



2022–2023 Benefits Summary

Medical Coverage – United Healthcare AllSavers 2500 (PPO)		In Network Only	
Office Co-Pay (Non-Specialist/Specialist)		\$30 / \$60	
Coinsurance		100%	
Urgent Care Visit (Non-Urgent use of Urgent Care Provider is not covered)		\$100 Co-Pay/Visit	
ER Facility/ER Physician Charges (Non-Emergency care in an Emergency Room is not covered)		\$300 Copay then Ded (Facility and Physician Charges Inclusive)	
Calendar Year Deductible		\$2,500 Indiv. / \$5,000 Family	
Annual Out of Pocket Maximum (deductible included)		\$5,000 Indiv / \$10,000 Family	
RX Co-Pay (30-day supply)		\$15 / \$35 / \$75 / \$250	
Employee Costs (Bi-Weekly): Emp: \$160.00 Emp/Spouse: \$742.00 Emp/Children: \$638.00 Family: \$1,296.00			
Medical Coverage – United Healthcare AllSavers 4000 (PPO)		In Network Only	
Office Co-Pay (Non-Specialist/Specialist)		\$25 / \$75	
Coinsurance		100%	
Urgent Care Visit (Non-Urgent use of Urgent Care Provider is not covered)		Physician \$50 / Facility \$50	
ER Facility/ER Physician Charges (Non-Emergency care in an Emergency Room in not covered)		\$300 Copay Then Ded (Facility And Physician Charges Inclusive)	
Calendar Year Deductible		\$4,000 Indiv. / \$8,000 Family	
Annual Out of Pocket Maximum		\$8,150 Indiv / \$16,300 Family	
RX Co-Pay (30-day supply)		\$10 / \$35 / \$75 / \$250	
Employee Costs (Bi-Weekly): Emp: \$110.00 Emp/Spouse: \$685.00 Emp/Children: \$590.00 Family: \$1,165.00			
Medical Coverage – United Healthcare AllSavers 6650 (HSA)		In Network Only	
Office Co-Pay (Non-Specialist/Specialist)		100% after Deductible	
Coinsurance		100%	
Urgent Care Visit (Non-Urgent use of Urgent Care Provider is not covered)		100% after Deductible	
ER Facility/ER Physician Charges (Non-Emergency care in an Emergency Room in not covered)		100% after Deductible (Facility and Physician Charges Inclusive)	
Calendar Year Deductible/Max		\$6,650 Indiv. / \$13,300 Family	
Annual Out of Pocket Maximum		\$6,650 Indiv. / \$13,300 Family	
RX Co-Pay (30-day supply)		100% after Deductible	
Employee Costs (Bi-Weekly): Emp: \$55.00 Emp/Spouse: \$455.00 Emp/Children: \$390.00 Family: \$797.00			
Dental Coverage Provided through Humana			
	In Network	Out of Network	
Preventive Services	100%	100%	
Basic Services	80%	80%	
Major Services	50%	50%	
Orthodontics (Age 19 & Under)	50% up to \$2,000	50% up to \$2,000	
Deductible	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family	
Ortho Lifetime Limit	\$2,000	\$2,000	
Calendar Year Maximum	Unlimited	Unlimited	
Employee Costs (Bi-Weekly): Employee Only: \$23.20 Employee/Spouse: \$46.41 Employee/Children: \$65.52 Family: \$90.22			

Vision Coverage Provided through Humana

	In Network	Out of Network
Eye Exam	100% after \$10 copay	Up to \$30 Allowance
Single Vision Lenses	100% after \$15 copay	Up to \$25 Allowance
Lined Bifocal	100% after \$15 copay	Up to \$40 Allowance
Trifocal Lenses	100% after \$15 copay	Up to \$60 Allowance
Frames	Up to \$130 (retail) 20% off balance over \$130	Up to \$65 (retail) Allowance
Contact Lenses (Med Nec.)	100%	Up to \$200 Allowance
Contact Lenses (Elective)	Up to \$130, 15% off balance over \$130	Up to \$104 Allowance

Employee Costs (Bi-Weekly): Employee Only: \$4.35 Employee/Spouse: \$8.70 Employee/Children: \$8.27 Family: \$12.99

Supplemental Benefits Available through Aflac

Personal Accident	Cancer Care Plan	Critical Care and Recovery
Hospital Advantage Plan	Short Term Disability	Life/Juvenile Life – Whole and Term

401k Retirement Plan through Paychex

Eligible on July 1st or January 1 st after 6 months of employment.	Pre-Tax	Roth
	Elected Deferral Range: 1 – 90% of compensation	

Additional Benefits Provided at No Cost to Employees

Basic Term Life / AD&D Plan	\$15,000 Policy	Principal
Long-Term Disability Plan	60% of monthly earnings up to \$6,000/month	Principal
Employee Assistance Program (EAP)	LifeMart Discount Center, Self-care Mobile Apps, Health and Wellness Online Tools, Childcare/Eldercare Resources, Teen and Adolescent Resources, 24/7 Phone Consultations with Licensed Mental Health Professionals	Principal/Magellan Healthcare