



Benefits at a Glance

This informational flyer gives you a highlight of the benefit plans available to you through Alliance Medical Center. 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 in Paylocity for details and limitations.

MEDICAL

	Western Health Advantage HDHP	Kaiser HDHP	Western Health Advantage HMO	Kaiser HMO
Network	WHA	Kaiser HMO	WHA	Kaiser HMO
Annual Deductible				
Individual	\$3,300	\$3,300	\$0	\$0
Individual in a Family	\$3,000	\$3,300	\$0	\$0
Family	\$6,000	\$6,600	\$0	\$0
Annual Out-of-Pocket Maximum				
Individual	\$6,500	\$3,300	\$2,500	\$1,500
Individual in a Family	\$6,500	\$3,300	\$2,500	\$1,500
Family	\$13,000	\$6,600	\$5,000	\$3,000
Office Visit				
Primary / Specialist	\$30 / \$30	\$0 / \$0	\$30 / \$30	\$30 / \$30
Rx Tier 1 / 2 / 3	\$10 / \$30 / \$50	\$0 / \$0 / \$0	\$15 / \$35 / \$35	\$15 / \$35 / \$35
Most Services	30%	0%	0%	Copays

If you choose to enroll in the HDHP, you will automatically be enrolled in a Health Savings Account (HSA).



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DENTAL

	Delta Dental Dental PPO
Network	Delta Dental PPO
Deductible	\$0 / \$0
Annual Plan Maximum	\$2,500
Benefits	0% Preventative / 0% Basic / 30% Major
Cleanings	Twice per calendar year
Orthodontia	Not covered

VISION

	Superior Vision Services, Inc. Vision
Network	Superior National
Vision Exam	\$10 copay Covered every 12 months
Glasses	\$15 for standard lenses, buy-up for enhancements \$150 frame allowance Lenses covered 12 months and frames covered every 24 months
Contacts	\$150 contact allowance in lieu of glasses. Contact lens fitting for up to \$50

LIFE AND AD&D

	Lincoln Financial Group
Benefits Amount	2x annual earnings up to \$450,000



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DISABILITY

	Lincoln Financial Group Short Term Disability	Lincoln Financial Group LongTerm Disability
Benefits Begin to Pay	After 7 days	After 90 days
Benefit (% of Earnings)	60%	60%
Benefit Maximum	\$2,500 per week	\$11,000 per month
Max Benefit Duration	12 weeks	SSNRA

PER PAY PERIOD CONTRIBUTIONS

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
WHA HDHP	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser HDHP	\$61.54	\$135.38	\$123.08	\$184.63
WHA HMO	\$56.02	\$154.73	\$138.28	\$220.54
Kaiser HMO	\$137.64	\$334.29	\$301.52	\$465.41
Dental	\$1.75	\$5.75	\$9.42	\$12.94
Vision	\$0.00	\$2.85	\$2.57	\$5.66



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PRE-TAX ACCOUNTS*

Health Flexible Spending Account (FSA)	Set aside pre-tax dollars to use for qualified healthcare expenses for you and your eligible dependents.
Dependent Care Flexible Spending Account (FSA)	Set aside pre-tax dollars to pay for qualified childcare expenses for your child(ren) age 12 or younger.
Health Savings Account (HSA)	If you enroll in the HDHP, Alliance Medical Center will contribute funds to your HSA. Maximize savings and contribute to your tax-preferred HSA using pre-tax payroll deductions
Commuter Benefits	Load funds onto a Commuter Debit Card using pre-tax payroll reductions. Commuter funds can then be used for qualified transit or parking expenses.

ELIGIBILITY AND ENROLLMENT

Regular status employees working 30 or more hours per week are eligible for benefits. You must complete your enrollment in Paylocity within 30 days of your date of hire. Benefits are effective on the first day of the month following date of hire.

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RETIREMENT

Eligible employees may participate in the Alliance Medical Center, Inc. 403(b) Retirement Plan through Voya.

QUESTIONS

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