



2024 Medical and Dental Insurance Premium Rates

DENTAL PLANS (Associate semi-monthly premiums taken out during 2 payrolls each month)

Eligibility: 1st of the month following hire date

	BASIC DENTAL	PREMIER DENTAL
Class 1 Preventative	100%	100%
Class 2 (i.e cavities)	60%	80%
Class 3	50%	50%
Class 4	50%	50%
Annual Deductible:	\$50/ \$150 Applies to classes 2 & 3	\$50/ \$150 Applies to classes 2 & 3
Annual Maximum:	\$1,000	\$2,000
Orthodontia Lifetime Max:	\$1,000	\$2,000 includes adult
Tax dependents to age 26	26	26

PLAN TYPE	ASSOC.	ASSOC.
	SEMI-MO. COST	SEMI-MO. COST
Single	\$ 11.25	\$ 15.50
Family (2+)	\$ 27.00	\$ 39.00

LOWEST COST? Use AHP Providers or Thompson Health Enhanced Benefit

Quick Reference-

Shows in-network only	HDHP with H.S.A. \$1,600/\$3,200 or \$2,500/\$5,000 Deductible
Office Visit Copay (PCP)	70-90% covered, subject to deductible
Office Visit Copay (Specialist)	70-80% covered, subject to deductible
Network	National Bluecard
In-network deductible	see plan deductible limit
In-network co-insurance	10-20%
In-network Out of Pocket Max.	\$3,000 or \$5,000 ind./\$6,000 or \$10,000 fam.
PCP Child up to age 19	70-90% covered, subject to deductible
Well Child Visit	Covered in Full
Preventative Health	Covered in Full
(Adult physical, Mammography, Pap Smear, GYN Exam, Prostate Cancer per recommended guidelines)	
Prescriptions	\$5/35/70, subject to deductible at FFTH/CMG Pharmacies
(w/ mail order 3 for 2 savings-ask for brochure, or see on-line)	\$15/50/95, subject to deductible at all other pharmacies
Diagnostic X-rays	70-90% covered, subject to deductible
Diagnostic Labs	70-90% covered, subject to deductible
Inpatient Hospital	70-80% covered, subject to deductible
Urgent Care Center	70-90% covered, subject to deductible
Emergency Room	80% covered, subject to deductible
Outpatient Surgical Care	80-90% covered, subject to deductible
Routine Vision	80% covered, subject to deductible
Eyewear Allowance	none
ACA-Qualified Dependents to Age:	26

Quick Reference Summary only: PLEASE obtain plan booklet or side-by-side comparisons.

The information above describes the most common benefits. Plans are governed by Excellus BC/BS Documents

If your work status changes between full-time and part-time, or you receive a promotion/demotion, your payroll deductions will be adjusted as appropriate.

Premium based on wage in effect as of 12/17/23

Several Methods to help you select an appropriate plan:

What you will find on the Internet/Intranet:

Medical plan comparisons
Dental plan information
AHP Network link
HSA information
Voluntary benefit information

From Home:

<https://www.thompsonhealth.com/benefits>

No access? Associate Services has forms and information

www.ahpnetwork.com

1.585.784.8855 or 1.888.457.7463

LOWEST COST? Use AHP Providers or Thompson Health Enhanced Benefit

[Click here for Intranet \(from work\)](#)

We offer domestic partner (DP) coverage for medical and dental insurance
Completed affidavit required with enrollment form; imputed income applies

Legend:

FT- FULL TIME= 70+ scheduled hours/ pay period

PT- PART TIME= 40-69 scheduled hours/ pay period

When can I change my plan??

Open Enrollment Times:

Next January 1

OR within **30** days of a status change:

(i.e. birth, death, adoption, marriage, divorce, loss of coverage, change of FT/PT hours)

We offer domestic partner (DP) coverage for medical and dental insurance

Completed affidavit required with enrollment form; imputed income applies