## Benefits Summary (1/1/2027 - 12/31/2027)

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

The Arc Washington County

| BENEFITS | PLAN SPECIFICS | LEVEL | EMPLOYEE COST PER BIWEEKLY PAY | |
|---|---|---|---|---|
| **Medical & RX** | **Option 1: Loomis HDHP $2,000 with HSA** | | 30-40 hrs/wk (FT) | 20-29 hrs/wk (PT) |
| *Provided by: The Loomis Company* | Deductible $2,000 Individual / $4,000 Family | *Employee* | $45.00 | $460.73 |
| www.Loomislive.com | All Preventive Services are $0 copay (no deductible) | *Employee + 1* | $260.00 | $884.69 |
| | Office Visits: 20% after deductible | *Employee + Family* | $450.00 | $1,216.46 |
| ***How to locate a medical provider :*** | Urgent Care: 20% after deductible | Out of Network: | | |
| Visit Cigna.com and click "Find a Doctor, | Emergency Room: 20% after deductible | Deductible $2,000 Individual / $4,000 Family | | |
| or Facility" (upper right) | RX subject to medical Deductible; RX copays after deductible are $20/40/70 | All services are subject to deductible and coinsurance | | |
| ***Medical Network:*** | **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 ($4,500 Individual/$9,000 Family). HSAs 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. CareFlex is the HSA administrator. | | | |
| CIGNA PPO Network | **Option 2: Loomis HDHP $2,000 with HRA** | *Employee* | $45.00 | |
| Member Services: | Deductible $2,000 Individual / $4,000 Family | *Employee + 1* | $260.00 | |
| (800) 346-1223 | All Preventive Services are $0 copay (no deductible) | *Employee + Family* | $450.00 | |
| | Office Visits: 20% after deductible | Out of Network: | | |
| Prescription benefits are administered by | Urgent Care: 20% after deductible Emergency Room: 20% after deductible | Deductible $2,000 Individual / $4,000 Family | | |
| RxBenefits and CareMark. Call 1-800-334-8134 or visit | Rx subject to medical Deductible; RX copays are $20/40/70 | All services are subject to deductible and coinsurance | | |
| https://www.caremark.com/ | **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* | $80.00 | $497.65 |
| For more benefits information, including machine-readable files related to the Transparency in Coverage Rule, visit: | Deductible $2,000 Individual / $4,000 Family | *Employee + 1* | $330.00 | $1,000.76 |
| | All Preventive Services are $0 copay (no deductible) | *Employee + Family* | $550.00 | $1,376.07 |
| https://mymonarc.org/ | Walk-in Clinics (as defined by plan): $25 copay (no deductible) | Out of Network: N/A | | |
| | Office Visits: $25 copay for PCP and $50 for Specialist | | | |
| | Urgent Care: 10%; deductible waived Emergency Room: 10% after deductible | RX copays are $20/40/70 after $200 Rx deductible. | | |
| **Healthy Steps** | 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. | | | |
| Provided by: Peak Health | | | | |
| **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. The tobacco surcharge for employee only coverage in the HSA or HRA plan is **$46.07 biweekly and the Network Service Only surcharge is $49.76 biweekly.** | | | |
| **Dental** | **Loomis Base PPO Dental Plan** | | 30-40 hrs/wk | 20-29 hrs/wk |
| *Provided by: The Loomis Company* | Type 1 services covered 100% (i.e. cleanings & exams), deductible waived | *Employee* | $5.96 | $12.78 |
| www.Loomislive.com | Type 2 services covered 80% (i.e. filling & root canal), after deductible | *Employee+Spouse* | $22.55 | $30.56 |
| | Type 3 services covered 50% (i.e. crowns & dentures), after deductible | *Employee+Children* | $14.49 | $21.92 |
| ***How to locate a dental provider :*** | Orthodontia is not covered | *Employee + Family* | $30.96 | $39.58 |
| www.CignadentalSA.com | Calendar Year Deductible: $50 Individual/$150 Family | | | |
| | Annual Max p/person (p/calendar yr) is $1,500 In Network | | | |
| ***Dental Network:*** | **Loomis Buy-Up PPO Dental Plan** | | | |
| Cigna Dental PPO Shared Administration | Type 1 services covered 100% (i.e. cleanings & exams), deductible waived | *Employee* | $7.75 | $14.97 |
| | Type 2 services covered 90% (i.e. filling & root canal), after deductible | *Employee+Spouse* | $26.82 | $35.78 |
| Member Services: | Type 3 services covered 60% (i.e. crowns, dentures & implants), after deductible | *Employee+Children* | $17.56 | $25.66 |
| (800) 346-1223 | Orthodontia covered at 50% with lifetime maximum of $1,500 Adult & Children | *Employee + Family* | $36.50 | $46.33 |
| | Calendar Year Deductible: $50 Individual/$150 Family | | | |
| | Annual Max p/person (p/calendar yr) is $2,500 In Network | | | |

| BENEFITS | PLAN SPECIFICS | LEVEL | EMPLOYEE COST PER BIWEEKLY PAY | |
|---|---|---|---|---|
| **Vision**<br>*Provided by: VBA*<br>www.vbaplans.com | $10 Exam per 12 month benefit period; $20 copay for materials<br>Lenses Covered at 100% per 12 month benefit period (Standard Glass or Plastic)<br>$55 Frame Wholesale Allowance; $130 Contact Lense Allowance<br>Discounts for Lasik and hearing aids | *Employee*<br>*Employee+Spouse*<br>*Employee+Children*<br>*Employee+Family* | $2.76<br>$5.24<br>$5.38<br>$7.18 | $2.76<br>$5.24<br>$5.38<br>$7.18 |
| **Flexible Spending Account(s)**<br>*Provided by: CareFlex*<br>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 $7,500/yr.<br>Healthcare FSA = Defer up to $3,500 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**<br>*Provided by: Lincoln Financial*<br>www.LincolnFinancial.com | 1 times base annual earnings to a maximum of $50,000<br>Full benefit amount is guarantee issue (no medical underwriting)<br>Benefit reduces 35% at age 65, and additional 10% of original amount at age 80 | | **Classified to work at least 30 hours a week**<br>**100% Company Paid.** | |

| **Supplemental (Voluntary) Life Insurance/ AD&D**<br>*Provided by: Lincoln Financial*<br>www.LincolnFinancial.com | **Employee** | **Spouse** | **Children** |
|---|---|---|---|
| **Min** | $10,000 | $5,000 | $1,000 |
| **Max** | Lesser of 5x earnings or $500,000 | Lesser of 100% of EE amount or $250,000 | $10,000 |
| ***Guarantee issue (no underwriting)** | $200,000 | Up to $30,000 | $10,000 |

**100% Employee Paid**
Rates are based on Age.
*Guarantee issue is only available at initial eligibiity.

| | | |
|---|---|---|
| **Short Term Disability**<br>*Provided by: Lincoln Financial*<br>www.LincolnFinancial.com | Benefit amount is 60% of weekly earnings up to a maximum of $1,500/week.<br>Elimination period is 14 days illness / 14 days sickness; benefit begins on the 15th day of disability.<br>Maximum duration of benefit is 11 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**<br>*Provided by: Lincoln Financial*<br>www.LincolnFinancial.com | Benefit amount is 50% of monthly earnings up to a maximum of $2,500/mo.<br>Elimination period is 90 days. See schedule for maximum benefit duration (up to Social Security Normal Retirement Age) | **100% Employee Paid**.<br>LTD rates are based on Income.<br>*Guarantee Issue available only at initial eligibility |
| **Voluntary Accident**<br>*Provided by: Lincoln Financial*<br>www.LincolnFinancial.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**<br>**These coverages are "portable"**<br>(i.e. you can keep them if you leave the company by continuing to pay premiums to The Hartford directly).<br>Refer to the Benefits Book for rate info. |
| **Voluntary Hospital Indemnity**<br>*Provided by: Lincoln Financial*<br>www.LincolnFinancial.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**<br>*Provided by: Lincoln Financial*<br>www.LincolnFinancial.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 Whole Life**<br>*Provided by: TrustMark* | Trustmark Life + Care is a two-in-one protection that helps you better plan for your families, finances and future. Trustmark's fully portable policy offers the stability of guaranteed premiums. It provides both permanent term life insurance and benefits for caregiving services. Policy includes Long-Term Care living benefits, professional and family caregiving, and benefit restoration. Coverage for employees age 18-75, spouses age 18-70 and children to age 25. | **100% Employee Paid** |
| **Health Advocate**<br>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**<br>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 discrepencies between this document and contract, the contract will supersede.*

*V.11.02.2026*