

2023 Acenda Benefits at a Glance

Type of Benefit

High-Level Description

Cost of Benefit

Medical Benefits



Medical	Open Access Managed Choice #1		Aetna Whole Health Open Access Managed Choice #2			Open Access Managed Choice HDHP with HRA	
	In-network	Out-of-network	Tier 1: Maximum Savings	Tier 2: Standard Savings	Tier 3: Out-of-network	In-network	Out-of-network
Deductible (Employee only/Family)	\$1,000/\$2,000	\$7,500/\$15,000	\$500/\$1,000	\$2,500/\$5,000	\$7,500/\$15,000	\$2,500/\$5,000	\$5,000/\$10,000
HRA Funding (Single Coverage/All Other Tiers)	N/A		N/A			\$500/\$1,000	
Out-of-pocket maximum (Employee only/Family)	\$4,000/\$8,000	\$30,000/\$60,000	\$3,000/\$6,000	\$6,000/\$12,000	\$30,000/\$60,000	\$5,500/\$8,250	\$10,000/\$20,000
Preventive care (Employee pays)	0%	50% After Deductible	0%	0%	50% After Deductible	0%	40% After Deductible
Office visit (PCP/Specialist)	\$20/\$40 Copay	50% After Deductible	\$20/\$40 Copay	\$30/\$60 Copay	50% After Deductible	20%/20% After Deductible	40% After Deductible
Emergency room	\$100 Copay (Waived if admitted)	\$100 Copay (Waived if admitted)	\$100 Copay (Waived if admitted)	\$100 Copay (Waived if admitted)	\$100 Copay (Waived if admitted)	20% After Deductible	20% After Deductible
Urgent care	\$50 Copay	30% After Deductible	\$50 Copay After Deductible	\$50 Copay After Deductible	30% After Deductible	20% After Deductible	30% After Deductible
Diagnostics (Lab/X-Ray)	10% after deductible	50% After Deductible	10% after deductible	30% After Deductible	50% After Deductible	100%/20% After Deductible	40% After Deductible
Inpatient care	\$10% after deductible	50% After Deductible	10% After Deductible	30% After Deductible	50% After Deductible	20% After Deductible	40% After Deductible
Outpatient care	10% after deductible	50% After Deductible	10% After Deductible	30% After Deductible	50% After Deductible	20% After Deductible	40% After Deductible

- Our medical plan provider is Aetna, and employees have three plan options to select from.
- Access the Aetna portal at www.aetna.com.
- Preventive care services covered 100%.
- Includes access to Teladoc, 24/7/365, to reach U.S. board-certified doctors, by phone, online video, or mobile app.
- HDHP option includes a Health Reimbursement Account (HRA) through FLEX.

Weekly employee payroll contributions	Open Access Managed Choice #1	Open Access Managed Choice #2	Open Access Managed Choice HDHP with HRA
Single	\$92.14	\$54.58	\$22.97
Employee + Spouse/Partner	\$312.02	\$238.96	\$156.52
Employee + Child(ren)	\$161.95	\$82.93	\$27.73
Family	\$368.38	\$261.87	\$171.31

Type of Benefit

High-Level Description

Cost of Benefit

Dental Plan



	DMO	PPO
	In-network Only	In-network and Out-of-network
Deductible		
Employee only	None	\$50
Family	None	\$150
Is the deductible waived for preventive services?	Yes	Yes
Annual plan maximum (per individual)	None	\$2,000
Diagnostic and preventive		
Oral exams, X-rays, cleanings, fluoride	Employee pays 0%	Employee pays 0%
Basic		
Stainless Steel Crowns, General Anesthesia, Fillings, Root canal Therapy	Subject to DMO Fee Schedule	Employee pays 20%
Major		
Crowns, dentures, bridge implants	Subject to DMO Fee Schedule	Employee pays 50%
Orthodontia		
Adults and dependent children	Subject to DMO Fee Schedule	\$2,000 Lifetime maximum (Child only—to age 19)

- Our Dental Plan provider is Aetna, and employees have two plan options to select from.
- The PPO plan allows you to choose any dentist you wish, although you can lower your out-of-pocket costs by selecting a network provider.
- To find an in-network dentist near you, please visit www.aetna.com.

Weekly employee payroll contributions	DMO	PPO
Employee	\$0.53	\$6.56
Employee + spouse	\$2.88	\$14.77
Employee + child(ren)	\$1.00	\$15.87
Family	\$3.39	\$24.05

Vision Plan










	In-network
Eye exam with dilation as necessary (once per 12 months)	\$10 copay
Frames (once per 24 months)	\$0 copay; \$150 allowance for frames including prescription sunglasses 20% off remaining balance over allowance
Standard lenses (every 12 months)	
Single vision	\$25 copay
Bifocal	\$25 copay
Trifocal	\$25 copay
Lenticular	\$25 copay
Contact lenses (every 12 months)	
Conventional	\$0 copay; \$150 allowance, 15% off balance over allowance
Disposable	\$150 allowance
Medically Necessary	\$0

- Our Vision provider is Aetna.
- To find a provider near you, please visit www.aetna.com.

Weekly employee payroll contributions	
Employee	\$1.49
Employee + spouse	\$2.82
Employee + child(ren)	\$2.97
Family	\$4.38



Type of Benefit	High-Level Description	Cost of Benefit
<p>Health Reimbursement Account (HRA)</p> 	<ul style="list-style-type: none"> • Employer-funded account that is designed to pay for qualified medical expenses before the employee incurs any out-of-pocket expenses. • The HRA works in conjunction with the HDHP medical plan, thereby reducing premium costs • Acenda will contribute \$500 for single coverage and \$1,000 for all other coverage levels. 	<p>Acenda funds the HRA.</p>
<p>Basic Term Life and AD&D</p> 	<ul style="list-style-type: none"> • All active, full-time employees working at least 40 hours per week are eligible for the basic life and accidental death & dismemberment (AD&D) plan. • Employees can receive a benefit of 1 times annual compensation rounded to the next higher \$1,000 not to exceed \$250,000. 	<p>Basic Life and AD&D is 100% paid by Acenda</p>
<p>Long-Term Disability (LTD)</p> 	<ul style="list-style-type: none"> • LTD is provided at NO COST to you. • The new LTD provider will be New York Life. • The benefit is 60% replacement of your monthly income following a 180 day elimination period. • The minimum benefit is the greater of \$100 or 10% of your monthly benefit prior to any reductions for other income benefits. • The maximum benefit is \$8,000 per month up to SSNRA. 	<p>LTD is 100% paid by Acenda.</p>
<p>Flexible Spending Accounts (FSAs)</p> 	<ul style="list-style-type: none"> • Healthcare FSA <ul style="list-style-type: none"> • Used to reimburse you for eligible medical, dental and vision expenses incurred by you and your dependents • Dependent Care FSA <ul style="list-style-type: none"> • Reimburses you for expenses that allow you and your spouse (if married) to work while your dependents are being cared for. • Commuter Benefits <ul style="list-style-type: none"> • Allows you to pay for eligible work-related transit commuter expenses through pre-tax payroll deductions from your paycheck 	<p>Optional accounts are 100% funded by the employee.</p>
<p>Life Assistance Program</p> 	<ul style="list-style-type: none"> • Designed to help you achieve work/life balance. • Call 24/7 to reach an advocate who can assess your needs and offer solutions. • Get three face-to-face sessions with a behavior counselor at no charge. • Get access to free monthly educational webinars. • Receive a free 30-minute legal consultation with an attorney and up to 25% discount on select fees. • Receive a free 30-minute financial consultation and 25% discount on tax planning and preparation. 	<p>Life Assistance Program basic services are 100% paid by Acenda.</p>

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401(k) Retirement Plan 	<ul style="list-style-type: none"> Helps you prepare for retirement and attain your financial goals. Acenda adds to your savings through its employer match, matching your contributions 100% of the first 5% of deferrals. Traditional (pretax) and Roth options. 	Acenda matches 100% up to 5%.
Additional Benefits 	<ul style="list-style-type: none"> Aetna Enhanced Maternity Program Aetna Discount Programs: Eyewear, health coaching, weight loss tips, hearing aids, natural products and services and more! Through MyAetnaWebsite.com and mobile app, you can: review your plan's benefits and coverage details, see health care costs, view and pay claims, access your ID card, find providers, and more! 	Provided at NO COST by Aetna.
Additional Benefits TOUCHCARE	<ul style="list-style-type: none"> Free, confidential assistance to help take the stress out of healthcare. A personal health assistant can answer benefit questions in plain language, fix billing errors and review medical claims, assist with provider searches and scheduling, and more...all at no cost to you! Visit www.touchcare.com and click on member login, download our mobile app or call 866-486-8242 	Provided at no cost to you!