

SUMMARY OF YOUR EMPLOYEE BENEFITS

January 2023



Benetrac Online Enrollment:

<https://www.eenroller.net>

MVLA Group ID # MSVD1245

EQ Benefits Contact

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Corporate Benefits Coordinator

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Benefits Website



<https://www.eqmvlabenefits.com>





MEDICAL

	HMO	DHMO	HSA PPO HDHP**	
	In Network	In Network	In Network	
Annual Deductible Individual	\$0	\$1,500	\$2,000	
Annual Deductible Family	\$0	\$3,000	\$4,000	
Max Out Of Pocket Individual	\$1,500	\$4,000	\$4,000	
Max Out Of Pocket Family	\$3,000	\$8,000	\$6,850	
Office Copay	\$10	\$40 deductible waived	20% after deductible	
Lab X-Ray	\$0	\$10 after deductible		
Inpatient Hospital	\$10/procedure	30% after deductible		
Outpatient Surgery				
Emergency Room (waived if admitted)				\$50/visit
Ambulance	\$50/trip	\$150 /trip after deductible		
Urgent Care	\$10/visit	\$40 /visit deductible waived		
Rx Generic	\$10	\$20 (100 day)		\$10 after deductible
Rx Brand	\$15	\$60 (100 day)		\$30 after deductible
Infertility Treatment*	\$10 copay for diagnosis and treatment of infertility	50% deductible waived for diagnosis and treatment of infertility		50% after deductible for diagnosis and treatment of infertility
Chiropractic	Not Covered	Not Covered	Not Covered	
Acupuncture	\$10/visit	\$40 deductible waived	20% after deductible	
DME	20%	20% deductible waived		
Mental Health	\$10 individual \$5 group	\$40 individual deductible waived \$20 group deductible waived		

****2023 Kaiser and CIGNA HSA Totals:**

(100% employer funded - must be enrolled in the HSA HDHP)

Employee Only: **\$3,850**

Employee + Family: **\$7,750**



	HMO	POS		HSA PPO HDHP**	
	In Network	In Network	Out of Network	In Network	
Annual Deductible Individual	\$0	\$0	\$250	\$2,000	
Annual Deductible Family	\$0	\$0	\$500	\$4,000	
Max Out Of Pocket Individual	\$1,000	\$1,000	\$2,000	\$3,000	
Max Out Of Pocket Family	\$2,000	\$2,000	\$4,000	\$5,000	
Office Copay	\$10/\$20	\$25/\$45	20% after deductible	20% after deductible	
Lab X-Ray	\$0	\$0			
Inpatient Hospital					
Outpatient Surgery					
Emergency Room (waived if admitted)	\$50/visit	\$50/visit	\$50 deductible waived		
Ambulance	\$0	\$0	\$0 deductible waived		
Urgent Care	\$25/visit	\$25/visit (waived if admitted)	\$25 deductible waived		
Rx Generic	\$7	\$15	Not Covered		\$20 after deductible
Rx Brand	\$15	\$30	Not Covered		\$40 after deductible
Infertility Treatment*	Coverage varies based on place of service	Coverage varies based on place of service	Not Covered		Not Covered
Chiropractic	\$20	\$45	20% after deductible	20% after deductible	
Acupuncture	Not Covered	Not Covered	Not Covered		
DME	\$0	\$0	Not Covered		
Mental Health	\$10	\$0	20% after deductible		

* Please see policy Evidence of Coverage for details

	In Network	Out of Network
Deductible Individual	\$0	
Deductible Family	\$0	
Preventive	70-100%	
Cleanings Frequency	Unlimited	
Basic Endo/Perio	70-100%	70-100%
Major*	70-100%	70-100%
Annual Maximum	\$2,000 per person	
Pays out of network*	N/A	MAC
Ortho (Adult & Child)	50%	
Ortho Lifetime Max	\$1,000	
Dental Network	Delta Dental Premier	

	In Network
Comprehensive Exam	Every 12 Months
Eye Exams	\$5 Copay
Lenses	Every 12 Months
Single Vision	Combined with exam*
Bifocal	
Trifocal	
Frames	Every 12 Months
	\$130 Allowance + 20% above allowance (\$150 allowance on featured frame brands)
Contacts (in lieu of glasses)	Every 12 Months
Elective	\$130 Allowance
Vision Network	VSP Signature

* Reimbursement is based on Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

* See plan summary for details



2023 Health Care and Dependent Care FSA Pre-Tax Benefit Maximums

Dependent Care FSA: \$5,000

Healthcare FSA : \$2,850

Limited FSA (Dental and Vision only): if enrolled in HSA HDHP /same limits as HealthCare FSA

Once you have met the annual minimum deductible per the IRS for the HSA HDHP (High Deductible Health Plan), you may convert your Limited Purpose FSA to a regular Healthcare FSA. Upon doing so, eligible medical expenses will then be reimbursable from your FSA. Contact your benefits administrator for more information.

Claims may be submitted as expenses are incurred, or they may be bundled and filed on a periodic basis. All claims for the current Plan Year must be received for processing by March 31 of the next plan year. For example claims for 2022 are to be submitted by 3/31/2023.

Claims may be submitted online by visiting: www.vitacompanies.com

WHO IS ELIGIBLE

EMPLOYEES

Full time and part time employees are eligible. Your Cigna or Kaiser, Delta Dental and VSP benefits are effective first of the month following date of hire.

ELIGIBLE DEPENDENTS

Your eligible dependents include your legally married spouse, registered domestic partner, and children up to age 26 for medical. However, for other plans, age limits may apply. Coverage may be available for a mentally or physically disabled child who is age 26 or older. Requirements for such coverage and documentation of disability depend on the insurance carrier. Please contact your Benefits Administrator if you believe this applies to your family.

DOMESTIC PARTNERS

A domestic partnership (same sex or opposite sex) is defined as two people living together and are involved in an interpersonal relationship sharing their domestic life as if married even though they are not legally married.

You may be asked for qualifying information to enroll a domestic partner and/or show documentation to prove the relationship under some policies:

- Do you maintain the same regular and permanent residence for at least 6 months to a year (depending on the insurance carrier) with the current intent to continue doing so indefinitely.
- Neither person is married to someone other than the domestic partner and neither person is in a domestic partnership with another person.
- Are jointly financially responsible for "basic living expenses" defined as the cost of basic food, shelter, and any other expenses of a domestic partnership.

WHEN CAN YOU ENROLL

NEW HIRES/NEWLY ELIGIBLE FOR BENEFITS

From date of hire or full time employment you have 30 days to enroll into benefits. Your benefit elections will be effective the first of the month following date of hire. If you do not enroll within that time frame, you will not be eligible to enroll until Open Enrollment.

OPEN ENROLLMENT

During Open Enrollment, you will have the opportunity to make changes to your benefit elections. You must enroll by the Open Enrollment deadline for your benefits to be effective January 1st, 2023. Except for a Qualifying Event, you will not be able to change your elections until the next year's Open Enrollment.

QUALIFYING EVENTS

If you have a qualifying event, you may be able to change your benefits before the next Open Enrollment. You must notify Human Resources within 30 days of the event to see if you are eligible.

QUALIFYING EVENTS

- * Newly hired as Full Time or Part Time eligible employee
- * Changing from Part-Time to Full-Time or Part Time eligible
- * Loss of coverage for you, your spouse or dependents
- * Change in marital status
- * Birth of a child, adoption, legal guardianship or custody.
- * Change in residence causing loss of coverage area
- * Qualified Medical Child Support Order (QMCSO)

HOW TO ENROLL OR MAKE CHANGES?

- Within 30 days as a new hire or for a Qualifying Event you will need to complete your benefit elections or waivers via **Benetrac**
- If elections are not made within the new hire or QE window your next opportunity to elect benefits will be at Open Enrollment unless you experience a qualifying event.

CARRIER CONTACT INFORMATION

	<u>Carrier</u>	<u>Phone</u>	<u>Policy #</u>	<u>Website</u>
Medical	Kaiser Permanente	800-464-4000	841	www.kp.org
Medical	CIGNA	800-244-6224	3196668	www.cigna.com
Dental	Delta Dental	888-335-8227	2439	www.deltadentalins.com
Vision	VSP Signature	800-877-7195	30043689	www.vsp.com
FSA	Vita	650-966-1492	MVLA	www.vitacompanies.com
Broker	ExpertQuote	408-953-1000	N/A	www.expertquote.com