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Employee Summary of Benefits As of Tuesday, March 12, 2013

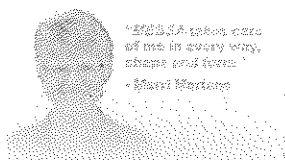
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Job: 190022 - Secretary

Effective Date: 10/01/2011

Coverage Information

Name	Date of Birth	Medical	Dental	Vision



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Summary Of Benefits

MESSA Choices (2-Person)
 In-Network Deductible: \$300 Single/\$600 Family
 In-Network Copay: \$10 Office Visit/\$25 Urgent Care/\$50 ER
 Out-of-Network Deductible: \$600 Single/\$1200 Family
 Out-of-Network Coinsurance: 20% of approved amount after deductible is met
 Out-of-Network Out-of-Pocket Cap: \$2000 Single/\$4000 Family
 Prescription Coverage: \$10 Generic/\$20 Brand Name
 VSP 2 (2-Person)
 Vision Plan Year Each 09/01
 \$5,000 Negotiated Life
 \$5,000 Negotiated AD&D
 Basic Term Life w/Med \$5,000

Do you wish to view benefits for another employee?



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