



**To: All LDG Employees**  
**From: Human Resources Department**  
**Re: 2018 Health Plan Rates and Transfer Period Announcement**  
**Date: December 11th 2017 REVISED**

After much discussion and review of our options we have decided to renew our Oxford plans as is so is to avoid disruption of your healthcare choices. Please review the attached plan summaries and **respond, if you wish to make any changes for 2018, by Monday 12/18/17 OR YOU WILL BE REINROLLED IN YOUR CURRENT PLAN. PLEASE NOTE YOU WILL BE UNABLE TO CHANGE YOUR PLAN CHOICE FOR ANOTHER YEAR OR WILL FORFEIT ABILITY TO ADD COVERAGE.**

**The Lighting Design Group offers the following options for Health and other Benefits:**

	<u>HIGH PLAN</u>	<u>MID PLAN</u>	<u>LOW PLAN</u>
<b><u>Health Insurance:</u></b>	Platinum EPO 20/40 Non Gated <u>Freedom Platinum EPO</u>	Gold EPO 1000- 30/60 Gated <u>Liberty Gold EPO</u>	High Deductible HSA HSA 1500/30% Gated <u>Metro Silver EPO</u>
	<b>See Attached Breakdown for details of coverage per plan</b>		

**General Description / Notes**

<b><u>HIGH PLAN</u></b>	1	No Annual Deductible for Dr.'s or Procedures. Co Pay of 20/40/40 until Max OOP then no charge
<b>Platinum EPO</b>	2	Perscriptions cost 5/30/60 per category <u>after</u> \$100 deductible is met for Tier 2-3
<b>20/40 Non Gated</b>	3	n Gated- No Referrals needed.
	4	In Network Coverage in Oxford Freedom network only
<b><u>MID PLAN</u></b>	1	1000/2000 Deductible
<b>Gold EPO</b>	2	LDG covers deductible/co-insurance up to \$1250 for Singles and \$2000 for Couples/Families
<b>30/60 Gated</b>	3	30/60 Copays- Deductible Waived
	4	Perscriptions cost 15/35/75 per category <u>after</u> \$100 deductible is met for Tier 2-3
	5	Gated- Referrals needed
	6	In Network Coverage in Oxford Liberty network only
<b><u>LOW PLAN</u></b>	1	\$1500/\$3000 Deductible, 30% "co-insurance" & \$35/\$50 copay after deductible is met
<b>High Deductible HSA</b>	2	LDG covers deductible up to \$1250 for Singles and \$2000 for Couples/Families
<b>HSA 1500/30% Gated</b>	3	Maximum Out of pocket levels included after which co-insurance ends
<b>Metro Silver EPO</b>	4	Perscriptions cost 10/65/50% top tier to \$800 After Deductible
	5	Gated- Referrals needed
	6	In Network Coverage in Oxford Metro network only

**A domestic partner rider is included in all our policies, which includes coverage for same sex couples and cohabiting couples.**

**Employee Health Insurance Payroll Deduction (PER PAY PERIOD)**

	<u>High Plan</u>	<u>Platinum EPO</u>	<u>Mid Plan</u>	<u>Gold EPO</u>	<u>Low Plan</u>	<u>High Deductible HSA</u>
Enrollment Type	2018	<u>Freedom Platinum EPO</u>	2018	<u>Liberty Gold EPO</u>	2018	<u>Metro Silver EPO</u>
	increase	Deduction per pay period	increase	Deduction per pay period	increase	Deduction per pay period
Single	\$ 61.91	\$166.57	\$ 37.80	\$105.14	\$ 12.77	\$40.15
Couple	\$ 48.51	\$564.56	\$ 27.69	\$425.56	\$ 34.24	\$297.58
Parent/Child	\$ 41.25	\$480.05	\$ 24.42	\$375.29	\$ 30.17	\$262.24
Family	\$ 66.32	\$771.81	\$ 36.81	\$565.74	\$ 46.15	\$401.17

Please note ChoiceCare cards is being replaced with a new vendor, PrimePay, so ensure that all claims are submitted for reimbursement by 12/31/17.

**Dental**

**Dental**

Preventive Services No Deductible for Oral Exam & Dental Prophylaxis 2X year  
 Deductible for non preventive 50/Individual/\$150Family  
 Maximum Benefit \$1,500

**Employee Cost Per Pay Period**

Single \$12.88  
 Parent/Child \$26.97 Pediatric Dental now covered by general health plans above  
 Couple \$25.77  
 Family \$41.16

\*\*\* Dental insurance is offered at the employee's expense. Exams, cleaning and x-rays are included with the co-pay. All other services are offered at a discounted rate.

**Optical Insurance**

**Reimbursement**

**No insurance Cost to Employee**

Eye Exam \$35  
 Exam & Single Vision Glasses \$85  
 Exam & Bifocal glasses \$130  
 Exam & contacts \$170

\*\*\*\*The Lighting Design Group will continue to offer optical insurance through Shelter Point/NVA at the company's expense. The reimbursements are per person for families. Only one claim can be made in a 12-month time frame per person.

**Long Term Disability Life & AD&D Insurance**

**No insurance Cost to Employee**

The Lighting Design Group will continue to offer LTD, Life & AD&D through Mutual of Omaha at the company's expense.

LTD 60% of earnings \$7500 monthly Max  
 Life Amount \$50,000  
 AD&D Amount \$50,000

Please note that all insurance costs will be deducted **PRE-TAX** from your payroll through LDG's Section 125 plan. Rates become effective 1/1/2018

	Oxford Freedom F Platinum EPO 20/40 Non-Gated OHI CNT (EPO) (UCR=N/A)		Oxford Liberty L Gold EPO 30/60 Gated OHI CNT (EPOc) (UCR=N/A)		Oxford Metro M Silver EPO HSA \$1500 35/50 Gated OHI CNT (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>						
Drug Card	5/30/60/50 ded T2-3		15/35/75/100 ded T2-3		10/65/50%to\$800 IntDed	
<b>Cost Share Information</b>						
Individual/Family Deductible	N/A		\$1,000/\$2,000		\$1,500/\$3,000	
Individual/Family OOP Limit	\$2,500/\$5,000		\$4,000/\$8,000 (incl ded)		\$6,550/\$13,100 (incl ded)	
Co-Insurance	0%		0%		30%	
<b>Office Visits</b>						
Primary Care	\$20		\$30 ded waived		\$35 after ded	
Specialist	\$40		\$60 ded waived		\$50 after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$40		\$60 ded waived		\$50 after ded	
<b>Inpatient Services</b>						
Inpatient Hospital	\$400/admit		\$500/day after ded; \$2,000 max/admit		30% after ded	
Mental Health Inpatient	\$400/admit		\$500/day after ded; \$2,000 max/admit		30% after ded	
Substance Abuse Inpatient	Rehab-\$400/admit		Rehab-\$500/day after ded; \$2,000 max/admit		Rehab-30% after ded	
<b>Outpatient Services</b>						
Outpatient Facility	Hosp-\$300; FS-\$100		Hosp-\$250 after ded; FS- \$150 after ded		Hosp-\$750 after ded; FS- \$300 after ded	
Lab/X-Ray	Lab-No charge; X-ray- \$90		Lab-No charge; X-ray- \$35 after ded		Lab-30% after ded; X-ray-\$50 after ded	
Advanced Radiology	Hosp-\$100; FS-No charge		\$100 after ded		\$150 after ded	
Mental Health Outpatient	\$40		\$60 ded waived		\$50 after ded	
Substance Abuse Outpatient	Rehab-\$40		Rehab-\$60 ded waived		Rehab-\$50 after ded	
<b>Emergency Care</b>						
Emergency Room	\$200 (waived if admitted)		\$300 (waived if admitted) ded waived		\$500 (waived if admitted) after ded	
Ambulance	No charge		No charge		30% after ded	
Urgent Care	\$50		\$75 ded waived		\$80 after ded	
<b>Recovery/Special Needs</b>						
Home Health Care	\$40; 40 visits/contr yr		\$60 ded waived; 40 visits/contr yr		\$50 after ded; 40 visits/contr yr	
Skilled Nursing	\$400/admit; 200 days/contr yr		\$500/day after ded; \$2,000 max/admit; 200 days/contr yr		30% after ded; 200 days/contr yr	
Durable Medical Equipment	No charge		0% after ded		30% after ded	