

Full-time employees are eligible to receive the following benefits on the first of the month following 1st day of employment.

MEDICAL – Renews 01/01/2023

Due to health care reform, preventative services are covered at 100% (no copay) in all medical plans.

United Healthcare PPO – Nexus ACO OAP

- A unique benefit plan that offers a tiered design that gives you the most of your benefits by using Tier 1 providers.
- PPO gives you the freedom to see any physician in or out of network, including specialists, without a referral. With this plan, you must choose a PCP at enrollment.
- **Tier 1:** 100% coinsurance; Deductible: Individual – \$500, Family – \$1,000 ; Out of pocket max: Individual – \$4,000, Family –\$8,000; Doctors office visit copay \$10; Specialist services copay \$40
- **In-network:** 80 % coinsurance; Deductible: Individual – \$500, Family – \$1,000 ; Out of pocket max: Individual – \$4,000, Family –\$8,000; Doctors office visit copay: \$40; Specialist services copay: \$100
- 866/414-1959; www.myuhc.com

United Healthcare HSA – Core HSA

- PPO gives you the freedom to see any physician in or out of network, including specialists, without a referral.
- With this plan you can open an HSA.
- **In-network:** 100% coinsurance; Deductible: Individual - \$1,500, Family - \$3,000; Out of pocket max: Individual \$3,000, Family - \$6,000
- Doctors office visit copay: Deductible, Coinsurance; Specialist services copay: Deductible, Coinsurance
- 866/414-1959; www.myuhc.com

United Healthcare HMO – Core HMO

- Must see doctors and specialists in network. Must get referral to see a specialist. NO OUT-OF-NETWORK COVERAGE. Must choose a PCP.
- **In-network:** 100% coinsurance; Deductible: Individual - \$0, Family - \$0; Out of pocket max: Individual – \$1,500, Family – \$3,000; Doctors office visit copay: \$40 (none for age less than 19); Specialist services copay: \$60
- 866/414-1959; www.myuhc.com

DENTAL – Renews 01/01/2023

United Healthcare Dental – PPO

- Deductible Individual - \$50, Family - \$150
- Coinsurance: Preventive - 100%, Basic 80% , Major 50%; Ortho 50%; Annual Maximum: \$2,000
- 866/414-1959; www.myuhc.com

VISION – Renews 07/01/2023

VSP – Voluntary Vision

- \$10 exam copay; \$25 material copay
- \$150 frame allowance; \$130 contact lens allowance
- 800/877-7195; www.vsp.com

STD, LTD, LIFE and AD&D

Lincoln Financial- STD

- 60% of monthly salary, maximum of \$1000/week
- Elimination period: 7 days; Benefit duration: 13 weeks
- 800/423-2765; www.lfg.com

Lincoln Financial- LTD

- 60% of monthly salary, maximum of \$6,000/month
- Elimination period: 90 days; Benefit duration: SSRA
- 800/423-2765; www.lfg.com

Lincoln Financial- Life and AD&D

- \$50,000 one time payment
- 800/423-2765; www.lfg.com

Lincoln Financial- Voluntary Life and AD&D

- Additional \$10,000-\$500,000
- \$150,000 guarantee issue at first eligibility time
- Coverage for spouse and dependents available
- 800/423-2765; www.lfg.com

Additional

Health Advocate

- 866/695-8622; www.healthadvocate.com/members

ID Shield/Legal Shield

- Contact your HR representative

IMPORTANT INFORMATION

Open Enrollment is typically held annually to allow employees to change between plans.

Outside of Open Enrollment, employees may make changes to their benefit elections if they experience a qualifying event such as; birth, death, marriage, adoption or gain/loss of other coverage. Employees must notify the employer within 30 days of the qualifying event in order to be eligible for the change.

This document is intended to be a convenient summary of the benefits available to employees. In the event between this document and the Summary of Benefits and Coverage (SBC) or the Summary Plan Description, the SBC and Summary Plan Description will prevail.

Medical- United Healthcare

Plan Renews: January 1, 2023

	PPO	HSA	HMO
Employee	\$200	\$100	\$75
Employee + Spouse	\$550	\$550	\$450
Employee + Child(ren)	\$500	\$500	\$400
Employee + Family	\$700	\$750	\$650

Dental- United Healthcare

Plan Renews: January 1, 2023

Employee	\$0.00
Employee & Spouse	\$40.97
Employee & Child(ren)	\$43.20
Family	\$84.16

VSP- Vision

Plan Renews: January 1, 2023

Employee	\$6.85
Employee + 1	\$10.96
Employee + Children	\$11.18
Family	\$18.03

STD, LTD, Life and AD&D- Lincoln Financial

100% Employer Paid