



Everyone's lifestyle is unique, and we all have different needs; for this reason, our benefits package is designed to support and enhance the personal and professional lives of our associates with company-sponsored advantages and tax-free benefits.

Full-time employees are eligible for benefits on the 1st of the month following 60 days of employment. You have 30 days from your date of hire to submit your elections in Workday.

Our benefit plan year runs from January 1, 2024 – December 31, 2024



MEDICAL PLAN OPTIONS

We offer a medical plan that uses the Blue Access PPO Network through Anthem BCBS.

	In-Network Costs	Out-of-Network Costs
Annual Deductible		
Individual / Family	\$3,000 / \$6,000	\$5,000 / \$10,000
Out-of-Pocket Maximum		
Individual / Family	\$4,000 / \$8,000	\$12,700 / \$25,400
Covered Services		
Primary Care Visit	Deductible then 10%	Deductible then 30%
Specialist Visit	Deductible then 10%	Deductible then 30%
Routine Preventive Care	No Charge	Deductible then 30%
Simple Lab/X-ray	Deductible then 10%	Deductible then 30%
Imaging (CT/MRI/Pet Scans)	Deductible then 10%	Deductible then 30%
Urgent Care Facility	Deductible then 10%	Deductible then 30%
Emergency Room	Deductible then 10%	Deductible then 30%
Inpatient Hospital Stay	Deductible then 10%	Deductible then 30%
Outpatient Surgery	Deductible then 10%	Deductible then 30%
Prescription Drugs		
Pharmacy (30-day supply)	Deductible then 10%	Deductible then 30%
Mail Order (90-day supply)	Deductible then 10%	Deductible then 30%



DENTAL AND VISION PLAN OPTIONS

We offer 2 different dental plans. The CIGNA DHMO is in-network coverage only. The MetLife Dental plan offers both in and out-of-network coverage. MetLife also administers our vision plan on either the Superior Network or the VSP Network. The amounts shown below are for in-network providers only.

Dental Services provided	MetLife In-Network:	Cigna DHMO In-Network:
Preventive services	100% (no deductible)	100%
Basic / Major / Ortho	90% / 60% / 50%	Copay/Fee Schedule
Annual deductible	\$50 ind. / \$150 fam.	None
Annual benefits maximum	\$2,000 per person	None
Vision Services Provided		In-Network
Eye Exam		\$10 copay
Basic Lenses (materials) (once per 12 months)		\$10 copay
Frames or Elective Contact Lenses (once per 12 months)		Covered up to \$200

MEDICAL DENTAL AND VISION BI-WEEKLY RATES

	BCBS Medical	MetLife Dental PPO	Cigna DHMO	MetLife Superior Vision	MetLife VSP
Employee Only	\$15.00	\$4.55	\$1.38	\$0.87	\$1.23
Employee + Spouse	\$120.00	\$17.47	\$7.29	\$2.04	\$2.76
Employee + Children	\$80.00	\$24.05	\$5.30	\$2.09	\$2.94
Employee + Family	\$160.00	\$31.70	\$9.63	\$3.30	\$4.58