

GREATER OPPORTUNITIES OF THE PERMIAN BASIN

Employee Benefits Package 2017-2018

GROUP LIFE AND AD&D – LIBERTY MUTUAL

GOPB pays the full premium for all eligible employees to have a \$25,000 Life and AD&D policy.

LONG TERM DISABILITY (LTD) – LIBERTY MUTUAL

GOPB pays the full premium for all eligible employees to have LTD. This benefit pays for 60% of your monthly earnings up to \$5,000 per week after a 90 day elimination period.

MEDICAL – BLUE CROSS BLUE SHIELD – PPO BlueChoice Network (In & Out-of-Network)

Benefit	In-Network
Deductible	\$6,500 Individual/ \$13,000 Family
Out-of-Pocket Maximum	\$6,500 Individual/ \$13,000 Family
Preventative Care	100%
Physician Office Visit	\$30
Specialist Office Visit	\$50
Urgent Care	\$50
Emergency Room	\$250
Prescriptions	\$5 Generic/\$50 Preferred/ \$80 Non-preferred (mail order discounts available)
Election	Payroll Deduction
Employee only	\$57.57
Employee & Spouse	\$299.38
Employee & Child(ren)	\$391.42
Family	\$502.03

DENTAL – BLUE CROSS BLUE SHIELD – PPO BlueCare Dental Network

Benefit	In-Network
Calendar Year Max (per participant)	\$1,500
Deductible (Limit 3)	\$50 Individual/ \$150 Family
Preventative Services	100%
Basic Services	80%
Major Services	50%
Orthodontia Services	50% to Maximum \$1500 Lifetime
Election	Payroll Deduction
Employee only	\$10.82
Employee & Spouse	\$21.99
Employee & Child(ren)	\$24.68
Family	\$39.56

VISION – DearbornNational – EyeMed Network

Benefit	In-Network	Frequency
Well Vision Exam	\$10 copay	Once every 12 months
Standard Plastic Lenses	\$10 copay	Once every 12 months
Frames	\$130 allowance + 20% discount over \$130	Once every 24 months
Conventional Contact lenses	\$130 allowance + 15% off balance over \$130	Once every 12 months
Election	Payroll Deduction	
Employee only	\$4.21	
Employee & Spouse	\$8.01	
Employee & Child(ren)	\$8.43	
Family	\$12.39	

VOLUNTARY LIFE & AD&D – LIBERTY MUTUAL (rates available upon request)

Employee Benefits	
Employee Voluntary Life/AD&D	5x your basic annual earnings
Employee Minimum	\$10,000
Employee Maximum	\$500,000
Employee Guarantee Issue	\$100,000
Spouse Benefits	
Spouse Voluntary Life/AD&D	Up to 50% of the employee benefit
Spouse Minimum	\$5,000
Spouse Maximum	\$100,000
Spouse Guarantee Issue	\$20,000
Child Benefits	
Child Voluntary Life/AD&D	One rate for all children
Child Maximum	\$10,000
Child Guarantee Issue	\$10,000

Employee/ Spouse Monthly Rates (per \$1,000 of coverage)				Child(ren) Monthly Rates (per \$1,000 of coverage)	
<i>* Spouse rate based on spouse age</i>					
0-24	\$.057	50-54	\$.367	\$.170	
25-29	\$.064	55-59	\$.534		
30-34	\$.079	60-64	\$.719		
35-39	\$.108	65-69	\$ 1.104		
40-44	\$.156	70-74	\$ 1.871		
45-49	\$.240	75-79	\$ 5.530		

SHORT TERM DISABILITY OFF-JOB – COLONIAL LIFE

Maximum Monthly Benefit		Lesser of 60% of monthly earnings or \$6500			
Benefit Duration		3 months			
Elimination Period		0 day Accident and 7 day Sickness			
Issue Age	\$800 Per Month	\$1000 Per Month	\$1200 Per Month	\$1500 Per Month	\$2000 Per Month
17-49	\$12.76	\$15.95	\$19.14	\$23.93	\$31.90
50-64	\$15.60	\$19.50	\$23.40	\$29.25	\$39.00
65-74	\$18.88	\$23.60	\$28.32	\$35.40	\$47.20

ACCIDENT PLAN ON AND OFF JOB COVERAGE – COLONIAL LIFE

Sample Benefits Paid	Preferred	Premier
Treatment	\$125 Initial + \$55 Follow-up	\$150 Initial + \$65 Follow-up
Dislocations & Fractures	\$100 - \$6,000	\$125 - \$7,500
Medical Imaging	\$200	\$250
Ambulance	\$200 Ground/ \$2,000 Air	\$300 Ground/ \$2,000 Air
Burns	\$1,000 - \$12,000	\$2,000 - \$18,000
Lacerations	\$30 - \$600	\$30 - \$600
Hospitalizations	\$1,000 Admission + \$250 Daily	\$1,500 Admission + \$300 Daily
Accidental Death	\$40,000	\$50,000
Annual Wellness	\$50	\$50
Election	Payroll Deduction	Payroll Deduction
Employee only	\$10.85	\$13.53
Employee & Spouse	\$16.32	\$20.32
Employee & Child(ren)	\$18.48	\$22.42
Family	\$23.72	\$28.90

INDIVIDUAL MEDICAL BRIDGE – COLONIAL LIFE

Benefit	Plan 1 Payout	Plan 2 Payout
Hospital Confinement (more than 20 hours/ 1x per calendar year)	\$1,500	\$2,500
Inpatient Rehabilitation Unit (following hospital confinement)	\$100 per day (up to 30 days)	\$100 per day (up to 30 days)
Outpatient Surgical Procedure	\$750/\$1500 (max of \$2500 annual)	\$750/\$1500 (max of \$2500 annual)
Wellness Benefit	\$50 annual	\$50 annual

Plan 1 Payroll Deductions				
Age	Employee	Employee & Spouse	Employee & Children	Employee & Family
17-49	\$15.33	\$28.88	\$20.08	\$33.63
50-59	\$21.21	\$40.03	\$25.96	\$44.78
60-64	\$27.45	\$51.88	\$32.20	\$56.63
65-74	\$34.85	\$65.96	\$39.60	\$70.71

Plan 2 Payroll Deductions				
Age	Employee	Employee & Spouse	Employee & Children	Employee & Family
17-49	\$22.53	\$42.48	\$30.53	\$50.48
50-59	\$31.06	\$58.80	\$39.06	\$66.80
60-64	\$40.88	\$77.38	\$48.88	\$85.38
65-74	\$52.75	\$99.93	\$60.75	\$107.93

CANCER PLAN – COLONIAL LIFE

Sample Benefits Paid	Level 2	Level 3
Radiation/Chemotherapy (medical personnel assisted)	\$500 per week	\$750 per week
Radiation/Chemotherapy (self-injected, pump, topical)	\$200 per week	\$300 per week
Surgical Procedures	Up to \$3,000 per procedure	Up to \$5,000 per procedure
Outpatient Surgical Center	\$200 per day	\$300 per day
Hospital Confinement	\$150 per day (30 days or less) \$300 per day (31 days or more)	\$250 per day (30 days or less) \$500 per day (31 days or more)
Experimental Treatments	\$250 per day	\$300 per day
Ambulance	\$250 per trip (ground) \$2,000 per trip (air)	\$250 per trip (ground) \$2,000 per trip (air)
Medical Imaging	\$125 per study	\$175 per study
Lodging	\$50 per day	\$75 per day
Transportation	Up to \$1,000 per trip	Up to \$1,200 per trip
Family Care	\$40 per day	\$50 per day
Skin Cancer Initial Diagnosis	\$300	\$400
Annual Wellness	\$75	\$75
Election	Payroll Deduction	Payroll Deduction
Employee only	\$9.88	\$12.38
Employee & Spouse	\$15.45	\$20.73
Employee & Child(ren)	\$10.03	\$12.60
Family	\$15.60	\$20.95

CRITICAL ILLNESS PLAN – COLONIAL LIFE

Diagnosis	Benefit Amount			
Heart Attack (Myocardial Infarction), Stroke, Major Organ Failure, End Stage Kidney Failure, Permanent Paralysis due to covered accident, Coma, Blindness, Occupational Infectious HIV or Hepatitis B, C, D	\$15,000 Employee \$7,500 Spouse \$3,750 Child(ren)			
Coronary Artery Bypass Graft Surgery	\$3,750			
Annual Wellness	\$50			
Payroll Deductions				
Age	Employee	Employee & Spouse	Employee & Children	Employee & Family
17-24	\$2.88	\$4.35	\$2.88	\$4.35
25-29	\$3.41	\$5.25	\$3.41	\$5.25
30-34	\$4.01	\$6.23	\$4.01	\$6.23
35-39	\$5.81	\$8.93	\$5.81	\$8.93
40-44	\$7.01	\$10.73	\$7.01	\$10.73
45-49	\$9.26	\$14.18	\$9.26	\$14.18
50-54	\$11.96	\$18.38	\$11.96	\$18.38
55-59	\$14.88	\$22.80	\$14.88	\$22.80
60-64	\$18.56	\$28.50	\$18.56	\$28.50
65-70	\$22.61	\$34.73	\$22.61	\$34.73

WHOLE LIFE – COLONIAL LIFE (rates available upon request)

Provides lifelong protection with a guaranteed death benefit. Premiums do not increase. Fully portable. Guarantee issue amounts available. Rates available upon request.