Benefits Summary (1/1/2023 - 12/31/2023)

Insurance Eligibility: Employee's (20hrs+/wk) are eligible on the 1st Day of the Month following 60 days of employment.



BENEFITS	PLAN SPECIFICS	LEVEL	EMPLOYEE COST PER PAY					
Medical & RX	Option 1: \$2,000 QHDHP Open Access with HSA		30-40 hrs/wk (FT)	20-29 hrs/wk (PT)				
Provided by: Aetna	Deductible \$2,000 Individual / \$4,000 Family	Employee	\$39.77	\$308.27				
www.aetna.com	All Preventive Services are \$0 copay (no deductible)	Employee + 1	\$251.07	\$591.94				
www.detha.com	Office Visits: 20% after deductible	Employee + Family	\$443.89	\$813.92				
How to locate a provider:	Urgent Care: 20% after deductible	Out of Network:	Ç443.03	Ţ013.32				
1. Go to www.aetna.com/docfind	Emergency Room: 20% after deductible Deductible Deductible S2,000 Individual / \$4,000 Family							
2. Or call 1-888-982-3862	X subject to medical Deductible; RX copays after deductible are \$20/40/70 All services are subject to deductible and coinsurance							
	In HSA (Health Savings Account): FT Employees enrolled in this plan will receive a \$20 per biweekly pay contribution to their HSA account from The Arc WC (\$520 annualized). Employees can also contribution to their HSA account from the Arc WC (\$520 annualized).							
Name/Network	their own money (tax-free) up to the IRS annual limits (\$3,850 Individual/\$7,750 Family). H							
Name, Network	The HSA is owned by the Employee, not the Employer. HealthEquity is the HSA administrator.							
	Option 2: \$2,000 QHDHP Open Access with HRA	Employee	\$39.77	\$308.27				
Prescription benefits are administered by	Deductible \$2,000 Individual / \$4,000 Family	Employee + 1	\$251.07	\$591.94				
	All Preventive Services are \$0 copay (no deductible)	Employee + Family	\$443.89	\$813.92				
visit	Office Visits: 20% after deductible	Out of Network:	Out of Network:					
https://www.caremark.com/	Urgent Care: 20% after deductible Emergency Room: 20% after deductible	Deductible \$2,000 Individual / \$4,000 Family						
	Rx subject to medical Deductible; RX copays are \$20/40/70	All services are subject to de	All services are subject to deductible and coinsurance					
	HRA (Health Reimbursement Account): FT Employees enrolled in this plan can be reimbursed for Medical/RX expenses applied to the employee's deductible. The employee is responsible for the 1st \$1,000.							
	The Arc WC will reimburse the next \$1,000. Dependents are not eligible for this reimbursement. CareFlex is the HRA administrator.							
	Option 3: \$2,000 Network Services Only	Employee	\$73.52	\$332.97				
For more benefits information, include machine-	Deductible \$2,000 Individual / \$4,000 Family	Employee + 1	\$321.90	\$669.60				
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readable files related to the Transparency in	All Preventive Services are \$0 copay (no deductible)	Employee + Family	\$541.29	\$920.71				
readable files related to the Transparency in Coverage Rule, visit:		Employee + Family Out of Network: N/A	\$541.29	\$920.71				
Coverage Rule, visit:	Walk-in Clinics (as defined by plan): \$25 copay (no deductible)	Employee + Family Out of Network: N/A	\$541.29	\$920.71				
	Walk-in Clinics (as defined by plan): \$25 copay (no deductible) Office Visits: \$25 copay for PCP and \$50 for Specialist	Out of Network: N/A		\$920.71				
Coverage Rule, visit: https://mymonarc.org/	Walk-in Clinics (as defined by plan): \$25 copay (no deductible) Office Visits: \$25 copay for PCP and \$50 for Specialist Urgent Care: 10%; deductible waived Emergency Room: 10% after deductible	Out of Network: N/A RX copays are \$20/40/70 aft	ter \$200 Rx deductible.	\$920.71				
Coverage Rule, visit: https://mymonarc.org/	Walk-in Clinics (as defined by plan): \$25 copay (no deductible) Office Visits: \$25 copay for PCP and \$50 for Specialist Urgent Care: 10%; deductible waived Emergency Room: 10% after deductible Enrolled employees who complete their annual routine adult wellness exam by December:	Out of Network: N/A RX copays are \$20/40/70 aft	ter \$200 Rx deductible.	\$920.71				
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Coverage Rule, visit: https://mymonarc.org/ Wellness Contribution - 2023 Wellness Program **NEW** Provided by: Peak Health Tobacco Surcharge Dental Provided by: Aetna	Walk-in Clinics (as defined by plan): \$25 copay (no deductible) Office Visits: \$25 copay for PCP and \$50 for Specialist Urgent Care: 10%; deductible waived Emergency Room: 10% after deductible Enrolled employees who complete their annual routine adult wellness exam by December health insurance sponsored by The Arc WC (up to \$390 annualized). The NEW Peak Health Wellness Program provides nurse-administered health evaluations of free direct access to convenient nurse visits on a regular basis and access to a robust well-bay wellness contribution once you qualify, replacing any prior wellness contribution. Employees who use tobacco products in any form (including electronic delivery systems, variobacco surcharge for employee only coverage in the HSA or HRA plan is \$30.83 biweekly. Aetna Base PPO Dental Plan Type 1 services covered 100% (i.e. cleanings & exams), deductible waived Type 2 services covered 50% (i.e. crowns & dentures), after deductible Orthodontia is not covered Calendar Year Deductible: \$50 Individual/\$150 Family Annual Max p/person (p/calendar yr) is \$1,500 In Network Aetna Buy-Up PPO Dental Plan Type 1 services covered 100% (i.e. cleanings & exams), deductible waived	Out of Network: N/A RX copays are \$20/40/70 aft B1, 2022 will receive a \$15 per pay wel and wellness education to help you undereing portal to keep your health on trace sping, chewing, etc) will pay an addition Employee Employee+Spouse Employee+Family Employee Employee Employee Employee Employee Employee Employee Employee	ter \$200 Rx deductible. Illness contribution while enrolled in derstand, adopt, and maintain a health ck. Get rewarded for your efforts in rea nal amount equal to 10% of the total maintain 30-40 hrs/wk \$5.96 \$22.55 \$14.49 \$30.96 \$7.75 \$26.82	y lifestyle. The program will give you ching health goals - receive a \$30 per conthly premium. For example, the 20-29 hrs/wk \$13.15 \$31.45 \$22.56 \$40.73				
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Benefits Summary (1/1/2023 - 12/31/2023)

Insurance Eligibility: Employee's (20hrs+/wk) are eligible on the 1st Day of the Month following 60 days of employment.



BENEFITS	PLAN SPECIFICS	PLAN SPECIFICS LEVEL			EMPLOYEE COST PER PAY		
Vision	\$10 Exam per 12 month be	nefit period; \$20 copay for n	naterials	Employee	\$2.76	\$2.76	
Provided by: VBA	Lenses Covered at 100% pe			Employee+Spouse	\$5.24	\$5.24	
www.vbaplans.com	-			Employee+Children	\$5.38	\$5.38	
	Discounts for Lasik and hea			Employee+Family	\$7.18	\$7.18	
Flexible Spending Account(s)	Dependent Care FSA = set	Dependent Care FSA = set aside TAX-FREE money for dependent care for children up to age 13, a disabled dependent of any				·	
Provided by: CareFlex	age or a disabled spouse. T	he maximum contribution a	mount is \$5,000/yr.				
www.careflex.com	Healthcare FSA = Defer up t	Healthcare FSA = Defer up to \$3,050 p/plan yr via TAX-FREE payroll deduction. Use Tax-Free \$ to pay				100% Employee Paid	
	for IRS 213(d) eligible expe	for IRS 213(d) eligible expenses (i.e. health, RX, dental, ortho, vision).					
Life/AD&D Insurance	1 times base annual earning	1 times base annual earnings to a maximum of \$50,000			Classified to work at least 30 hours a week		
Provided by: The Hartford	Full benefit amount is guara	Full benefit amount is guarantee issue (no medical underwriting)			100% Company Paid.		
www.theHartford.com	Benefit reduces 35% at age	65,70,75 and 25% at age 80	,85,90,95				
Supplemental (Voluntary)		<u>Employee</u>	<u>Spouse</u>	Children	100% Em	ployee Paid	
Life Insurance/ AD&D	Min	\$10,000	\$5,000	\$10,000	Rates are b	pased on Age.	
Provided by: The Hartford	Max	Lesser of 5x earnings or	Lesser of 100% of EE amount or	\$10,000	*Guarantee issue is only	available at initial eligibiity.	
		\$500,000	\$250,000				
<u>www.theHartford.com</u>	*Guarantee issue	\$175,000	Up to \$30,000	\$10,000			
Valuation Chart Tama Disability	(no underwriting)	unt from \$100 to \$1 500 in in	neroments of COE. The benefit amount may		1009/ 5	wlavia a Raid	
Voluntary Short Term Disability		Elect a weekly benefit amount from \$100 to \$1,500 in increments of \$25. The benefit amount may not exceed 60% of weekly earnings.			100% Employee Paid STD rates are based on Age, Elimination period and Amount elected. LTD rates are based on Income. *Guarantee issue is only available at initial eligibiity.		
Provided by: The Hartford		Chose from Elimination periods of 8, 15 or 30 days (after injury/illness) Maximum benefit duration is 13 weeks.					
www.theHartford.com	·						
Voluntary Long Term Disability	Benefit amount is 50% of m	Benefit amount is 50% of monthly earnings up to a maximum of \$2,500/mo. Elimination period is 90 days. See schedule for maximum benefit duration (up to Social Security Normal Retirement Age,					
Provided by: The Hartford	Elimination period is 90 day						
www.theHartford.com	unless disabled at Age 63 o	unless disabled at Age 63 or after)					
Voluntary Accident	Accident Insurance will pay	each scheduled benefit for t	treatment, injury or services incurred by a		100% Em	ployee Paid	
Provided by: The Hartford	covered person who is inju	covered person who is injured in an accident while insurance is in effect, subject to any plan			These coverages are "portable" (i.e. you can keep them if you leave the company by continuing to pay premiums to The Hartford directly). Refer to the Benefits Book for rate info.		
www.theHartford.com	limitations and exclusions.	limitations and exclusions.					
Voluntary Hospital Indemnity	Hospital Indemnity Insuran	Hospital Indemnity Insurance will pay a scheduled benefit for hospital confinement that occurs for a					
Provided by: The Hartford	covered person while insur	covered person while insurance is in effect. Additional benefits for certain services or treatments				Neter to the perent pook to rate mile.	
www.theHartford.com	may also be available.						
Voluntary Critical Illness	Critical Illness Insurance wi	I pay a lump sum benefit for	a covered person diagnosed with covered				
Provided by: The Hartford	illnesses while insurance is	illnesses while insurance is in effect, subject to any Pre-existing Condition Limitation.					
www.theHartford.com							
Voluntary Universal Life **NEW**		TransElite Universal Life Insurance provides a cash benefit after you pass that can assist with your				100% Employee Paid	
Provided by: Transamerica	· ' '	final expenses and your dependents' care, living expenses, or college tuition. Coverage is available for					
www.transamerica.com	w.transamerica.com employees, spouses, children, and grandchildren. Includes riders for Accelerated Death Benefit for Terminal Condition, Accelerated Death Benefit for Chronic Condition and Child Term Rider.						
Harlish Advances				and and an artist to the	1000/ 0	unami Paid	
Health Advocate		24/7 healthcare help from a dedicated Health Concierge for second opinions, medical decision support, assistance with bills, claim denials and any other questions.			100% Cor	npany Paid.	
www.healthadvocate.com/members	· · · · · · · · · · · · · · · · · · ·						
MetLaw Legal Services		MetLife covers some of the most frequently needed personal legal matters such as money matters, home & real estate, estate planning, family & personal, civil lawsuits, elder-care issues, and vehicle & driving.			\$8.22 employee cos	t per pay (covers spouse and dependents)	
www.legalplans.com	estate planning, ramily & p	ersonar, civii iawsuits, elder-	care issues, and venicle & driving.				
The information provided above is an abbreviated s					,	V 10 13 2022	