2023–2024 Benefits Summary

Medical Coverage – UnitedHealthcare 2500 (EPO)	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: $170.00   Emp/Spouse: $770.00   Emp/Children: $670.00   Family: $1,325.00

Medical Coverage – UnitedHealthcare 4000 (EPO)	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: $115.00   Emp/Spouse: $695.00   Emp/Children: $595.00   Family: $1,175.00

Medical Coverage – UnitedHealthcare 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	$6,300 Indiv. / $12,600 Family
Annual Out of Pocket Maximum	$6,300 Indiv. / $12,600 Family
RX Co-Pay (30-day supply)	100% after Deductible

Employee Costs (Bi-Weekly): Emp: $40.00   Emp/Spouse: $440.00   Emp/Children: $365.00   Family: $775.00

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: $24.43   Employee/Spouse: $48.86   Employee/Children: $68.64   Family: $94.58

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 1st after 6	**Pre-Tax**	**Roth**
months of employment.	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