

# Renetits Gaide

Plan Year 2023

### Medical

We offer two medical plans through Cigna to choose from:

- The Copay Plan is a traditional insurance plan with office visit copays.
  - ➤ Our Health Reimbursement Arrangement (HRA) will assist you with your out of pocket deductible expenses on this plan. After you have paid the first \$1,000 of the medical deductible, the remaining \$2,000 of your deductible will be paid by Hirsh.
- The High Deductible Health Plan is a lower cost plan that gives you the option to contribute to a Health Savings Account (HSA).
  - With an HSA you can pay for your medical expenses with tax-free dollars. Hirsh will make a matching contribution to your HSA up to \$50 per month.
  - The maximum allowed contribution for 2023 is \$3850/individual, \$7750/family.
  - Our HSA partner is Health Equity.

Out-of-network benefits are available but you will receive the highest level of coverage by using in-network doctors and facilities.

Cigna Medical Plan Option Highlights	Copay Plan with HRA		High Deductible Health Plan HSA-qualified	
Calendar Year Deductible	\$3,000/Individual \$9,000/Family		\$3,000/Individual \$9,000/Family	
Hirsh Contributions	Our HRA will reimburse you up to \$2,000		Hirsh will match your HSA contribution up to \$50/month	
Coinsurance	You pay 30% after deductible		You pay 30% after deductible	
Out-of-pocket Maximum	\$6,600/Individual \$13,200/Family		\$6,600/Individual \$13,200/Family	
Preventive Exams	Covered at 100%		Covered at 100%	
Office Visits	\$30 Primary Care Physician Copay \$60 Specialist Copay		30 % Coinsurance after Deductible	
Urgent Care	\$75 Copay		\$75 Copay after Deductible	
Emergency Room	\$500 Copay		\$500 Copay after Deductible	
Inpatient Hospital	30% Coinsurance after Deductible		30% Coinsurance after Deductible	
Lab and X-Ray	30% Coinsurance after Deductible		30% Coinsurance after Deductible	
Medical Specialty Drugs	30% Coinsurance after Deductible		30% Coinsurance after Deductible	
Prescription Drug Coverage	Generic - \$5 Copay Separate \$250 pharmacy deductible applies to brand name drugs before copays apply: Preferred Brand - \$25 Copay Non-Preferred Brand - \$50 Copay		Medical plan deductible first, then: Generic - \$5 Copay Preferred Brand - \$25 Copay Non-Preferred Brand - \$50 Copay	
Monthly Employee Cost	Employee Only Employee + Spouse Employee + Child(ren) Family	\$228.88 \$480.65 \$434.88 \$686.65	Employee Only Employee + Spouse Employee + Child(ren) Family	\$184.26 \$386.95 \$350.09 \$552.78

# Flexible Spending Account (FSA)

Our FSA partner is Health Equity.

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next year, you can reduce your taxable income.

- **Health Care Reimbursement FSA** The current limit on contributions to a Health Care FSA is \$2,850. Some examples of eligible expenses include office visit copays, deductible/coinsurance expenses, vision services, dental services. If you enroll in the HSA —Qualified Medical Plan, you are unable to enroll in the Health Care Reimbursement FSA.
- **Limited Purpose FSA** If you <u>are</u> enrolled in the HSA-Qualified Medical plan you are eligible for a Limited Purpose FSA to help pay for dental and vision expenses only.
- **Dependent Care FSA** The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year.

## **Employer Provided Life Insurance**

• We provide our benefit-eligible employees with \$20,000 of life insurance at no cost to you. If something were to happen to you, this money would go to the people you have designated as your beneficiaries. This life insurance coverage includes Accidental Death & Dismemberment (AD&D) coverage, which means if you are accidentally injured on or off the job, you may receive an AD&D benefit equal to your life benefit. Be sure to keep your beneficiaries up to date. You can do this anytime throughout the year by contacting HR or logging in to your Paylocity account and updating the beneficiary form on the Web Benefits site.

Mutual of Omaha Employer Paid Life/AD&D			
Hirsh Precision Products provides this benefit for all eligible employees			
Employee Life Benefit	\$20,000		
Employee AD&D Benefit	100% of the life benefit		
Benefit Reductions	Reduced by 35% at age 65 and another 35% at age 70		

# **Voluntary Life AD&D Insurance**

During your initial eligibility period, you and your dependents have the opportunity to purchase additional Life/AD&D insurance through Mutual of Omaha at low group rates. You pay the cost of this insurance and the premiums will be deducted from your paycheck.

 The Guarantee issue amount is 5 times your annual salary up to \$100,000 for employees and for spouses 100% of employees' up to \$30,000, which means if you enroll when you are first eligible, you can get coverage without answering any medical questions!

### Amounts you can elect:

- Employee: Increments of \$10,000 up to a maximum of \$150,000. But no more than 5X annual salary.
- Spouse: Increments of \$5,000 up to a maximum of \$50,000 not to exceed 100% of your amount.
- Children (to age 26): Increments of \$2,000 up to a maximum of \$10,000 not to exceed 100% of your amount.

### **Vision & Dental Reimbursement**

Team members can be reimbursed up to \$500 annually for eligible vision and dental expenses incurred by themselves, a spouse, or eligible dependents.

