# <u>CAMUNDA</u>

# **2022 BENEFIT SUMMARY**





## **MEDICAL**

1-800-262-2583 www.bluecrossma.org

BCBS PPO HRA		
	In-Network	
Deductible	\$250 / \$500	
Preventive Care Visit	\$0	
PCP Visit	\$50	
Specialist Visit	\$50	
Urgent Care Visit	\$50	
Emergency Room	\$300	
Diagnostic Tests	\$O*	
Inpatient Care	\$O*	
Outpatient Surgery	\$O*	
Prescription Copays		
Retail	\$5 / \$30 / \$60	
Mail-Order	\$10 / \$60 / \$120	

Maii-Order	\$10 / \$60 / \$120		
BCBS PPO HSA			
Deductible	\$3,000 / \$6,000		
Preventive Care Visit	\$0		
PCP Visit	\$35*		
Specialist Visit	\$55*		
Urgent Care Visit	\$55*		
Emergency Room	\$400*		
Diagnostic Tests	\$O*		
Inpatient Care	\$500*		
Outpatient Surgery	\$250*		
Prescription Copays			
Retail	\$5 / \$30 / \$80		
Mail-Order	\$10 / \$60 / \$160		
*after deductible			

View your benefit guide or plan summaries for out-of-network

costs by service



Individual Deductible	\$50
Family Deductible	\$150
Calendar Year Max	\$2,000
Preventive Care	100% Covered & Deductible does not apply
Basic Care	80% Covered
Major Care	50% Covered
Orthodontia	50% Covered for children up to lifetime max of \$1,500



Exam Every 12 months	\$10 copay
Lenses Every 12 months	Included in prescription glasses copay
Frames Every 24 months	\$130 allowance; 20% off remaining balance
Contacts (in lieu of lenses) Every 12 months	\$130 allowance; copay does not apply. Up to 60% copay for contact lens exam





# Health Equity®

#### **TAX SAVINGS**

1-877-924-3967

www.healthequity.com

	Max Contribution	Expense Type
Healthcare FSA	\$2,850 per year	Medical & Dental
Dependent Care FSA	\$5,000 per year per household	Childcare
Health Savings Account	\$3,650 per year – individual \$7,300 per year - family	Medical & Dental



# **♥** Guideline

### RETIREMENT

1-888-228-3491

www.guideline.com

401(k) and Roth 401(k) You may choose to contribute to a retirement plan through Guideline. You may contribute up to \$20,500 annually, and employees aged 50+ may contribute an additional \$6,500 annually as a "catch-up contribution". Camunda matches 100% of the first 6% of employee contribution for both the pre-tax 401(k) and Roth accounts.



# **CAMUNDA**

### TIME OFF

All full-time employees are eligible for paid time off

Parental Leave	All active employees with at least 6 months of service receive 20 weeks of paid leave at 100% your base salary for both maternity and paternity leave. Runs concurrent with other leave policies
Unlimited Flexible Time Off (FTO)	Covers all time off including vacation, personal, and sick days. Absences greater than 20 consecutive days are considered a leave of absence. Manager approval required

# EAP | (800) 460-4374 | guidanceresources.com

The Sun Life Employee Assistance Program is available to all eligible employees and their families at no additional cost. The EAP provides over-the-phone support with trained consultants who can provide confidential support and resources for your mental, physical, social, and financial well-being. The EAP trained consultants are available 24/7

# TOUCHCARE | (866) 486-8242 | touchcare.com

TouchCare equips you with a personal health assistance, that is available to provide free, confidential assistance on your healthcare choices.

Your personal health assistance can help with: benefit navigation, bill negotiation, cost comparison, provider search, RxCare, ancillary benefits, and more!



Family

# **CAMUNDA**

## **EMPLOYEE COSTS**

These costs are deducted from your paycheck each pay period

MEDICAL -	- PPO HRA	
Employee	\$39.78	
Employee + Spouse	\$119.33	
Employee + Child(ren)	\$107.08	
Family	\$180.46	
MEDICAL – PPO HSA		
Employee	\$0	
Employee + Spouse	\$0	
Employee + Child(ren)	\$0	
Family	\$0	
DEN	TAL	
Employee	\$0.25	
Employee + Spouse	\$5.75	
Employee + Child(ren)	\$6.00	
Family	\$13.50	
VISION		
Employee	\$3.70	
Employee + Spouse	\$5.92	
Employee + Child(ren)	\$6.05	

\$9.75