**Fully Insured Rate**

Milton Park Partners
Effective Date: May 1, 2021
Domicile State: Georgia

| Deductibles | Participating | Non-Participating |
| --- | --- | --- |
| Annual Deductible | $50 | $50 |
| Family Deductible Multiple | 3X Individual | 3X Individual |
| Deductible Waived - Diag/Prev | Yes | Yes |
| Deductible Waived – Orthodontics | N/A | N/A |

| Cost-Shares | Participating | Non-Participating |
| --- | --- | --- |
| Diagnostic & Preventive | 100% Coinsurance | 100% Coinsurance |
| Basic Restorative | 80% Coinsurance | 80% Coinsurance |
| Non Surgical Endodontics | 50% Coinsurance | 50% Coinsurance |
| Surgical Endodontics | 50% Coinsurance | 50% Coinsurance |
| Non Surgical Periodontics | 50% Coinsurance | 50% Coinsurance |
| Surgical Periodontics | 50% Coinsurance | 50% Coinsurance |
| Simple Oral Surgery | 50% Coinsurance | 50% Coinsurance |
| Complex Oral Surgery | 50% Coinsurance | 50% Coinsurance |
| Major Restorative | 50% Coinsurance | 50% Coinsurance |
| Prosthetics | 50% Coinsurance | 50% Coinsurance |
| Prosthetic Repairs & Adjustments | 50% Coinsurance | 50% Coinsurance |
| Orthodontics | Not Covered | Not Covered |
| Orthodontic Covers | None | None |

| Maximums | Participating | Non-Participating |
| --- | --- | --- |
| Annual Maximum | $1,000 | $1,000 |
| Annual Maximum Carryover/Carry in | No/No | No/No |
| Out of Pocket Maximum Individual/Family | Not Applicable | Not Applicable |
| Lifetime Orthodontic Maximum | N/A | N/A |

| Tier | Premium Rates |
| --- | --- |
| Employee | $32.54 |
| Employee + Spouse | $65.30 |
| Employee + Child(ren) | $65.69 |
| Employee + Family | $101.23 |

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Independent licensee of the Blue Cross and Blue Shield Association.
ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

**Fully Insured Rate**

Milton Park Partners
Effective Date: May 1, 2021
Domicile State: Georgia

| Deductibles | Participating | Non-Participating |
|---|---|---|
| Annual Deductible | $50 | $50 |
| Family Deductible Multiple | 3X Individual | 3X Individual |
| Deductible Waived - Diag/Prev | Yes | Yes |
| Deductible Waived – Orthodontics | Yes | Yes |

| Cost-Shares | Participating | Non-Participating |
|---|---|---|
| Diagnostic & Preventive | 100% Coinsurance | 100% Coinsurance |
| Basic Restorative | 80% Coinsurance | 80% Coinsurance |
| Non Surgical Endodontics | 80% Coinsurance | 80% Coinsurance |
| Surgical Endodontics | 80% Coinsurance | 80% Coinsurance |
| Non Surgical Periodontics | 80% Coinsurance | 80% Coinsurance |
| Surgical Periodontics | 80% Coinsurance | 80% Coinsurance |
| Simple Oral Surgery | 80% Coinsurance | 80% Coinsurance |
| Complex Oral Surgery | 80% Coinsurance | 80% Coinsurance |
| Major Restorative | 50% Coinsurance | 50% Coinsurance |
| Prosthetics | 50% Coinsurance | 50% Coinsurance |
| Prosthetic Repairs & Adjustments | 50% Coinsurance | 50% Coinsurance |
| Orthodontics | 50% Coinsurance | 50% Coinsurance |
| Orthodontic Covers | Dependent Children Only | Dependent Children Only |

| Maximums | Participating | Non-Participating |
|---|---|---|
| Annual Maximum | $1,500 | $1,500 |
| Annual Maximum Carryover/Carry in | No/No | No/No |
| Out of Pocket Maximum Individual/Family | Not Applicable | Not Applicable |
| Lifetime Orthodontic Maximum | $1,500 | $1,500 |

| Tier | Premium Rates |
|---|---|
| Employee | $43.02 |
| Employee + Spouse | $86.03 |
| Employee + Child(ren) | $86.84 |
| Employee + Family | $133.83 |

# Featured plans and rates

**Milton Park Partners**

Effective May 01, 2021

| Select Plan | FS.B.10.25.130.130<br>4M7P |
|---|---|
| | **Standard INN** |
| **In-network benefit category** | |
| **Plan Type** | Full Service |
| **Participation Type** | Voluntary |
| **Exam Copay and Frequency** | $10 Once every calendar year |
| **Prescription Lens Copay and Frequency** | $25 Once every calendar year |
| **Frame Benefit and Frequency** | $130 Once every other calendar year |
| **Elective Contact Lens Benefit and Frequency** | $130 Once every calendar year |
| **Non Elective Contact Lens Benefit and Frequency** | Covered in Full Once every calendar year |
| | **Standard OON** |
| **Out-network benefit category** | |
| **Plan Type** | Full Service |
| **Participation Type** | Voluntary |
| **Exam Reimbursement** | Up to $42 |
| **Eyeglass Lens Single Reimbursement** | Up to $40 |
| **Eyeglass Lens Bifocal Reimbursement** | Up to $60 |
| **Eyeglass Lens Trifocal Reimbursement** | Up to $80 |
| **Frame Reimbursement** | Up to $45 |
| **Elective Contact Lens Reimbursement** | Up to $105 |
| **Non Elective Contact Lens Reimbursement** | Up to $210 |

| Total | Monthly Rates |
|---|---|
| **Employee** | $6.40 |
| **Employee + Spouse** | $12.80 |
| **Employee + Children** | $13.12 |
| **Employee + Family** | $19.52 |

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross and Blue Shield of Georgia, Inc. Independent licensee of the Blue Cross and Blue Shield Association.