CAMUNDA

2022 BENEFIT SUMMARY



*after deductible

costs by service



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	
DCDC DDO UCA		

Maii-Ordei	\$107 \$007 \$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	

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



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 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



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	\$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

www.guideline.com

1-888-228-3491

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	\$240.62	
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	
	4	

\$9.75