



Benefits Summary

Plan Year Medical: February 1, 2022 – January 31, 2023 and Dental/Vision/Life: November 1, 2022 – October 31, 2023

All Full-Time Employees are eligible for benefits to begin on the <u>First of the Month following date of hire</u>. <u>Benefit premiums are collected one month in advance</u> and are based on 24 pays annually.

Employees may change benefit elections mid-plan year only if you experience a qualifying event (marriage, birth of dependent, loss of other coverage, etc.) In this event, contact HCC within 30 days of the event to adjust your coverage.

Please contact your HCC Benefits Specialist, Dana North, at <u>dnorth@hcchr.com</u> with any questions.

MEDICAL

	Option 1	Option 2	
Plan Name	PPO CNAQ	HSA CCYM	
Coinsurance	20%	20% after deductible	
Deductible: Individual/Family	\$1,200/\$2,400	\$4,000/\$8,000	
Out of Pocket: Individual/Family	\$7,250/\$14,500	\$6,850/\$13,700	
Physician/Specialist Office Visit	\$15/\$50	20% after deductible	
Emergency Room	\$350 then 20%	20% after deductible	
Urgent Care	\$25	20% after deductible	
Virtual Visits	\$15	20% after deductible	
Prescriptions: Retail	\$10/\$40/\$105/\$250	\$10/\$40/\$80 after deductible	
Employee PER PAY			
Employee Only	20%	20%	
Employee + Spouse	20%	20%	
Employee + Child	20%	20%	
Family	20%	20%	

MEDICAL SUMMARY FOR IN-NETWORK BENEFITS, OUT-OF-NETWORK WILL RESULT IN LESS COVERAGE

Flexible Spending Account (FSA) & Health Savings Account (HSA)

FSAs and HSAs allow employees to deposit money into savings accounts to use toward medical expenses and save money on their income taxes. Depending on which medical plan you elect, we can help you decide if an FSA or HSA is a better option for you. Dependent Care FSAs are also available to allow pre-tax payments toward daycare expenses. Please note 2022 contribution limits:

HSA: Employee Only: \$3,650; Family: \$7,300; Catch-up: \$1,000 FSA: Medical: \$2,850; Dependent Care: \$5,000

LIFE Anthem Life

Coverage	\$25,000	\$20,000	Voluntary Life & AD&D	
Employee PER PAY Deduction				
Employee Only	\$0.00	\$2.42	Age Rated	
Employees who elect Anthem Life insurance also henefit from the Employee Assistance Program (EAD), including legal assistance				

Employees who elect Anthem Life insurance also benefit from the Employee Assistance Program (EAP), including legal assistance, financial planning assistance & travel assistance, at no additional cost.





DENTAL S Guardian

	OPTION 1: BASIC		OPTION 2: ENHANCED		OPTION 3: PREMIER	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible: Individual/Family	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual Max	\$750	\$750	\$1,000	\$1,000	\$1,500	\$1,500
Orthodontia Lifetime Max	No Coverage	No Coverage	\$1,000	\$1,000	\$1,500	\$1,500
Diagnostic/Preventive	100%	100%	100%	100%	100%	100%
Basic	80%	50%	80%	60%	80%	80%
Major	No Coverage	No Coverage	50%	40%	50%	50%
Orthodontia (Up to Age 19)	No Coverage	No Coverage	50%	50%	50%	50%
Employee PER PAY Deduction						
Employee Only	\$1.68		\$3.33		\$4.07	
Employee + Spouse	\$3.53		\$6.76		\$9.04	
Employee + Child(ren)	\$4.75		\$8.35		\$11.52	
Family	\$7.06		\$12.60		\$17.46	

Please visit <u>www.guardiananytime.com</u> to search for providers in your area. Please note the Plan Type is PPO.

VISION S Guardian

	OPTION 1		OPTION 2			
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK		
Network	Davis Vision Network		VSP Network			
Exam Copay	\$10	Up to \$50	\$10	\$39		
Exam Limit	Once per 12 Months	Once per 12 Months	Once per 12 Months	Once per 12 Months		
Lenses Copay	\$25	Up to \$40/\$67/\$126	\$25	Up to \$48/\$67/\$126		
Lenses Limit	Once per 12 Months	Once per 12 Months	Once per 12 Months	Once per 12 Months		
Frames Allowance	Up to \$130 + 20% Excess	Up to \$48	Up to \$130 + 20% Excess	Up to \$46		
Frames Limit	Once per 24 Months	Once per 24 Months	Once per 24 Months	Once per 24 Months		
Contacts Lenses Allowance	Up to \$130 + 15% Excess	Up to \$105	\$130	Up to \$100		
Contacts Limit	Once per 12 Months	Once per 12 Months	Once per 12 Months	Once per 12 Months		
Employee PER PAY Deduction						
Employee Only	\$0.62		\$0.77			
Employee + Spouse	\$1.07		\$1.34			
Employee + Child(ren)	\$1.09		\$1.36			
Family	\$1.73		\$2.16			

Please visit <u>www.guardiananytime.com</u> to compare providers who participate in the Davis Vision and VSP networks in your area.

ANCILLARY BENEFITS Afrac.

HCC partners with Aflac to provide additional ancillary products, like Accident, Critical Illness and Hospital insurance, to meet employee

needs.