

2025 Medical Plan Offerings

Medical Policy # 00624616-0001-0001	Gold BCN HMO \$1000 Deductible		Gold BCN HMO Elect Plus POS \$1000		Gold BCN HMO HSA \$1650 Deductible		Gold BCN HMO HSA \$3300 100% Deductible	
Renewal Date: 1/1/2025								
Provider Network:					Aggregate		Embedded	
In State / Out of State Residents:	BCN HMO / ER Services Only		BCN HMO / Blue Card Traditional		BCN HMO / ER Services Only		BCN HMO / ER Services Only	
Employee Deductible:	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Single	\$1,000	N/A	\$1,000	\$2,000	\$1,650	N/A	\$3,300	N/A
Family	\$2,000	N/A	\$2,000	\$4,000	\$3,300	N/A	\$6,600	N/A
Coinsurance:	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Carrier Coinsurance Liability %	80%	N/A	80%	60%	80%	N/A	100%	N/A
Coinsurance Max - Single	\$3,500	N/A	\$5,000	\$10,000	N/A	N/A	N/A	N/A
Coinsurance Max - Family	\$7,000	N/A	\$10,000	\$20,000	N/A	N/A	N/A	N/A
EE True Out of Pocket Max:	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Single	\$8,150	N/A	\$9,100	\$18,200	\$4,500	N/A	\$3,300	N/A
Family	\$16,300	N/A	\$18,200	\$36,400	\$9,000	N/A	\$6,600	N/A
In-Network Employee Copay:								
Office Visit	\$20		\$30		20% after Deductible		0% after Deductible	
Virtual Care Visit	\$0*		\$0*		20% after Deductible		0% after Deductible	
Specialist Visit	\$40		\$50		20% after Deductible		0% after Deductible	
Urgent Care	\$50		\$50		20% after Deductible		0% after Deductible	
Emergency Room	\$250 after Deductible		\$250		20% after Deductible		0% after Deductible	
Hospital Admission	20% after Deductible		20% after Deductible		20% after Deductible		0% after Deductible	
Employee In-Network RX Copay:					Rx Copays after Deductible		Rx Copays after Deductible	
Prescription Formulary Type	Custom Select		Custom Select		Custom Select		Custom Select	
Tier 1 / 1A: Generic	\$15 / \$40		\$10 / \$30		\$10 / \$30		0% after Deductible	
Tier 2 / 3: Pref. / Non-Pref. Brand	\$80 / \$100		\$60 / \$80		\$60 / \$80		0% after Deductible	
Tier 4 / 5: Pref. / Non-Pref. Specialty	20% \$200 Max. / 20% \$300 Max		20% \$200 Max. / 20% \$300 Max		20% \$200 Max. / 20% \$300 Max		0% after Deductible	
Lifestyle Drugs (Excludes Weight Loss)	Excluded		Excluded		Excluded		Excluded	
Plan Provisions:								
Hourly Requirement	30 Hours or More per Week		30 Hours		30 Hours		30 Hours	
Dependent Age	End of Year Age 26		End of Year Age 26		End of Year Age 26		End of Year Age 26	
Pediatric Dental	Not Included		Not Included		Not Included		Not Included	
Elective Abortion	Included		Included		Included		Included	
Domestic Partner Rider	Not Included		Not Included		Not Included		Not Included	
Carrier Plan Name Identifier	BCN Gold Option 2		Blue Elect POS Gold Option 2		BCN H.S.A. Gold Option 1		BCN H.S.A. Gold Option 3	

2025 Dental Plan

		Delta Dental		
Plan Provisions:		<u>Delta PPO</u>	<u>Premier</u>	<u>Nonparticipating</u>
Network / UCR		Delta USA		Nonparticipating
Single Deductible		\$50	\$50	\$50
Two Person / Family Deductible		\$150	\$150	\$150
Deductible Waived for Preventative			Yes	
Calendar Year Max Per Person			\$1,000	
Pediatric Dental EHB (Small Group Only)			Included	
Maximum Rollover / Preventative Advantage		Not Included / Not Included		
Type I - Preventative Services:				
Cleanings (Oral Prophylaxis)		100%	100%	100%
Frequency on Routine Cleanings		2x	2x	2x
Exams / Flouride Treatments		100%	100%	100%
X-Rays		100%	100%	100%
Type II - Basic Services:				
Fillings		80%	80%	80%
Oral Surgery / Anesthesia		80%	80%	80%
Periodontics / Endodontics		80%	80%	80%
Type III - Major Services:				
Crowns / Onlays		50%	50%	50%
Bridges / Dentures / Implants		50%	50%	50%
Type IV - Child Orthodontics:				
Orthodontics		50%	50%	50%
Orthodontic Lifetime Max			\$1,000	
Orthodontic Age Limit		Through Age 18 and Under		
Plan Administration:				
Participation Requirement		Voluntary - 50% of Eligible Employees		
Dependent Age		To End of Year Age 26		
Hourly Requirement		30 Hours or More per Week		
Headcounts / Rates:				
16			\$43.37	
2			\$82.72	
1			\$82.72	
1			\$157.11	
3			\$157.11	
23				
Rate Guarantee Duration:		12 Months - Expires 01/01/2026		

2025 Vision Plan

	MetLife	
Plan Co-Payments:	In-Network	Out-of-Network
Examinations	\$10	Up to \$45
Materials	\$25	
Frequency (# of Months):	Once Every:	
Examinations	12	
Lenses / Contact Lenses	12	
Frames	24	
Plan Allowances:	Up to:	
Single Vision Lenses	Paid-in-Full ⁴	\$30
Bifocal Lenses	Paid-in-Full ⁴	\$50
Trifocal Lenses	Paid-in-Full ⁴	\$60
Lenticular Lenses	Paid-in-Full ⁴	\$100
Frames	\$150	\$70
Medically Necessary Contacts	Paid-in-Full ⁴	\$210
Elective Contacts	\$150	\$105
Plan Provisions:	VSP Choice	
Network	Yes	
Contact Lenses in Lieu of Frames	To End of Year Age 26	
Dependent Age	Voluntary - Min. 2 Enrolled	
Participation Requirement	30 Hours or More per Week	
Hourly Requirement		
Headcounts / Rates:		
Single	\$6.55	
EE & Spouse	\$13.09	
EE & Child	\$14.01	
EE & Children	\$14.01	
Family	\$22.38	
Total Enrolled		

2025 Employer Paid Benefit Offerings

UNUM	
Class Description:	
Class 1	All Active Full Time Employees
Hourly Requirement	30 Hours or More per Week
Benefit Amount:	<u>Benefit Amount</u> <u>Guarantee Issue</u>
Class 1	Flat \$25(k) \$25(k)
Rounding Rules	N/A- Flat Amount
Earnings Definition	N/A- Flat Amount
Salary Redetermination Date	N/A- Flat Amount
Age Reduction Schedule	To 50% @ 70
Effective Date of Age Reduction	Date of Birth
Plan Provisions:	<i>Non-Contributory</i>
Accelerated (Living) Benefit	100% of Benefit Amount
Waiver of Premium	Included, Prior to Age 60
Conversion / Portability	Included / Included, Without EOI
EAP Program	Not Included
Headcounts / Rates:	
	Rate per \$1(k) \$0.146

2025 Employer Paid Benefit Offerings

UNUM	
Class Description	
Class 1	All Active Full Time Owners
Class 2	All Active Full Time Employees
Hourly Requirement	30 Hours or More per Week
LTD Benefit:	
Percentage of BME	60%
Amount up to	\$6(k)
Guarantee Issue Amount	\$6(k)
Rounding Rules	Nearest \$1.00
Earnings Definition	Owners: K1/W2 All Others: Monthly
Salary Redetermination Date	Immediate
Plan Provisions:	
Contributory Status	Non-Contributory
Elm. Period (# of Days)	90
Accum. Period (# of Days)	30
Benefit Period	SS ADEA
Definition of Disability - Class 1 & 2:	24 Months Own Occ
Earnings Test - Class 1 & 2:	80% / 80%
Return to Work Benefit	110% for First 12 Months
Residuals after First 12 Months	Proportionate Loss
Indexing	Lesser of 10% or CPI
Social Security Integration	Primary
Survivor Benefit	3x GMB
EAP Program	Included
Plan Offsets & Limitations:	
Offsets for Salary Continuation	None
Offsets for Individual Disability	None
Mental / Nervous Limit	24 Months
Drug / Alcohol Limit	None
Self-Reported Symptoms Limit	None
Pre-Existing Condition Limit	3 / 12
Headcounts / Rates:	
	Rate per \$100
	0.250%

2025 Employer Paid Benefit Offerings

UNUM	
Class Description:	
Class 1	All Active Full Time Owners
Class 2	All Active Full Time Employees
Hourly Requirement	30 Hours or More per Week
STD Benefit:	
Percentage of BWE	60%
Amount up to	\$1,500
Guarantee Issue	\$1,500
Minimum Weekly Benefit	\$25
Rounding Rules	Nearest \$1.00
Earnings Definition	Owners: K1/W2 All Others: Monthly
Salary Redetermination Date	Immediate
Elimination Period / Duration:	
Payment for Accident (First Day)	14
Payment for Sickness (First Day)	14
Benefit Duration (Weeks)	11
Plan Provisions:	
Contributory Status	Non-Contributory
Pre-Existing Limitation	None
Payment for Partial Disability	Included
FICA Match / W2 Preparation	Included / Included
Headcounts / Rates:	
	Rate per \$10
	\$0.430

2025 Voluntary Life Plan

			UNUM			
Plan Administration:						
Class 1			All Active Full Time Employees			
Hourly Requirement			30 Hours or More per Week			
Voluntary Life Benefit Amounts:						
Employee Amount			\$10(k) Increments to Lesser of 5x BAE or \$500(k)			
Spouse Amount			\$5(k) Increments to Lesser of 100% of EE Amount or \$500(k)			
Child Amount			Live Birth to 6 Months \$1(k), 6 Months to Age 19 (26 FTS) \$2(k) Increments to Lesser of 100% of EE Amount or \$10(k)			
Guarantee Issue Amounts:						
Employee			\$110(k)			
Spouse			\$15(k)			
Child			\$10(k)			
AD&D Plan Features:						
AD & D Features			Stand Alone Benefit			
Plan Provisions:						
Age Reduction Schedule			To 50% @ Age 70			
Effective Date of Age Reduction			Date of Birth			
Accelerated (Living) Benefit / Waiver of Premium			100% of Benefit Amount to \$250(k) / Included, Prior to Age 60			
Portability / Conversion			Included, Without EOI / Included			
Employee Rate Change Occurs			At Plan Anniversary			
Spouse Rate Based on EE Age or Spouse Age			Based on Spouse's Age			
Spouse Benefits Termination Date			Employee Termination			
True Open Enrollment			Not Included			
Step Up Feature			Included - Up to GI			
Minimum Participation Requirement			Greater of 20% or 10 Enrolled			
Rate Guarantee Duration			12 Months - 01/01/2026			
Employee (EE) and Spouse (SP) Product Cost:			Employee Coverage		Spouse Coverage	
Age Bracket	EE Volume	SP Volume	Rate per \$1K	EE Monthly Cost	Rate per \$1K	SP Monthly Cost
18-19			\$0.050	\$0.00	\$0.050	\$0.00
20-24			\$0.050	\$0.00	\$0.050	\$0.00
25-29			\$0.050	\$0.00	\$0.050	\$0.00
30-34			\$0.070	\$0.00	\$0.070	\$0.00
35-39			\$0.080	\$0.00	\$0.080	\$0.00
40-44			\$0.090	\$0.00	\$0.090	\$0.00
45-49			\$0.130	\$0.00	\$0.130	\$0.00
50-54			\$0.200	\$0.00	\$0.200	\$0.00
55-59			\$0.370	\$0.00	\$0.370	\$0.00
60-64			\$0.560	\$0.00	\$0.560	\$0.00
65-69			\$0.970	\$0.00	\$0.970	\$0.00
70 - 74			\$1.390	\$0.00	\$1.390	\$0.00
75 +			<u>\$1.390</u>	<u>\$0.00</u>	<u>\$1.390</u>	<u>\$0.00</u>
TOTAL				\$0.00		\$0.00
ENROLLMENT						
CH's Enrolled						
Child (CH) Product Cost:			CH Rate per \$1K		CH Monthly Cost	
CH Volume			\$0.402		\$0.00	

2025 Voluntary AD&D Plan

			UNUM			
Class Description:						
Class 1			All Active Full Time Employees			
Hourly Requirement			30 Hours or More per Week			
Voluntary AD&D Benefit Amounts:						
Employee Amount			\$10(k) Increments to Lesser of 5x BAE or \$500(k)			
Spouse Amount			\$5(k) Increments to Lesser of 100% of EE Amount or \$500(k)			
Child Amount			Live Birth to 6 Months \$1(k), 6 Months to Age 19 (26 FTS) \$2(k) Increments to Lesser of 100% of EE Amount or \$10(k)			
AD&D Plan Features:						
Age Reduction Schedule			To 50% @ Age 70			
Effective Date of Age Reduction			Date of Birth			
Employee Rate Change Occurs			At Plan Anniversary			
Spouse Benefits Termination Date			Employee Termination			
Minimum Participation			Greater of 20% or 10 Enrolled			
Rate Guarantee			12 Months - Expires 01/01/2026			
Employee (EE) and Spouse (SP) Product Cost:			Employee Coverage		Spouse Coverage	
Age Bracket	EE Volume	SP Volume	Rate per \$1K	EE Monthly Cost	Rate per \$1K	SP Monthly Cost
18-19			\$0.026	\$0.00	\$0.029	\$0.00
20-24			\$0.026	\$0.00	\$0.029	\$0.00
25-29			\$0.026	\$0.00	\$0.029	\$0.00
30-34			\$0.026	\$0.00	\$0.029	\$0.00
35-39			\$0.026	\$0.00	\$0.029	\$0.00
40-44			\$0.026	\$0.00	\$0.029	\$0.00
45-49			\$0.026	\$0.00	\$0.029	\$0.00
50-54			\$0.026	\$0.00	\$0.029	\$0.00
55-59			\$0.026	\$0.00	\$0.029	\$0.00
60-64			\$0.026	\$0.00	\$0.029	\$0.00
65-69			\$0.026	\$0.00	\$0.029	\$0.00
70 - 74			\$0.026	\$0.00	\$0.029	\$0.00
75 +			<u>\$0.026</u>	<u>\$0.00</u>	<u>\$0.029</u>	<u>\$0.00</u>
TOTAL						
ENROLLMENT						
CH's Enrolled						
Child (CH) Product Cost:			CH Rate per \$1K		CH Monthly Cost	
CH Volume			\$0.067		\$0.00	