



# 2024 Employee Benefits

Summary of Costs **Per Pay Period**  
Effective: 1/1/2024 – 12/31/2024

## Medical Plan Options – CIGNA

• <b>BASE PLAN – PPO Medical &amp; Rx</b>			
<u>Employee</u>	<u>Employee/Spouse</u>	<u>Employee/Family</u>	<u>Employee/Child(ren)</u>
\$65.00	\$350.00	\$460.00	\$190.00
• <b>BUY-UP PLAN – PPO Medical &amp; Rx</b>			
<u>Employee</u>	<u>Employee/Spouse</u>	<u>Employee/Family</u>	<u>Employee/Child(ren)</u>
\$82.00	\$400.00	\$510.00	\$210.00
• <b>HDHP-HSA PLAN – PPO Medical &amp; Rx</b>			
<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

• <b>Moda Health/Delta Dental</b>			
<u>Employee</u>	<u>Employee/Spouse</u>	<u>Employee/Family</u>	<u>Employee/Child(ren)</u>
\$27.81	\$55.05	\$87.29	\$57.29
• <b>Willamette Dental Group</b>			
<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

## Employer Paid Life/AD&D Insurance \* Available only to employees enrolled in group medical

- **The Standard \$20k**  
Capitol Auto Group provides this benefit at no cost to you.

## Flexible Spending Account (FSA)

- **Benefit Resources Inc.**  
Optional payroll deductions used to pay for certain qualified medical expenses on a pre-tax basis. Includes Debit Card. Contribution maximum for individuals \$3,200 with \$610 carryover. (not available to HSA plan enrollees)

## Dependent Care Spending Account

- **Benefit Resources Inc.**  
Optional monthly payroll deductions to be used to pay for certain qualified dependent care expenses on a pre-tax basis.

## Health Savings Account (HSA)

- **HSA Bank**  
Optional payroll deductions used to pay for certain qualified medical expenses on a pre-tax basis. Includes Debit Card. Contribution maximum \$4,150 for individuals, \$8300 for families. Full account balance rolls over annually. (available to HSA plan enrollees only)

## Gym Membership Discount

- **Courthouse Gym**  
Membership available for \$25 per month with the Capitol Auto employer sponsored membership.

**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.

- **Life Insurance – Standard Insurance**

Guaranteed issue of up to \$250,000 when enrolled at initial eligibility date. Additional life insurance can be purchased with health assessment. Cost depends on age and benefit amount.

- **Long-Term Disability Insurance – Mutual of Omaha**

Benefit pays 60% of monthly income up to \$10k/month after 90 day waiting period. Payable to Social Security Normal Retirement Age. Cost depends on age and benefit amount.

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



<b>Cigna</b>	<b>Base Plan</b> \$130.00/mo (Employee Only)	<b>Buy-Up Plan</b> \$164.00/mo (Employee Only)	<b>HSA Plan</b> \$60.00/mo (Employee Only)
<b>Provider Network</b>	<b>LocalPlus</b>		<b>Open Access Plus</b>
Keep costs for services low by using In-Network Providers. Access the Provider Search at Cigna.com to verify if your provider is in your plan's Network.			
Below are highlights of the benefits your Cigna group plan offers.*			
<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	\$75 (in & out of network)	\$75 (in & out of network)	30%
Emergency Room Care	\$300 Copay (in & out of network)	\$300 Copay (in & out of network)	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 (Family = 3x)	\$2,000 (Family = 3x)	\$3,000 (Family = 2x)
Out of Pocket Maximum (calendar year accumulation)	\$6,600 (Family = 2x)	\$5,250 (Family = 2x)	\$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%

\*Refer to the Cigna benefit booklet or contract for accurate and detailed summary of benefits.

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



<b>Delta Dental Premier Network Willamette Dental Group</b>	<b>Delta Dental</b> <b>\$55.62/mo (Employee Only)</b>	<b>Willamette Dental</b> <b>\$41.30/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 (family 3x)</b>	<b>none</b>
<b>General Office Visit co-pay</b>	<b>None</b>	<b>\$15 per office visit</b>
<b>Below are highlights of adult benefits available through Delta Dental and Willamette Dental.* Always confirm network participation with your dental provider.</b>		
<b>COVERAGE</b>	<b>Your Cost</b>	<b>Your Cost</b>
<b>Class 1 – Preventive / Diagnostic Services</b>		
Examinations (once/6-month period)	\$0**	Covered with \$15ov co-pay
Cleanings (once/6-month period)	\$0**	Covered with \$15ov co-pay
X-rays (bitewing once/12-month period)	\$0**	Covered with \$15ov co-pay
<b>Class 2 – Basic / Restorative</b>		
Fillings	20%	\$20
Extraction (minor/surgical)	20%	\$15 - \$100
Endodontics (root canals)	20%	\$75 - \$175
Periodontics (root planing)	20%	\$75 - \$250
<b>Class 3 – Major Services</b>		
Crown	50%	\$250
Implant Surgery	50%	\$1,500 annual maximum
Dentures	50%	\$350 (upper or lower)
<b>Orthodontia Services</b>		
Orthodontia Treatment	No Benefit	\$2,000

\*Refer to Delta Dental or Willamette Dental benefit booklets or contract for accurate and detailed summary of benefits.

\*\*Deductible & Annual Maximum do not apply to preventive services



# 2024 Employee Benefit Option Check Sheet

<b>Medical - CIGNA</b> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>BASE PLAN</b> Deductible: \$4,000 max out of pocket: \$6,600</li><li><input type="checkbox"/> <b>BUY-UP PLAN</b> Deductible: \$2,000 max out of pocket: \$5,250</li></ul>	<b>Pre-Tax Accounts</b> <p>Both FSA/HSA used for qualified medical expenses</p> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>FSA</b> Can be paired with Base &amp; Buy-Up Plans Only \$610 can rollover per year</li><li><input type="checkbox"/> <b>HSA</b> Can ONLY be paired with HSA Medical Plan Full amount will rollover every year</li></ul>	<b>Vision</b> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>VSP DIRECT</b> Available for those enrolled in any medical plan</li></ul>
<ul style="list-style-type: none"><li><input type="checkbox"/> <b>HDHP HSA PLAN</b> Deductible: \$3,000 max out of pocket: \$6,500</li></ul>		<b>Employer Paid Life Insurance</b> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>THE STANDARD</b> \$20,000 available for those enrolled in any medical plan</li></ul>

<b>Voluntary Dental</b> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>DELTA DENTAL</b> Delta Dental Premiere Network</li><li><input type="checkbox"/> <b>WILLAMETTE DENTAL</b> Willamette Dental Locations Only</li></ul>	<b>Voluntary Life Insurance</b> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>THE STANDARD</b> 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</li></ul>	<b>Voluntary Long-Term Disability Insurance</b> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>MUTUAL OF OMAHA</b> 60% of monthly income up to \$10K/month  90 day waiting period  Payable to Social Security Normal Retirement Age</li></ul>
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<b>Voluntary Supplemental Insurance - CIGNA</b>		
<ul style="list-style-type: none"><li><input type="checkbox"/> <b>ACCIDENTAL INJURY</b> 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.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> <b>CRITICAL ILLNESS</b> 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.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> <b>HOSPITAL INDEMNITY</b> Provides lump-sum cash benefit after admittance to a hospital.  Also, pays lump-sum cash benefit for wellness treatments and/or health screenings.</li></ul>