



## BENEFITS SUMMARY: Effective Oct 1, 2023

As a company, we believe an employee’s health and wellness have a direct impact on their work and family life. That’s why we feel it’s extremely important to offer the most competitive benefits package available. We opted for some of the best plans (with reasonable premiums) available so that our employees and their families are well cared for. Feel free to contact HR for the specific plan highlights for each of the plans stated below.

- Benefit programs and rates for full-time employees.
- If there is any discrepancy between this document and the actual Plan Documents, the Plan Document will govern.

### MEDICAL PLAN OPTIONS

MEDICAL PLAN NAME	UNITED HEALTHCARE CHOICE EPO - CKAP		UNITED HEALTHCARE CHOICE HSA - MXW	
	2023-2024 Employee Monthly Cost	2023-2024 Employee Weekly Cost	2023-2024 Employee Monthly Cost	2023-2024 -2023 Employee Weekly Cost
EMPLOYEE ONLY	\$ 792.72	\$82.32	\$ 676.02	\$70.20
EMPLOYEE + SPOUSE	\$1664.70	\$172.87	\$1,419.62	\$147.42
EMPLOYEE + CHILD/REN	\$1363.48	\$141.59	\$1,162.75	\$120.75
EMPLOYEE + FAMILY	\$2,394.00	\$248.61	\$2,041.56	\$212.01

  

MEDICAL PLAN NAME	SIMNSA HMO - P5-5-250 (California Employees only)		UNITED HEALTHCARE CHOICE PLUS PPO - CKAR	
	2023-2024 Employee Monthly Cost	2023-2024 Employee Weekly Cost	2023-2024 Employee Monthly Cost	2023-2024 Employee Weekly Cost
EMPLOYEE ONLY	\$ 309.17	\$ 32.11	\$818.88	\$ 85.04
EMPLOYEE + SPOUSE	\$ 558.50	\$ 58.00	\$1,719.66	\$ 178.58
EMPLOYEE + CHILD/REN	\$ 635.81	\$66.03	\$1,408.48	\$ 146.27
EMPLOYEE + FAMILY	\$ 827.80	\$85.96	\$2,473.02	\$ 256.81

## DENTAL PLAN OPTIONS

DENTAL PLAN NAME	ANTHEM DENTAL LOW PLAN		ANTHEM DENTAL HIGH PLAN	
	2023-2024 Employee Monthly Cost	2023-2024 Employee Weekly Cost	2023-2024 Employee Monthly Cost	2023-2024 Employee Weekly Cost
EMPLOYEE ONLY	\$23.47	\$5.42	\$28.64	\$6.60
EMPLOYEE + SPOUSE	\$47.47	\$10.95	\$58.75	\$13.58
EMPLOYEE + CHILD/REN	\$61.55	\$14.20	\$83.87	\$19.35
EMPLOYEE + FAMILY	\$91.41	\$21.09	\$122.05	\$28.17

DENTAL PLAN NAME	SIMNSA DENTAL I-2 (California Employees only)	
	2023-2024 Employee Monthly Cost	2023-2024 Employee Weekly Cost
EMPLOYEE ONLY	\$20.82	\$4.80
EMPLOYEE + SPOUSE	\$46.27	10.68
EMPLOYEE + CHILD/REN	\$34.70	\$8.01
EMPLOYEE + FAMILY	\$55.52	\$12.81

## VISION PLAN OPTIONS

VISION PLAN NAME	ANTHEM VISION PLAN	
	2023-2024 Employee Monthly Cost	2023-2024 Employee Weekly Cost
EMPLOYEE ONLY	\$6.74	\$1.56
EMPLOYEE + SPOUSE	\$13.48	\$3.11
EMPLOYEE + CHILD/REN	\$15.14	\$3.49
EMPLOYEE + FAMILY	\$23.82	\$5.50

## VOLUNTARY LIFE AND AD&D INSURANCE OPTIONS

SUPPLEMENTAL LIFE AND AD&D INSURANCE	ANTHEM LIFE (VOLUNTARY)		ANTHEM LIFE AD&D (VOLUNTARY)	
BENEFIT AMOUNT	Employee coverage \$10,000-\$300,000 in increments of \$10,000 Spouse coverage \$10,000 or \$20,000      **spouse rate is based on employee's age** Child coverage \$5000 or \$10,000 (to age 26)			
AGE	Employee Monthly Cost per \$1,000 of Benefit	Employee Weekly Cost per \$1,000 of Benefit	Employee Monthly Cost per \$1,000 of Benefit	Employee Weekly Cost per \$1,000 of Benefit
0-24	\$0.118	\$0.027	\$0.050	\$0.012
25-29	\$0.118	\$0.027	\$0.050	\$0.012
30-34	\$0.123	\$0.028	\$0.050	\$0.012
35 - 39	\$0.154	\$0.036	\$0.050	\$0.012
40 - 44	\$0.214	\$0.049	\$0.050	\$0.012
45 - 49	\$0.347	\$0.080	\$0.050	\$0.012
50 - 54	\$0.560	\$0.129	\$0.050	\$0.012
55 - 59	\$0.867	\$0.200	\$0.050	\$0.012
60 - 64	\$1.182	\$0.273	\$0.050	\$0.012
65 - 69	\$1.894	\$0.437	\$0.050	\$0.012
70 - 74	\$3.930	\$0.907	\$0.050	\$0.012
75 - 79	\$3.930	\$0.907	\$0.050	\$0.012
80+	\$3.930	\$0.907	\$0.050	\$0.012
Child Rate up to age 26	\$0.167	\$0.039	\$0.050	\$0.012

To calculate your weekly Life and AD&D premiums, divide your coverage amount by \$1,000, then multiply it by the current weekly rate based on your age for both employee and Spouse coverage or by Child Rate for child coverage. Supplemental Life Benefits come with AD&D coverage; AD&D benefits cannot be waived if Life insurance coverage is elected.

### STD PLAN OPTION

SHORT TERM DISABILITY	ANTHEM SHORT TERM DISABILITY (VOLUNTARY)	
BENEFIT AMOUNT	60% of weekly earnings up to \$700 per week	
AGE	Employee Monthly Cost per \$10 of Benefit	Employee Weekly Cost per \$10 of Benefit
0-24	\$0.2870	\$0.066
25-29	\$0.3120	\$0.072
30-34	\$0.4560	\$0.105
35 - 39	\$0.4080	\$0.094
40 - 44	\$0.3830	\$0.088
45 - 49	\$0.4080	\$0.094
50 - 54	\$0.5760	\$0.133
55 - 59	\$0.7190	\$0.166
60 - 64	\$1.0070	\$0.232
65 - 69	\$1.0070	\$0.232
70 - 74	\$1.0070	\$0.232
75 - 79	\$1.0070	\$0.232
80+	\$1.0070	\$0.232

To calculate your weekly STD premiums, divide your Annual Salary by 52 weeks, multiply it by the weekly benefit amount of 60% (rounded up to the next \$10), divide it by \$10 then multiply it by the current weekly rate based on your age.