

## Benefits Summary

*Plan Year Medical: February 1, 2024 – January 31, 2025 and Dental/Vision/Life: November 1, 2023 – October 31, 2024*

**All Full-Time Employees are eligible for benefits to begin on the First of the Month following date of hire.**

**Benefit premiums are collected one month in advance and are based on 24 pays annually.**

Employees may change benefit elections mid-plan year only if you experience a qualifying event (marriage, birth of dependent, loss of other coverage, etc.) In this event, contact HCC within 30 days of the event to adjust your coverage.

**Please contact your HCC Benefits Specialist, Dana North, at [dnorth@hcchr.com](mailto:dnorth@hcchr.com) with any questions.**

### MEDICAL

	Option 1	Option 2
Plan Name	HMO CCZK	HMO DGY2
Coinsurance	20%	20% after deductible
Deductible: Individual/Family	\$1,000/\$2,000	\$3,750/\$7,500
Out of Pocket: Individual/Family	\$7,350/\$14,700	\$7,750/\$15,500
Physician/Specialist Office Visit	No Charge/\$100	20% after deductible
Emergency Room	\$400 then 20%	20% after deductible
Urgent Care	\$50	20% after deductible
Virtual Visits		20% after deductible
Prescriptions: Retail	\$10/\$40/\$105/\$250	\$10/\$40/\$105/\$250 after deductible
<b>Employee PER PAY</b>		
Employee Only	20%	20%
Employee + Spouse	20%	20%
Employee + Child	20%	20%
Family	20%	20%

**MEDICAL SUMMARY FOR IN-NETWORK BENEFITS, OUT-OF-NETWORK WILL RESULT IN LESS COVERAGE**

### Flexible Spending Account (FSA) & Health Savings Account (HSA)

FSA's and HSA's allow employees to deposit money into savings accounts to use toward medical expenses and save money on their income taxes. Depending on which medical plan you elect, we can help you decide if an FSA or HSA is a better option for you. Dependent Care FSA's are also available to allow pre-tax payments toward daycare expenses.

Please note 2024 contribution limits:

**HSA: Employee Only: \$4,150; Family: \$8,300; Catch-up: \$1,000**

**FSA: Medical: \$3,050; Dependent Care: \$5,000**

*To open an H.S.A. account, go to [hsa.umb.com](https://hsa.umb.com). Your employer ID is **THA0001-160387**.*

### LIFE AnthemLife

Coverage	\$25,000	\$20,000	Voluntary Life & AD&D
<b>Employee PER PAY Deduction</b>			
Employee Only	\$0.00	\$2.42	Age Rated

Employees who elect Anthem Life insurance also benefit from the Employee Assistance Program (EAP), including legal assistance, financial planning assistance & travel assistance, at no additional cost.

## DENTAL Guardian

	OPTION 1: BASIC		OPTION 2: ENHANCED		OPTION 3: PREMIER	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible: Individual/Family	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual Max	\$750	\$750	\$1,000	\$1,000	\$1,500	\$1,500
Orthodontia Lifetime Max	No Coverage	No Coverage	\$1,000	\$1,000	\$1,500	\$1,500
Diagnostic/Preventive	100%	100%	100%	100%	100%	100%
Basic	80%	50%	80%	60%	80%	80%
Major	No Coverage	No Coverage	50%	40%	50%	50%
Orthodontia (Up to Age 19)	No Coverage	No Coverage	50%	50%	50%	50%
<b>Employee PER PAY Deduction</b>						
Employee Only	\$1.70		\$3.38		\$4.13	
Employee + Spouse	\$3.59		\$6.87		\$9.17	
Employee + Child(ren)	\$4.82		\$8.48		\$11.69	
Family	\$7.17		\$12.79		\$17.72	

Please visit [www.guardiananytime.com](http://www.guardiananytime.com) to search for providers in your area. Please note the Plan Type is PPO.

## VISION Guardian

	OPTION 1		OPTION 2	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Network	Davis Vision Network		VSP Network	
Exam Copay	\$10	Up to \$50	\$10	\$39
Exam Limit	Once per 12 Months	Once per 12 Months	Once per 12 Months	Once per 12 Months
Lenses Copay	\$25	Up to \$40/\$67/\$126	\$25	Up to \$48/\$67/\$126
Lenses Limit	Once per 12 Months	Once per 12 Months	Once per 12 Months	Once per 12 Months
Frames Allowance	Up to \$130 + 20% Excess	Up to \$48	Up to \$130 + 20% Excess	Up to \$46
Frames Limit	Once per 24 Months	Once per 24 Months	Once per 24 Months	Once per 24 Months
Contacts Lenses Allowance	Up to \$130 + 15% Excess	Up to \$105	\$130	Up to \$100
Contacts Limit	Once per 12 Months	Once per 12 Months	Once per 12 Months	Once per 12 Months
<b>Employee PER PAY Deduction</b>				
Employee Only	\$0.62		\$0.78	
Employee + Spouse	\$1.08		\$1.35	
Employee + Child(ren)	\$1.10		\$1.38	
Family	\$1.74		\$2.18	

Please visit [www.guardiananytime.com](http://www.guardiananytime.com) to compare providers who participate in the Davis Vision and VSP networks in your area.

## ANCILLARY BENEFITS

HCC partners with Aflac to provide additional ancillary products, like Accident, Critical Illness and Hospital insurance, to meet employee needs.