

# SRPMIC BENEFITS PACKAGE OVERVIEW – Part Time

Effective January 1, 2024

## Health Plan (effective the 1<sup>st</sup> of the month following 30 days of employment)

- It is a self-funded PPO plan using the following provider networks:
  - Blue Cross Blue Shield of Arizona
  - Humana Dental
  - PHCS healthy Directions (MultiPlan) PPO medical network - outside of Arizona
- Medical coverage includes:
  - Prescription: CVS Caremark – medications are listed under 3 categories (generic, preferred brand, and non-preferred brand)
  - ActiveCare: diabetes management program
  - Integrated Musculoskeletal Care (IMC): specialists to help you resolve back, joint, arm, leg and neck pain; restore function.
- Completion of enrollment form is required within 31 days from hire

## Employee cost:

MEDICAL PLAN EMPLOYEE DEDUCTION RATES						
Level of coverage	LOW-DEDUCTIBLE PLAN		MID-DEDUCTIBLE PLAN		HDHP WITH HSA	
	Per Month	Per Pay Check	Per Month	Per Pay Check	Per Month	Per Pay Check
Employee Only	\$164.08	\$82.04	\$86.21	\$43.11	\$27.50	\$13.75
Employee + Spouse	\$402.92	\$201.46	\$210.38	\$105.19	\$60.57	\$30.29
Employee + 1 Child	\$225.38	\$112.69	\$117.10	\$58.55	\$34.22	\$17.11
Employee + 2 Children	\$344.66	\$172.33	\$179.04	\$89.52	\$50.61	\$25.31
Employee + Family or 3 or more Children	\$574.32	\$287.16	\$299.71	\$149.86	\$84.69	\$42.35

DENTAL PLAN EMPLOYEE DEDUCTION RATES		
Level of Coverage	Per Month	Per Pay Check
Employee Only	\$11.77	\$5.89
Employee + 1 Dependent	\$23.54	\$11.77
Employee + 2 or More Dependents	\$36.50	\$18.25

VISION PLAN EMPLOYEE DEDUCTION RATES		
Level of Coverage	Per Month	Per Pay Check
Employee Only	\$0.00	\$0.00
Employee + 1 Dependent	\$2.80	\$1.40
Employee + 2 or More Dependents	\$4.34	\$2.17

## Medical Deductibles:

MEDICAL PLAN DEDUCTIBLES						
	LOW-DEDUCTIBLE PLAN		MID-DEDUCTIBLE PLAN		HDHP WITH HSA*	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$500/person	\$1,000/person	\$750/person	\$1,500/person	\$1,600/person \$3,200/family	\$3,000/person \$6,000/family
Annual Out-of-Pocket Maximum	\$2,500/person \$7,000/family	\$5,000/person \$14,000/family	\$3,750/person \$9,000/family	\$7,500/person \$21,000/family	\$4,500/person \$12,000/family	\$9,000/person \$24,000/family
Coinsurance	80% after deductible	70% after deductible	80% after deductible	70% after deductible	80% after deductible	70% after deductible

## Health Savings Account (HSA)

- Must be enrolled in the HDHP
- Cannot be covered under other health insurance
- Cannot be claimed as a dependent on someone else's taxes
- SRP-MIC will make an HSA deposit of \$750 for Employee Only coverage or \$1,500 for all other levels of coverage, half in early January 2024 and the other half in early July 2024.
- Contributions for both Employee and Employer cannot exceed the IRS maximum:
  - Employee only coverage = \$4,150
  - Family coverage = \$8,300
  - Age 55 and older catch-up = \$1,000

## Flexible Spending Accounts

- Health Care FSA:
  - 2024 IRS annual limit = \$3,200
  - FSA Debit Card available – health care only
- Dependent Care FSA :
  - 2024 IRS annual limit = \$5000 (\$2,500 if married and file a separate tax return)
- Limited Purpose FSA (when enrolled in HDP):
  - 2024 IRS annual limit = \$3,200
  - Covers dental and vision expenses only

## Worker's Compensation

- Self-funded plan - Tribal First is the claims administrator
- Authorized medical treatment
- Temporary Total Disability (TTD) may be available after 7 days of lost work due to work related injury – TTD benefit is 66 2/3% of weekly base pay