



## **Employee Benefit Summary**

Aetna 2008-09

Policy # 474789

Diversified Employee Benefit Services, LLC  
3463 Magic Drive, Suite 137  
San Antonio, TX 78229  
(800) 990-3427

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## Aetna Medical Benefits

<i>Network Name</i>	<i>Aetna PPO OAMC</i>
Physician Co-Pay	\$25 Co-Pay
Specialist Co-Pay	\$40 Co-Pay
Prescription Co-Pays	\$5/\$30/\$50
Annual Deductible <b><u>Employee pays \$1,000</u></b>  Employer pays \$4,000	\$5,000 In Network/ \$10,000 Out of Network
Co-Insurance	100/0 In Network / 70/30 Out of Network
Out of Pocket Max	\$0 In Network / \$4000 Out of Network
	Family X3
Urgent Care Center	\$75 Co-Pay
ER Facility	\$150 Co-Pay
In Hospital	Deductible Only
Out Patient Surgery	Deductible Only
X-Ray and Complex Imaging, MRI, CAT	\$25 Co-Pay In Network
Allergy Testing and Injections	\$25 Co-Pay In Network
Routine Adult and Child Well Exams	\$25 Co-Pay In Network
Routine Mammograms	100% In Network / 30% Out of Network
Mental Health	Inpatient 100% in Network Outpatient \$40 Co-Pay in Network

	Employer Pays Monthly	You Pay Weekly
Employee Only	\$265.22	\$0.00
Employee + Child(ren)	\$647.30	\$76.85
Employee + Spouse	\$603.30	\$86.85
Family	\$726.22	\$104.79

## MERP Information

**Glazier Foods Company** has implemented a Medical Expense Reimbursement Plan to assist each full time employee in paying for a portion of their deductible. The MERP fund will also reimburse each employee one co-pay for a routine wellness exam. Full time employees are eligible after first of the month following (30) days of continuous employment and enrollment in medical plan.

## Aetna Dental Insurance Benefits

Dental Plan:	DHMO
	<b>Patient Pays:</b>
Dental Office Co-Pay	\$5
Annual Maximum	Unlimited
Diagnostic Services	100%
Full Mouth Series X-Rays	n/c
Bite Wings	n/c
Panoramic X-Rays	n/c
Oral Evaluations	n/c
Preventive Services	
Prophy – Adult	\$8
Fluoride – Child	n/c
Sealant – Per Tooth	\$8
Space Maintainer	\$80
Restorative Services	
Amalgam – 1 to 4+ teeth	\$16 to \$40
Resin – 1 to 4+ teeth	\$25 to \$60
Sedative Filling	\$8
Crowns & Bridges	See fee schedule
Endodontic	See fee schedule
Perodontics	See fee schedule
Prosthodontics	See fee schedule
Orthodontics	
Adult & Child	\$1945

For Entire Summary of Dental DHMO Benefits, see Fee Schedule

Employee Only	\$3.25
Employee + Spouse	\$6.40
Employee + Child(ren)	\$8.23
Family	\$11.38

### Description of Aetna Dental Discount Plan

You will receive 30% off services from participating providers

Employee Only	\$.69
Family	\$1.12

# Aetna Life Insurance Benefit

## Basic Life Insurance:

**Glazier Foods Company** provides Basic Life and Accidental Death and Dismemberment (AD&D) Insurance for you the employee at no cost. Plus you can purchase additional Life Insurance for you and your family members.

This is your opportunity to purchase low cost life insurance coverage for you, your spouse, and children. Premium is based on your age and is deducted from your paycheck.

## Basic Life Insurance

<b>All Employees-Employer Paid</b>	
Term Life with AD & D	\$30,000.00

Other Features	~Accidental Death & Dismemberment
	~Accelerated Benefit
	~Conversion Privilege

## Voluntary Buy-Up Life Rates

Weekly Rates	
Spouse rates are based on Employee's Age	
Age	Rate
Under 30	\$0.03 /\$1,000
30 – 34	\$0.03/\$1,000
35 – 39	\$0.04/\$1,000
40 – 44	\$0.05/\$1,000
45 – 49	\$0.07/\$1,000
50 – 54	\$0.12/\$1,000
55 – 59	\$0.20/\$1,000
60 – 64	\$0.25/\$1,000
65 – 69	\$0.36/\$1,000
70 - 74	\$0.57/\$1,000
Over 74	\$0.91/\$1,000

<b>Basic Dependent Life:</b>	
Spouse benefit	\$5,000
Child(ren) benefit	\$2,500
<b>Weekly Rate: \$0.69</b>	

Employee may purchase 3 times their current salary to a maximum of \$200,000.

Dependent Spouse may purchase only 50% of what the employee purchases to a maximum of \$50,000

## Block Vision Insurance Benefits

Co-Pay	\$ 10 Exam; \$10 Eyewear
Frames	\$125 Allowance
Lenses	
Single Vision	Paid In Full*
Bifocal	Paid In Full*
Trifocal	Paid In Full*
Aspheric-Lenticular	Paid In Full*
Contact Lenses**	
Elective Lenses	\$150 Allowance*
Medically Required	Paid in Full

Frequency:	
Vision Exam	Once Each 12 Months
Frames	Once Each 12 Months
Lenses	Once Each 12 Months
Contact Lenses	Once Each 12 Months

Employee Only	\$2.19
Employee + One Dependent	\$3.72
Employee + Family	\$5.46

\*After Member pays co-pay listed above.

\*\*Contact Lenses and related professional services are covered in lieu of eyeglasses.

If you elect Block Vision of Texas coverage, Block provides affordable and quality vision care. Please go to [www.blockvision.com](http://www.blockvision.com) for a list of providers.

## When can you Enroll and Change Benefits?

**Glazier Foods Company** has established pre-tax deductions for all lines of coverage's that are payroll deducted. Your contributions are taken out of your pay prior to federal taxes, which results in higher net paycheck compared to having after-tax deductions taken out.

You can enroll to participate within 30 days of:

~If you are a new hire, you are eligible first of the month following a 30 day probationary period

**Special Enrollment Period** – You have up to **30** days to change your coverage due to one of the following qualifying life events:

~Marriage or Divorce;

~Death of a spouse or dependent;

~Birth of a child;

~Legal adoption of a child or change in custody of a dependent;

~Change in work status of your spouse;

~Loss of other coverage.

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## Locate providers on the Aetna Website

DocFind is Aetna's premier online provider search tool. Up-to-date listings of participating physicians, dentists, other medical professionals and facilities are available at your fingertips. You can search for a provider online by name, specialty, ID, gender and/or hospital affiliation.

DocFind enables you to search for a provider on the most up-to-date system. DocFind is updated three times per week, giving you access to the latest information available. If you would like a personalized touch you can log onto the Aetna Navigator. The Aetna Navigator is an online member services website. By registering, you'll get a personalized version of DocFind, which pre-fills your plan name and zip code, making your search even easier. And while there, you can check on the status of a claim, request ID cards, contact Aetna Member Services and more.

To access DocFind simply log on to [www.aetna.com](http://www.aetna.com). If you have not yet enrolled in the Aetna plan go directly to DocFind from the Aetna homepage. Once you have enrolled in the Aetna plan, go to the Aetna Navigator to access DocFind.

Basic Instruction to work with DocFind's standard search.

1. Enter the geographic information for the area where you wish to find a participating provider.
2. Select the type of provider you wish to find, such as Primary Care Physician (PCP), Specialist, Dentist, Medical Hospital, or Pharmacy.
3. Select the plan: Managed Choice POS (Open Access)
4. If you choose, narrow your search by specialty, gender, languages spoken, hospital affiliation and/or name. Or, request a list of all providers who match your geographic and plan requirements.
5. Done! You will be presented with a list of providers who match your criteria. You can obtain additional information about each provider by clicking on the "Provider Detail" link.

Need a paper directory?

If you are already an Aetna member, please call the toll-free Member Services number on your ID card.





## Benefit Contribution Worksheet

### MEDICAL INSURANCE

If you choose coverage for:	Employer Pays Monthly	You Pay Weekly	Your Cost:
Employee Only	\$265.22	\$0.00	\$ _____
Employee & Child(ren)	\$647.30	\$76.85	
Employee & Spouse	\$603.30	\$86.85	
Family	\$726.22	\$104.79	

### DENTAL INSURANCE

If you choose coverage for:	Aetna Dental Discount - Aetna Network	DHMO		Your Cost:
Employee Only	\$ 0.69	EO	\$3.25	\$ _____
		EC	\$8.23	
Family	\$1.12	ESP	\$6.40	
		FAM	\$11.38	

### VOLUNTARY LIFE INSURANCE

**Your pay period cost is based on your age and the amount of coverage you select. Refer to Rate Table for rates.**

If you choose coverage for:		Your Cost:
Employee:		\$ _____
Spouse:		\$ _____
Child:		\$ _____

### VISION INSURANCE

If you choose coverage for:		Your Cost:
Employee Only	\$2.19	\$ _____
Employee + 1	\$3.72	
Family	\$5.46	
<b>Your total weekly contribution:</b>		\$ _____

This brochure is designed for general information only and should not be construed as the contract(s). Please consult your benefit booklets for details or contact Diversified Employee Benefit Services, LLC. if you have any questions.

# NOTES

# Important Contact Information

## Broker Information

Diversified Employee Benefit Services, LLC.  
3463 Magic Drive, Suite 137  
San Antonio, TX 78229  
(210) 558-3377 (210) 558-3332 Fax

Stephen Geri, Agent – [sgeri@dibsinsurance.com](mailto:sgeri@dibsinsurance.com)

For all service issues:  
Afton Smith – [asmith@dibsinsurance.com](mailto:asmith@dibsinsurance.com)

## Carrier Information

Aetna, Inc.  
Policy Number: 474789  
Member Services/Claims: (888) 416-2277

Aetna Pharmacy (24 hours/7 days):  
(Pharmacy Issues Only: Must be enrolled in system for prescription benefits)  
(800) 238-6279

Claims Dept. Address:  
P.O. Box 14586  
Lexington, KY 40512-4586

Mail Order Prescription Information:  
(866) 612-3862  
[www.AetnaRxHomeDelivery.com](http://www.AetnaRxHomeDelivery.com)

