



# 2024 EMPLOYEE BENEFITS PRESENTATION

Chamberlain Financial Group 503-364-8722  
Peter Chamberlain, CLU, ChFC, Advisor | Morgan Sund, CFP®, Advisor

**CAPITOL AUTO GROUP  
MEDICAL PLAN OPTIONS**

Effective January 2024

<b>Cigna</b>	<b>Base Plan</b> <b>\$130.00/mo</b> <b>(Employee Only)</b>	<b>Buy-Up Plan</b> <b>\$164.00/mo</b> <b>(Employee Only)</b>	<b>HSA Plan</b> <b>\$60.00/mo</b> <b>(Employee Only)</b>
<b>Provider Network</b>	<b>LocalPlus</b>		<b>Open Access Plus</b>
<b>COVERAGE</b>	<b>Your Cost</b>	<b>Your Cost</b>	<b>Your Cost</b> <small>Deductible applies to all services except Preventive</small>
<b>Preventive care</b>	<b>Nothing!</b>	<b>Nothing!</b>	<b>Nothing!</b>
Primary Care Physician office copay	\$40	\$35	30%
Specialist Physician office copay	\$60	\$50	30%
Urgent Care Services (in & out of network)	\$75	\$75	30%
Emergency Room Care (in & out of network)	\$300 Copay	\$300 Copay	30%
Prescriptions 90day home delivery option (2x 30day co-pay)	generic \$20 preferred \$60 non-pref \$90	generic \$15 preferred \$40 non-pref \$70	generic \$10 preferred \$30 non-pref \$60
Deductible (calendar year accumulation)	\$4,000	\$2,000	\$3,000
	Family = 3x		
Out of Pocket Maximum (calendar year accumulation)	\$6,600	\$5,250	\$6,500
	Family = 2x		
Coinsurance	30%	30%	30%
Outpatient Physical Therapy (20 visits)	\$60	\$50	30%
Outpatient Lab and X-Ray	30%	30%	30%
Outpatient Advanced Radiology Imaging	30% (deductible applies)	30%	30%

**CAPITOL AUTO GROUP**  
**DENTAL PLAN OPTIONS**    Effective January 2024

<b>Delta Dental Premier Network</b> <b>Willamette Dental Group</b>	<b>Delta Dental</b> <b>\$55.62/mo (Employee Only)</b>	<b>Willamette Dental</b> <b>\$35.96/mo (Employee Only)</b>
<b>Annual Maximum per member</b>	<b>\$1,000</b>	<b>none</b>
<b>Annual Deductible per member</b>	<b>\$50</b> (family 3x)	<b>none</b>
<b>General Office Visit co-pay</b>	<b>None</b>	<b>\$15</b> (per office visit)
<b>COVERAGE</b>	<b>Your Cost</b>	<b>Your Cost</b>
<b>Class 1 – Preventive / Diagnostic Services</b>		
<b>Examinations</b> (once/6-month period)	<b>\$0</b>	<b>Covered with \$15ov co-pay</b>
<b>Cleanings</b> (once/6-month period)	<b>\$0</b>	<b>Covered with \$15ov co-pay</b>
<b>X-rays</b> (bitewing once/12-month period)	<b>\$0</b>	<b>Covered with \$15ov co-pay</b>
<b>Class 2 – Basic / Restorative</b>		
<b>Fillings</b>	<b>20%</b>	<b>\$20</b>
<b>Extractions</b> (minor/surgical)	<b>20%</b>	<b>\$15 - \$100</b>
<b>Endodontics</b> (root canals)	<b>20%</b>	<b>\$75 - \$175</b>
<b>Periodontics</b> (root planing)	<b>20%</b>	<b>\$75 - \$250</b>
<b>Class 3 – Major Services</b>		
<b>Crowns</b>	<b>50%</b>	<b>\$250</b>
<b>Implant Surgery</b>	<b>50%</b>	<b>\$1,500</b> (annual maximum)
<b>Dentures</b>	<b>50%</b>	<b>\$350</b> (upper <u>or</u> lower)
<b>Orthodontia Services</b>		
<b>Orthodontia Treatment</b>	<b>no benefit</b>	<b>\$2,000</b>



# What are Flexible Spending Accounts?

## Common IRS-qualified medical expenses

- |  |  |
|--|--|
| Acupuncture  | Guide dogs   |
| Ambulance  | Hearing aids and batteries                                   |
| Artificial limbs   | Infertility treatment  |
| Artificial teeth*  | Inpatient alcoholism treatment                               |
| Birth control treatment  | Insulin  |
| Blood sugar test kits for diabetics  | Laboratory fees  |
| Breast pumps and lactation supplies  | Laser eye surgery*   |
| Chiropractor   | Medical alert bracelet                                       |
| Contact lenses and solutions*  | Medical records charges                                      |
| Crutches   | Menstrual care products                                      |
| Dental treatments<br>(including X-rays, cleanings, fillings, sealants, braces and tooth removals*) | Midwife  |
| Doctor's office visits and co-pays   | Occlusal guards to prevent teeth grinding                    |
| Drug addiction treatment   | Orthodontics*  |
| Drug prescriptions   | Orthotic Inserts (custom or off the shelf)                   |
| Eyeglasses (Rx and reading)*   | Over-the-counter medicines and drugs<br>(see examples below) |
| Fluoride treatments*   |  |
| Flu shots  |  |

- Physical therapy
- Special education services for learning disabilities (recommended by a doctor)
- Speech therapy
- Stop-smoking programs  
(including nicotine gum or patches, if prescribed)
- Surgery, excluding cosmetic surgery
- Vaccines
- Vasectomy
- Vision exam\*
- Walker, cane
- Wheelchair



Copayments, coinsurance, and deductible expenses



Dental care (e.g. exams, fillings, crowns)



Vision care, eyeglasses, contact lenses



Chiropractic care



Prescription drugs and over-the-counter drugs and medicines



Maximum Contribution **\$3,200** per year

Max Carry Over at End of Year **\$610**

## Common over-the-counter (OTC) medicines

Examples include, but are not limited to:

- |                            |   |  |
|----------------------------|---|--|
| Acid controllers           | Eye drops*                                | Ointments for cuts, burns or rashes          |
| Acne medicine              | Feminine antifungal or anti-itch products | Pain relievers, such as aspirin or ibuprofen |
| Aids for indigestion       | Hemorrhoid treatment                      | Sleep aids                                   |
| Allergy and sinus medicine | Laxatives or stool softeners              | Stomach remedies                             |
| Anti-diarrheal medicine    | Lice treatments                           |  |
| Baby rash ointment         | Motion sickness medicines                 |  |
| Cold and flu medicine      | Nasal sprays or drops                     |  |



# Health Savings Accounts

## Common IRS-qualified medical expenses

Acupuncture	Guide dogs
Ambulance	Hearing aids and batteries
Artificial limbs	Infertility treatment
Artificial teeth*	Inpatient alcoholism treatment
Birth control treatment	Insulin
Blood sugar test kits for diabetics	Laboratory fees
Breast pumps and lactation supplies	Laser eye surgery*
Chiropractor	Medical alert bracelet
Contact lenses and solutions*	Medical records charges
Crutches	Menstrual care products
Dental treatments (including X-rays, cleanings, fillings, sealants, braces and tooth removals*)	Midwife
Doctor's office visits and co-pays	Occlusal guards to prevent teeth grinding
Drug addiction treatment	Orthodontics*
Drug prescriptions	Orthotic Inserts (custom or off the shelf)
Eyeglasses (Rx and reading)*	Over-the-counter medicines and drugs (see examples below)
Fluoride treatments*	
Flu shots	

Physical therapy
Special education services for learning disabilities (recommended by a doctor)
Speech therapy
Stop-smoking programs (including nicotine gum or patches, if prescribed)
Surgery, excluding cosmetic surgery
Vaccines
Vasectomy
Vision exam*
Walker, cane
Wheelchair



Copayments, coinsurance, and deductible expenses



Dental care (e.g. exams, fillings, crowns)



Vision care, eyeglasses, contact lenses



Chiropractic care



Prescription drugs and over-the-counter drugs and medicines



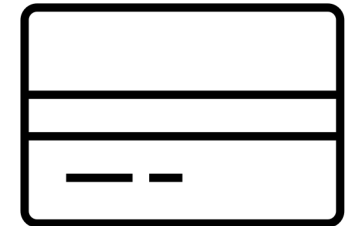
Maximum Contribution **\$4,150** per year for Individual and **\$8,300** per year for Families

**Unlimited** Rollover

## Common over-the-counter (OTC) medicines

Examples include, but are not limited to:

Acid controllers	Eye drops*	Ointments for cuts, burns or rashes
Acne medicine	Feminine antifungal or anti-itch products	Pain relievers, such as aspirin or ibuprofen
Aids for indigestion	Hemorrhoid treatment	Sleep aids
Allergy and sinus medicine	Laxatives or stool softeners	Stomach remedies
Anti-diarrheal medicine	Lice treatments	
Baby rash ointment	Motion sickness medicines	
Cold and flu medicine	Nasal sprays or drops	





BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>Your Coverage with a VSP Provider</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> </ul>	\$0 Up to \$39	Every calendar year
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> </ul>	\$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>		<b>\$25</b>	See frame and lenses
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$150 Featured Frame Brands allowance</li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$130 Walmart®/Sam's Club® frame allowance</li> <li>\$70 Costco frame allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>ADDITIONAL SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://www.vsp.com/offers">vsp.com/offers</a>.</li> <li>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>		
	<b>Exclusive Member Extras for VSP Members</b> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://www.vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="https://www.vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>		





# Group Basic Life and Accidental Death and Dismemberment Insurance

## Benefits

---

### **Basic Life Coverage Amount**

Your Basic Life coverage amount is \$20,000.

### **Basic AD&D Coverage Amount**

For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.

### **Life Age Reductions**

Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 65, to 50 percent at age 70 and to 35 percent at age 75.

## Other Basic Life Features and Services

- Accelerated Death Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

## Other Basic AD&D Features

- Family Benefits Package
- Helmet Benefit
- Seat Belt and Air Bag Benefits



# Group Additional Life and AD&D Insurance

## Life Insurance

## How Much Do You Need?

### How Much Can I Apply For?

Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 8 times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.

For You:	\$\$\$5,000 – \$250,000 in increments of \$5,000
For Your Spouse:	\$5,000 – \$250,000 in increments of \$5,000
For Your Child(ren):	\$2,000 – \$10,000 in increments of \$2,000
For You:	Up to \$250,000
For Your Spouse:	Up to \$25,000

- Outstanding debt
- Burial expenses
- Medical bills
- Your children’s education
- Loss income

### What is the Guarantee Issue Maximum?

Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.

To apply for an amount over the guarantee issue, visit <https://myeoi.standard.com/170741> to complete and submit a medical history statement online.

## Additional Feature

## Life Insurance

### Accelerated Death Benefit

If you become terminally ill, you may be eligible to receive up to 80 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.





# Voluntary Long-Term Disability Insurance

## ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.

## BENEFITS

<b>Elimination Period</b>	Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.
<b>Monthly Benefit</b>	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.  The premium for your long-term disability coverage is waived while you are receiving benefits.
<b>Maximum Monthly Benefit</b>	\$6,000
<b>Minimum Monthly Benefit</b>	\$100/10%
<b>Maximum Benefit Period</b>	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits.



# Supplemental Health Benefits

**Fixed benefits paid  
directly to you<sup>1</sup>**

**When you have a covered health event across  
any of these plans:<sup>2</sup>**

- Accidental Injury insurance
- Critical Illness insurance
- Hospital Care insurance

## **Low group rates**

You may pay less as an employee than you would as an individual for the same coverage

## **Convenient payroll deductions**

No separate bills to pay or checks to write

## **Guaranteed issue**

Obtain coverage regardless of your medical history

## **Flexible choice**

You select the coverage that best suits the needs of you and your family

## **Wellness Incentive Benefits**

Your Cigna Supplemental Health plan(s) comes with a Wellness Incentive benefit. This benefit is paid to each covered person who completes at least one wellness treatment, health screening test, or preventive care service. **Automatic!**



# Accidental Injury Insurance



**Helps to pay for expenses involved with a covered accident or injury**

## Benefits may be payable for:<sup>1</sup>

- Initial treatment
- Emergency room visit
- Hospitalization
  - Admission (per occurrence)
  - Confinement (per day)
- Follow-up care

## Covered injuries may include:<sup>1</sup>

- Broken bones
- Burns
- Dislocations
- Torn ligaments
- Concussions
- Eye injuries
- Ruptured discs
- Cuts requiring stitches

## Coverage type:

- 24-hour accident

## Two coverage levels with different monthly premiums and payout amounts<sup>2</sup>

- Plan 1
- Plan 2 (more benefit than Plan 1)

1. These are examples only. Helps pay for fixed-dollar amounts from a schedule of benefits for a broad range of treatments or minor and major injuries resulting from a covered accident. Refer to your plan materials for the features of your specific plan. To receive benefits, the event must meet the terms and definitions of the policy. Waiting periods and frequency limitations may apply. Subject to all other plan exclusions and limitations. See Appendix A for more information.

2. Please refer to your policy for more information, including exclusions, limitations and plan costs.



# Accidental Injury Example: Chloe

Chloe's estimate

## Chloe pays \$2.03<sup>1</sup> per paycheck for the Plan 1 employee-only coverage

- Fell while playing soccer
- Suffered broken leg and dislocated wrist<sup>2</sup>

Expenses not covered by major medical insurance plan	
Emergency room copay	\$100
Deductible	\$5,000
Surgery copay	\$750
<b>Out-of-pocket costs</b>	<b>\$5,850</b>

Covered benefits paid by Accidental Injury plan	
Doctor's office visit	\$50
Diagnostic exam (X-ray)	\$50
Broken leg non-surgical	\$500
Wrist dislocation surgical	\$800
Physical therapy visits	\$1,250
<b>Benefits paid directly to Chloe</b>	<b>\$2,650</b>

Based on Plan 1 coverage

1. Refer to your policy for exclusions, limitations and premiums.

2. This is an example used for illustrative purposes only and assumes injuries were the direct result of a covered accident. It's not an actual Cigna Healthcare customer experience. Your actual costs and plan's actual benefit amounts may vary.



# Critical Illness Insurance Benefits and Conditions

## Benefits Details

Lump-sum benefit paid upon the diagnosis of a covered condition: \$10,000 or \$20,000

0-day benefit waiting period from the coverage effective date

### Covered conditions may include:<sup>1</sup>

#### Cancer

- Invasive cancer
- Carcinoma in situ
- Skin cancer

#### Nervous system

- ALS (Lou Gehrig's disease)
- Advanced Alzheimer's disease
- Parkinson's disease
- Multiple Sclerosis

#### Other specified conditions

- Paralysis
- Renal (kidney) failure
- Major organ failure
- Benign brain tumor
- Coma
- Blindness
- Advanced obesity
- Crohn's disease
- Pulmonary embolism

#### Vascular

- Heart attack
- Stroke
- Coronary artery disease
- Aortic & cerebral aneurysm
- Advanced heart failure

#### Infectious

- Severe sepsis

1. Some benefit payouts vary by condition. These are examples only. Refer to your plan materials for the features of your specific plan. To receive benefits, the event must meet the terms and definitions of the policy. Waiting periods and frequency limitations may apply. Subject to all other plan exclusions and limitations. See Appendix B for more information.





# Critical Illness Example: Marco

Marco's estimate

Marco pays **\$3.89<sup>1</sup>** per paycheck for **employee-only tobacco coverage**

Age: 40 years old

Diagnosis: Covered heart attack<sup>2</sup>

Expenses not covered by traditional medical insurance plan	
Annual deductible and coinsurance	\$6,500
Other expenses not covered: hotel costs, lost wages, childcare, everyday household expenses	\$750
<b>Out-of-pocket costs</b>	<b>\$7,250</b>

Benefit for: Covered heart attack diagnosis	
<b>Benefits paid directly to Marco</b>	<b>\$10,000</b>
Upon covered diagnosis, lump-sum payment is issued directly to Marco to use as he sees fit	

1. Refer to your policy for exclusions, limitations and premiums

2. This is an example used for illustrative purposes only and is not based on an actual customer experience. It's not an actual Cigna customer experience. Actual costs and benefit amounts under your specific plan or policy may vary. A heart attack requires confirmation by diagnostic testing. Examples include EKG or elevation of biochemical/cardiac enzyme markers. .



# Hospital Care Insurance

## Benefits Details:

- Lump-sum benefit paid upon qualifying hospitalization event
- Wellness incentive benefit
- 0-day benefit waiting period from the coverage effective date
- (2) Coverage Levels with different Premiums and payout amounts

Hospitalization Benefits	Plan 1	Plan 2
<b>Hospital Admission (Non-ICU and ICU)</b> No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	\$500	\$1,000
<b>Hospital Stay</b> No Elimination Period. Limited to 30 days.	\$100	\$200
<b>Hospital Intensive Care Unit (ICU) Stay</b> No Elimination Period. Limited to 30 days.	\$200	\$400
Additional Benefits	Plan 1	Plan 2
<b>Wellness Treatment, Health Screening Test and Preventative Care Incentive Benefit*</b> <i>Also includes COVID-19 Immunization. Virtual Care accepted.</i>	\$50, limited to 1 per year.	\$75, limited to 1 per year.



# Hospital Care Example: Susan

Susan's estimate

Susan pays **\$3.46<sup>1</sup>** per paycheck for employee-only Plan 1 coverage

Age: 48 years old

Hospitalization: Covered accident<sup>2</sup>

Expenses not covered by traditional medical insurance plan	
Plan annual out of pocket	\$2,500
Indirect expenses	\$500
<b>Out-of-pocket costs</b>	<b>\$3,000</b>

Covered benefits paid by Hospital Care plan <sup>1</sup>	
Hospital admission	\$500
Hospital ICU stay (1 day)	\$200
Hospital stay (3 days)	\$100
<b>Benefits paid directly to Susan</b>	<b>\$800</b>

1. Refer to your policy for exclusions, limitations and premiums. See Appendix C for more information.

2. This is an example used for illustrative purposes only. It's not an actual Cigna customer experience. Your plan's actual costs and benefit amounts may vary. Refer to your plan materials for the features of your specific plan. To receive benefits, the event must meet the terms and definitions of the policy. Waiting periods and frequency limitations may apply. Subject to all other plan exclusions and limitations.



### Medical Plan Options – CIGNA

- BASE PLAN – PPO Medical & Rx**

<u>Employee</u>	<u>Employee/Spouse</u>	<u>Employee/Family</u>	<u>Employee/Child(ren)</u>
\$65.00	\$350.00	\$460.00	\$190.00

- BUY-UP PLAN – PPO Medical & Rx**

<u>Employee</u>	<u>Employee/Spouse</u>	<u>Employee/Family</u>	<u>Employee/Child(ren)</u>
\$82.00	\$400.00	\$510.00	\$210.00

- HDHP-HSA PLAN – PPO Medical & Rx**

<u>Employee</u>	<u>Employee/Spouse</u>	<u>Employee/Family</u>	<u>Employee/Child(ren)</u>
\$30.00	\$200.00	\$275.00	\$140.00

### Dental Plan Options

- Moda Health/Delta Dental**

<u>Employee</u>	<u>Employee/Spouse</u>	<u>Employee/Family</u>	<u>Employee/Child(ren)</u>
\$27.81	\$55.05	\$87.29	\$57.29

- Willamette Dental Group**

<u>Employee</u>	<u>Employee/Spouse</u>	<u>Employee/Family</u>	<u>Employee/Child(ren)</u>
\$20.65	\$42.35	\$73.30	\$51.65

### Vision Plan – VSP Direct \* Available only to employees enrolled in group medical

<u>Employee</u>	<u>Employee/Spouse</u>	<u>Employee/Family</u>	<u>Employee/Child(ren)</u>
\$ 0.00	\$ 2.93	\$ 7.06	\$ 3.34

## Voluntary Insurance Options - Available to All Employees

- **Supplemental Accident Insurance Plans - Cigna**

Pays a benefit for each injury, treatment or service included in this policy.

Plan also pays a lump-sum cash benefit for wellness treatments and/or health screenings.

### Plan 1

<u>Employee</u>	<u>Employee/Spouse</u>	<u>Employee/Family</u>	<u>Employee/Child(ren)</u>
\$ 2.03	\$ 3.63	\$ 6.05	\$ 4.45

### Plan 2

<u>Employee</u>	<u>Employee/Spouse</u>	<u>Employee/Family</u>	<u>Employee/Child(ren)</u>
\$ 3.20	\$ 5.74	\$ 9.74	\$ 7.20

- **Supplemental Hospital Insurance Plans - Cigna**

Provides a lump-sum cash benefit after admittance to a hospital for qualifying injury or illness.

Plan also pays a lump-sum cash benefit for wellness treatments and/or health screenings.

### Plan 1

<u>Employee</u>	<u>Employee/Spouse</u>	<u>Employee/Family</u>	<u>Employee/Child(ren)</u>
\$ 3.46	\$ 8.24	\$10.83	\$ 6.06

### Plan 2

<u>Employee</u>	<u>Employee/Spouse</u>	<u>Employee/Family</u>	<u>Employee/Child(ren)</u>
\$ 6.57	\$15.87	\$20.63	\$11.33

- **Supplemental Critical Illness Insurance - Cigna**

Provides a lump sum cash benefit upon diagnosis of critical illness like heart attack, stroke, or cancer. Plan also pays a lump-sum cash benefit for wellness treatments and/or health screenings. Cost depends on age and benefit amount.





# 2024 Employee Benefit Option Check Sheet

## Medical - CIGNA

**BASE PLAN**

Deductible: \$4,000  
max out of pocket: \$6,600

**BUY-UP PLAN**

Deductible: \$2,000  
max out of pocket: \$5,250

**HDHP HSA PLAN**

Deductible: \$3,000  
max out of pocket: \$6,500

## Pre-Tax Accounts

Both FSA/HSA used for qualified medical expenses

**FSA**

Can be paired with Base & Buy-Up Plans  
Only \$610 can rollover per year

**HSA**

Can ONLY be paired with HSA Medical Plan  
Full amount will rollover every year

## Vision

**VSP DIRECT**

Available for those enrolled in any medical plan

## Employer Paid Life Insurance

**THE STANDARD**

\$20,000 available for those enrolled in any medical plan

## Voluntary Dental

### □ DELTA DENTAL

Delta Dental Premiere Network

### □ WILLAMETTE DENTAL

Willamette Dental  
Locations Only

## Voluntary Life Insurance

### □ THE STANDARD

Guaranteed issue of up to \$250,000  
only at initial eligibility date

Cost depends on age and  
benefit amount

Additional life insurance is available for  
purchase with health assessment

## Voluntary Long-Term Disability Insurance

### □ MUTUAL OF OMAHA

60% of monthly income  
up to \$10K/month

90 day waiting period

Payable to Social Security  
Normal Retirement Age

## Voluntary Supplemental Insurance - CIGNA

### □ ACCIDENTAL INJURY

Pays a benefit for each injury,  
treatment, or service included  
in this policy.

Also, pays lump-sum  
cash benefit for wellness treatments  
and/or health screenings.

### □ CRITICAL ILLNESS

Provides lump-sum cash benefit upon  
diagnosis of critical illness like heart  
attack, stroke or cancer.

Also, pays lump-sum cash benefit for  
wellness treatments and/or health  
screenings.

### □ HOSPITAL INDEMNITY

Provides lump-sum cash benefit after  
admittance to a hospital.

Also, pays lump-sum cash benefit for  
wellness treatments and/or health  
screenings.