

# BOYS & GIRLS CLUB WORKERS ASSOCIATION

## 2023 GUARDIAN ANCILLARY BENEFITS

	LOW OPTION		HIGH OPTION	
	IN	OUT	IN	OUT
<b>Dental</b>				
INDIVIDUAL DEDUCTIBLE	\$50	\$50	\$0	\$0
DEDUCTIBLE PERIOD	Calendar Year		Calendar Year	
FAMILY LIMIT	2x Individual	2x Individual	2x Individual	2x Individual
WAIVED FOR	Preventive	Preventive	Preventive	Preventive
PREVENTIVE	100%	100%	100%	100%
BASIC	70%	70%	70%	70%
MAJOR	50%	50%	70%	70%
ANNUAL MAXIMUM	\$800		\$1,350	
CLAIM PAYMENT BASIS	Fee Schedule	90 <sup>th</sup> UCR	Fee Schedule	90 <sup>th</sup> UCR
CHILD AGE LIMIT	To age 26		To age 26	
ORTHODONTIA	None		70% Adult & Child Orthodontia	
ORTHODONTIA LIFETIME MAXIMUM	N/A		\$1,500	
MAXIMUM ROLLOVER	Included		Included	

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
<b>Life/AD&amp;D</b>					
BENEFIT AMOUNT	\$10,000	\$20,000	1x salary	2x salary	3x salary
GUARANTEED ISSUE	\$10,000	\$20,000	\$100,000	\$400,000	\$400,000
AGE REDUCTION					
AGES 65-69			65%		
AGES 70+			50%		

	PLAN
<b>Voluntary Life/AD&amp;D</b>	
PRIMARY BENEFITS	
EMPLOYEE	
BENEFIT AMOUNT	\$10,000 - \$500,000
INCREMENTS	\$10,000
AD&D	100% of Life benefit
DEPENDENT	
SPOUSE BENEFIT AMOUNT	\$5,000 - \$100,000 (subject to 100% of EE amount)
SPOUSE INCREMENTS	\$5,000
CHILD(REN) BENEFIT AMOUNT	\$10,000 ((subject to 100% of EE amount)
CHILD(REN) INCREMENTS	\$10,000
INFANT (birth to 14 days)	\$500
AD&D	100% of Life benefit
GUARANTEE ISSUE	
EMPLOYEE	\$100,000
SPOUSE	\$30,000
CHILD(REN)	\$10,000

	LOW OPTION		HIGH OPTION	
	IN	OUT	IN	OUT
<b>Vision</b>				
EYE EXAMS				
FREQUENCY	12 months		12 months	
MATERIALS	\$10 copay	\$59 reimb.	\$10 copay	\$59 reimb.
LENSES				
FREQUENCY	12 months		12 months	
SINGLE VISION	\$25 copay	\$30 reimb.	\$25 copay	\$30 reimb.
BIFOCAL	\$25 copay	\$50 reimb.	\$25 copay	\$50 reimb.
TRIFOCAL	\$25 copay	\$65 reimb.	\$25 copay	\$65 reimb.
LENTICULAR	\$25 copay	\$100 reimb.	\$25 copay	\$100 reimb.
CONTACT LENSES	<i>(in lieu of complete set of glasses)</i>			
FREQUENCY	12 months		12 months	
ELECTIVE ALLOWANCE	Up to \$150; copay waived	Up to \$120; copay waived	Up to \$150; copay waived	Up to \$120; copay waived
FITTING & EVALUATION	Standard: \$50 Custom: \$75	Included in allowance	Standard: \$50 Custom: \$75	Included in allowance
FRAMES				
FREQUENCY	12 months		12 months	
ALLOWANCE	Up to \$150 max; +20%	Up to \$70	Up to \$150 max; +20%	Up to \$70
CHILD AGE LIMIT	To age 26		To age 26	

	PLAN
<b>Long Term Disability</b>	
PRIMARY BENEFITS	
BENEFIT PERCENTAGE	66.67%
MAXIMUM MONTHLY BENEFIT	\$15,000
MINIMUM MONTHLY BENEFIT	\$100
ELIMINATION PERIOD	180 days
DURATION OF BENEFITS	SSNRA

	PLAN
<b>Short Term Disability</b>	
PRIMARY BENEFITS	
BENEFIT PERCENTAGE	66.67%
MAXIMUM WEEKLY BENEFIT	\$2,000
BENEFITS BEGIN	
ACCIDENT/INJURY	8th day
SICKNESS	8th day
MAXIMUM BENEFIT DURATION	26 weeks