

SCA Employees - Summary of Benefits

Medical 12/1/17

*MEDICAL	UNITEDHEALTHCARE AD-OV/RX006			
Plan Highlights	In-Network Benefits			
Deductible (Individual/Family)	\$600/\$1,200			
Coinsurance	80% after Deductible			
Out-of-Pocket Maximum (Individual/Family)	\$4,800/\$9,600			
Preventive Doctor Copay	Covered at 100%			
Non Proventive Coney (DCD/Specialist)	\$20 Copay for PCP			
Non-Preventive Copay (PCP/Specialist)	\$40 Copay for Specialist			
Urgent Care	80% after Deductible has been met			
Emergency Room	80% after Deductible has been met			
Rx Copay (Retail)	\$10/\$40/\$75			
Rx Copay (Specialty Retail)	\$10/\$100/\$150			
* High level benefit summary, any discrepancies between this and the SPD defer to the SPD language The medical information is provided as a summary of the major				

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Ancillary Benefits 1/1/18

*GUARDIAN HIGH DENTAL		*GUARDIAN LOW DENTAL			
Plan Highlights	In-Network	Plan Highlights	In-Network		
Deductible (Individual/Family)	\$50/\$150	Deductible (Individual/Family)	\$75/\$225		
Annual Maximum Benefit	\$1,500 per person per	Annual Maximum Benefit	\$1,000 per person per		
	calendar year		calendar year		
Preventive Care	Plan pays 100%, deductible waived	Preventive Care	Plan pays 100%, deductible waived		
Basic Care	Plan pays 80%	Basic Care	Plan pays 80%		
Major Care	Plan pays 50%	Major Care	Plan pays 50%		
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*GUARDIAN VISION				
Plan Highlights	In-Network			
Routine Eye Exam	\$10 Copay			
Materials	\$25 Copay			
Retail Frame Allowance	\$120 + 20% off balance			
Contact Allowance	\$120			
Exams/Lenses/Frames Frequency per Calendar Year	12/12/24			
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GUARDIAN BASIC TERM LIFE/AD&D		\$25,000 Term Life & Accidental Death & Dismemberment Benefit Amount Age Reduction: 35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80	
GUARDIAN SHORT TERM DISABILITY		60% up to \$500 Weekly Benefit, Benefits begin 1 st day of Accident/8 th day of Illness 13 Weeks benefit Duration	
401K RETIREMENT PLAN• Employee may contribute up to the IRS limit of \$18,500• All employee contributions and earnings are tax-deferred and subject to IRC stipulations • Employees age 50+ may make catch-up contributions up to \$6,000 a year			



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BENEFIT PLAN RATES					
Plan	Coverage	Monthly Premium	Employee Deduction Per Pay Period (26 PP)**		
	Employee Only	\$527.01	Covered 100% by H&W		
UHC Medical Plan	Employee+Spouse	\$1,054.02	\$243.24		
12/1/18	Employee+Child(ren)	\$1,027.67	\$231.07		
	Employee+Family	\$1,554.68	\$474.31		
	Employee Only	\$55.55	\$25.64		
Guardian High Dental	Employee+Spouse	\$115.14	\$53.14		
1/1/18	Employee+Child(ren)	\$137.72	\$63.56		
	Employee+Family	\$203.29	\$93.83		
Guardian Low Dental 1/1/18	Employee Only	\$42.78	\$19.74		
	Employee+Spouse	\$88.66	\$40.92		
	Employee+Child(ren)	\$106.05	\$48.95		
	Employee+Family	\$156.53	\$72.24		
Guardian Vision 1/1/18	Employee Only	\$8.62	\$3.98		
	Employee+Spouse	\$14.50	\$6.69		
	Employee+Child(ren)	\$14.80	\$6.83		
	Employee+Family	\$23.43	\$10.81		
Guardian Mandatory Basic Life	Employee Only	\$6.65	Covered 100% by H&W		
Guardian Mandatory STD	Employee Only	\$15	Covered 100% by H&W		

**Deductions are calculated on a 32-hour per week basis. Any deficiencies that may arise may result in an additional payroll deduction to maintain coverage.