

# **PAM TRANSPORT SERVICES, INC.**

## **INSURANCE SUMMARY**

**Eligibility:** First day of the month following 60 days of service (must be **actively** employed).

The medical coverage includes prescription drug coverage. Employees and dependents enrolled in the medical insurance are eligible for dental insurance.

Employees may elect medical insurance only, or medical and dental insurance.

### **Cost for Medical and Basic life:**

**Employee Only Coverage - \$21.25 weekly**

**Family Coverage - \$68.50 weekly**

### **Cost for Medical, Dental and Basic Life:**

**Employee Only Coverage - \$28.00 weekly**

**Family Coverage - \$81.00 weekly**

Paid by payroll deductions through Cafeteria Pre-Tax plan.

Deductions begin on effective date.

Family Coverage requires the following information for each dependent, prior to effective date:

- Full Name
- Date of Birth
- Social Security Number
- Spouse- Marriage Certificate
- Children- Birth Certificate (only when last name differs)

This information can be faxed to HR at 479-361-5565 or emailed to [hrhelp@pamt.com](mailto:hrhelp@pamt.com) including the driver code.

### **Medical:**

**Co-Pay:** A primary care physician visit will not be applied to the deductible. A covered member will pay \$35 co-pay and the plan will cover the remaining eligible cost. Primary care physicians include family and general practice, internal medicine and pediatricians.

**Deductible:** All other medical charges will be subject to the deductible schedule listed below:

\$575 per individual

\$1,150 per family (2 family members must accumulate \$575 each)

**PPO:** The plan uses a Preferred Provider Organization through Blue Cross Blue Shield (A medical provider may be a physician, hospital, lab, rehab, or durable medical supplier.)

**If.....**

- Provider is a member of the PPO network, co-insurance is 80-20.
- Provider is not a member of the PPO network and a PPO provider is available within 30 miles co-insurance is 50-50
- PPO provider is not available within 30 miles, co-insurance is 80-20

These co-insurance levels are applicable up to \$4,000 (in-network) and/or \$10,000 (out-of-network) per person in a calendar year. After this, the plan pays 100% of all eligible expenses for the remainder of the calendar year.

Refer to your Insurance Card for Contact Numbers of PPO.

**Supplemental Accident Benefit:** 1<sup>st</sup> \$500 of any accident paid at 100% - thereafter at the applicable co-insurance level. You must file a claim form with accident information for this benefit.

**Co-Insurance Payments are made on Eligible Expenses only**

Generally, the following are eligible expenses, but subject to limitation:

- In-Patient Hospital
- Out-Patient Hospital
- Physicians Visits
- Tubal Ligation/Vasectomy
- Chiropractic Care (\$20 Limit per visit)
- Hospice Care
- Home Health Care
- Routine Wellness
- Mental Health Services billed by a Psychiatrist (MD) or Psychologist (Ph.D.)

**NO COVERAGE** for the following:

- All forms of Fertilization (In-Vitro, Artificial Insemination, Sterilization Reversals, etc.)
- Alcohol and/or Drug Rehabilitation

**Prescriptions:**

Up to a 30 Day Supply Costing Less than \$400  
\$15 Generic-\$35 Name Brand-\$55 Non Preferred Brand

For up to a 30 day supply of a prescription costing more than \$400, the member will pay 20% of the cost. However, the maximum out-of-pocket expense will not be greater than \$200 per prescription.

If a generic prescription is available and authorized by the treating physician, the participant must purchase the generic or pay the name brand co-pay plus the difference between the generic drug retail price and the name brand drug retail price.

### **Prescriptions by Mail:**

For additional convenience and savings a Prescription by Mail service is provided for maintenance medications such as blood pressure, cholesterol, etc. A covered member may obtain a 90-day supply of medication through the Prescription by Mail service. Each prescription costing less than \$1,200 will have \$25 generic co-pay, \$65 name brand co-pay or a \$125 non-preferred name brand co-pay. For each 90 day supply of a prescription costing more than \$1,200.00 the member will pay 20% of the cost, with an out-of-pocket maximum of \$600 per prescription.

### **Basic Life Insurance:**

Employee Only - \$15,000 Natural Causes

Family Coverage - \$2,000 life policy on covered spouse  
\$1,000 life policy on each dependent child 6 months up to age 23 (up to age 25 if a full-time student)  
\$100 life policy on each covered child (14 days to 6 months of age)

\* Paid by the company and only available if enrolled in group medical plan

\* Benefits reduce 50% at age 70

### **Dental Insurance:**

(a) 100% of U.C.R. covers the following with no deductible:  
2 Cleanings per year (Must be 6 months apart)  
X-Rays  
Office Visits

(b) **Maximum calendar year benefit is \$1,500 per person on the above.**

(c) A Pre-Determination is recommended for procedures exceeding \$500.

(d) \$50 deductible, 80% of U.C.R. covers the following all other procedures (extractions, fillings, root canals, partials, crowns, etc.)

(e) Orthodontic Services - \$50 deductible, 80% to a **maximum lifetime benefit of \$1,000 per dependent under the age of 19 years.**

(f) Orthodontic services and replacement of missing teeth are subject to a 12 month waiting period from the date of eligibility.

(g) 5 year replacement clause of Prosthodontics.

**Other Available Insurance:**

- (a) Voluntary Group Life:  
Employee \$50,000:                      Benefit for spouse \$25,000

**OR**

Employee \$100,000:                      Benefit for spouse \$50,000

Dependent Child (ren):

14 days to 6 months: \$500

6 months to age 23: \$10,000 (up to age 25 if a full time student)

**Premium rates are determined by age of employee.**

**Benefits reduce 50% at age 70**

- (b) Disability: To supplement your income during extended illness or injury.  
(c) Vision Insurance: Vision Service Plan, (VSP).

**The following plans are available through See My Benefits Online.**

- (d) Cancer  
(e) Accident  
(f) Universal Life

*This document is considered an outline. Please refer to the Summary Plan Descriptions for complete explanations of benefits.  
Any discrepancies will be governed by the Plan Document.*