

ACCESS Benefits at a Glance

Benefit	Provider	Details
Medical	United Healthcare	<ul style="list-style-type: none"> Core PPO Plan Choice Plus PPO with HAS Compatible Option
Health Savings Account (HSA)		<p>You may contribute up to the annual limits:</p> <ul style="list-style-type: none"> \$4,300 for employee-only medical coverage / ACCESS contributes \$500 \$8,500 for family medical coverage / ACCESS contributes \$1,000 \$1,000 more if age 55 or older by December 31, 2024
<i>Note: Only offered with Choice Plus PPO with HSA Plan</i>		
Dental	Cigna	<ul style="list-style-type: none"> DPPO Dental Plan DHMO Dental Plan
Vision	EyeMed	<ul style="list-style-type: none"> EyeMed Vision Plan
Flexible Spending Account (FSA)	Wex	<ul style="list-style-type: none"> Health Care FSA: Contribute up to \$3,300 <ul style="list-style-type: none"> If enrolled in the Choice Plus PPO HDHP w/ HSA medical plan, you can only enroll in the limited-purpose FSA to be used for qualified dental and vision expenses. Dependent Day Care FSA: Contribute up to \$5,000
Life Insurance	The Standard	<ul style="list-style-type: none"> ACCESS-covered benefit 1x salary up to \$100,000
Voluntary Life Insurance	The Standard	<ul style="list-style-type: none"> Employee coverage: \$10,000 increments up to \$500,000 Spouse coverage: \$5,000 increments up to \$250,000 Children coverage: \$2,000 increments up to \$10,000
<p>If enrolling when you are first eligible, you can elect up to \$500,000 of coverage for yourself and \$20,000 of coverage for your spouse without having to submit any medical records for approval. Anyone enrolling outside of this window will need to apply by completing an Evidence of Insurability (EOI).</p> <p>Please note, you must elect coverage for yourself to elect coverage for your spouse or child.</p>		
Short Term Disability	The Standard	<ul style="list-style-type: none"> Pays 50% of pre-disability earnings up to 26 weeks depending on length of service.
Long Term Disability	The Standard	<ul style="list-style-type: none"> Pays 60% of pre-disability earnings up to \$5,000 per month
Waiting Period and Eligibility		<p>Full time and Part time staff working 20 or more hours per week:</p> <ul style="list-style-type: none"> First of the month following 45 days of employment for all benefits, except short term disability. <p>Short term disability for Full time staff working 40 or more hours per week:</p> <ul style="list-style-type: none"> First of the month following 90 days of employment.

This Quick Guide summarizes certain aspects of Access Community Health Network's benefits program. Complete descriptions of each benefit are available in the actual plan and policy documents. Every effort has been made to ensure this guide accurately describes these benefits. However, if there is a conflict between this information and the plan and policy documents, the plan and policy documents will govern. In addition, participation in the benefits program does not constitute a right to continued employment with the company. Nothing in this guide should be construed as a contract or offer to contract for employment for any specific time or under any particular terms and conditions. While it is the company's intent to continue these programs, we reserve the right to amend or terminate them at any time for any reason.

ACCESS Benefits at a Glance

Employee Contributions for Benefits

The amounts shown are deducted from your paycheck 24 times per year.

ACCESS will continue to contribute \$500 for employee-only coverage and \$1,000 for family coverage to your HSA annually when you enroll in the Choice Plus PPO High Deductible HSA.

	Medical Benefit Plan Bi-Weekly Rates	
	Full Time	Part Time
Choice Plus PPO High Deductible HSA		
Employee	\$50.00	\$88.25
Employee + One	\$112.50	\$180.00
Family	\$150.00	\$255.00
Core PPO		
Employee	\$52.50	\$75.00
Employee + One	\$115.00	\$160.00
Family	\$155.00	\$235.00

	Dental Benefit Plan Bi-Weekly Rates	
	Full Time	Part Time
DPPO		
Employee	\$12.92	\$15.42
Family	\$31.75	\$38.75
DHMO		
Employee	\$6.00	\$8.00
Family	\$15.00	\$18.00

	Vision Benefit Plan Bi-Weekly Rates	
	Full Time	Part Time
Employee	\$1.13	
Employee + One	\$2.35	
Family	\$3.56	

	Hospital Indemnity Plan Bi-Weekly Rates
Employee	\$6.30
Employee + One	\$10.81
Employee + Child(ren)	\$8.88
Family	\$15.82

This Quick Guide summarizes certain aspects of Access Community Health Network's benefits program. Complete descriptions of each benefit are available in the actual plan and policy documents. Every effort has been made to ensure this guide accurately describes these benefits. However, if there is a conflict between this information and the plan and policy documents, the plan and policy documents will govern. In addition, participation in the benefits program does not constitute a right to continued employment with the company. Nothing in this guide should be construed as a contract or offer to contract for employment for any specific time or under any particular terms and conditions. While it is the company's intent to continue these programs, we reserve the right to amend or terminate them at any time for any reason.