

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	
			30-40 hrs/wk (FT)	20-29 hrs/wk (PT)
Medical & RX	Option 1: \$2,000 QHDHP Open Access with HSA			
Provided by: Aetna www.aetna.com How to locate a provider : 1. Go to www.aetna.com/docfind 2. Or call 1-888-982-3862 3. Be sure to search using your respective Plan Name/Network Prescription benefits are administered by RxBenefits and CareMark. Call 1-800-334-8134 or visit https://www.caremark.com/ For more benefits information, include machine-readable files related to the Transparency in Coverage Rule, visit: https://mymonarc.org/	Deductible \$2,000 Individual / \$4,000 Family All Preventive Services are \$0 copay (no deductible) Office Visits: 20% after deductible Urgent Care: 20% after deductible Emergency Room: 20% after deductible RX subject to medical Deductible; RX copays after deductible are \$20/40/70 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 contribute their own money (tax-free) up to the IRS annual limits (\$3,850 Individual/\$7,750 Family). HSA's can be used to pay for qualified expenses (ie Medical deductible/copays, RX, Dental, Vision, Child Ortho, etc). The HSA is owned by the Employee, not the Employer. HealthEquity is the HSA administrator.	Employee Employee + 1 Employee + Family Out of Network: Deductible \$2,000 Individual / \$4,000 Family All services are subject to deductible and coinsurance	\$39.77 \$251.07 \$443.89	\$308.27 \$591.94 \$813.92
	Option 2: \$2,000 QHDHP Open Access with HRA	Employee Employee + 1 Employee + Family Out of Network: Deductible \$2,000 Individual / \$4,000 Family All services are subject to deductible and coinsurance	\$39.77 \$251.07 \$443.89	\$308.27 \$591.94 \$813.92
	Option 3: \$2,000 Network Services Only	Employee Employee + 1 Employee + Family Out of Network: N/A	\$73.52 \$321.90 \$541.29	\$332.97 \$669.60 \$920.71
	Wellness Contribution - 2023	Enrolled employees who complete their annual routine adult wellness exam by December 31, 2022 will receive a \$15 per pay wellness contribution while enrolled in health insurance sponsored by The Arc WC (up to \$390 annualized).		
	Wellness Program **NEW**	The NEW Peak Health Wellness Program provides nurse-administered health evaluations and wellness education to help you understand, adopt, and maintain a healthy lifestyle. The program will give you free direct access to convenient nurse visits on a regular basis and access to a robust well-being portal to keep your health on track. Get rewarded for your efforts in reaching health goals - receive a \$30 per pay wellness contribution once you qualify, replacing any prior wellness contribution.		
	Tobacco Surcharge	Employees who use tobacco products in any form (including electronic delivery systems, vaping, chewing, etc) will pay an additional amount equal to 10% of the total monthly premium. For example, the tobacco surcharge for employee only coverage in the HSA or HRA plan is \$30.83 biweekly .		
Dental	Aetna Base PPO Dental Plan		30-40 hrs/wk	20-29 hrs/wk
Provided by: Aetna www.aetna.com	Type 1 services covered 100% (i.e. cleanings & exams), deductible waived Type 2 services covered 80% (i.e. filling & root canal), after deductible Type 3 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	Employee Employee+Spouse Employee+Children Employee + Family	\$5.96 \$22.55 \$14.49 \$30.96	\$13.15 \$31.45 \$22.56 \$40.73
	Aetna Buy-Up PPO Dental Plan	Employee Employee+Spouse Employee+Children Employee + Family	\$7.75 \$26.82 \$17.56 \$36.50	\$15.40 \$36.82 \$26.41 \$47.68
	Type 1 services covered 100% (i.e. cleanings & exams), deductible waived Type 2 services covered 90% (i.e. filling & root canal), after deductible Type 3 services covered 60% (i.e. crowns, dentures & implants), after deductible Orthodontia covered at 50% with lifetime maximum of \$1,500 Adult & Children Calendar Year Deductible: \$50 Individual/\$150 Family Annual Max p/person (p/calendar yr) is \$2,500 In Network			

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Vision Provided by: VBA www.vbaplans.com	\$10 Exam per 12 month benefit period; \$20 copay for materials Lenses Covered at 100% per 12 month benefit period (Standard Glass or Plastic) \$55 Frame Wholesale Allowance; \$130 Contact Lense Allowance Discounts for Lasik and hearing aids	Employee	\$2.76	\$2.76
		Employee+Spouse	\$5.24	\$5.24
		Employee+Children	\$5.38	\$5.38
		Employee+Family	\$7.18	\$7.18
Flexible Spending Account(s) Provided by: CareFlex www.careflex.com	Dependent Care FSA = set aside TAX-FREE money for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse. The maximum contribution amount is \$5,000/yr.		100% Employee Paid	
	Healthcare FSA = Defer up to \$3,050 p/plan yr via TAX-FREE payroll deduction. Use Tax-Free \$ to pay for IRS 213(d) eligible expenses (i.e. health, RX, dental, ortho, vision).			
Life/AD&D Insurance Provided by: The Hartford www.theHartford.com	1 times base annual earnings to a maximum of \$50,000 Full benefit amount is guarantee issue (no medical underwriting) Benefit reduces 35% at age 65,70,75 and 25% at age 80,85,90,95	Classified to work at least 30 hours a week		
		100% Company Paid.		
Supplemental (Voluntary) Life Insurance/ AD&D Provided by: The Hartford www.theHartford.com		<u>Employee</u>	<u>Spouse</u>	<u>Children</u>
	Min	\$10,000	\$5,000	\$10,000
	Max	Lesser of 5x earnings <u>or</u> \$500,000	Lesser of 100% of EE amount <u>or</u> \$250,000	\$10,000
	*Guarantee issue (no underwriting)	\$175,000	Up to \$30,000	\$10,000
Voluntary Short Term Disability Provided by: The Hartford www.theHartford.com	Elect a weekly benefit amount from \$100 to \$1,500 in increments of \$25. The benefit amount may not exceed 60% of weekly earnings. Chose from Elimination periods of 8, 15 or 30 days (after injury/illness) Maximum benefit duration is 13 weeks.			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 eligiibity.
	Voluntary Long Term Disability Provided by: The Hartford www.theHartford.com	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, unless disabled at Age 63 or after)		
Voluntary Accident Provided by: The Hartford www.theHartford.com	Accident Insurance will pay each scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident while insurance is in effect, subject to any plan limitations and exclusions.			100% Employee Paid 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.
	Voluntary Hospital Indemnity Provided by: The Hartford www.theHartford.com			
	Voluntary Critical Illness Provided by: The Hartford www.theHartford.com			
Voluntary Universal Life **NEW** Provided by: Transamerica www.transamerica.com	TransElite Universal Life Insurance provides a cash benefit after you pass that can assist with your final expenses and your dependents' care, living expenses, or college tuition. Coverage is available for employees, spouses, children, and grandchildren. Includes riders for Accelerated Death Benefit for Terminal Condition, Accelerated Death Benefit for Chronic Condition and Child Term Rider.			100% Employee Paid
Health Advocate www.healthadvocate.com/members	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% Company Paid.
MetLaw Legal Services www.legalplans.com	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 cost per pay (covers spouse and dependents)

The information provided above is an abbreviated summary of the benefits and is not intended to replace the contract. For any discrepancies between this document and contract, the contract will supersede.