

2022 Employee Benefits Overview

ELIGIBILITY			PERCENT EMPLOYEE PAYS		
Tier	Hours	Benefits	Employee	Spouse	Dependent
TIER 1: 75-100% FTE	Working 30+ hours	Benefits eligible	0.0%	100.0%	50.0%
TIER 2: 60-75% FTE	Working 24-30 hours	Benefits eligible	25.0%	100.0%	62.5%
TIER 3: 1-59% FTE	Working 1-23 hours	Not benefit eligible – Except FSA	n/a	n/a	n/a

MEDICAL		KAISER	
Plan	HMO	HDHP with HSA	
Annual Deductible	None	\$1,400 / \$2,800	
Annual Out-of-Pocket Max (Ind / Ind fam / Fam)	\$1,500 / \$1,500 / \$3,000	\$3,000 / \$3,000 / \$6,000	
Office Visit Copay	\$15 copay	\$20 copay after deductible	
X-rays / Lab tests / Imaging	No charge	\$10 copay after deductible	
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	
Outpatient Surgery	\$15 copay	\$150 copay after deductible	
Hospital Benefit	\$250 copay	\$250 copay after deductible	
Prescription Drugs	<u>Retail</u>	<u>Mail Order</u>	
Generic / Brand	\$10 / \$25 copay	\$20 / \$50 copay	
Specialty	20% up to \$150 max	n/a	
Basic Vision	\$175 allowance		\$175 allowance

DENTAL		METLIFE	
Network	Base Plan	Buy-up Plan	
	PPO	Out-of-Network	Out-of-Network
Deductible – <i>Exempt Tier 1</i> (Single / Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150
Maximum Benefit Per Year	\$1,250	\$1,250	\$2,000
Tier 1 - Preventative Services	100%	100%	100%
Tier 2 - Basic Services	80%	80%	80%
Tier 3 - Major Services	50%	50%	50%
Orthodontia			
Lifetime Ortho Plan Maximum	n/a	n/a	\$1,500
Adult / Dep Children	Not Covered		50%

VISION - VOLUNTARY		METLIFE	
Exam	Lenses	Frames	Contacts
12 months	12 months	24 months	12 months
	<u>In-Network</u>		<u>Out-of-Network</u>
Exam / Materials deductible	\$10 / \$25 copay		up to \$45
Frames	\$130 allowance		up to \$70
Lenses			
Single / Bifocal / Trifocal	100%		up to \$30 / \$50 / \$65
Contacts			
Medically Necessary	100%		up to \$210
Elective	\$130 allowance		up to \$105
Lens Fitting and Evaluation	\$60 max copay		
Lasik Vision Correction	Savings of 40-50% off the national average price of traditional LASIK Contact QualSight LASIK at 877-201-3602 for more information.		

FLEXIBLE SPENDING ACCOUNT – All EE's Eligible		THRIVEPASS	
	<u>Health FSA</u>		<u>Dependent Care</u>
Maximum per year	\$2,850		\$5,000
	<u>Commuter Parking</u>		<u>Commuter Transit</u>
Maximum per month	\$280		\$280

HEALTH SAVINGS ACCOUNT – Only for HDHP		THRIVEPASS	
	<u>Health Savings Account</u>		<u>HSA Lighthouse Contribution</u>
Maximum per year	\$3,650 individual / \$7,300 Family		\$750 individual / \$1,500 Family

Employee Assistance Program		MHN		
		<u>All EE's Eligible - 5 Session per incident</u>		
24/7 Help – Confidential Call 800-977-7593	Marriage and Family issues	Workplace Issues	Stress, Anxiety Sadness	Grief, Loss, Traumatic events

OTHER BENEFITS	
	LifeMart
Discount Website	Discountmember.lifecare.com ; code: WFCLIENT
	Tuition Funding Sources
Scholarships and Tuition Funding Website	www.tuitionfundingsources.com

EMPLOYEE MONTHLY CONTRIBUTIONS	Tier 1					Tier 2				
	<u>Kaiser HMO</u>	<u>Kaiser HDHP</u>	<u>Dental Base</u>	<u>Dental Buyup</u>	<u>Vision</u>	<u>Kaiser HMO</u>	<u>Kaiser HDHP</u>	<u>Dental Base</u>	<u>Dental Buyup</u>	<u>Vision</u>
EE	\$0.00	\$0.00	\$0.00	\$8.70	\$6.79	\$179.23	\$147.11	\$9.98	\$18.68	\$6.79
EE & Spouse	\$860.29	\$706.10	\$36.07	\$52.52	\$13.60	\$1,039.52	\$853.21	\$46.06	\$62.51	\$13.60
EE & Child(ren)	\$358.46	\$294.21	\$27.75	\$59.94	\$11.88	\$627.29	\$514.87	\$44.67	\$76.86	\$11.88
EE & (Family)	\$1,075.36	\$882.63	\$71.08	\$113.80	\$18.66	\$1,344.19	\$1,103.29	\$88.00	\$130.72	\$18.66

Contact	Phone Number	Website
Kaiser Permanente	800-464-4000	www.kp.org
MetLife	877-638-2862	www.metlife.com
ThrivePass	866-855-2844	www.thrivepass.com
MHN	800-977-7593	www.members.mhn.com Company Code: Lighthouse
USI Benefit HelpLine	888-336-7463	BRCCA@usi.com

The above benefits assume Participating Providers are used. Benefits may be reduced or denied if you do not access the appropriate network. Exclusions and Limitations may also apply. Please refer to your policy for complete information.

