

INSURANCE HIGHLIGHTS

Wellness Program - Save money on insurance premiums each year by earning health credits! Up to \$1200 per year!

Rates for in-network PPO Providers

Health	Enhanced Plan	Basic Plan
Deductible	\$250 individual/\$500 family	\$500 individual/\$1000 family
Co-Pay	\$10 copay	\$20 copay
Prescriptions	Generic \$10	Generic \$15
	Preferred Brand Drugs \$20	Preferred Brand Drugs \$30
	Non-Preferred Brand Drugs \$40	Non-Preferred Brand Drugs \$60
Outpatient Surgery	Facility Fee 20% coinsurance	Facility Fee 20% coinsurance
	Physician/Surgeon Fee 20% coinsurance	Physician/Surgeon Fee 20% coinsurance
Emergency Room	Emergency \$100 copay, 20%coinsurance	Emergency \$100 copay, 20%coinsurance
	Non-emergency 20% coinsurance	Non-emergency 20% coinsurance
Urgent Care	\$10 copay	\$20 copay

Dental	Enhanced Plan	Basic Plan
Deductible	\$50 individual/\$150 family	\$50 individual/\$150 family

Vision	Enhanced Plan	Basic Plan
Well/Vision Exam	\$10 copay	\$10 copay
Frames	\$120 on wide selection of frames	\$120 on wide selection of frames
	\$140 on featured frame brands	\$140 on featured frame brands
	\$65 Costco Frame Allowance (every 24 months)	\$65 Costco Frame Allowance (every 24 months)
Contacts	\$60 copay	\$60 copay
	\$120 allowance for contacts (every 12 months)	\$120 allowance for contacts (every 12 months)

LONG TERM DISABILITY is bundled into Dental and Vision

LIFE INSURANCE available at 90 Days of employment (COMPANY COVERED CORE PLAN)

Employee	\$20,000
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FLEX SPENDING

Health	\$2,700
Dependt Day Care FSA	\$5,000

LYONS INDUSTRIES, INC.

2022 MEDICAL INSURANCE COVERAGE

BASIC PLAN - \$500 Deductible Per Employee, \$1,000 Per Family

Participation	Weekly Cost	Bi-Weekly Cost
Employee Only	\$29.00	\$58.00
Employee & Spouse	\$60.00	\$120.00
Employee & Children	\$47.00	\$94.00
Family	\$72.00	\$144.00

ENHANCED PLAN - \$250 Deductible Per Employee, \$500 Per Family

Participation	Weekly Cost	Bi-Weekly Cost
Employee Only	\$38.00	\$76.00
Employee & Spouse	\$92.00	\$184.00
Employee & Children	\$72.00	\$144.00
Family	\$100.00	\$200.00

DENTAL, VISION, and EMPLOYEE ONLY LONG-TERM DISABILITY INSURANCE COVERAGE

Participation	Weekly Cost	Bi-Weekly Cost
Employee Only	\$16.00	\$32.00
Employee & Spouse	\$22.00	\$44.00
Employee & Children	\$20.00	\$40.00
Family	\$28.00	\$56.00