

Employee Benefits Overview (Effective 9/1/23 through 8/31/24)



Benefit Carrier Websites and Phone Numbers:

BlueCross BlueShield of IL (Group #979570): [Bcbsil.com/member](https://bcbsil.com/member), 888-979-4516

Virtual Primary Care Through Teladoc: 800-TELADOC (835-2362)

OptumRx (Group #CT1LEYE19): Optumrx.com, 855-524-0381

HSA Bank: Hsabank.com, 855-731-5220

MetLife (Group #218979): Metlife.com, Dental: 800-942-0854, Vision: 855-638-3931

Accident, Critical Illness and Hospital Indemnity: 800-438-6388

Lettuce Benefits Team: benefits@lettuce.com

Medical Benefits Administered By BlueCross BlueShield of Illinois

Prescription Benefits Administered By Optum Rx

Available to employees averaging 25 or more hours per week

Premium PPO Plan	
Participating Provider Organization Network	
In-Network	Out-of-Network
Calendar Year Deductible	
Single: \$1,000 Family: \$2,000	Single: \$2,000 Family: \$4,000
Coinsurance	
You Pay 10%, Plan Pays 90%	You Pay 50%, Plan Pays 50%
Calendar Year Out-of-Pocket Maximum	
Single: \$4,500 Family: \$9,000	Single: \$9,000 Family: \$18,000
Preventive Care	
<i>Includes annual wellness exams, recommended vaccines and screenings</i>	
Covered at 100%	Deductible, then 50%
Doctors Office Visit Copays	
<i>Applies to consultation only</i>	
Primary Care: \$25 Specialist: \$50	Deductible, then 50%
Virtual Primary Care through Teladoc	
<i>In-Network Benefit Only</i>	
Annual Physical: Covered at 100% Primary Care: \$15 Copay Dermatologist: \$40 Copay	
Routine Vision Exam	
<i>Available every 12 months</i>	
Covered at 100%	Deductible, then 20%
Urgent Care	
\$75 Copay	Deductible, then 50%
Emergency Room Services	
\$300 Copay, then 10% (Copay waived if admitted to hospital)	
Inpatient Hospital Services	
\$250 Copay and Deductible, then 10%	\$500 Copay and Deductible, then 50%
Outpatient Hospital Services	
Deductible, then 10%	Deductible, then 50%
Prescription Drug Plan*	
Rx In-Network Benefits	
Retail - Up to 30 Day supply	
**Generic: \$10 Copay **Preferred Brand: \$40 Copay **Non-Preferred Brand: \$70 Copay Specialty: \$150 Copay	

Base PPO Plan	
Participating Provider Organization Network	
In-Network	Out-of-Network
Calendar Year Deductible	
Single: \$3,000 Family: \$6,000	Single: \$7,000 Family: \$14,000
Coinsurance	
You Pay 20%, Plan Pays 80%	You Pay 50%, Plan Pays 50%
Calendar Year Out-of-Pocket Maximum	
Single: \$7,000 Family: \$14,000	Single: \$14,000 Family: \$28,000
Preventive Care	
<i>Includes annual wellness exams, recommended vaccines and screenings</i>	
Covered at 100%	Deductible, then 50%
Doctors Office Visit Copays	
<i>Applies to consultation only</i>	
Primary Care: \$50 Specialist: \$75	Deductible, then 50%
Virtual Primary Care through Teladoc	
<i>In-Network Benefit Only</i>	
Annual Physical: Covered at 100% Primary Care: \$40 Copay Dermatologist: \$65 Copay	
Routine Vision Exam	
<i>Available every 12 months</i>	
Covered at 100%	Deductible, then 20%
Urgent Care	
\$100 Copay	Deductible, then 50%
Emergency Room Services	
\$500 Copay, then 20% (Copay waived if admitted to hospital)	
Inpatient Hospital Services	
\$250 Copay and Deductible, then 20%	\$500 Copay and Deductible, then 50%
Outpatient Hospital Services	
Deductible, then 20%	Deductible, then 50%
Prescription Drug Plan*	
Rx In-Network Benefits	
Retail - Up to 30 Day Supply	
**Generic: \$20 Copay **Preferred Brand: \$50 Copay **Non-Preferred Brand: \$80 Copay Specialty: \$350 Copay	

High Deductible / HSA Plan	
Participating Provider Organization Network	
In-Network	Out-of-Network
Calendar Year Deductible	
Single: \$5,250 Family: \$10,500	Single: \$11,000 Family: \$22,000
Coinsurance	
You Pay 0%, Plan Pays 100%	You Pay 50%, Plan Pays 50%
Calendar Year Out-of-Pocket Maximum	
Single: \$5,250 Family: \$10,500	Single: \$22,000 Family: \$44,000
Preventive Care	
<i>Includes annual wellness exams, recommended vaccines and screenings</i>	
Covered at 100%	Deductible, then 50%
Doctors Office Visit Copays	
<i>Applies to consultation only</i>	
Deductible, then Covered at 100%	Deductible, then 50%
Virtual Primary Care through Teladoc	
<i>In-Network Benefit Only</i>	
Annual Physical: Covered at 100% Primary Care & Dermatologist: Deductible, then Covered at 100%	
Routine Vision Exam	
<i>Available every 12 months</i>	
Covered at 100%	Deductible, then 20%
Urgent Care	
Deductible, then Covered at 100%	Deductible, then 50%
Emergency Room Services	
Deductible, then Covered at 100%	
Inpatient Hospital Services	
Deductible, then Covered at 100%	Deductible, then 50%
Outpatient Hospital Services	
Deductible, then Covered at 100%	Deductible, then 50%
Prescription Drug Plan*	
Rx In-Network Benefits	
Retail - Up to 30 Day Supply	
**Generic: Deductible, then Covered at 100% **Preferred Brand: Deductible, then Covered at 100% **Non-Preferred Brand: Deductible, then Covered at 100% Specialty: Deductible, then Covered at 100%	

*The prescription drug plan includes PriceEdge. This allows members to potentially receive prescriptions at a lower cost, if a lower out of pocket cost is available.
**90 day supplies of Generic, Preferred Brand and Non-Preferred Brand drugs are available at 2x the 30 day supply cost at in-network retail or mail-order pharmacies.

Health Savings Account - HSA Bank

LEYE Funding: \$250 Single / \$500 Family

Employees who enroll in the High Deductible plan may open up a Health Savings Account with HSA Bank. It can be funded through both employer contributions and tax-free contributions from your paycheck. An account must be opened to receive employer funding. Money accrued in your account can be used to pay for qualified medical expenses for you and your tax dependents. IRS 2023 contribution limits are \$3,850 for employee-only coverage; \$7,750 for family-level coverage. These maximums include employer funding. Employees age 55 or older may contribute an additional \$1,000 per year. HSA Bank charges a monthly maintenance fee of \$2.00 for accounts with balances lower than \$3,000.

Voluntary Benefits Administered By MetLife

Available to employees averaging 15 or more hours per week

Voluntary Dental PPO Plan

PDP Plus Network

In-Network

Out-of-Network

Calendar Year Deductible

Single: \$75
Family: \$150

Single: \$75
Family: \$150

Calendar Year Maximum

\$1,500 per person

\$1,000 per person

Preventive

Oral Evaluations, x-rays, sealants, fluoride treatments

Covered at 100%

Deductible, then 30% after R&C* reimbursement

Basic

Fillings, simple extractions, periodontics, endodontics

Deductible, then 20%

Deductible, then 40% after R&C* reimbursement

Major

Crowns, Bridges, and Dentures

Deductible, then 50%

Deductible, then 50% after R&C* reimbursement

Orthodontia

For children up to age 19

Deductible, then 50%

Deductible, then 50% after R&C* reimbursement

Lifetime maximum benefit:
\$1,200

*R&C (Reasonable and Customary): Benefits for out-of-network providers will be paid at the 90th percentile of the average amount charged by other dentists in the same geographic area.

Voluntary Vision Plan

MetLife Vision Provider Network

In-Network

Out-of-Network Reimbursement

Frequency

Exams: Every 12 Months
Lenses/Contact Lenses: Every 12 Months
Frames: Every 24 Months

Examination

\$10 Copay

Up To \$45

Frames*

\$130 allowance, plus 20% off remaining balance

Up To \$70

Lenses

Single Lenses

\$25 Copay

Up To \$30

Bifocal Lenses

\$25 Copay

Up To \$50

Trifocal Lenses

\$25 Copay

Up To \$65

Contacts

Fitting and Evaluation

Up To \$60

N/A

Lenses

Conventional Contacts

\$130 Allowance

Up to \$105

Disposable Contacts

\$130 Allowance

Up to \$105

*Frame allowance is \$150 at select locations. \$70 allowance at Costco, Wal-Mart and Sam's Club; 20% off remaining balance does not apply.

Voluntary Accident Coverage

Accident coverage helps to pay for expenses associated with a covered accident or injury.

Covered injuries include:

Broken bones, Burns, Torn ligaments, Concussions, Eye injuries, Ruptured discs, Cuts requiring stitches, and more.

\$50 Health screening benefit each year for covered members

Voluntary Hospital Indemnity Coverage

Hospital indemnity insurance pays benefits directly to you for hospital admissions and stays.

Most commonly paid benefits:

Hospital admissions and confinements due to child birth, accidents and illnesses.

Voluntary Critical Illness Coverage

Critical Illness coverage pays a lump-sum benefit upon the diagnosis of a covered condition.

Employees can elect \$5,000, \$10,000, \$15,000 or \$20,000 of coverage for themselves.

Spouses and children can be covered at 50% of the employee's election.

Covered conditions include:

Invasive cancer, Heart attack, Stroke, Paralysis, Renal (kidney) failure, Major organ failure, Loss of sight, and more.

\$100 Health screening benefit each year for covered

Rates are based on the employee's attained age, the amount of coverage being elected and who is being covered. Applicable rates can be found in UKG Benefits Administration.

Voluntary Life and AD&D Coverage

Employee Benefit:

Choice of \$10,000 increments up to 5 times salary (to a maximum of \$500,000)

Guarantee Issue (for new hires only): \$250,000

Spouse or Domestic Partner Benefit:

Choice of \$5,000 increments up to \$50,000, not to exceed the employee's elected amount for themselves

Guarantee Issue (for new hires only): \$50,000

Child Benefit:

\$5,000 or \$10,000 for children up to age 26

Rates for employees and spouses or domestic partners are based on the employee's attained age. Applicable rates can be found in UKG Benefits Administration.

This benefit guide only highlights the major benefit provisions. Please visit UKG Benefits Administration for medical SBCs, benefit summaries, plan certificates and required annual notices. For complete benefit descriptions, see the plan certificates. Should any discrepancies arise between this guide and plan documents, the plan documents will govern in all cases.

ELIGIBILITY

For Medical Plans:

Employees in management or non-variable hour positions are eligible for coverage the first of the month following 60 days of employment.

Employees who are not in management or non-variable hour positions will be eligible if they average 25 or more hours per week during their new hire measurement period. New hires will have their hours tracked for 6 months starting the first of the month following their date of hire. If an employee averages 25 or more hours per week, UKG will send an email notification to the employee's email address on file. They will have 30 days to enroll in coverage. Coverage will be effective the first of the month following 7 months of employment. Following your initial measurement period, hours are measured from January to June and July to December each year. If an employee averages 25 or more hours, they are eligible for coverage the first of the month following a 2-month administrative period. If you don't enroll, your next opportunity will be during the next Open Enrollment or a permitted mid-year life event.

For Voluntary Benefit Plans:

Employees averaging 15 or more hours per week are eligible for coverage the first of the month following 60 days of employment.

Eligible Dependents for Medical and Voluntary Benefits:

Employees may choose to cover dependents including their spouse, domestic partner, dependent children under the age of 26 and disabled children over 26.

BI-WEEKLY COST

Coverage	Medical - Premium PPO	Medical - Base PPO	Medical - High Deductible	Dental	Vision	Accident	Hospital
Employee Only	\$145.50	\$99.00	\$71.50	\$14.86	\$2.85	\$4.83	\$4.10
Employee & Spouse	\$399.00	\$315.50	\$261.00	\$29.71	\$5.70	\$8.91	\$9.97
Employee & Child(ren)	\$347.00	\$256.50	\$206.00	\$27.51	\$4.75	\$9.70	\$6.87
Family	\$499.00	\$369.50	\$287.00	\$50.62	\$8.08	\$11.86	\$12.74

EMPLOYEE ASSISTANCE PROGRAM

At points in our lives we each face problems that are difficult to resolve. When these instances arise, SupportLinc is there to help. The SupportLinc Employee Assistance Program (EAP) is a company-sponsored resource that helps you and your family members deal with life's challenges. SupportLinc provides confidential, professional referrals and up to five (5) sessions of face-to-face counseling sessions for a wide variety of concerns, including: anxiety, depression, relationship problems, grief and loss, substance abuse, anger management and stress. In addition it offers consultation and planning with a financial counselor, legal consultation with a local attorney, consultation with identity theft recovery professionals, referrals for child and elder care, home repair, housing needs, education, pet care and much more.

Phone: 888-881-LINC (5462) **Web:** <https://leye.mysupportportal.com/>

WHERE TO ENROLL AND WHO TO ASK QUESTIONS

Employees can enroll online at <https://n12.ultipro.com>:

- From the employee profile, scroll down to Benefits> Manage My Benefits

Questions? Contact our Lettuce Benefits Team: benefits@lettuce.com

PERMITTED MID-YEAR ELECTION CHANGES

The benefit decisions you make at open enrollment or as a new hire are effective until the next open enrollment, unless you experience a permitted mid-year election life event. Permitted mid-year life events include marriage, birth/adoption, divorce/legal separation, a change in dependent eligibility, spouse gain or loss of employment. If you experience a life event, you have 30 days to login to UKG, choose Update My Benefits and submit a life event election change and provide required supporting documentation.