

New Hire Highlights Brochure



Medical Benefits - Blue Cross Blue Shield of Texas

Our medical coverage helps maintain your wellbeing through preventive care and access to an extensive network of providers. To see a current list of network providers online, visit www.bcbstx.com.

	HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITH HSA***		PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE				
INDIVIDUAL	\$2,000	\$4,000	\$1,000	\$3,000
FAMILY	\$4,000	\$8,000	\$3,000	\$9,000
COINSURANCE (PLAN PAYS)	20%*	50%*	20%*	50%*
ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)				
INDIVIDUAL	\$4,200	\$8,400	\$4,500	\$9,000
FAMILY	\$8,400	\$16,800	\$9,000	\$18,000
COPAYS/COINSURANCE				
PREVENTIVE CARE	Covered in Full	50%*	Covered in Full	50%*
PRIMARY CARE	20%*	50%*	\$30 copay	50%*
SPECIALIST SERVICES	20%*	50%*	\$45 copay	50%*
DIAGNOSTIC SERVICES	20%*	50%*	20%*	50%*
SURGERY (ALL SETTINGS)	20%*	50%*	20%*	50%*
URGENT CARE	20%*	50%*	\$50 copay	50%*
EMERGENCY ROOM	20%*	50%**	20%* after \$250 copay**	20%* after \$250 copay**
INPATIENT CARE	20%*	50%*	20%*	50%*
HEALTH SAVINGS ACCOUNT**				
HSA ELIGIBLE	Yes		No	
EMPLOYER HSA CONTRIBUTION	Up to \$520 for Individual Coverage Up to \$1,040 for Family Coverage		N/A	
EMPLOYEE HSA CONTRIBUTION (Maximum)	Up to \$3,780 for Individual Coverage Up to \$7,510 for Family Coverage			

*Coinsurance amount is paid by you after the deductible is satisfied.

**If the ER is used for non-emergency services, benefits may be reduced or denied.

***See the Health Savings Account section for additional information regarding the eligibility requirements for the HSA.

Medical Premiums

Medical premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

	HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITH HSA	PPO PLAN
BI-WEEKLY CONTRIBUTIONS		
EMPLOYEE ONLY	\$45.33	\$95.19
EMPLOYEE + SPOUSE	\$138.53	\$252.91
EMPLOYEE + CHILD(REN)	\$111.90	\$215.16
EMPLOYEE + FAMILY	\$205.10	\$372.90

Pharmacy Benefits - CVS Caremark

Our prescription drug plan combined with the medical plans provide you with affordable prescription medication and comprehensive care.

	HIGH DEDUCTIBLE HEALTH PLAN (HDHP) WITH HSA		PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RETAIL RX (30-DAY SUPPLY)				
GENERIC	\$10.00	\$10.00	\$10.00	\$10.00
PREFERRED	30% (minimum \$30, maximum \$60)	30% (minimum \$30, maximum \$60)	30% (minimum \$30, maximum \$60)	30% (minimum \$30, maximum \$60)
NON-PREFERRED	50% (minimum \$60, maximum \$100)	50% (minimum \$60, maximum \$100)	50% (minimum \$60, maximum \$100)	50% (minimum \$60, maximum \$100)
SPECIALTY	\$200.00	Not Covered	\$200.00	Not Covered
MAIL ORDER RX & BROAD RETAIL 90 (90-DAY SUPPLY)				
GENERIC	\$20.00	Not Covered	\$20.00	Not Covered
PREFERRED	\$75.00	Not Covered	\$75.00	Not Covered
NON-PREFERRED	\$150.00	Not Covered	\$150.00	Not Covered

Dental Benefits - Delta Dental

Sample Company offers affordable dental plan options for routine care and beyond.

	SAMPLE COMPANY DENTAL PLAN	
	IN-NETWORK**	OUT-OF-NETWORK**
ANNUAL DEDUCTIBLE		
INDIVIDUAL	\$50	\$50
FAMILY	\$150	\$150
ANNUAL MAXIMUM		
PER PERSON	\$2,000	\$1,500
COVERED SERVICES		
PREVENTIVE SERVICES oral exams, routine cleanings, bitewing X-rays, fluoride applications, sealants, space maintainers, panoramic X-rays	\$0	\$0
BASIC SERVICES full mouth X-rays, fillings, oral surgery, simple extractions	20%*	40%*
MAJOR SERVICES oral surgery, complex extractions, denture adjustments and repairs, root canal therapy, periodontics, crowns, dentures, bridges	40%*	60%*
ORTHODONTICS	50%	60%
ORTHODONTIC LIFETIME MAXIMUM	\$2,000	\$1,500

*After deductible.

**Limitations or waiting periods may apply for some benefits, and some services may be excluded. Reimbursement is based on Delta Dental's maximum contract allowance and not necessarily each dentist's submitted fees.

Vision Benefits - VSP

	STANDARD VISION PLAN		PREMIER VISION PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
COVERED MATERIALS				
LENSES				
SINGLE VISION LENSES	Covered in Full	Up to \$30	Covered in Full	Up to \$30
BIFOCAL LENSES	Covered in Full	Up to \$50	Covered in Full	Up to \$50
TRIFOCAL LENSES	Covered in Full	Up to \$65	Covered in Full	Up to \$65
FRAMES				
RETAIL FRAME EQUIVALENT	Up to \$130	Up to \$70	Up to \$175	Up to \$70
CONTACT LENSES				
CONTACT LENS ALLOWANCE	Up to \$130	Up to \$105	Up to \$150	Up to \$105
COPAYS				
EXAMINATION	\$10	Up to \$45	\$10	Up to \$45
CONTACT LENS EXAMINATION (FITTING AND EVALUATION)	Up to \$25	N/A	Up to \$25	N/A
MATERIALS	\$20	N/A	\$20	N/A
BENEFIT FREQUENCY				
EXAMINATION	12 Months		12 Months	
LENSES	12 Months		12 Months	
FRAMES	24 Months		12 Months	
CONTACTS (IN LIEU OF LENSES AND FRAMES)	12 Months		12 Months	

Health Savings Account - HSA Bank

You're in control of your healthcare spending with a Health Savings Account (HSA). Contributions and withdrawals for qualified medical expenses are tax-free. Your HSA can be used for qualified expenses for you, your spouse and/or tax dependent(s), even if they are not covered by your plan. If you are not enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified medical expenses. Sample Company provides an HSA employer contribution that will be deposited at the beginning of the year. The IRS places an annual limit on the maximum amount that can be contributed to HSAs. The maximum annual contribution includes any employer contribution.

	2025 HSA CONTRIBUTIONS	
	IRS MAXIMUM CONTRIBUTIONS	SAMPLE COMPANY CONTRIBUTION*
INDIVIDUAL	\$4,300	\$520
FAMILY	\$8,550	\$1,040
CATCH-UP CONTRIBUTION (AGES 55 AND OLDER)	\$1,000	N/A

*2025 IRS maximum contributions include Sample Company's contribution.

Flexible Spending Accounts - HSA Bank

A Flexible Spending Account (FSA) is a tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to \$3,300 annually for qualified medical expenses (deductibles, copays and coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, reducing the amount of your taxable income and increasing your take-home pay.

Limited Use Flexible Spending Account

Designed to complement a Health Savings Account, a Limited Use Flexible Spending Account (LUFSA) allows for reimbursement of eligible dental and vision expenses. You may contribute up to \$3,300 in the LUFSA.

Dependent Care Flexible Spending Account

This account allows you to set aside pre-tax dollars for expenses associated with caring for elderly or child dependents. With the Dependent Care FSA, you are allowed to set aside up to \$5,000 to pay for these expenses on a pre-tax basis.

Retirement Planning

The Sample Company 401(k) Plan provides you with the tools to prepare for a secure retirement, no matter your age. Eligible employees can invest for retirement while receiving certain tax advantages.

The deferred contribution limit set annually by the IRS is \$23,500 for 2025. Ages 50 and older may make an additional \$7,500 contribution.

The years you turn 60, 61, 62 and 63, you can make catch-up contributions up to \$11,250. The standard catch-up limit resumes the year you turn age 64.

PLAN AT A GLANCE	
PLAN NAME	Sample Company 401(k) Plan
RECORDKEEPER	Principal
WEBSITE	www.principal.com
ELIGIBILITY	After you receive your first paycheck from Sample Company
COMPANY MATCH	Sample Company matches dollar-for-dollar the first 3% the employee contributes, then \$0.50 per dollar on the next 2% the employee contributes. There is a 4% maximum company match on employee deferrals of 5% or more.

Survivor Benefits - Lincoln Financial Group

Basic Employee Life and Accidental Death and Dismemberment (AD&D) Insurance

Sample Company provides employees with Basic Life and AD&D insurance as part of your basic coverage, which guarantees that your spouse or other designated survivor(s) continues to receive benefits after death.

Your Basic Life and AD&D insurance benefit is:

- Full-Time Employees: 2 times Annual Salary, up to \$500,000 (up to \$1,000,000 available in some limited circumstances)
- Part-Time Employees: \$20,000

If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Voluntary Life and AD&D Insurance

Eligible employees may purchase Voluntary Life and AD&D coverage for themselves in increments of \$50,000 to a maximum of \$1,000,000. In order to elect coverage for your dependents, you must elect coverage for yourself. Voluntary Life and AD&D insurance can be purchased for your spouse/domestic partner in increments of \$50,000 up to \$250,000 (cannot exceed Employee voluntary life amount). You may also purchase Voluntary Life and AD&D insurance of \$10,000 for your child(ren). Evidence of Insurability may be required for voluntary life coverage. Please refer to the Sample Company benefit booklet for details.

Income Protection - Lincoln Financial Group

Sample Company offers disability coverage to protect you financially in the event you cannot work due to a debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.

Basic Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available at no cost for a maximum benefit period of 26 weeks after a seven day elimination period. This benefit will pay out 100% of your income for the first two weeks following the elimination period, and 66.67% for the next 23 weeks.

NOTE: The maternity benefit, including bonding time, will be paid at 100% for six months.

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available for voluntary purchase.

VOLUNTARY LTD OPTIONS:			
BENEFIT PERCENT	ELIGIBLE CLASS	ELIMINATION PERIOD	MAXIMUM BENEFIT PERIOD
50% Benefit to \$10k/month	All Full-time	180 Days	Payments will continue as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is earlier
60% Benefit to \$15k/month	All Full-time		
66.67% Benefit to \$25k/month	All Full-time		

Critical Illness, Accident Insurance, and Hospital Indemnity

Employees may purchase Critical Illness insurance through Lincoln Financial Group, which pays a lump-sum benefit if you are diagnosed with a covered critical illness. You may also purchase Accident insurance and Hospital Indemnity to help meet the out-of-pocket expenses and bills that can follow an accidental injury or when you're admitted to the hospital. Please refer to plan documents for more details.

Additional Benefits

You and your family have unique needs, which is why Sample Company offers additional benefits to help ensure you have a comprehensive benefits package.

- Employee Assistance Program
- Virtual musculoskeletal therapy – Hinge Health
- Telemedicine – MD Live
- Decision Doc
- Medical Cost Transparency Tools – Healthcare Blue Book
- MilkStork Program
- Business Travel Accident Insurance
- Identity Theft Protection
- Prepaid Legal Plan
- Pet Insurance
- Emergency Back-up Childcare