



# Benefits Summary Guide



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## **Health, Dental, & Vision Insurance**

- **Exclusive WSTA Member Benefits**
- **New Non-Retail Lower Commissions**

# Groups with 5+ employees

## Medical & Prescription Plans

Whether you have a common cold or will be undergoing surgery, medical benefits cover a range of services and can provide peace of mind to help you offset health care costs



Western States Trucking Association offers your company access to your choice of medical plans at discounted non-retail commissions guaranteeing that your company will save money.

All available health plans and provider networks are organized by the Affordable Care Act's health plan metal tiers.



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Anthem



## Dental

Dental benefits are another important element of your overall health. With proper care, your teeth can and should last a lifetime

## MetLife

	PPO		HMO
	In Network	Out of Network	
Calendar Year Maximum	\$2,000	\$1,750	No Annual Max
Calendar Year Deductible	\$50	\$75	No Deductible
Preventative	100%	100%	**Pre-negotiated discounted copays
Basic	100%	70%	
Major	50%	50%	

### MetLife DENTAL

#### HMO

- No annual maximum
- No deductibles
- Pre-determined discounted copays
- Orthodontic discounted copays included

#### Cost

Employee .....	\$11.14
Employee + 1.....	\$21.17
Family .....	\$29.52

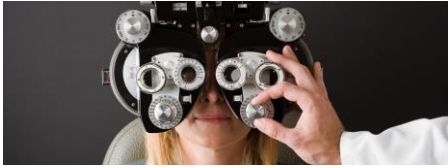
#### PPO

- Choice of any Dentist
- \$2,000 Annual Maximum
- \$50 Deductible
- 100% preventative and basic care coverage

#### Cost

Employee .....	\$41.58
Employee + 1.....	\$82.49
Family .....	\$136.59





# Vision

By practicing healthy eye habits, you and your family members can work towards preserving your vision for the long haul

## MetLife

The discount vision is available through VSP. The Vision Program offers comprehensive vision benefits and prescription eyewear through a vast network of doctors to any or all employees. Members get eye exams with \$10 copay every twelve months.

Vision	Discount Vision Plan through California Choice*	Voluntary Vision Plan 1	Voluntary Vision Plan 2
<b>Network</b>	EyeMed	EyeMed	VSP
<b>Exams</b>	Participating Providers \$5 off routine exam \$10 off contact lenses exam	\$10 copay (1 per 12 months)	\$10 copay (1 per 12 months)
<b>Lenses</b>	Save up to 40% on all your eyecare needs Up to 40% savings on frames, 40% on bifocals and 15% on contact lenses.	Single Vision - \$10 Bifocal - \$10 Trifocal - \$10 Standard-progressive - \$75 (1 per 12 months)	Single Vision - \$10 Bifocal - \$10 Trifocal - \$10 Standard-progressive - \$55 (1 per 12 months)
<b>Frames</b>		Lens Options (in addition to copays above) Polycarbonate - \$40 Scratch-resistant coating - \$15 Ultraviolet coating - \$15 Solid or gradient tint - \$15 Photochromic – 20% off Anti-reflective coating - \$45	Lens Options (in addition to copays above) Polycarbonate - \$33 Scratch-resistant coating - \$17-\$33 Ultraviolet coating - \$16 Solid or gradient tint - \$15-\$17 Photochromic – 20% off Anti-reflective coating - \$43-\$85
<b>Contact Lenses (Instead of frames/lenses)</b>		Covered in full up to \$100 retail (1 per 12 months)	Covered in full up to \$180 retail (1 per 12 months)
		\$10 copay (1 purchase per 12 months, in lieu of lenses and frames up to \$100 retail value)	\$10 copay (1 purchase per 12 months, in lieu of lenses and frames up to \$180 retail value)
		Contact Lens Fitting: Standard – Covered in full Premium - 90% of charges (less \$40 allowance)	Contact Lens Fitting: Standard – Covered in full Premium - 90% of charges (less \$40 allowance)

## MetLife VISION

### Vision

- \$10 copay Eye Exam every 12 months
- \$130 allowance for frames every 24 months
- \$10 copay- Standard lenses every 12 months

### Cost

Employee .....	\$6.90
Employee + 1 .....	\$13.85
Family .....	\$19.33



Designed to provide your family with the resources and security they need to handle some of life's most challenging situations

Aflac Benefit	Benefit Summary
<b>Accident Advantage</b>	Covers you and your family 24/7 At work, sports, school, home and commuting <ul style="list-style-type: none"> <li>• Pays \$1000 initial hospitalization, \$2000 if Intensive Care</li> <li>• Pays \$250 per day hospitalization</li> <li>• Pays you \$60 wellness per year</li> </ul>
<b>Aflac Cancer Care</b>	A lump-sum benefit payable upon initial cancer diagnosis <ul style="list-style-type: none"> <li>• A \$75 wellness benefit payable for cancer screening</li> <li>• Benefits payable for radiation, chemotherapy, experimental treatments, and cancer surgery</li> <li>• Daily hospitalization benefits payable for hospital stays.</li> <li>• Transportation and lodging benefits payable for travel to receive treatment</li> <li>• Dependent children covered at no additional cost</li> </ul>
<b>Hospital Advantage</b>	<ul style="list-style-type: none"> <li>• Pays \$1,000 per person for Hospitalization for sickness or accident</li> <li>• Pays \$100 for Emergency Room twice a year</li> <li>• Pays \$100 for Hospital Short Stay (less than 23 hours).</li> <li>• \$25 for 3 to 6 Physician visits per year</li> <li>• Pays \$150/yr per person for Medical Diagnostic and Imaging</li> <li>• Ambulance Benefit Pays \$100 ground or \$1,000 Air twice per person per year</li> </ul>

## Groups with 1 to 4 employees Plans

\*MetLife- Dental and Vision (same as above)

AFLAC ACCIDENT ADVANTAGE 18-64		
EE		\$46.15
EE + SPO		\$60.58
1 PARENT		\$68.38
2 PARENT		\$90.00

AFLAC PERSONAL CANCER INDEMNITY		
18-49	INDIVIDUAL	\$23.40
50-59		\$35.30
60-64		\$42.60
18-49	ONE-PARENT FAMILY	\$28.30
50-59		\$42.80
60-64		\$54.80
18-49	TWO-PARENT FAMILY	\$39.70
50-59		\$66.10
60-64		\$83.40



## **FAQ's**

***Q: How do I enroll?***

***A: Please call Marnie Hill at (949) 900-9533.***

***Q: Do I need an ID card?***

***A: No, all you need to give the dentist or optometrist office is the primary member or employee's Social Security Number and the group #5940333.***

***Q: Is there a waiting period to enroll in dental?***

***A: No, there is not a waiting period.***

***Q: Is there a waiting period to enroll in vision?***

***A: No, there is not a waiting period.***

***Q: Who do I call if I have questions or problems with my dental or vision?***

***A: If you are already enrolled in the dental and/or vision plans you call Lily Quiroz at (949) 334-8992.***

**For more information, please contact:**

**Call Marnie Hill- #949-900-9533**

**Email- [Mhill@bxall.com](mailto:Mhill@bxall.com)**

