

American Business Solutions Summary of Benefits

The following summary is applicable for full-time employees working more than 30 hours per week. This is a brief summary. Please refer to full benefit summaries that are accessible via your CARE Center 800-724-8802 or via accessmysbc.com.

Benefit	Effective Date	
American Business Solutions CARE Center	Effective Immediately for All Employees	<p>American Business Solutions HealthCARE Center 1-800-724-8802 or carecenter@opoc.us</p> <p>American Business Solutions PersonalCARE Advocate</p> <ul style="list-style-type: none"> ▪ Independent, confidential, personal ▪ Questions regarding all non-retirement employee benefits ▪ Claims questions, coverage concerns, coordination of care, billing resolution
Health	1 st of the Month Following 30 Days of Employment	<p>HSA 6250:</p> <ul style="list-style-type: none"> • Deductible (In Network): \$6,250 / \$12,500 • Out of Pocket Maximum (In Network): \$6,250 / \$12,500 • Preventive Care: 100% • Office Visit: 100% after Deductible • Specialist Visit: 100% after Deductible • Urgent Care Visit: 100% after Deductible • Emergency Room Visit: 100% after Deductible • Prescriptions: 100% after Deductible <p>PPO 5000:</p> <ul style="list-style-type: none"> • Deductible (In Network): \$5,000 / \$10,000 • Out of Pocket Maximum (In Network): \$7,150 / \$14,300 • Preventive Care: 100% • Office Visit: \$15 Copay • Specialist Visit: \$75 Copay • Urgent Care Visit: \$25 Copay • Emergency Room Visit: \$300 Copay, then 80% Coinsurance • Prescriptions: \$10/\$40/\$80 Copays <p>PPO 2000:</p> <ul style="list-style-type: none"> • Deductible (In Network): \$2,000 / \$4,000 • Out of Pocket Maximum (In Network): \$7,150 / \$14,300 • Preventive Care: 100% • Office Visit: \$15 Copay • Specialist Visit: \$75 Copay • Urgent Care Visit: \$25 Copay • Emergency Room Visit: \$300 Copay, then 80% Coinsurance • Prescriptions: \$10/\$40/\$85 Copays <p>PPO 1000:</p> <ul style="list-style-type: none"> • Deductible (In Network): \$1,000 / \$2,000 • Out of Pocket Maximum (In Network): \$4,000 / \$8,000 • Preventive Care: 100% • Office Visit: \$25 Copay • Specialist Visit: \$40 Copay • Urgent Care Visit: \$50 Copay • Emergency Room Visit: \$250 Copay, then 80% Coinsurance • Prescriptions: \$10/\$40/\$80 Copays <p style="text-align: right;">United Healthcare</p>
Dental	1 st of the Month Following 30 Days of Employment	<ul style="list-style-type: none"> • Annual Maximum: \$1,500 per person • Deductible: \$50 Single, \$150 Family • Preventive Services: 100% • Basic Services: 90% after Deductible • Major Services: 60% after Deductible <p style="text-align: right;">Anthem</p>
Vision	1 st of the Month Following 30 Days of Employment	<ul style="list-style-type: none"> • In-Network Exam: \$20 Copay • Glasses - Lenses: \$20 Copay, 100% single, bifocal, trifocal • Glasses - Frame: \$20 Copay, \$130 allowance, 20% off amount over \$130 • Contacts: \$0 Copay, \$130 allowance, 15% off amount over \$130 • Laser Vision Correction: Savings may vary <p style="text-align: right;">Anthem</p>
Life and AD&D	1 st of the Month Following 30 Days of Employment	<ul style="list-style-type: none"> • Life Insurance amount: \$50,000 • Accidental Death & Dismemberment amount: \$50,000 • Benefit reduces by 25% at age 65, and by 50% at age 70 <p style="text-align: right;">Anthem</p>