

2024 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
Preventive Care	Covered 100%, No copay, No deductible	Covered 100%, No copay, No deductible
Deductible	\$2,800 individual \$3,200 individual within a family \$5,600 family	N/A, no deductible
Office Visit	\$40 copay (after deductible)	\$40 copay
Most Services	Applicable copays (after deductible) All care must be within medical group	30% or applicable copays All care must be within medical group
Retail Rx Tier 1/2/3	\$10 / \$30 / \$50 (after deductible)	\$10 / \$30 / \$50
Out-of-Pocket Max	\$4,000 individual \$8,000 family	\$3,000 individual \$5,000 family

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

You	\$0.00	\$53.35
You + Spouse	\$0.00	\$147.36
You + Child(ren)	\$0.00	\$131.70
You + Family	\$0.00	\$210.04

Medical • Kaiser Permanente

	Kaiser HDHP HMO	Kaiser HMO
Preventive Care	Covered 100%, No copay, No deductible	Covered 100%, No copay, No deductible
Deductible	\$3,200 individual \$6,400 family	N/A, no deductible
Office Visit	No charge (after deductible)	\$30 copay
Most Services	No charge (after deductible) All care must be within Kaiser	Various copays apply All care must be within Kaiser
Retail Rx Tier 1/2/3	No charge (after deductible)	\$15 / \$35
Out-of-Pocket Max	\$3,200 individual \$6,400 family	\$1,500 individual \$3,000 family

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

You	\$58.61	\$131.08
You + Spouse	\$128.94	\$318.37
You + Child(ren)	\$117.22	\$287.16
You + Family	\$175.84	\$443.24

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Dental • Delta Dental PPO

	Coverage
Preventive Care (Routine Exams/Cleanings)	Covered 100%, no deductible, 2x/calendar year
Deductible	Tier 1 (DD PPO) \$0/mbr Tier 2 (DD Premier) \$50/mbr Max \$150 per family (Tier 2)
Annual Plan Maximum	Tier 1 (DD PPO) \$2,500 Tier 2 (DD Premier) \$2,000
Orthodontia	Not covered

Vision • Superior Vision

	Coverage
Vision Exam (1x per 12 months)	\$10 copay
Glasses (Lenses: 1x per 12 months / Frames: 1x per 24 months)	\$15 copay + cost for lens enhancements and frames over \$150 allowance
Contacts (in lieu of glasses)	\$150 allowance
Contact Lens Fitting	\$50 copay

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

You	\$1.75	\$0.00
You + Spouse	\$5.75	\$2.85
You + Child(ren)	\$9.42	\$2.57
You + Family	\$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

- **Life and AD&D Insurance:** Employer paid coverage equal to 2x your earnings to a maximum of \$450,000.
- **Voluntary Life AD&D Insurance:** You may purchase additional Life and AD&D coverage for you and your eligible dependents.
- **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.
- **Lincoln Voluntary Benefits:** Purchase Critical Illness, Accident Insurance, or Hospital Indemnity coverage for yourself and your dependent(s). The voluntary benefits pay you an immediate cash benefit to help with out-of-pocket medical expenses and living expenses.

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.