

# 2022 Benefits at a Glance



This flyer gives you a highlight of your available benefit plan options available to you at Alliance Medical Center. AMC sponsors the majority of the premium cost of the medical, dental, and vision plans. The applicable per-pay-period contribution premium is listed for each plan.

## Medical • Western Health Advantage (WHA)

AMC offers comprehensive medical plans to choose from. Benefits are only available in-network and are region specific. AMC pays 100% of the premium for you and your dependents if you elect the WHA HDHP HMO. You may choose to buy-up to any other medical plan.

|                             | WHA HDHP HMO  | WHA HMO   |
|-----------------------------|---|---|
| <b>Preventive Care</b>      | Covered 100%, No copay, No deductible   | Covered 100%, No copay, No deductible                             |
| <b>Deductible</b>           | \$2,800 individual<br>\$5,600 family  | N/A, no deductible  |
| <b>Office Visit</b>         | \$40 copay (after deductible)   | \$40 copay  |
| <b>Most Services</b>        | Applicable copays (after deductible)<br>All care must be within medical group | 30% or applicable copays<br>All care must be within medical group |
| <b>Retail Rx Tier 1/2/3</b> | \$10 / \$30 / \$50 (after deductible)   | \$10 / \$40 / \$60  |
| <b>Out-of-Pocket Max</b>    | \$4,000 individual<br>\$8,000 family  | \$3,000 individual<br>\$5,000 family                              |

### Cost of Coverage (Your per-pay-period contribution to enroll in the plan)

|                         |        |          |
|-------------------------|--------|----------|
| <b>You</b>              | \$0.00 | \$36.59  |
| <b>You + Spouse</b>     | \$0.00 | \$110.49 |
| <b>You + Child(ren)</b> | \$0.00 | \$98.17  |
| <b>You + Family</b>     | \$0.00 | \$159.75 |

## Medical • Kaiser Permanente

|                             | Kaiser HDHP HMO  | Kaiser HMO   |
|-----------------------------|--|--|
| <b>Preventive Care</b>      | Covered 100%, No copay, No deductible                          | Covered 100%, No copay, No deductible                  |
| <b>Deductible</b>           | \$2,800 individual<br>\$5,600 family                           | N/A, no deductible                                     |
| <b>Office Visit</b>         | No charge (after deductible)                                   | \$30 copay   |
| <b>Most Services</b>        | No charge (after deductible)<br>All care must be within Kaiser | Various copays apply<br>All care must be within Kaiser |
| <b>Retail Rx Tier 1/2/3</b> | No charge (after deductible)                                   | \$15 / \$35  |
| <b>Out-of-Pocket Max</b>    | \$2,800 individual<br>\$5,600 family                           | \$1,500 individual<br>\$3,000 family                   |

### Cost of Coverage (Your per-pay-period contribution to enroll in the plan)

|                         |          |          |
|-------------------------|----------|----------|
| <b>You</b>              | \$56.74  | \$127.44 |
| <b>You + Spouse</b>     | \$124.82 | \$310.35 |
| <b>You + Child(ren)</b> | \$113.48 | \$279.87 |
| <b>You + Family</b>     | \$170.22 | \$432.30 |

# 2022 Benefits at a Glance



## Dental • Guardian PPO

## Vision • Superior Vision

| Coverage   |  | Coverage  |   |
|--|--|---|---|
| <b>Preventive Care (Routine Exams/Cleanings)</b> | Covered 100%, no deductible, 2x/12 months  | <b>Vision Exam</b><br>(1x per 12 months)                                | \$10 copay  |
| <b>Deductible</b>                                | Tier 1 (DG Alliance) \$0/mbr<br>Tier 2 (DG Preferred) \$50/mbr<br>Max 3 per family (all tiers) | <b>Glasses</b><br>(Lenses: 1x per 12 months / Frames: 1x per 24 months) | \$15 copay + cost for lens enhancements and frames over \$150 allowance |
| <b>Annual Plan Maximum</b>                       | Tier 1 (DG Alliance) \$2,500<br>Tier 2 (DG Preferred) \$2,000                                  | <b>Contacts</b><br>(in lieu of glasses)                                 | \$150 allowance   |
| <b>Orthodontia</b>                               | Not covered  | <b>Contact Lens Fitting</b>   | \$50 copay  |

### Cost of Coverage (Your Per-Pay-Period Contribution to enroll in the plan)

|                         |         |        |
|-------------------------|---------|--------|
| <b>You</b>              | \$1.75  | \$0.00 |
| <b>You + Spouse</b>     | \$5.75  | \$2.85 |
| <b>You + Child(ren)</b> | \$9.42  | \$2.57 |
| <b>You + Family</b>     | \$12.94 | \$5.66 |

Medical, dental, and vision in-network benefits only are shown. Benefit limitations or maximums may apply. Out-of-network benefits, when available, are significantly reduced. See applicable carrier plan documents for details.

## Pre-Tax Accounts

- **Flexible Spending Arrangements:** Set aside pre-tax payroll dollars\* to use for qualified healthcare expenses or for qualified childcare expenses for your children age 12 and younger.
- **Commuter Plans:** Load funds onto a Commuter Debit Card using pre-tax payroll reductions\*. Commuter funds can then be used for qualified transit or parking expenses.
- **Health Savings Account (HSA):** If you enroll in the WHA HDHP or Kaiser HDHP plan, AMC will contribute to your HSA account each pay period. Maximize savings and contribute to your tax-preferred HSA using pre-tax payroll deductions\*.

\*IRS annual contribution limits apply. Subject to IRS regulations. See plan documents for details and limitations.

## Protection for Peace of Mind

AMC provides all benefit-eligible employees with company paid life insurance and disability insurance.

- **Life and AD&D Insurance:** Employer paid coverage equal to 2x your earnings to a maximum of \$450,000.
- **Short-Term Disability:** If you are sick or injured and unable to work, after 7 days this plan pays a weekly benefit equal to 60% of your covered pre-disability earnings, to a maximum weekly benefit of \$2,500, combined with other sources.
- **Long-Term Disability:** If you continue to be unable to work due to illness or injury after 90 days, this plan pays a monthly benefit equal to 60% of your covered pre-disability earnings, to a maximum monthly benefit of \$11,000, combined with other sources. This benefit is payable to Social Security Normal Retirement Age.

## Other Benefits

- **Employee Assistance Program:** Your EAP is a professional, confidential consultation service provided by Halcyon. Call 24/7 for consultation or assistance; get referred for up to 3 face-to-face visits with a local counselor.
- **Working Advantage:** Employees and dependents can take advantage of a discount program to save up to 60% on ticketed events and online shopping.
- **403(b) Plan:** Eligible employees may participate in Alliance Medical Center's qualified 403(b) retirement savings plan through Ascensus. As a Safe Harbor 403(b) Plan, Alliance Medical Center will provide a special Safe Harbor matching contribution. Please contact the Human Resources department for further information on eligibility.