
LENNOX

Companies

Open Enrollment June 1st Effective Date

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Health Insurance

Moving to BlueCross BlueShield of Tennessee
3 New Plan Options from which to choose, including 1
with an integrated HRA

Dental Insurance

Moving to BlueCross BlueShield of Tennessee
Improved Plan Design to include Child Orthodontics

Vision Insurance

Moving to BlueCross BlueShield of Tennessee

Life and AD&D Insurance

\$15,000 Life & AD&D Insurance with Sun Life

RENEWAL MEDICAL PLANS

CURRENT

BASE PLAN

BUY UP PLAN

	Humana		Humana		Humana	
	TN Simplicity PPO 16 OPT 3		TN Simplicity PPO 16 OPT 13		TN Simplicity PPO 16 OPT 11	
Benefit	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Network	Baptist		Baptist		Baptist	
Coinsurance	100%	50% after deductible	100%	50% after deductible	100%	50% after deductible
Individual Deductible	\$0	\$5,000	\$0	\$5,000	\$0	\$5,000
Family Deductible	\$0	\$10,000	\$0	\$10,000	\$0	\$10,000
Individual Out of Pocket Maximum	\$6,000	\$18,000	\$6,500	\$19,500	\$5,000	\$15,000
Family Out of Pocket Maximum	\$12,000	\$36,000	\$13,000	\$39,000	\$10,000	\$30,000
Preventive Care	100%	50% after deductible	100%	50% after deductible	100%	50% after deductible
Office Visits	\$45 Primary Care \$90 Specialist	50% after deductible	\$30 Primary Care \$100 Specialist	50% after deductible	\$25 Primary Care \$55 Specialist	50% after deductible
Emergency Room	\$425 Copay	\$425 Copay	\$600 Copay	\$600 Copay	\$300 Copay	\$300 Copay
Outpatient Surgery	\$1,500 copay includes physician/surgeon fees	50% after deductible	\$1,500 copay includes physician/surgeon fees	50% after deductible	\$500 copay includes physician/surgeon fees	50% after deductible
Inpatient Hospital	\$1,500 copay/day - maximum \$4,500 includes physician/surgeon fees	50% after deductible	\$1,500 copay/day - maximum \$4,500 includes physician/surgeon fees	50% after deductible	\$500 copay/day - maximum \$1,500 includes physician/surgeon fees	50% after deductible
Prescription Benefit	\$10 Level 1 \$30 Level 2 \$55 Level 3 25% Level 4 35% Specialty Drugs	30% after In Network copay Level 1 - Level 4 50% - Specialty Drugs	\$10 Level 1 \$40 Level 2 \$70 Level 3 25% Level 4 35% Specialty Drugs	30% after In Network copay Level 1 - Level 4 50% - Specialty Drugs	\$10 Level 1 \$35 Level 2 \$55 Level 3 25% Level 4 35% Specialty Drugs	30% after In Network copay Level 1 - Level 4 50% - Specialty Drugs

Humana Vision Insurance

› Network	EyeMed
› Exam Copay	\$10
› Frames	\$130 Retail Allowance
› Lens copay*	\$15 (in-network)
› Contact Lenses	\$150 Allowance
› Out-of-Network	Allowances (see plan summary)
› Service Frequencies	
› Exams	Every 12 months
› Lenses	Every 12 months
› Frames	Every 24 months
› Dependent Age Limit	26

*see summary of benefits for all options and additional copay(s) if applicable

FIND A PROVIDER

- Go to www.humana.com

- Medical Network
 - Baptist Healthcare Network (Memphis metropolitan area)

 - › Outside the Memphis metropolitan area
 - › click “FIND A PROVIDER” or “Physician Finder”
 - › Medical, Dental & Vision
 - › Medical Network: ChoicePOS
 - › Dental Network: PPO/Traditional Preferred
 - › Vision Network: EyeMed

EMPLOYEE DEDUCTION PER PAY PERIOD

Current	Medical		Dental	Vision
Employee Only	\$42.57		\$4.16	Included in dental
Employee + Spouse	\$127.71		\$24.54	Included in dental
Employee + Child(ren)	\$114.94		\$14.31	Included in dental
Family	\$200.08		\$35.23	Included in dental
Renewal	Medical -BASE	Medical - BUY UP	Dental	Vision
Employee Only	\$35.06	\$72.32	\$3.18	\$0.71
Employee + Spouse	\$119.22	\$201.19	\$15.93	\$3.55
Employee + Child(ren)	\$98.16	\$168.96	\$22.95	\$3.94
Family	\$175.32	\$287.10	\$35.70	\$7.02

LIFE AND AD&D INSURANCE

\$15,000 Life Insurance

\$15,000 Accidental Death & Dismemberment

OPEN ENROLLMENT PROCESS

- › Open Enrollment Election will begin next week. You will receive instructions via an email or memo.
- › All benefit changes will be effective June 1st
- › Complete Beneficiary Form and return to Brittanee

Enrolling For Benefits

› Questions?

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