

Additional Freelance Benefits Included With Your 2019 Coverage

Bundle 1: Dental and Vision

DENTAL - ANTHEM BLUE CROSS		
DEDUCTIBLE	In Network	Non-Network
Individual	\$50	\$50
Family	3x Individual Ded.	3x Individual Ded.
Waived Tier for Deductible	Tier 1	Tier 1
TIER COPAYS		
Tier 1 Diagnostic & Preventative	100%	100%
Tier 2 Basic Services	80%	80%
Tier 3 Major Services	50%	50%
Tier 4 Orthodontia	50%	50%
Tier 1-3 Benefit Maximum	\$1,500	\$1,500
Tier 4 Benefit Maximum	\$1,500	\$1,500

VISION -MET LIFE / VSP		
DEDUCTIBLE	In Network Copay	Frequency
Exams	\$10	12 Months
Frames	\$200 allowance	12 Months
FRAME ALLOWANCES		
Single Vision	\$25	12 Months
Bifocal	\$25	12 Months
Trifocal	\$25	12 Months
Polycarbonate	\$25	12 Months
Anti-Reflective Coating	up to \$41 - \$85 copay	12 Months
Standard Progressive Lenses	up to \$55 copay	12 Months

Bundle 2: Disability and a \$25,000 Life Insurance Policy

Included for all covered Freelancers is a \$25,000 Life Insurance Policy with Met Life			
SHORT TERM DISABILITY - MET LIFE		LONG TERM DISABILITY - MET LIFE	
Benefit Amount	60%	Benefit Amount	60%
Benefit Reduction?	Reduced by amount paid by state disability	Benefit Reduction?	Reduced by amount paid by other disability policies
Weekly Benefit Maximum	\$3,000	Monthly Benefit Maximum	\$12,500
Benefit Duration	26 Weeks	Benefit Duration	Until Social Security Retirement Age
Elimination Period	7 days	Elimination Period	180 Days
Preexisting Condition Period	3/12	Preexisting Condition Period	3/12