

## 2023 Choices CCS Benefits Summary

Medical & Prescription Coverage - United Health Care					
		High Deductible Health Plan HSA 1		High Deductible Health Plan HSA 2	
		In Network Out of Network In Network Out of Net		Out of Network	
Medical Preventative Care		100% Covered	Not Covered	100% Covered	Not Covered
HSA - Choices funded	Individual/Family	\$500 EE/\$1000 EE+Dep. *Divided equally and deposited Jan 1st & July 1st			
Deductible	Individual/Family	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$8,000/\$16,000
Co-Insurance		80%	60%	70%	50%
Max Out of Pocket	Individual/Family	\$5,000/\$10,000	\$10,000/\$20,000	\$6,000/\$12,000	\$12,000/\$24,000

Dental Coverage - Delta				
Deductible	0			
Preventative Care	100%			
Basic Care	80%			
Major Care	50%			
Orthodontia	50%			
Annual Maximum	\$1,250 per person			

Vision Coverage - UHC					
Annual Eye Exam	\$10 Co-Pay				
Frames	\$130 Allowance				
Eyeglass Lenses	\$25 Co-Pay				
Contact Lenses	\$130 Allowance				

Choices Paid Benefits					
Life Insurance - Unum Date of Hire \$50,000					
AD&D - Unum	Date of Hire	\$50,000			
Short Term Disability - Unum	90 Days After Hire	60% of weekly earnings, up to \$500, 2 week elimination period			
Long Term Disability - Unum	90 Days After Hire	60% of monthly earnings, up to \$5000			
401(k) Retirement Plan - Principal	Date of Hire	100% of first 1%, 50% of next 5%, 2 year cliff vesting			

Bi-Weekly Premium Rates					
Coverage Tier	HDHP HSA 1	HDHP HSA 2	Dental	Vision	Vol Life/Accident/
Employee Only	\$85.00	\$60.00	\$4.02	\$2.64	Critical Illness
Employee + Spouse	\$200.00	\$160.00	\$7.81	\$4.64	See Summary
Employee + Child(ren)	\$180.00	\$140.00	\$9.56	\$5.03	
Family	\$325.00	\$250.00	\$14.40	\$7.68	

Savings Accounts Options				
Health Savings Account	Annual Max Contribution of \$3,850 for Single, \$7,750 for Family. Additional \$1,000 for age 55 and up.			

## **Miscellanous Benefits**

Employee Assistance Plan
Choices Employee GAP Fund
Wellness Program
Gym Reimbursement
Professional Memberships
Annual Anniversary Gifts
Tuition Reimbursement
Publishing Award

Coverage for employee and all legal dependents Created for employees in times of need <u>https://www.wellsteps.com/</u> Up to \$20/month reimbursement Up to \$300/year reimbursement Select a gift, bonus every 5 years Full-time employees eligible to apply after one year of employment Peer-Review Journal \$500, Non-Peer Review Journal \$250.00

## **Time Off Benefits**

	Accrual starts on first p	• •	Year 1 - 7.08 per pay	Year 2 - 7.70	Year 3 on - 8.62
*Includes sick, vacation, bere	evement **PTO cash o	out option			
<b>Professional Development</b>	Days	Date of Hire	32 hours	Per Calendar Year	
Holidays Observed - Office	Closed	Date of Hire	New Year's Day		Indigenous Peoples Day
			Martin Luther King Jr's		Thanksgiving Day
			Memorial Day	Day	y after Thanksgiving Day
			Juneteenth	Christm	as Eve & Christmas Day
			Independence Day		-
			Labor Day		Extra Floating Holiday

Contact List					
Coverage	Provider	Phone	Website		
Medical	UMR/UHC	800-826-9781	www.umr.com		
Mobile Doctor	Teledoc	800-835-2362	www.teladoc.com		
Rx	Southern Scripts	800-710-9341	www.southernscripts.net/		
Specialty Pharmacy	CRx	800-710-9341	www.crxspecialty.com		
Dental	Delta	866-356-0301	www.consumertoolkit.com		
Vision	UHC	800-638-3120	www.myuhcvision.com		
Life/Disability/Accident/Cl	Unum	800-Ask-Unum			
Health Savings Account	Lively BMO	888-348-2083	livelyme.com		
EAP	Optum	855-205-9185	www.liveandworkwell.com		
401(k)	Principal	800-547-7754	www.principal.com		