

# Employee Benefits Options

The background is a solid teal color. On the right side, there are several decorative elements: a large, semi-transparent pie chart with a slice removed, and several smaller, semi-transparent pie charts of varying sizes scattered around. In the bottom right corner, there is a semi-transparent bar chart with four vertical bars of increasing height from left to right.

By: Julissa and Marlene



# Blue Shield Coverage

## **Cost:**

**Employee \$252**

**Employee and spouse \$528**

**Employee and child \$639**

**Employee, spouse and child \$1104**



# What It Covers

Office Visits



Maternity



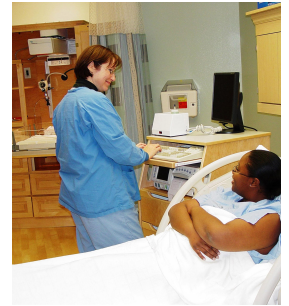
X- Rays



Diagnostic Labs



Hospital inpatient with a \$75 copay





Tier 1 Drugs  
with a \$20  
copay



Tier 1 usually  
includes generic  
medications.

Tier 2 drugs  
with a \$50  
Copay



Tier 2 usually  
includes preferred  
brand name  
medications.

Tier 3 Drugs  
with a 30%  
copay



Tier 3 usually includes  
non-preferred brand name  
medications.

Prevention Exams





# Kaiser Permanente Coverage

## **Cost:**

**Employee \$228**

**Employee and spouse \$479**

**Employee and child \$578**

**Employee, spouse and child \$1000**



# What It Covers

Office Visits



Prevention Exams  
With a \$40 Copay



Vaccinations



Therapy with a  
\$40 Copay



Maternity and well  
baby

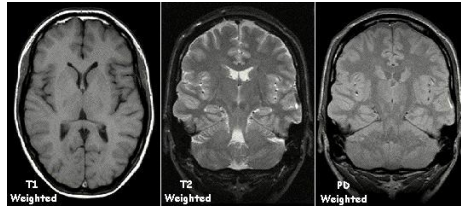




Emergency Visits  
with a \$75 copay



MIR, CT, or PET  
with a \$50 copay



Brand Name  
Drugs with a  
\$35 copay



Ambulance  
Services with a  
\$100 copay





## Oscar Minimum Coverage

**Cost:**

**Employee \$121**

**Employee and spouse \$270**

**Employee and child \$249**

**Employee, spouse and child \$381**



# What It Covers

3 free Office Visits



Well Baby



Prevention Exam





## Home Health Care



## Maternity



## Paternal and Postnatal care





## VSP Vision Coverage

**Cost:**

**Employee \$17.00**

**Employee & Spouse \$32.33**

**Employee & Family \$44.16**



# What it Covers

Basic Lens



Contacts



Light to Dark Tinting glasses





# **Delta Dental PPO Coverage**

## **Costs:**

**Employee \$33.91**

**Employee & Spouse \$45.24**

**Employee & Children \$56.57**



# What it Covers

Dental Exams



Dental X-Rays



Cleanings





Dental Oral Surgery



Tooth Filling

