



PPO

Benefit Information	\$3,500 Deductible	\$8,150 Deductible
Deductible (Individual / Family)	\$3,500 / \$7,000	\$8,150 / \$16,300
Co-insurance	0% after deductible	0% after deductible
Out of pocket max - calendar year (Individual / Family)	\$4,500 / \$9,000	\$8,150 / \$16,300
Preventative care	Covered at 100%	
Office visit / specialist visit	\$40 copay	\$40 copay
Emergency services	\$200 copay, then deductible	\$200 copay, then deductible
Urgent care	\$50 copay	\$50 copay
Retail prescription	\$12 / \$50 / \$75	\$12 / \$50 / \$75
EMPLOYEE ONLY RATE (per pay period)	\$151.41	\$125.15
EMPLOYEE + SPOUSE RATE (per pay period)	\$714.77	\$650.94
EMPLOYEE + CHILD(REN) RATE (per pay period)	\$494.65	\$445.84
FAMILY RATE (per pay period)	\$841.60	\$766.53
EMPLOYEE ONLY RATE (per pay period)	\$116.47	\$96.27
EMPLOYEE + SPOUSE RATE (per pay period)	\$549.82	\$500.72
EMPLOYEE + CHILD(REN) RATE (per pay period)	\$380.50	\$342.95
FAMILY RATE (per pay period)	\$647.39	\$589.64

← WITHOUT WELLNESS CREDIT

← WITH WELLNESS CREDIT

*For eligible full-time employees of American Digital Security, DS Bus Lines, Kincaid Coach Lines, Kincaid IT, Kincaid Group, Midwest Bus Sales, SourceIT, State Line Nissan, & STS of New Mexico.

Rates listed are per pay period for employees that are paid bi-weekly.

HSA

Benefit Information	\$5,500 HSA	\$6,900 HSA
Deductible (Individual / Family)	\$5,500 / \$11,000	\$6,900 / \$13,800
Co-insurance	20% after deductible	0% after deductible
Out of pocket max - calendar year (Individual / Family)	\$6,450 / \$12,900	\$6,900 / \$13,800
Preventative care	Covered at 100%	
Office visit / specialist visit	Deductible, then 20%	Deductible
Emergency services	Deductible, then 20%	Deductible
Urgent care	Deductible, then 20%	Deductible
Retail prescription	Deductible, then: \$10 / \$45 / \$70	Deductible
EMPLOYEE ONLY RATE (per pay period)	\$91.73	\$69.34
EMPLOYEE + SPOUSE RATE (per pay period)	\$573.00	\$498.38
EMPLOYEE + CHILD(REN) RATE (per pay period)	\$386.46	\$341.69
FAMILY RATE (per pay period)	\$681.19	\$617.75
EMPLOYEE ONLY RATE (per pay period)	\$70.56	\$53.34
EMPLOYEE + SPOUSE RATE (per pay period)	\$440.77	\$383.37
EMPLOYEE + CHILD(REN) RATE (per pay period)	\$297.28	\$262.84
FAMILY RATE (per pay period)	\$523.99	\$475.19

← WITHOUT WELLNESS CREDIT

← WITH WELLNESS CREDIT



Calendar Year
Max

Type of Service	In-Network	Out-of-network
Type I, II, III (Preventative, Basic, & Major)	\$1,500 per person	\$1,500 per person
Type IV Ortho	\$1,000 per child	\$1,000 per child

Calendar Year
Deductible

Type of Service	In-Network	Out-of-network
Type I Preventative	N/A	N/A
Type II, III (Basic & Major)	\$50 individual / \$150 family	\$50 individual / \$150 family
Type IV Ortho	N/A	N/A

Plan Pays

Type of Service	In-Network	Out-of-network
Type I Preventative	100%	100%
Type II Basic	80%	80%
Type III Major	50%	50%
Type IV Ortho	50%	50%

Rates

Category	Rate
Employee Only (per pay period)	\$14.67
Employee + Spouse (per pay period)	\$29.02
Employee + Child(ren) (per pay period)	\$37.08
Family (per pay period)	\$57.29



Benefit Information

Type of Service	In-Network
Exam	\$10 Copay
Frames	\$150 allowance; 20% off balance
Lenses	\$25 copay
Contact Lens Evaluation & Fitting	\$60 copay
Laser Vision Correction	15% off regular price 5% off promo price
Frequency: Exam Lenses in lieu of contact lenses Frames	12 months 12 months 24 months
Category	Rate
Employee Only (per pay period)	\$3.39
Employee + Spouse (per pay period)	\$6.44
Employee + Child(ren) (per pay period)	\$6.78
Family (per pay period)	\$9.97

Rates



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- You'll automatically be enrolled in The Kincaid Group's **American Funds** retirement plan once you are eligible.
- Your default contribution is 3%.
- The Kincaid Group matches up to 3%.
- The default investment fund is: **Target Date Fund**.

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to make changes at any time!