

07/01/2022 - 06/30/2023 Group Health Benefits Overview

New Hire Waiting Period: First of the month after 0 days of Full-Time employment

Cigna Medical Plan			
https://hcpdirectory.cigna.com/web/public/providers	Cigna Open Access Plus Plan National Point of Service		
IN NETWORK	Referrals Not Required		
Deductible (Individual/Family)	\$250 / \$500		
Doctor Copay (PCP/Spec)	\$5 / \$30		
Lab/X-Ray/Imaging	\$0 / \$0 / \$100		
Coinsurance	None		
Inpatient Hospital	No Charge After Deductible		
Out of Pocket Max (Individual/Family)	\$4,500 / \$6,550		
Lifetime Maximum	Unlimited		
OUT OF NETWORK			
Deductible (Individual/Family)	\$1,000 / \$2,000		
Coinsurance	20%		
Out of Pocket Max (Individual/Family)	\$6,000 / \$12,000		
EMERGENCY SERVICES			
Emergency Room (Copay Waived if Admitted)	\$200 After Deductible		
Urgent Care	\$50		
PRESCRIPTIONS			
Deductible	None		
Retail (Generic/Brand/Non-preferred brand	\$15/\$35/\$60/50% to \$100		
name/Specialty)	Ψ13/Ψ33/Ψ33/ €3 Ψ133		
EMPLOYEE BI-WEEKLY DEDUCTIONS			
Employee Only	\$102.46		
Employee + Child(ren)	\$189.55		
Employee + Spouse	\$235.66		
Family	\$286.89		

Cigna PPO Dental Plan

- Deductible: \$50/\$150 Combined in and out of network
- \$2,500 Annual benefit maximum per member
- Annual benefit maximum rollover available. See plan summary for additional details.
- Plan pays 100% for preventive service, 80% for basic services, 80% for major surgical services & 50% for major restorative services, in-network
- Ortho coverage available for children, up to age 19. Plan pays 50% up to \$1,500 lifetime maximum, innetwork

Employee Bi-Weekly Deductions		
Employee Only	\$8.66	
Employee + Child(ren)	\$16.02	
Employee + Spouse	\$19.91	
Family	\$24.24	

Unum / EyeMed Vision Plan

Annual Eye Exam: \$10 co-pay

• Frame Allowance: \$100, then 20% discount after allowance is exhausted

Lenses Without Upgrades: \$10 Copay

• Contact Lenses (in lieu of frames/lenses) \$100 Allowance

Employee Bi-Weekly Deductions		
Employee Only	\$1.34	
Employee + Child(ren)	\$2.49	
Employee + Spouse	\$3.09	
Family	\$3.76	

Mutual of Omaha Life/Accidental Death & Dismemberment (AD&D) - Company Paid

• Benefit: \$100,000

• Age Reduction: To 65% at age 65

Mutual of Omaha Short Term Disability (STD)- Company Paid

• Benefit: 60% of your weekly earnings up to a maximum of \$1,500 per week

• Benefit received is not subject to Social Security or Medicare Taxes

• Elimination Period (Calendar Days): 0 days for an injury; 7 days for an illness

• Benefit Duration: 13 weeks (when eligible for LTD)

Mutual of Omaha Long Term Disability (LTD) - Company Paid

• Benefit: 66.67% of your monthly earnings up to a maximum of \$8,000 per month

• Elimination Period: 90 days (when STD benefit expires)

Benefit Duration: Social Security Normal Retirement Age (SSNRA)*

*SSNRA Chart

Year of Birth	SSNRA – Benefit Duration
1943-1954	66 Years
1955	66 Years, 2 Months
1956	66 Years, 4 Months
1957	66 Years, 6 Months
1958	66 Years, 8 Months
1959	66 Years, 10 Months
On or After 1960	67 Years

Voluntary Life/AD&D, Spousal Life/AD&D & Dependent Life/AD&D

- Employee Benefit: Elect in \$10K increments up to \$300K or 5 x annual earnings
 - Guaranteed Issue Amount: \$100,000 Any amount over \$100K requires an Evidence of Insurability
 (EOI) form to be submitted for Underwriting review
- Spousal Benefit: Elect in \$5K increments up to \$150,000
 - o Guaranteed Issue Amount: \$25,000 Any amount over requires an EOI to be submitted for review
- Child Benefit: Amounts in \$1K (\$2K minimum enrollment) up to a benefit maximum of \$10,000
- 100% Employee Paid

NOTE: After the Open Enrollment Period, you cannot make changes to your coverage during the year unless you experience a "qualifying event". Employees have 30 days from the date of the event to notify HR & provide documentation supporting the event. Some examples of qualifying events include:

- Loss or gain of coverage through your spouse
- Loss of eligibility as a covered dependent
- Death of a covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation
- Change in employment status

This is only a brief summary of the benefits offered at Research & Engineering. Benefit summaries & other helpful resources can also be found on BenefitMall's Employee portal – https://ese.benefitmall.com

First Time Users:

User ID: LastName.Last4SSN.314829

Password: Your DOB in MM/DD/YYYY format (include forward slashes)

Should you need assistance or would like additional information on our group benefits, please feel free to contact our health insurance brokers. They are also here to help us utilize our plan effectively and work out any claim issues, coordinate benefits, and help you in any way needed.

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