



Employee Benefits Summary

February 1, 2021 - January 31, 2022

Medical		BlueCross BlueShield of Tennessee		
	Option 1 - Silver 91 HDHP	Option 2 - Silver 107	Option 3 - Silver 105	
Network	Blue Network S	Blue Network S	Blue Network S	
Deductible	\$3600 (2 per Family)	\$71500 (2 per Family)	\$3000 (2 per Family)	
Coinsurance	50% after Deductible	50% after Deductible	70% after Deductible	
Out of Pocket Max	\$6650 (2 per Family)	\$8550 (2 per Family)	\$6600 (2 per Family)	
Primary Care Visit	Subject to Deductible / Coinsurance	\$35 Copay	Subject to Deductible / Coinsurance	
Specialist Visit	Subject to Deductible / Coinsurance	\$75 Copay	Subject to Deductible / Coinsurance	
Physician Now	\$10 Copay	\$10 Copay	\$10 Copay	
Wellcare	Paid @ 100%	Paid @ 100%	Paid @ 100%	
ER / Urgent Care	Subject to Deductible / Coinsurance	ER: Ded/Coins UC: \$75 Copay	Subject to Deductible / Coinsurance	
Pediatric Dental & Vision	Included to Age 19	Included to Age 19	Included to Age 19	
Pharmacy	Subject to Deductible / Coinsurance	\$10 / \$75 / \$150	\$10 / \$45 / \$90	
Preventive Rx	\$10 / \$35 / \$60	N/A	N/A	
Cost per Pay Period				
Rates are based on age and plan selection				
Zinnia Wellness contributes \$50 per month towards the cost of your plan				

Dental		BlueCross BlueShield of Tennessee
Preventive Services	Covered @ 100%	
Basic Services	Covered @ 80% after Deductible	
Major Services	Covered @ 50% after Deductible	
Orthodontics	Not Covered	
Deductible	\$50 (3 per Family)	
Annual Maximum	\$2000 per Covered Person	
Cost per Pay Period (\$2)		
Employee Only	\$6.96	
Employee/Spouse	\$13.92	
Employee/Child(ren)	\$13.05	
Family	\$19.33	

Vision		BlueCross BlueShield of Tennessee
Eye Examination	\$10 Copay	
Lenses	\$25 Copay	
Frames	\$150 Allowance	
Contacts (in lieu of glasses)	\$150 Allowance	
Frequency	12 months Exam/Lenses, 24 months for Frames	
Cost per Pay Period (\$2)		
Employee Only	\$1.61	
Employee/Spouse	\$3.22	
Employee/Child(ren)	\$3.62	
Family	\$5.01	



Employee Election Form

February 1, 2021 - January 31, 2022

Employee Name: _____

Medical BlueCross BlueShield of Tennessee

	Option 1 - Silver 91 HDHP	Option 2 - Silver 107	Option 3 - Silver 105
Network	Blue Network S	Blue Network S	Blue Network S
Deductible	\$3600 (2 per Family)	\$7150 (2 per Family)	\$3000 (2 per Family)
Coinsurance	50% after Deductible	50% after Deductible	70% after Deductible
Out of Pocket Max	\$6650 (2 per Family)	\$8550 (2 per Family)	\$6600 (2 per Family)
Primary Care Visit	Subject to Deductible / Coinsurance	\$35 Copay	Subject to Deductible / Coinsurance
Specialist Visit	Subject to Deductible / Coinsurance	\$75 Copay	Subject to Deductible / Coinsurance
Physician Now	\$10 Copay	\$10 Copay	\$10 Copay
Wellcare	Paid @ 100%	Paid @ 100%	Paid @ 100%
ER / Urgent Care	Subject to Deductible / Coinsurance	ER: Ded/Coins UC: \$75 Copay	Subject to Deductible / Coinsurance
Pediatric Dental & Vision	Included to Age 19	Included to Age 19	Included to Age 19
Pharmacy	Subject to Deductible / Coinsurance	\$10 / \$75 / \$150	\$10 / \$45 / \$90
Preventive Rx	\$10 / \$35 / \$60	N/A	N/A

Monthly Premium (based on age and plan selection)

Employee _____
 Spouse _____
 Child #1 _____
 Child #2 _____
 Child #3 _____

Total Monthly Premium = _____

Less Zinnia Wellness Contribution - \$50 monthly

Adjusted Monthly Premium = _____

Weekly Medical deduction (adj monthly x 12 / 52) = _____

DECLINE MEDICAL COVERAGE

Dental BlueCross BlueShield of Tennessee

Preventive Services	Covered @ 100%
Basic Services	Covered @ 80% after Deductible
Major Services	Covered @ 50% after Deductible
Orthodontics	Not Covered
Deductible	\$50 (3 per Family)
Annual Maximum	\$2000 per Covered Person

Cost per Pay Period (52)

Employee Only	<input type="checkbox"/> \$6.96
Employee/Spouse	<input type="checkbox"/> \$13.92
Employee/Child(ren)	<input type="checkbox"/> \$13.05
Family	<input type="checkbox"/> \$19.33

DECLINE DENTAL COVERAGE

Vision BlueCross BlueShield of Tennessee

Eye Examination	\$10 Copay
Lenses	\$25 Copay
Frames	\$150 Allowance
Contacts (in lieu of glasses)	\$150 Allowance
Frequency	12 months Exam/Lenses, 24 months for Frames

Cost per Pay Period (52)

Employee Only	<input type="checkbox"/> \$1.61
Employee/Spouse	<input type="checkbox"/> \$3.22
Employee/Child(ren)	<input type="checkbox"/> \$3.62
Family	<input type="checkbox"/> \$5.01

DECLINE VISION COVERAGE



EHB Medical Renewal Age / Rate Table

Issued For Brian Shirk

Plan 1

Effective February 1, 2021

Group: Zinnia Wellness

Group ID: 139196

Plan Information - (HSA Qualified)

Effective Date: 02/01/2021	Business Location: Warren County	Rating Area: 7
Benefit Date: 02/01/2021	Rep Name: Joy Morgan	Employees: 5
Network: Blue Network S	COBRA: Yes with INL	Members: 5

Renewal Plan	Plan Description	Office Visit	PhysicianNow
Silver 91	\$3,600/\$6,650/50%	Ded/Coin	\$10 Copay
Urgent Care	IP Hospital	Emergency Room	
Ded/Coin	Ded/Coin	Ded/Coin	
Pharmacy	Rx Formulary		Base Rate
Ded/Coin w/Prev	Essential Plus		\$236.97
Current Plan	Plan Description	Office Visit	PhysicianNow
Silver 70	\$3,600/\$6,650/50%	Ded/Coin	Ded/Coin
Urgent Care	IP Hospital	Emergency Room	
Ded/Coin	Ded/Coin	Ded/Coin	
Pharmacy	Rx Formulary		
Ded/Coins w/Prev	Essential Plus		

Age / Rate Information

Age	Rate	Age	Rate	Age	Rate
0 - 14	\$181.61	31	\$274.98	48	\$387.78
15	\$197.73	32	\$280.67	49	\$404.60
16	\$203.89	33	\$284.22	50	\$423.56
17	\$210.05	34	\$288.01	51	\$442.28
18	\$216.68	35	\$289.91	52	\$462.90
19	\$223.32	36	\$291.80	53	\$483.75
20	\$230.19	37	\$293.70	54	\$506.26
21	\$237.30	38	\$295.59	55	\$528.77
22	\$237.30	39	\$299.39	56	\$553.18
23	\$237.30	40	\$303.18	57	\$577.83
24	\$237.30	41	\$308.86	58	\$604.13
25	\$238.25	42	\$314.32	59	\$617.16
26	\$242.99	43	\$321.90	60	\$643.47
27	\$248.67	44	\$331.38	61	\$666.22
28	\$257.92	45	\$342.51	62	\$681.14
29	\$265.50	46	\$355.79	63	\$699.87
30	\$269.29	47	\$370.71	64+	\$711.24

Commission Disclosure: The rates presented in this proposal include standard commissions, and may include additional compensation. If you have questions, please contact your broker or BCBST representative.

- Rates are not final until confirmed by BCBST home office.
COBRA Admin charge of \$0.33 is included in the member rate.



EHB Medical Renewal Age / Rate Table

Issued For Brian Shirk

Plan 2

Effective February 1, 2021

Group: Zinnia Wellness

Group ID: 139196

Plan Information

Effective Date: 02/01/2021 Business Location: Warren County Rating Area: 7
 Benefit Date: 02/01/2021 Rep Name: Joy Morgan Employees: 5
 Network: Blue Network S COBRA: Yes with INL Members: 5

Renewal Plan	Plan Description	Office Visit	PhysicianNow
Silver 107	\$7,150/\$8,550/50%	\$35/\$75	\$10 Copay
Urgent Care	IP Hospital	Emergency Room	
\$75	Ded/Coin	Ded/Coin	
Pharmacy	Rx Formulary		Base Rate
\$10/\$75/\$150	Essential		\$275.92
Current Plan	Plan Description	Office Visit	PhysicianNow
Silver 87	\$6,500/\$8,000/50%	\$35/\$75	\$10 Copay
Urgent Care	IP Hospital	Emergency Room	
\$75	Ded/Coin	Ded/Coin	
Pharmacy	Rx Formulary		
\$10/\$75/\$150	Essential		

Age / Rate Information

Age	Rate	Age	Rate	Age	Rate
0 - 14	\$211.41	31	\$320.12	48	\$451.46
15	\$230.17	32	\$326.74	49	\$471.05
16	\$237.35	33	\$330.88	50	\$493.12
17	\$244.52	34	\$335.30	51	\$514.92
18	\$252.24	35	\$337.50	52	\$538.93
19	\$259.97	36	\$339.71	53	\$563.21
20	\$267.97	37	\$341.92	54	\$589.42
21	\$276.25	38	\$344.13	55	\$615.63
22	\$276.25	39	\$348.54	56	\$644.05
23	\$276.25	40	\$352.96	57	\$672.75
24	\$276.25	41	\$359.58	58	\$703.37
25	\$277.35	42	\$365.92	59	\$718.55
26	\$282.87	43	\$374.75	60	\$749.18
27	\$289.49	44	\$385.79	61	\$775.67
28	\$300.26	45	\$398.76	62	\$793.05
29	\$309.08	46	\$414.21	63	\$814.85
30	\$313.50	47	\$431.59	64+	\$828.09

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- Rates are not final until confirmed by BCBST home office.
 - COBRA Admin charge of \$0.33 is included in the member rate.
- Benefit Administration Period is from January through December.



EHB Medical Renewal Age / Rate Table

Issued For Brian Shirk

Plan 3

Effective February 1, 2021

Group: Zinnia Wellness

Group ID: 139196

Plan Information

Effective Date: 02/01/2021 Business Location: Warren County Rating Area: 7
 Benefit Date: 02/01/2021 Rep Name: Joy Morgan Employees: 5
 Network: Blue Network S COBRA: Yes with INL Members: 5

Renewal Plan	Plan Description	Office Visit	PhysicianNow
Silver 105	\$3,000/\$6,600/70%	Ded/Coin	\$10 Copay
Urgent Care	IP Hospital	Emergency Room	
Ded/Coin	Ded/Coin	Ded/Coin	
Pharmacy	Rx Formulary		Base Rate
\$10/\$45/\$90	Essential		\$303.55
Current Plan	Plan Description	Office Visit	PhysicianNow
Silver 85	\$3,000/\$6,300/70%	Ded/Coin	\$10 Copay
Urgent Care	IP Hospital	Emergency Room	
Ded/Coin	Ded/Coin	Ded/Coin	
Pharmacy	Rx Formulary		
\$10/\$45/\$90	Essential		

Age / Rate Information

Age	Rate	Age	Rate	Age	Rate
0 - 14	\$232.55	31	\$352.14	48	\$496.63
15	\$253.19	32	\$359.43	49	\$518.19
16	\$261.08	33	\$363.98	50	\$542.47
17	\$268.97	34	\$368.84	51	\$566.45
18	\$277.47	35	\$371.27	52	\$592.86
19	\$285.97	36	\$373.70	53	\$619.57
20	\$294.77	37	\$376.12	54	\$648.41
21	\$303.88	38	\$378.55	55	\$677.25
22	\$303.88	39	\$383.41	56	\$708.51
23	\$303.88	40	\$388.27	57	\$740.08
24	\$303.88	41	\$395.55	58	\$773.78
25	\$305.09	42	\$402.53	59	\$790.47
26	\$311.17	43	\$412.25	60	\$824.16
27	\$318.45	44	\$424.39	61	\$853.31
28	\$330.29	45	\$438.66	62	\$872.43
29	\$340.00	46	\$455.66	63	\$896.41
30	\$344.86	47	\$474.78	64+	\$910.98

Commission Disclosure: The rates presented in this proposal include standard commissions, and may include additional compensation. If you have questions, please contact your broker or BCBST representative.

- Rates are not final until confirmed by BCBST home office.
 - COBRA Admin charge of \$0.33 is included in the member rate.
- Benefit Administration Period is from January through December.



EHB Supplemental Dental Renewal

Composite Rates

Issued For Brian Shirk

Effective February 1, 2021

Group: Zinnia Wellness

Quote: 62

Non-Voluntary Dental Plan 5

Effective Date: 02/01/2021

Rep Name: Joy Morgan

Eligible Subscribers: 10

Coinsurance	Deductible	Annual Maximum	Ortho	Waiting Period C
100%/80%/50%	\$50	\$2,000	No	None

COBRA Admin: Combined w/ Medical

Note: This quote is subject to the exclusions, conditions, and limitations of the EOC. A Member is entitled to benefits for Covered Services described in the Covered Services section during a Calendar Year in the amounts specified in this Schedule of Benefits. This quote is also subject to Deductible, if any, when Covered Services are rendered by a Network Dentist.

Balance billing may occur for amounts over the maximum allowable charge when covered services are received from a Non-Network Dentist.

Composite Rate Information

Tier	Current Rates	Renewal Rates
Employee Only	\$30.15	\$30.15
Employee/Spouse	\$60.30	\$60.30
Employee/Child	\$56.53	\$56.53
Family	\$83.76	\$83.76

Commission Disclosure: The rates presented in this proposal include standard commissions, and may include additional compensation. If you have questions, please contact your broker or BCBST representative.

- Rates and benefits offered are based on employer attestation of group size. This quote is presented on the basis of the average number of all employees, employed on business days during the preceding calendar year, being 50 or less. This quote assumes that an EHB medical plan, which includes pediatric dental benefits, has been purchased.
- Multiple options are not available within a single group for these supplemental plans.
- MLR Survey Results: Small.
- Rates are not final until confirmed by BCBST home office.
- Benefit Administration Period is from January through December.



EHB Supplemental Vision Renewal

Composite Rates

Issued For Brian Shirk

Effective February 1, 2021

Group: Zinnia Wellness

Group ID: 139196

Voluntary Vision Plan 5

Effective Date: 02/01/2021 Rep Name: Joy Morgan

Eligible 10 Subscribers: Cobra: Combined w/ other BCBST Product

Exam Copay	Materials Copay	Frame Allowance	Frequency
\$10	\$25	\$150	24

Composite Rate Information

Tier	Current Rates	Renewal Rates
Employee Only	\$6.97	\$6.97
Employee/Spouse	\$13.94	\$13.94
Employee/Child	\$15.68	\$15.68
Family	\$21.69	\$21.69

- Rates and benefits offered are based on employer attestation of group size. This quote is presented on the basis of the average number of all medical employees, employed on business days during the preceding calendar year, being 50 or less. This quote assumes that an EHB medical plan, which includes pediatric vision benefits, has been purchased.
- Multiple options within a single group are not available for these supplemental plans.
- MLR Survey Results: Small.
- Rates are not final until confirmed by BCBST home office.
- **Diabetic Eye Care included in this plan.**