



# 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
<b>Network</b>	WHA	Kaiser HMO	WHA	Kaiser HMO
<b>Annual Deductible</b>				
Individual	\$3,000	\$3,400	\$0	\$0
Individual in a Family	\$3,400	\$3,400	\$0	\$0
Family	\$6,000	\$6,800	\$0	\$0
<b>Annual Out-of-Pocket Maximum</b>				
Individual	\$6,500	\$3,400	\$2,500	\$1,500
Individual in a Family	\$6,500	\$3,400	\$2,500	\$1,500
Family	\$13,000	\$6,800	\$5,000	\$3,000
<b>Office Visit</b>				
Primary / Specialist	\$30 / \$30	\$0 / \$0	\$30 / \$30	\$30 / \$30
<b>Rx Tier 1 / 2 / 3</b>	\$10 / \$30 / \$50	\$0 / \$0 / \$0	\$15 / \$50 / \$75	\$15 / \$35 / \$35
<b>Most Services</b>	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
<b>Network</b>	Delta Dental PPO
<b>Deductible</b>	\$0 / \$0
<b>Annual Plan Maximum</b>	\$2,500
<b>Benefits</b>	0% Preventative / 0% Basic / 30% Major
<b>Cleanings</b>	Twice per calendar year
<b>Orthodontia</b>	Not covered

## VISION

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

## LIFE AND AD&D

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



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## Voluntary LIFE AND AD&D

	Lincoln Financial Group		
	EMPLOYEE	SPOUSE	CHILD(REN)
<b>Voluntary Life Options</b>	Increments of \$10,000	Increments of \$5,000	Flat \$10,000* <i>*Benefits reduced for children under 6 months</i>
<b>Coverage Maximum</b>	\$150,000 not to exceed 5x your earnings	\$30,000 not to exceed 50% of Employee amount	\$10,000
<b>Guarantee Issue</b>	\$150,000	\$30,000	\$10,000

## DISABILITY

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



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## PRE-TAX ACCOUNTS\*

<b>Health Flexible Spending Account (FSA)</b>	Set aside pre-tax dollars to use for qualified healthcare expenses for you and your eligible dependents.
<b>Dependent Care Flexible Spending Account (FSA)</b>	Set aside pre-tax dollars to pay for qualified childcare expenses for your child(ren) age 12 or younger.
<b>Health Savings Account (HSA)</b>	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
<b>Commuter Benefits</b>	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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