



401K & Roth Plans

- Must be 21 years of age & have worked 6 months consecutively before eligible.
- The Traditional 401K deduction is pretax & employee can contribute up to \$20,500 for 2022. If over the age of 50, employee can “Catch Up” and contribute an additional \$6,500.00.
- The Roth 401K deduction is post tax & employee can contribute up to \$20,500 for 2022. If over the age of 50, employee can “Catch Up” and contribute an additional \$6,500.00

MEC Plan Basic

Covers Routine Preventive Services **ONLY**

Cost

- \$15.00 per Week for Member Only
- \$25.38 per Week for Member + Spouse
- \$35.54 per Week for Member + Children
- \$41.31 per Week for Member + Family

MEC Plan Plus

Preventative Services, Doctors Visits, Specialists, Urgent Care

Cost

- \$23.08 per Week for Member Only
- \$40.38 per Week for Member + Spouse
- \$45.00 per Week for Member + Children
- \$63.46 per Week for Member + Family

Hospital Indemnity

| HOSPITAL INDEMNITY | | | | |
|--------------------|----------|-------------------|-------------------------------|-------------------|
| AGE | Employee | Employee & Spouse | Employee + Dependent Children | Employee + Family |
| 17-49 | \$8.71 | \$16.54 | \$12.63 | \$20.47 |
| 50-59 | \$10.95 | \$20.81 | \$14.88 | \$24.73 |
| 60-64 | \$14.17 | \$26.92 | \$18.09 | \$30.85 |
| 65-75 | \$18.15 | \$34.49 | \$22.08 | \$38.42 |



United Health Care (UHC)

\$3000 100/50 PPO

Cost

\$612.82 per Month for Member Only

\$1,133.72 per Month for Member + Spouse

\$1,225.64 per Month for Member + Children

\$1,746.54 per Month for Member + Family

Enrolling in the UHC Plan will cost 9.61% of your gross monthly salary up to the “Estimated Maximum Cost” for Employee Only which means that if adding spouse and children, you the employee will need to pay 100% of the cost for the dependents. If 9.61% of your gross monthly salary does not cover the total “Estimated Maximum Cost” associated with the coverage level you selected, your employer will pay the rest. Please contact your employer for further premium payment details. Unlike the other Essential Benefit Administrators plans offered to you, the UHC plan does not begin the Monday after your first payroll deduction because it follows a monthly cycle. Benefits will begin after your first full calendar month of employment. If you wish to keep your EBA Hospital Indemnity and/or MEC Plan enrollment to supplement your UHC Plan you may do so. To cancel your existing EBA Hospital Indemnity and/or MEC Plan enrollment, please submit a change form or contact customer support. Please note that, in accordance with ACA regulations, this offer of the UHC Plan disqualifies you and your dependent children from subsidized coverage on the government exchange. You may still decline coverage under the UHC Plan and purchase coverage on the government exchange, but you will pay the full cost of that coverage yourself without any subsidy from the government or your employer. This plan satisfies the ACA requirements for a state whose Individual Mandate requires residents to enroll in a plan providing Minimum Essential Coverage. Please check your state for any Individual Mandate guidelines or penalties.

Dental & Vision

| | DENTAL | DENTAL AND VISION |
|------------------------|---------|-------------------|
| EMPLOYEE ONLY | \$5.52 | \$7.08 |
| EMPLOYEE PLUS SPOUSE | \$10.23 | \$13.35 |
| EMPLOYEE PLUS CHILDREN | \$10.99 | \$15.04 |
| EMPLOYEE PLUS FAMILY | \$15.71 | \$21.31 |



Colonial Life

| TERM LIFE (ITL5000) | | |
|---------------------|-----------------------|-------------------|
| AGE | Employee Only (\$10k) | Employee & Spouse |
| 25 | \$1.53 | \$2.07 |
| 35 | \$1.74 | \$2.35 |
| 45 | \$2.11 | \$3.40 |
| 55 | \$3.73 | \$6.78 |
| 65 | \$8.04 | \$15.29 |
| 75 | \$21.09 | |

Short Term Disability

| DISABILITY (ISTD3000) OFF JOB ACCIDENT & OFF JOB SICKNESS 6 MONTH BENEFIT PERIOD | |
|--|------------------------------|
| ISSUE AGE | \$700 Monthly Benefit amount |
| 17-49 | \$6.22 |
| 50-64 | \$8.24 |
| 65-74 | \$10.61 |

Aflac

Employee Only

- Dental
- Vision
- Medical
- Short-Term Disability
- Life insurance
- Accidental

- Cancer

All coverages except for dental and vision are individually quoted by an Aflac agent

Cost:

- \$46.03/month –Dental
- \$11.21/month – Vision
- Other-Pending Coverage Selected