

Benefits Summary (1/1/2025 - 12/31/2025)

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 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/	Option 1: \$2,000 QHDHP Open Access with HSA 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	Employee Employee + 1 Employee + Family	\$39.77 \$251.07 \$443.89	\$435.25 \$835.78 \$1,149.21
	Option 2: \$2,000 QHDHP Open Access with HRA 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 are \$20/40/70	Employee Employee + 1 Employee + Family	\$39.77 \$251.07 \$443.89	\$435.25 \$835.78 \$1,149.21
	Option 3: \$2,000 Network Services Only Deductible \$2,000 Individual / \$4,000 Family All Preventive Services are \$0 copay (no deductible) 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	Employee Employee + 1 Employee + Family	\$73.52 \$321.90 \$541.29	\$470.14 \$945.43 \$1,299.99
	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 (\$4,300 Individual/\$8,550 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. 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.		Out of Network: Deductible \$2,000 Individual / \$4,000 Family All services are subject to deductible and coinsurance	
Healthy Steps Provided by: Peak Health	The Healthy Steps 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 - up to \$30 per biweekly pay while enrolled. See your benefit book for more details on the different Phases.			
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 \$43.53 biweekly .			
Dental Provided by: Aetna www.aetna.com	Aetna Base PPO Dental Plan 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	\$13.19 \$31.52 \$22.61 \$40.83
	Aetna Buy-Up PPO Dental Plan 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	Employee Employee+Spouse Employee+Children Employee + Family	\$7.75 \$26.82 \$17.56 \$36.50	\$15.44 \$36.91 \$26.47 \$47.80

BENEFITS	PLAN SPECIFICS	LEVEL	EMPLOYEE COST PER PAY																	
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	<i>Employee</i> <i>Employee+Spouse</i> <i>Employee+Children</i> <i>Employee+Family</i>	\$2.76 \$5.24 \$5.38 \$7.18	\$2.76 \$5.24 \$5.38 \$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. Healthcare FSA = Defer up to \$3,300 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).		100% Employee Paid																	
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	<table border="1"> <thead> <tr> <th></th> <th>Employee</th> <th>Spouse</th> <th>Children</th> </tr> </thead> <tbody> <tr> <td>Min</td> <td>\$10,000</td> <td>\$5,000</td> <td>\$10,000</td> </tr> <tr> <td>Max</td> <td>Lesser of 5x earnings <u>or</u> \$500,000</td> <td>Lesser of 100% of EE amount <u>or</u> \$250,000</td> <td>\$10,000</td> </tr> <tr> <td>*Guarantee issue (no underwriting)</td> <td>\$175,000</td> <td>Up to \$30,000</td> <td>\$10,000</td> </tr> </tbody> </table>		Employee	Spouse	Children	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		100% Employee Paid Rates are based on Age. *Guarantee issue is only available at initial eligiibity.	
	Employee	Spouse	Children																	
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																	
Short Term Disability Provided by: The Hartford www.theHartford.com	Benefit amount is 60% of weekly earnings up to a maximum of \$1,500/week. Elimination period is 14 days illness / 14 days sickness; benefit begins on the 15th day of disability. Maximum duration of benefit is 13 weeks. Pre-existing limitations will apply.		100% Company Paid for all PT and FT employees working 20 or more hours per week.																	
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)		100% Employee Paid. LTD rates are based on Income. *Guarantee Issue available only at initial eligibility																	
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	Hospital Indemnity Insurance will pay a scheduled benefit for hospital confinement that occurs for a covered person while insurance is in effect. Additional benefits for certain services or treatments may also be available.																			
Voluntary Critical Illness Provided by: The Hartford www.theHartford.com	Critical Illness Insurance will pay a lump sum benefit for a covered person diagnosed with covered illnesses while insurance is in effect, subject to any Pre-existing Condition Limitation.																			
Voluntary Universal Life 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.

V.10.10.2024