

CAMUNDA

2024 BENEFIT SUMMARY



MEDICAL

1-800-997-1654

<https://www.cigna.com/>



Cigna PPO 250

	In-Network
Deductible	\$250 / \$500
Out of Pocket Max	\$1,500 / \$3,000
PCP Visit	\$20
Specialist Visit	\$20
Coinsurance	10%
Urgent Care Visit	\$50
Emergency Room	\$100
Hospital Inpatient	10%
Hospital Outpatient	10%

Prescription Copays

Retail	\$10 / \$30 / \$50
--------	--------------------

Cigna HDHP HSA

Deductible	\$2,000 / \$4,000
Out of Pocket Max	\$4,000 / \$8,000
Coinsurance	20%
PCP Copay	20%
Specialist Copay	20%
Urgent Care Visit	20%
Emergency Room	20%
Diagnostic Tests	\$0*
Inpatient Care	\$0*
Outpatient Surgery	\$0*

Camunda contributes \$2,000 for individuals and \$4,000 for families to their HSA.

Prescription Copays

Retail	\$10 / \$30 / \$50
--------	--------------------

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



DENTAL

1-800-997-1654

<https://www.cigna.com/>



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



vsp
Vision care for life

VISION

1-800-877-7195

www.vsp.com

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



LIFE & DISABILITY

1-866-679-3054

<https://www.unum.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 \$2,500/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



TAX SAVINGS

1-877-924-3967

HealthEquity

www.healthequity.com

	Max Contribution	Expense Type
Healthcare FSA	\$3,200 per year	Medical & Dental
Dependent Care FSA	\$5,000 per year per household	Childcare
Health Savings Account	\$4,150 per year – individual \$8,300 per year – family	Medical & Dental



RETIREMENT

1-888-228-3491

Guideline

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 \$23,000 annually, and employees aged 50+ may contribute an additional \$7,500 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



CAMUNDA

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	\$0
Employee + Spouse	\$0
Employee + Child(ren)	\$0
Family	\$0
DENTAL	
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)	\$5.38
Family	\$8.68

EAP

Camunda is reviewing an EAP with Unum and will provide information as soon as available.