

2023-24 EMPLOYEE BENEFITS AT A GLANCE


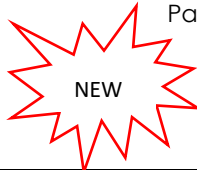








A WORD ABOUT OUR BENEFITS

If you would like to make any changes to your elections or coverage, you will need to do so during the Open Enrollment period. Any changes outside of this time will require a Qualifying Life Event (QLE) – getting married or divorced, having a baby, the death of a dependent, turning 26 and being removed from a parent's insurance, a dependent losing coverage due to turning 26, or change in employment status.

Waiting period is first of the month following 30 days of employment and eligibility is based on 30 hours per week.

This document is intended to be a brief highlight of the 2023-24 plan year benefits. Please refer to the certificates of coverages for more details.

PLAN	MONTHLY COST	BENEFIT SUMMARY (IN-NETWORK)									
MEDICAL HEALTH PLAN United Healthcare UHC River Valley Network myuhc.com 844-234-7916	Shared with City of Lowell <table border="1"> <thead> <tr> <th></th> <th>Employee</th> <th>Lowell</th> </tr> </thead> <tbody> <tr> <td>Employee:</td> <td>\$25.00</td> <td>\$405.45</td> </tr> <tr> <td>Family:</td> <td>\$212.00</td> <td>\$762.15</td> </tr> </tbody> </table>		Employee	Lowell	Employee:	\$25.00	\$405.45	Family:	\$212.00	\$762.15	<ul style="list-style-type: none"> • Medical calendar year deductible <ul style="list-style-type: none"> - \$2,500 per person; \$5,000 family • Coinsurance (amount you pay after annual deductible is met) <ul style="list-style-type: none"> - 20% In-Network • Medical calendar year out-of-pocket maximum <ul style="list-style-type: none"> - \$5,000 individual; \$10,000 family • Physician visits <ul style="list-style-type: none"> - Primary care: \$25 copay - Specialist: \$50 copay ♥♥ Premium Care Specialist: \$75 copay (in network but not Premium Care) • Urgent care <ul style="list-style-type: none"> - \$50 copay • Emergency room <ul style="list-style-type: none"> - Deductible and Coinsurance • Preventive care <ul style="list-style-type: none"> - No charge
	Employee	Lowell									
Employee:	\$25.00	\$405.45									
Family:	\$212.00	\$762.15									
DENTAL CARE PLAN Delta Dental Delta Dental PPO Network deltadental.com 844-368-6484	Shared with City of Lowell <table border="1"> <thead> <tr> <th></th> <th>Employee</th> <th>Lowell</th> </tr> </thead> <tbody> <tr> <td>Employee:</td> <td>\$5.00</td> <td>\$18.60</td> </tr> <tr> <td>Family:</td> <td>\$30.00</td> <td>\$50.73</td> </tr> </tbody> </table>		Employee	Lowell	Employee:	\$5.00	\$18.60	Family:	\$30.00	\$50.73	<ul style="list-style-type: none"> • Calendar year deductible <ul style="list-style-type: none"> - \$50 per person with a max of \$150 per family • Calendar year maximum benefit <ul style="list-style-type: none"> - \$1,000 per person • Preventive services <ul style="list-style-type: none"> - No charge • Minor/Basic services <ul style="list-style-type: none"> - 20% coinsurance • Major services <ul style="list-style-type: none"> - 50% coinsurance • Orthodontic services (children through 19 years of age) <ul style="list-style-type: none"> - 50% coinsurance - \$1,000 lifetime maximum
	Employee	Lowell									
Employee:	\$5.00	\$18.60									
Family:	\$30.00	\$50.73									
 VISION CARE PLAN Superior Vision Superior Vision Network superiorvision.com 800-507-3800	Shared with City of Lowell <table border="1"> <thead> <tr> <th></th> <th>Employee</th> <th>Lowell</th> </tr> </thead> <tbody> <tr> <td>Employee:</td> <td>\$2.00</td> <td>\$3.18</td> </tr> <tr> <td>Family:</td> <td>\$4.00</td> <td>\$9.00</td> </tr> </tbody> </table>		Employee	Lowell	Employee:	\$2.00	\$3.18	Family:	\$4.00	\$9.00	<ul style="list-style-type: none"> • Annual eye exam <ul style="list-style-type: none"> - \$10 copay • Materials <ul style="list-style-type: none"> - In-Network Providers: \$25 copay • Frames (every 24 months) <ul style="list-style-type: none"> - In-Network Providers: Up to \$130 • Lenses (every 12 months) <ul style="list-style-type: none"> - In-Network Providers: \$25 copay • Contact lenses (every 12 months) <ul style="list-style-type: none"> - \$120 allowance in lieu of glasses - Fitting Fee: \$25 copay
	Employee	Lowell									
Employee:	\$2.00	\$3.18									
Family:	\$4.00	\$9.00									
GROUP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT Standard standard.com 800-628-8600	Paid by City of Lowell 	<ul style="list-style-type: none"> • Employee benefit is \$50,000; doubles for Accidental Death • Benefit amount reduces to 65% at age 65, to 50% at age 70 and to 35% at age 75 									

PLAN	MONTHLY COST	BENEFIT SUMMARY (IN-NETWORK)								
VOLUNTARY LIFE & ACCIDENTAL DEATH & DISMEMBERMENT Standard standard.com 800-368-2859 	Paid by Employee Rates located on enrollment form	<ul style="list-style-type: none"> Benefit amount varies for the employee, spouse, and child(ren) <ul style="list-style-type: none"> Employee: \$10,000-\$500,000 in increments of \$10,000; cannot exceed five times your annual earnings; \$150,000 guarantee issue maximum Spouse: \$5,000-\$150,000 in increments of \$5,000; cannot exceed 100% of employee's Voluntary Life coverage; \$15,000 guarantee issue maximum Child(ren): \$5,000-\$10,000 in increments of \$5,000; cannot exceed 100% of employee's Voluntary Life coverage; \$10,000 guarantee issue maximum; monthly premium is \$0.23 (\$0.20 + \$.030) for each \$1,000 of life insurance. 								
SHORT TERM DISABILITY Standard standard.com 800-368-2859 	Paid by City of Lowell	<ul style="list-style-type: none"> Plan pays 60% of your weekly earnings in the event of a disability Benefit payments begin on the 8th day of total disability \$1,000 maximum weekly benefit 13 week maximum benefit period 								
LONG TERM DISABILITY Standard standard.com 800-368-1135 	Paid by City of Lowell	<ul style="list-style-type: none"> Plan pays 60% of your monthly earnings in the event of a disability Benefit payments begin on the 91st day of total disability \$5,000 maximum monthly benefit Maximum benefit period is to your Social Security Normal Retirement Age. 								
ACCIDENT Standard standard.com 	Paid by Employee <table border="0" data-bbox="380 852 743 968"> <tr> <td>Employee</td> <td>\$12.09</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$18.95</td> </tr> <tr> <td>Employee+ Child(ren)</td> <td>\$22.88</td> </tr> <tr> <td>Family</td> <td>\$35.89</td> </tr> </table>	Employee	\$12.09	Employee + Spouse	\$18.95	Employee+ Child(ren)	\$22.88	Family	\$35.89	<ul style="list-style-type: none"> Plan pays a lump-sum benefit if you experience a covered accident or injury Benefit examples <ul style="list-style-type: none"> Initial care at ER: \$200 Ambulance: \$600; Air Ambulance: \$1,500 Hospital admission: \$1,500 Hospital ICU admission: \$1,000 Hospital confinement: \$400 per day Hospital ICU confinement: \$200 per day
Employee	\$12.09									
Employee + Spouse	\$18.95									
Employee+ Child(ren)	\$22.88									
Family	\$35.89									
HOSPITAL INDEMNITY Standard standard.com 	Paid by Employee <table border="0" data-bbox="380 1102 743 1218"> <tr> <td>Employee</td> <td>\$18.10</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$30.82</td> </tr> <tr> <td>Employee+ Child(ren)</td> <td>\$26.03</td> </tr> <tr> <td>Family</td> <td>\$46.03</td> </tr> </table>	Employee	\$18.10	Employee + Spouse	\$30.82	Employee+ Child(ren)	\$26.03	Family	\$46.03	<ul style="list-style-type: none"> Hospital Indemnity insurance pays cash benefits to employees in the event of a hospitalization regardless of treatment costs or other insurance coverage. It's an affordable way for employees to keep their finances on track. Benefits: <ul style="list-style-type: none"> Hospital Admission: \$1,000 Per day confinement (up to 15 days): \$250 Health Maintenance Screening: \$50
Employee	\$18.10									
Employee + Spouse	\$30.82									
Employee+ Child(ren)	\$26.03									
Family	\$46.03									
Critical Illness Standard standard.com 	Paid by Employee Rates located on enrollment form	<ul style="list-style-type: none"> Plan helps supplement your major medical coverage by providing a lump-sum benefit if you experience a covered illness Base benefits <ul style="list-style-type: none"> Heart attack: 100% Stroke: 100% Major organ/kidney failure: 100% Permanent paralysis (due to covered accident): 100% Coma: 100% Loss of Sight: 100% Occupational Hepatitis: 100% Coronary artery bypass graft surgery: 25% 								

