<u>CAMUNDA</u>

2023 BENEFIT SUMMARY



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

BCBS PPO HRA

BCBS PPO HRA		
	In-Network	
Deductible	\$250 / \$500	
Preventive Care Visit	\$O	
PCP Visit	\$15	
Specialist Visit	\$15	
Urgent Care Visit	\$15	
Emergency Room	\$150*	
Diagnostic Tests	\$O*	
Inpatient Care	\$O*	
Outpatient Surgery	\$O*	
Prescription Copays		
Retail	\$15 / \$30 / \$60	
Mail-Order	\$30 / \$60 / \$120	
BCBS PPO HSA		
Deductible	\$2,900 / \$5,800	
Deductible	\$2,900 / \$5,800	
Deductible Preventive Care Visit	\$2,900 / \$5,800 \$0	
Deductible Preventive Care Visit PCP Visit	\$2,900 / \$5,800 \$0 \$0*	
Deductible Preventive Care Visit PCP Visit Specialist Visit	\$2,900 / \$5,800 \$0 \$0* \$0*	
Deductible Preventive Care Visit PCP Visit Specialist Visit Urgent Care Visit	\$2,900 / \$5,800 \$0 \$0* \$0* \$55*	
Deductible Preventive Care Visit PCP Visit Specialist Visit Urgent Care Visit Emergency Room	\$2,900 / \$5,800 \$0 \$0* \$0* \$55* \$0*	
Deductible Preventive Care Visit PCP Visit Specialist Visit Urgent Care Visit Emergency Room Diagnostic Tests	\$2,900 / \$5,800 \$0 \$0* \$0* \$55* \$0* \$0*	
Deductible Preventive Care Visit PCP Visit Specialist Visit Urgent Care Visit Emergency Room Diagnostic Tests Inpatient Care	\$2,900 / \$5,800 \$0 \$0* \$0* \$55* \$0* \$0* \$0*	
Deductible Preventive Care Visit PCP Visit Specialist Visit Urgent Care Visit Emergency Room Diagnostic Tests Inpatient Care Outpatient Surgery	\$2,900 / \$5,800 \$0 \$0* \$0* \$55* \$0* \$0* \$0*	
DeductiblePreventive Care VisitPCP VisitSpecialist VisitUrgent Care VisitEmergency RoomDiagnostic TestsInpatient CareOutpatient SurgeryPrescription Copays	\$2,900 / \$5,800 \$0 \$0* \$55* \$0* \$0* \$0* \$0* \$0*	



1-800-262-2583

www.bluecrossma.org

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

	Sun Life Financial LIFE & DISABILITY 1-800-247-6875 www.sunlife.com
Basic Life and AD&D	Pays 1.5x your annual base earnings up to \$250,000.
Voluntary Life & AD&D	Get supplementary coverage for yourself, your spouse, and your dependents. 100% employee-paid
Short-Term Disability	Pays you 60% of your weekly base salary, up to \$100/week. Benefit lasts up to 24 weeks. Camunda pays add'l 40% to keep you whole.
Long-Term Disability	Pays you 60% of your monthly base salary, up to \$10,000/month. Benefit begins on the 181 st day



Health**Equity**

TAX SAVINGS

1-877-924-3967 www.healthequity.com

	Max Contribution	Expense Type
Healthcare FSA	\$3,050 per year	Medical & Dental
Dependent Care FSA	\$5,000 per year per household	Childcare
Health \$3,850 per year – Savings individual \$7,750 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 \$22,500 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.



<u>CAMUNDA</u>

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!



<u>CAMUNDA</u>

EMPLOYEE COSTS

These costs are deducted from your paycheck each pay period

MEDICAL -	PPO HRA	
Employee	\$41.70	
Employee + Spouse	\$125.09	
Employee + Child(ren)	\$112.25	
Family	\$252.23	
MEDICAL – PPO HSA		
Employee	\$O	
Employee + Spouse	\$O	
Employee + Child(ren)	\$O	
Family	\$O	
DEN	TAL	
Employee	\$0.25	
Employee + Spouse	\$5.75	
Employee + Child(ren)	\$6.00	
Family	\$13.50	
VISION		
Employee	\$3.30	
Employee + Spouse	\$5.27	
Employee + Child(ren)	\$5.88	
Family	\$8.68	