 OON: \$12,000
<b>OUT-OF-POCKET MAX</b>	
Individual	PPO: \$3,000 OON: \$10,500
Family	PPO: \$6,000 OON: \$21,000
<b>SERVICES</b>	
Office Visits	PPO: \$30/\$50
Rx	PPO: \$10/\$25/\$40/\$150
Inpatient Hospital Services	PPO: 0% after ded.
Outpatient Surgery in a Hospital	PPO: 0% after ded.
Emergency Room	PPO: 0% after ded.
Urgent Care	PPO: \$50
<b>OUT-OF-NETWORK %</b>	OON: 50% after ded.
<b>Status</b>	
Employee	\$359.00
Employee and Spouse	\$703.00
Employee and Child(ren)	\$806.20
Family	\$1,047.00

provider search:

1. Visit Cigna.com - click on "Find a Doctor" (upper right).
2. On the next page, click on "If your insurance plan is offered through work or school..." (large orange box)
3. Click "Pick" (small pink box)
4. Click "PPO, Choice Fund PPO" in the pop-up box.

Note: This spreadsheet is not a contract - only a summary. See Summary of Benefits and Coverage (SBC) for details. Final rates, product offerings, and acceptability are determined by the insurance carrier.



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NexStep Companion Plan Administered By SIS	Benefit
<p>The Hospital Confinement Insurance pays a calendar year benefit, up to the maximum benefit selected, for each Covered Person who incurs eligible out-of-pocket expenses due to a hospital in-patient confinement.</p> <p><b>In-patient hospital stays;</b> In-patient surgeries - Physician's in-hospital charges - Hospital emergency room treatment for Injuries and hospital emergency room treatment for Sicknesses if the sickness results in a Hospital Confinement within 24 hours of the Hospital emergency room treatment*</p> <p>*Covered under Hospital Confinement Insurance only if coverage is not purchased with the Out-Patient Benefit.</p>	<b>\$2,500</b>
<p><b>The Out-Patient I Benefit</b> pays on a "per person per Sickness or Injury" basis, up to a maximum of four "occurrences" per family per calendar year. This maximum applies to the entire family unit, regardless of the number of covered persons within the family unit. An "occurrence" is the treatment, or series of treatments, for a specific Sickness or Injury. All expenses related to the treatment of the same or related Sickness or Injury will accrue toward the out-patient maximum for one occurrence, regardless of whether such treatment is received in more than one calendar year period. If, however, a Covered Person is treatment-free, at any time, for at least 90 consecutive days, they may qualify for an additional out-patient maximum benefit if the family maximum per calendar year has not been met. Out-patient benefits may include, but are not limited to:</p> <p><b>Hospital emergency room treatment of Injury or Sickness - Out-patient Surgery in an out-patient surgical facility, emergency facility or physician's office - Diagnostic testing including, but not limited to, x-rays, diagnostic lab, MRI's, and CT scans - Out-patient radiation therapy or chemotherapy</b></p>	<b>\$2,500</b>

See Plan Brochure for more details and benefits

<b>Acme Hardware generously contributes 100% of the NexStep premium.</b>		
<b>MONTHLY BAP RATES</b>	<b>Acme Pays the following Monthly Premiums</b>	
	<b>Acme</b>	<b>Employee</b>
Stat of Employee (under age 40)		
Employee	\$18.75	100% Acme
Employee & Spouse	\$37.50	100% Acme
Employee & Child(ren)	\$49.50	100% Acme
Family	\$74.50	100% Acme
Stat of Employee (age 40-49)		
Employee	\$28.75	100% Acme
Employee & Spouse	\$57.50	100% Acme
Employee & Child(ren)	\$69.50	100% Acme
Family	\$94.50	100% Acme
Stat of Employee (50 & above)		
Employee	\$38.75	100% Acme
Employee & Spouse	\$77.50	100% Acme
Employee & Child(ren)	\$89.50	100% Acme
Family	\$114.50	100% Acme

SIS: 800-767-6811 / 972-788-0699  
 fax: 214-291-1301 / 972-960-0377

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**Delta Dental of Colorado**

Product	Plan Description	Rate Description	Monthly Premium
Delta Dental PPO	Beta Health PPO MAC	Subscriber	\$36.51
Delta Dental PPO	Beta Health PPO MAC	Subscriber plus 1	\$71.70
Delta Dental PPO	Beta Health PPO MAC	Subscriber plus Two or more	\$123.84

Benefit Class	Maximum Type	Max Allowed
		Premier   Non Par
All Covered Classes (Except Ortho, If Covered)	Individual coverage amount	\$1500   \$1500
All Covered Classes (Except Ortho, If Covered)	MOOP Individual	\$700   \$700   \$700
All Covered Classes (Except Ortho, If Covered)	MOOP Household	\$1400   \$1400   \$1400
All Covered Classes Except D&P (and Ortho, if Covered)	Individual coverage amount	\$1,500

Coverage Levels			
Description	Delta Pays	Deductible	Waiting Period
	PPO   Premier   Non Par	PPO   Premier   Non Par	
Crowns, Prosthodontics (Vol)	50%   50%   50%	Yes   Yes   Yes	12 Months
Denture Relines/Repairs/Rebases (Vol)	50%   50%   50%	Yes   Yes   Yes	12 Months
Diagnostic & Preventive w/X-Rays (Vol)	100%   80%   90%   80%   90%	No   No   No   No   No	None
Endodontics, Periodontics (Vol)	50%   50%   50%	Yes   Yes   Yes	12 Months
Fillings, Simple Extractions (Vol)	80%   80%   80%	Yes   Yes   Yes	None
Implants - Restorative Phase (Vol)	50%   50%   50%	Yes   Yes   Yes	12 Months
Implants - Surgical Placement (Vol)	50%   50%   50%	Yes   Yes   Yes	12 Months
Oral Surgery, Anesthesia (Vol)	50%   50%   50%	Yes   Yes   Yes	12 Months

Delta Dental of Colorado  
<http://deltadentalco.com>

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