



## 2024 BENEFITS OVERVIEW

### The Visiting Nurse Association Of The Midlands Class 1 – VNA Class 40

#### *Summary of Benefit Offerings*

*Benefits are effective first of the month following date of hire*

#### **MEDICAL**

##### **BCBSNE (TAG) \$3,000 H.S.A. (Network Blue)**

- In-Network Overall Deductible: Individual \$3,000 / Family \$6,000
- Out-of-Network Overall Deductible: Individual \$6,000 / Family \$12,000
- In-Network Out-of-pocket Limit: Individual \$6,000 / Family \$6,850
- Out of Network Out-of-pocket Limit: Individual \$12,000 / Family \$13,700

##### **Monthly Cost Analysis**

Employee Only: \$116.25  
Employee + Spouse: \$450.13  
Employee + Child(ren): \$316.45  
Employee + Family: \$599.31

#### **DENTAL**

\*Preventive Services covered at 100%

##### **Guardian Dental Insurance - Enhanced Elite**

- Individual Deductible: In-Network \$50 / Out-of-Network \$50
- Family Deductible: In-Network \$150 / Out-of-Network \$150
- Annual Maximum Benefit: \$5,000
- Orthodontia Lifetime Maximum: \$1,500

##### **Monthly Cost Analysis**

Employee Only: \$41.34  
Employee + Spouse: \$82.53  
Employee + Child(ren): \$94.94  
Employee + Family: \$146.08

##### **Guardian Dental Insurance – Enhanced Standard**

- Individual Deductible: In-Network \$50 / Out-of-Network \$50
- Family Deductible: In-Network \$150 / Out-of-Network \$150
- Annual Maximum Benefit: \$1,500
- Orthodontia Lifetime Maximum: \$1,500

##### **Monthly Cost Analysis**

Employee Only: \$29.39  
Employee + Spouse: \$58.69  
Employee + Child(ren): \$66.35  
Employee + Family: \$102.38



### **Guardian Dental Insurance – Basic**

- Individual Deductible: In-Network \$50 / Out-of-Network \$50
- Family Deductible: In-Network \$150 / Out-of-Network \$150
- Annual Maximum Benefit: \$1,000
- Orthodontia Lifetime Maximum: N/A

#### **Monthly Cost Analysis**

Employee Only: \$17.16  
Employee + Spouse: \$34.27  
Employee + Child(ren): \$37.37  
Employee + Family: \$58.22

## **VISION**

### **Guardian Vision Insurance – VSP Vision Care**

- Eye Health Exam copay: \$10
- Materials: \$25
- Frame Allowance: In Network: 80% of Amount over \$200
- Frame Allowance: Out of Network: \$46 Allowance.

#### **Monthly Cost Analysis**

Employee Only: \$7.34  
Employee + Spouse: \$14.72  
Employee + Child(ren): \$12.46  
Employee + Family: \$20.52

### **Guardian Vision Insurance – Davis Vision**

- Eye Health Exam copay: \$10
- Materials: \$25
- Frame Allowance: In Network: 80% of Amount over \$200
- Frame Allowance: Out of Network: \$46 Allowance.

#### **Monthly Cost Analysis**

Employee Only: \$6.54  
Employee + Spouse: \$13.11  
Employee + Child(ren): \$11.09  
Employee + Family: \$18.27

## **EMPLOYEE ASSISTANCE PROGRAM**

### **Health Advocate EAP**

Health Advocate Employee Assistance Program offers compassionate solutions for common challenges.

- Job Stress
- Relationship hardships
- Financial Advice
- Personal Impact of grief, loss or disability



## LIFE INSURANCE

### Guardian Basic Life & AD&D Insurance

- Employer paid Basic Life Insurance coverage and Accidental Death and Dismemberment insurance in the amount of 1 x salary up to \$500,000

### Guardian Voluntary Life and Voluntary AD&D Insurance

- Employee Paid Supplemental Term Life and Accidental Death & Dismemberment Insurance
- Employee: \$10,000 increments to a maximum of \$500,000  
Spouse/Domestic Partner: \$5,000 increments to a maximum of \$250,000 not to exceed 50% of worksite employee's amount.  
Dependent Children: 14 Days to 26 years (26 if a full – time student).

## DISABILITY INSURANCE

### Guardian Short Term Disability Insurance

- Short Term Disability benefit replaces a portion of your predisability earnings, less the income that was actually paid to you during the same Disability from other sources (e.g., state disability benefits, no fault auto laws, sick pay, vacation pay, etc.).
- The Benefit amount is 60% of your predisability weekly earnings; subject to the plan's maximum weekly benefit of \$2,500.00.

### Guardian Long Term Disability Insurance – Employer paid

- Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay etc.).
- The Benefit amount is 60% of your predisability monthly earnings subject to the plan's maximum monthly benefit of \$15,000.00

## VOLUNTARY COVERAGES

### Guardian Accident Insurance

- Accident insurance helps you pay for medical and other out-of-pocket costs that you may incur after an accidental injury. This includes emergency treatment, hospital stays, medical exams, as well as other expenses you may face such as transportation and lodging needs.
- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed issue.
- Benefits are paid regardless of any other medical insurance.



### **Guardian Hospital Indemnity Insurance**

- Plan provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with childcare, or time away from work, for instance.
- Includes Hospital Confinement Benefit, Hospital Admission Benefit, Hospital Intensive Care Benefit, and more

### **Guardian Critical Illness Insurance**

- Plan provides additional coverage for medical emergencies like heart attack, stroke, or cancer. Because these emergencies or illnesses often incur greater than average medical costs, this policy pay out cash to help cover those overruns where traditional health insurance may fall short.

## **SPENDING ACCOUNTS**

### **FLEXIBLE SPENDING ACCOUNT (FSA) - MEDICAL**

- A Flexible Spending Account allows employees to contribute pre-tax dollars to pay for qualified out of pocket medical and dental expenses. The 2024 FSA maximum contribution amount is \$3,200

### **DEPENDENT CARE ACCOUNT (DCA)**

- A Dependent Care Flexible Spending Account allows employees to contribute pre-tax dollars to pay for qualifying dependent care expenses. The 2024 DCA maximum contribution amount is \$5,000.

### **HEALTH SAVINGS ACCOUNT (HSA)**

- Health Savings account allows users who have enrolled in a High Deductible Health Plan to set aside pre-tax dollars to pay for qualified out of pocket healthcare expenses. The 2024 HSA maximum contribution limits are \$4,150 individual, \$8,300 Family. \$1,000 Catch Up contribution (55 and older).
- BCBSNE (TAG) \$3,000 H.S.A. (Network Blue)  
Employer contributions for Employee Only: \$50.00  
Employer contributions for Employee + Spouse: \$75.00  
Employer contributions for Employee + Child(ren): \$75.00  
Employer contributions for Employee + Family: \$75.00