



Caraday Healthcare

2020-2021 Benefits Quick Sheet

Medical –

UHC Base Plan	UHC Buy Up 1 Plan	UHC Buy Up 2 Plan
\$5000 Ind/ \$10,000 family Deductible with 80% coinsurance	\$2,500 Ind/ \$5,000 family Deductible with 70% coinsurance	\$1,000 Ind/ \$2,000 family Deductible with 80%/50% (in-network/out of network coinsurance
No out of network coverage	No out of network coverage	Includes out of network coverage
No charge for virtual visits	No charge for virtual visits	No charge for virtual visits
Out of pocket Max \$6,500 Ind/\$13,000 family	Out of pocket Max is \$6,000 Ind/ \$12,000 family	Out of pocket Max is \$4,000 Ind/ \$8,000 family
4 tier prescription coverage as well as mail order option	3 tier prescription coverage as well as mail order option	3 tier prescription coverage as well as mail order option

Deductions Per Pay Period

Team Member Only	\$ 56.39
Team Member + Spouse	\$296.62
Team Member + Child(ren)	\$193.42
Team Member + Family	\$319.17

Deductions Per Pay Period

Team Member Only	\$117.36
Team Member + Spouse	\$444.14
Team Member + Child(ren)	\$303.76
Team Member + Family	\$653.56

Deductions Per Pay Period

Team Member Only	\$176.61
Team Member + Spouse	\$587.53
Team Member + Child(ren)	\$411.01
Team Member + Family	\$850.87

ABA MEC – Minimum Essential Coverage Plan		
Maximum amounts are capped at \$10,000 per person per plan year	Outpatient Physician's Visit - \$20.00 copay, \$1,000 max per plan year.	Outpatient Benefits (illness or injury) 30% coinsurance, \$1,000 max per plan year.
Preventive Care 0.00 copay	Prescriptions - \$10.00 generic copay, \$40 copay brand name - \$500.00 max per plan year only at participating pharmacies	Inpatient Hospital benefits 30% coinsurance

Deductions Per Pay Period

Team Member Only	\$37.00
Team Member + Spouse	\$57.00
Team Member + Child(ren)	\$67.00
Team Member + Family	\$82.00

Dental –

UHC Dental Base Plan	UHC Dental Buy Up Plan
\$50/\$150 Annual Deductible	\$50/\$150 Annual Deductible
Preventive Care covered at 100%	Preventive Care covered at 100%
Basic procedures 80%	Basic procedures 80%
Major Procedures 50%	Major Procedures 50%
Orthodontia – not covered	Orthodontia – 50% coverage, with a lifetime max of \$2,000
\$1,000 Calendar year max benefit	\$3,000 Calendar year max benefit

Deductions Per Pay Period

Team Member Only	\$8.90
Team Member + Spouse	\$18.69
Team Member + Child(ren)	\$16.46
Team Member + Family	\$26.69

Deductions Per Pay Period

Team Member Only	\$16.81
Team Member + Spouse	\$35.29
Team Member + Child(ren)	\$31.09
Team Member + Family	\$50.41

Vision –

United Healthcare Vision Plan - Spectera	
Vision Exam Copay - \$10 in network	Up to \$40 out of network
Frames – up to \$150.00 every 12 months	Up to \$45 every 12 months
Elective Contacts – up to \$130 every 12 mo	Up to \$130 every 12 months
Medically Necessary Contacts – 100% covered	Up to \$210 every 12 months

Deductions Per Pay Period

Team Member Only	\$2.89
Team Member + Spouse	\$5.71
Team Member + Child(ren)	\$5.60
Team Member + Family	\$8.50

Standard Insurance –

15,000 basic life policy for all benefit eligible employees at no cost as well as an Employee Assistance Plan.

Optional Voluntary Life, Spouse Life and Child life policies available for purchase

Additional Benefits we offer –

STD, LTD, Accident, Critical Illness, FSA, DCSA

Retirement -

Retirement 401k plan through ADP – you can contribute up to 90% of your income. The annual contribution maximum is \$19,500 with the option of another \$6,500 as a catch-up contribution if you are age 55 or older. We do not offer a company match currently.