

# Employee Benefits

# 2024

We are pleased to provide eligible employees and dependents with medical coverage through United Healthcare. For your reference, we have highlighted some of the most frequently used benefits below but encourage you to review the Summary of Benefits & Coverage or Summary Plan Description for complete details on exclusion, limitations and pre-authorization requirements at [mybenefits.cc/healthbenefits](https://mybenefits.cc/healthbenefits)

## Medical Insurance - UnitedHealthcare

**UnitedHealthcare** PPO plans are designed for people who want flexibility in choosing their own health care provider. When searching for network providers, select the **Select Plus Network**.

**Medical HRA** When enrolling in the United Healthcare PPO plan, we will provide a company subsidy into an HRA to help fund your deductible. HRA funds will be used to pay for the out-of-pocket medical expenses that accumulate towards the deductible for you and your covered dependents. You will not have to pay for services until you have exhausted your HRA funds.

**Employer will fund \$2,500 for Individual or \$5,000 for family coverage towards the Annual Deductible**

PPO Plan: CQJP with Rx G94S-IntRx		
Benefit	In-Network	Out-of-Network *
Annual Deductible	\$3,000 Individual / \$6,000 Family	\$9,000 Individual / \$18,000 Family
Company HRA Funding	\$2,500 Individual / \$5,000 Family	
Net Deductible (after HRA contribution)	\$500 Individual / \$1,000 Family	\$6,500 Individual / \$13,000 Family
Net Annual Out of Pocket Maximum (after HRA contribution)	\$2,500 Individual / \$5,000 Family	\$12,500 Individual / \$25,000 Family
Office/Specialist Visit	20% after deductible	50% after deductible
Telehealth Visits	20% after deductible	50% after deductible
Preventive Care	No copay	Not covered
Lab Testing, X-ray & Diagnostic	20% free standing lab / 50% hospital after ded	50% after deductible
Major Diagnostic (CT, PET, MRI)	20% free standing lab / 50% hospital after ded	50% after deductible
Outpatient Hospital	20% after deductible	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible
Emergency	20% after deductible	
Urgent Care	20% after deductible	50% after deductible
Rx Deductible	Deductible Applies	
Tier 1	\$10 copay after deductible	\$10 copay after deductible
Tier 2	\$35 copay after deductible	\$35 copay after deductible
Tier 3	\$70 copay after deductible	\$70 copay after deductible
Preferred Specialty Rx - Tier Level Copays	Tier 1-\$10, Tier 2-\$150, Tier 3-\$250 after ded	Tier 1-\$10, Tier 2-\$150, Tier 3-\$250 after ded
Group No.	922917	
Phone No.	866-873-3903	
Web	<a href="https://www.myuhc.com">www.myuhc.com</a>	

## Dental Insurance - UnitedHealthcare

Dental benefits are provided to you and your family through United Healthcare. For a complete list of all your PPO dental insurance benefits and restrictions, please refer to the plan summaries or Summary Plan Description.

Dental*	Low Plan In-Network	High Plan In-Network
Diagnostic & Preventive Services	Covered at 100%	Covered at 100%
Basic Services	Covered at 80% after deductible	Covered at 80% after deductible
Major Services	Covered at 50% after deductible	Covered at 50% after deductible
Calendar Year Deductible	\$50 Ind / \$150 Fam	\$25 Ind / \$75 Fam
Annual Maximum Benefit	\$1,000 per person	\$1,500 per person
Orthodontia (child up to age 19)	Not covered	50% / \$1,500 lifetime max

Group No. 922917

[www.myuhc.com](http://www.myuhc.com)

\*Refer to plan summaries for out-of-network coverage.

## Vision Insurance - UnitedHealthcare

Vision benefits are provided by United Healthcare utilizing the **Spectera Eyecare Network**. United Healthcare Vision has been trusted for more than 50 years to deliver affordable and innovative vision care solutions.

Benefit	In-Network	Out-of-Network
Office Visit/Exam (every 12 months)	\$15 copay	Plan pays up to \$40
Materials Copay	\$15 copay	Reimbursement varies
Lens Replacement (every 12 months)		
Single Vision	100% after copay	Plan pays up to \$40
Bifocal	100% after copay	Plan pays up to \$60
Trifocal	100% after copay	Plan pays up to \$80
Frame Replacement (every 24 months)	\$130 allowance after Materials Copay	Plan pays up to \$45
Elective Contact Lenses (in lieu of glasses, every 12 months)	Disposable contacts: up to 4 boxes are included	Plan pays up to \$125

Group No. 922917

800-638-3120

[www.myuhcvision.com](http://www.myuhcvision.com)

## Life, Disability and Voluntary Life Insurance - UnitedHealthcare

Basic Group Life and AD&D and Disability coverage is provided by United Healthcare for all eligible employees. The company pays 100% of the cost for these benefits. You will be automatically enrolled. You may purchase additional life insurance through the voluntary plan.

Basic Life/AD&D*	Short Term Disability	Long Term Disability	Voluntary Life/AD&D
Basic Life: \$100,000 Basic AD&D: \$100,000	66.67% up to \$1,000/week  Coverage begins on 1st day after accident or 8th day of sickness  Benefit Duration: Up to 26 weeks	60% up to \$6,000/month  Coverage begins after 180 days  Benefit Duration: 5 years with reducing benefits	Employee: Increments of \$10,000 up to the lesser of 5x salary or \$500,000  Guarantee Issue: \$130,000  Dependent coverage is also available. Refer to plan summaries.

Group No. 308635

888-299-2070

[www.myuhc.com](http://www.myuhc.com)

\*Benefit reductions apply at age 65 and 70. Refer to your certificate of coverage for details.

## Beneficiary Services - UnitedHealthcare

United Healthcare plans include many resources and personal support for you and your beneficiaries. These services are available 24/7 and at no additional cost.

### Will & Trust Preparation

Create and prepare a will online. Locate nearby attorneys and access financial planning help and calculators.

### Beneficiary Services

After a death, there's so much to deal with that it can be overwhelming. Your beneficiaries will have access to a team of professionals to help with grief and financial and legal support.

### Travel Assistance

When traveling 100 or more miles away from home (including international) you have access to services to help with emergency travel arrangements, replacing lost or stolen travel documents and emergency translation services. You also have access to medical assistance services worldwide.

866-302-4480

[www.liveandworkwell.com](http://www.liveandworkwell.com)  
Access Code: LIFESENSVS

## Member Assistance Program - UnitedHealthcare

To help you through difficult times, we offer a Member Assistance Program. This program offers you and your family members with free, confidential support 24/7. You can get the following types of assistance:

- Counseling services, coping and depression
- Help with financial and legal issues
- Family support, help with relationships

877-660-3806

[www.liveandworkwell.com](http://www.liveandworkwell.com)

## Flexible Savings Account (FSA) - UnitedHealthcare

Participation in one of these plans provide you the opportunity to pay for out-of-pocket healthcare and dependent care expenses with pre-tax dollars. IRS 2024 Limits:

### Medical FSA

Maximum annual dollar amount allowed is \$3,200. A married couple who have their own health FSA's can both make salary reductions of up to \$3,200.

### Dependent Care FSA

Maximum annual dollar amount allowed is \$5,000 if you are single or married and filing jointly. \$2,500 per year if married and filing separately.

Plan carefully!

- FSA elections cannot be changed during the plan year unless you have a Qualifying Event.
- You will be allowed to rollover up to \$640 of unused Medical FSA funds. Note: this feature is only available on the Medical FSA.
- Unused funds left in your Dependent Care FSA at the end of the plan year will be forfeited.
- Unused funds in excess of \$640 in your Medical FSA will also be forfeited

Login (under the Accounts tab)

877-311-7849

[www.myuhc.com](http://www.myuhc.com)

## Benefit Eligibility Requirements

Benefits begin the first of the month following 30 days from your date of hire. Regular full-time employees (those working 30+ hours/week) are eligible.

**Eligible dependents are:** Spouse or domestic partner; Children up to age 26; any dependent child who is incapable of self-support because of mental or physical disability.

**Open Enrollment** is held once a year for a January 1st effective date.

## FAQ

**Q. What changes can I make during OE?**

- You can add or drop current coverage
- You can add or drop dependents from your coverage
- You can also update your address, new born social security numbers and beneficiary information

**Q. How do I make changes to my benefits and when are the changes effective?**

- Log in at [mybenefits.cc/healthbenefits/](https://mybenefits.cc/healthbenefits/) and select the Paycom Employee Self-Service portal. Your enrollment or the changes you make during OE become effective January 1st, 2024. Once you have submitted your elections, you may not make changes, unless you experience a Qualifying Event such as: Marriage, Divorce, Birth or Adoption, Death and Loss of Coverage. A Qualifying Event allows you to make changes outside of the Open Enrollment period.

If you experience a Qualifying Event after open enrollment, you must notify Human Resources within 30 days, otherwise you will be required to wait until the next Open Enrollment to make any changes to your benefit plan elections.

## Online Enrollment

Employees will make their benefit elections through Paycom, (accessible through your benefits website) a convenient online self-service portal. Paycom is used to make benefit elections, when you are first hired, have a "qualifying life event" (marriage, birth or a child, loss of coverage, divorce, etc.), and during each annual benefit open enrollment period.

Visit the link to enroll and view your all your plan documents at [mybenefits.cc/healthbenefits/](https://mybenefits.cc/healthbenefits/)

## Employee Contributions Per Pay Period

	Medical		Dental High		Dental Low		Vision	
	Bi-Weekly (26 Pay Periods)	Semi-Monthly (24 Pay Periods)	Bi-Weekly (26 Pay Periods)	Semi-Monthly (24 Pay Periods)	Bi-Weekly (26 Pay Periods)	Semi-Monthly (24 Pay Periods)	Bi-Weekly (26 Pay Periods)	Semi-Monthly (24 Pay Periods)
Employee Only	\$79.50	\$86.12	\$7.28	\$7.89	\$5.88	\$6.37	\$1.47	\$1.59
Employee + Spouse / Domestic Partner	\$191.65	\$207.63	\$14.57	\$15.78	\$11.75	\$12.73	\$2.78	\$3.01
Employee + Child(ren)	\$159.27	\$172.54	\$18.85	\$20.42	\$13.70	\$14.84	\$3.26	\$3.53
Employee + Family	\$258.20	\$279.72	\$46.14	\$49.98	\$20.62	\$22.34	\$4.59	\$4.97

This summary is not intended to provide a complete plan description. If there is an actual or apparent conflict between this benefit summary or the Evidence of Coverage (EOC) booklet and the official plan documents, the provisions of the EOC prevail.

IMPORTANT All official documents relating to the Employee Benefits Program, including the Summary Plan Descriptions, HIPAA Privacy Notice, Initial COBRA Notice, Medicare Part-D Notice and any other relevant Plan Documents or Notices, are available electronically through the benefits website. You may also receive a paper copy of any of the documents by contacting HR.

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