

## 2023 PLAN DESIGN OVERVIEW



Plan Name	Bronze Plan PPO \$6,350	Silver Plan HRA \$2,500	Gold Plan PPO \$750
In-Network Benefits	Blue Choice	Blue Choice	Blue Choice
Preventive Services	Covered at 100%	Covered at 100%	Covered at 100%
Telemedicine	Covered at 100%	Covered at 100%	Covered at 100%
Retail Clinics - CVS, Walgreen's, Little Clinics, RediClinic	Covered at 100%	Covered at 100%	Covered at 100%
PCP / Specialist	\$50/\$75 Copay	Deductible + Coinsurance	\$25/\$35 Copay
Urgent Care Visit	\$100 Copay	Deductible + Coinsurance	\$50 Copay
Emergency Room Visit	40% After Deductible	Deductible + Coinsurance	\$150 Copay + 10% Coinsurance
Diagnostic/Outpatient/Inpatient	40% After Deductible	Deductible + Coinsurance	10% After Deductible
Pharmacy Benefits (In-Network)			
Generic/Preferred/Non-Preferred Specialty	\$10 / \$50 / \$80 20% up to \$300 Per Script	\$20 Copay 30% Conisurance - \$125 Maximum 40% Coinsurance - \$150 Maximum 40% up to \$300 Per Script	\$10 / \$30 / \$50 10% up to \$150 Per Script
Deductibles, Coinsurance & Out-of-Pocket			
Deductible	\$6,350 / \$12,700	\$2,500 / \$5,000	\$750 / \$1,500
Employer HRA Contribution	N/A	\$1,000 - Employee Only (Employee Meets first \$1,500) \$2,000 - Employee + One or More (Family Meets first \$3,000) <i>No one individual will pay more than the individual deductible</i>	N/A
HRA Rollover Benefit	N/A	Up to 50% of Unused Funds	N/A
Member Coinsurance	40%	80%	10%
Out-of-Pocket Maximum	\$7,150 / \$14,300	\$5,000 / \$10,000	\$3,000 / \$6,000
Monthly Employee Contributions			
Tiers	Bronze Plan PPO \$6,350	Silver Plan HRA \$2,500	Gold Plan PPO \$750
Employee Only	\$98.00	\$214.14	\$377.75
Employee + Spouse	\$442.34	\$722.29	\$1,112.16
Employee + Child	\$224.39	\$404.91	\$723.36
Employee + Children	\$287.68	\$519.12	\$786.26
Employee + Family	\$527.02	\$920.57	\$1,441.51

Voluntary Dental	Base Plan	Buy-Up Plan
Network	Blue Cross Blue Shield	Blue Cross Blue Shield
Website	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
Annual Maximum	\$1,000	\$2,000
Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Benefits		
Preventative	100%	100%
Basic	50%	80%
Major	50%	50%
Endodontics & Periodontics	<b>50%</b>	<b>80%</b>
Orthodontics		
Ortho Lifetime Max	N/A	\$2,000
Child - Up to Age 19	N/A	Yes
Adult Coverage	N/A	Yes
Monthly Employee Contributions		
Employee Only	<b>\$10.54</b>	<b>\$17.95</b>
Employee + Spouse	<b>\$20.29</b>	<b>\$30.32</b>
Employee + Children	<b>\$24.94</b>	<b>\$33.82</b>
Employee + Family	<b>\$34.60</b>	<b>\$56.11</b>

	Voluntary Vision
Network	VSP
Copays	In-Network
Exam - Every 12 Months	\$10
Materials - Every 12 Months	\$10
Frames - Retail Allowance (Every 12 Months)	\$130 allowance <i>(discount over allowance)</i>
Lenses	
Single, Bifocal, Trifocal & Lenticular	100%
Contacts	
Evaluation and Fitting	Included in allowance
Medically Necessary	100%
Elective	\$10 Copay Up to \$130
Monthly Employee Contributions	Current
Employee Only	<b>\$6.92</b>
Employee + Spouse	<b>\$13.86</b>
Employee + Children	<b>\$14.82</b>
Employee + Family	<b>\$23.68</b>

Lincoln	
Basic Life and AD&D - Employer Paid	
Employee Life and AD&D	All Benefit Eligible - Flat \$5,000 Benfits Eligible Enrolled in Medical - Flat \$20,000
Dependent Life Only	Spouse & Dependents - Flat \$4,000

Lincoln	
Employee Voluntary Life	
Employee Maximum Benefit	Lesser of 5x annual earnings or \$500,000, in increments of \$10,000
Guarantee Issue	\$250,000
Spouse Maximum Benefit	up to 50% of employee elections or \$250,000 in \$5,000 increments
Guarantee Issue	\$50,000
Child(ren) Maximum Benefit	1-Day to 6-Months - \$1,000 6-Months to Age 26 - \$10,000
Guarantee Issue	\$10,000

**\*\* Note \*\*** Spouse may not be in a period of "Limited Activity" at the requested time of coverage.

Lincoln	
Voluntary Short-Term Disability Benefits	
Elimination Period	15th day
Benefit	60% with a maximum of \$2,000 per week up to 11 weeks
Maximum Weekly Benefit	\$2,500
Pre-Existing Period	3/12
True Open Enrollment Each Year (participants subject to Pre-Ex)	

Lincoln	
Voluntary Long-Term Disability Benefits	
	Core
Maximum Benefit Duration	<b>SSNRA</b>
Elimination Period:	90 days
Maximum Monthly Benefit	\$6,000
Minimum Monthly Benefit	\$100 or 10%
Income Replacement (% of Salary)	60%
Class Definition	All Active Employees
Definition of Earnings	Basic Annual Earnings Excluding Overtime, Bonuses, & Commission
Definition of Disability	Loss of Duties Only or Time
Pre-Exisiting	3/12

*Rates for Employee Paid offered benefits will be provided in the UKG Enrollment platform during Open Enrollment. Please remember to add your beneficiary information for the Employer Paid Life and AD&D and/or any Voluntary coverage.*

The above is intended to be a brief summary of the plan benefits. Please see full plan documents for full details and exclusions. In the event that there is a discrepancy, the plan document will superceed the above benefit overview.