



## BENEFITS SUMMARY FOR PHYSICIANS

Medical, dental and vision benefits are offered to all full-time (>30hrs) employees at Watauga Orthopaedics. For physicians, Watauga Orthopaedics offers an HDHP-HSA Qualified medical plan which allows participants to fund their individual Health Savings Accounts. Contributing to an HSA helps save money to be used for medical, dental & vision expenses and reduces taxable income. The IRS limits for HSA funding are shown in chart. Funds saved but not used in the current year will roll over from year to year. HSA's are treated as individually owned bank accounts.

### HEALTH SAVINGS ACCOUNTS

Watauga offers an HSA to physicians and executives, which allow them to save pre-tax dollars for medical, dental, and vision expenses. These accounts are held with HealthEquity and come with a debit card to use for these expenses, as needed.

### LIFE & DISABILITY INSURANCE

Watauga also provides life insurance and short-term disability insurance for full-time employees. Employees also have the option of buying supplemental life insurance (for themselves, spouse, and/or child(ren)) and long-term disability insurance. For physicians, the short-term disability insurance protects 60% of income up to a \$3,500 weekly max.

MEDICAL	BCBST
	HSA-Qualified Plan
Physician Visits	Ded. then 50%
2021 HSA Contribution Limits	Employee Only \$3,600 ESP, ECH & FAM \$7,200
Deductible - Employee Only - ESP, ECH & FAM	\$4,500 \$9,000
Hospitalization	Ded. then 50%
Preventive Care	100% Ded. Waived
Emergency Room	Ded. then 50%
Out-of-Pocket Maximum - Employee Only - ESP, ECH & FAM	\$6,500 \$13,000
Prescription Drugs	Ded. then 50% Preferred Formulary
Insurance Company	BlueCross BlueShield of Tennessee
Premiums	Monthly Costs
- Employee Only	\$378.20
- Employee + Spouse	\$794.22
- Employee + Child(ren)	\$692.11
- Employee + Family	\$1,147.85

DENTAL	DentalBlue
	Dental Benefits
Preventive Services	100% Covered Exams, X-rays, Cleanings, etc.
Deductible*	Employee Only \$50 ESP, ECH & FAM \$150 <small>*does not apply to Preventive</small>
Basic Services	80% Covered Fillings, scaling, simple extractions, etc.
Major Services	50% Covered Inlays, onlays, crowns, root canals, etc.
Annual Benefit Maximum	\$1,500 per member Preventive, Basic & Major
Orthodontics Lifetime Max	\$1,500
Premiums	Monthly Costs
- Employee Only	\$24.91
- Employee + Spouse	\$54.82
- Employee + Child(ren)	\$59.33
- Employee + Family	\$96.19

Vision	VisionBlue
	Vision Benefits
Comprehensive Eye Exam	\$10 Copay
Glasses	\$25 Copay
Contact Lenses or Frames Exam/Lens/Frames Freq.	\$120 Allowance 12/12/24 month
Premiums	Monthly Costs
- Employee Only	\$4.53
- Employee + Spouse	\$9.07
- Employee + Child(ren)	\$9.52
- Employee + Family	\$14.96