



Benefits at a Glance

Benefit Plan Year August 1, 2022 - July 31, 2023

YesCare offers several benefits to provide health and financial security for you and your family, including medical, dental, vision and life and disability insurance coverage. This is a summary of those benefits to help you make the right decisions when you enroll.

Eligibility

You are eligible for benefits if you work at least 30 hours per week. Most of your benefits are effective on the first day of the month following 60 days of employment. You may enroll your eligible dependents, including your spouse and children, for coverage once you become eligible.

Medical Plan

You have a choice of three medical plan options. All pay 100% of the cost for preventive care and all include an annual deductible amount you must satisfy before the plan begins paying for a portion of your coinsurance

- SMART Choice HDHP with HSA
- SMART Value HDHP with HSA
- SMART Premium PPO Plan

Dental Plan

You have two dental plan options:

- Dental Base and Dental Buy-Up Plan

Vision Plan

We have two vision plans that both offer in-network and out-of-network benefits to help you pay for the cost of routine eye exams, glasses and contacts.

Life Insurance & Disability

YesCare provides basic life and accident insurance coverage to you of 1x your annual base salary, up to \$750,000. You have the option to purchase additional amounts of supplemental life and accident insurance.

YesCare offers you the option to purchase short-term disability coverage. Long-Term disability coverage is provided at no cost to you.

Retirement Plan

YesCare offers a 401(k) plan that allows you to contribute from 1% to 50% of your eligible pay (subject to the plan's limits) on a before-tax and/or Roth after-tax basis. The company provides a match of 50 cents for every dollar you contribute, up to a maximum of 4% of your eligible pay.

Medical Insurance

YesCare offers three medical plans through Anthem Blue Cross Blue Shield to meet your individual and family needs. All medical plan options pay 100% of the cost for in-network preventative care, including an annual physical.



Smart Value HDHP with HSA†		Smart Choice HDHP with HSA††		Smart Premium PPO Plan	
In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
You Pay		You Pay		You Pay	
Plan Year Deductible					
\$4,000	\$8,000	\$2,800	\$5,600	\$1,250	\$2,500
\$8,000	\$16,000	\$5,600	\$11,200	\$2,500	\$5,000
Plan Year Out-of-Pocket Maximum					
\$6,900	\$13,800	\$5,000	\$10,000	\$4,000	\$8,000
\$13,800	\$27,600	\$10,000	\$20,000	\$8,000	\$16,000
Coinsurance and Copays					
\$0	50%*	\$0	50%*	\$0	50%*
30%*	50%*	20%*	50%*	\$25 copay	50%*
30%*	50%*	20%*	50%*	\$50 copay	50%*
30%*	50%*	20%*	50%*	\$50 copay	50%*
30%* (SPP)		20%* (SPP)		\$250 copay per admit, then 20%* (SPP)	
Office or Ind. Lab: 30%* Facility: 40%* (SPP)	50%*	Office or Ind. Lab: 20%* Facility: 30%* (SPP)	50%*	Office or Ind. Lab: 20%* Facility: 30%* (SPP)	50%*
Office or Ind. Lab: 30%* Facility: 40%* (SPP)	50%*	Office or Ind. Lab: 20%* Facility: 30%* (SPP)	50%*	Office or Ind. Lab: 20%* Facility: 30%* (SPP)	50%*
30%* (SPP)	50%*	20%* (SPP)	50%*	20%* (SPP)	50%*
30%* (SPP)	50%*	\$250 Copay per admission and 20%* (SPP)	50%*	\$250 Copay per admission and 20%* (SPP)	50%*
PRESCRIPTION DRUG BENEFITS: INGENIO RX www.ingenio-rx.com , or 1-833-271-2374					
Pharmacy Plan Year Deductible					
Combined With Medical		Combined With Medical		\$100***	
				\$300***	
Retail Rx (up to 30-day supply)					
\$0	Not covered	\$0	Not covered	\$0	Not covered
30%*		\$10 copay*		\$10 copay	
30%*		\$35 copay*		\$35 copay	
30%*		\$60 copay*		\$60 copay	
30%*		\$200 copay*		\$200 copay	
Mail Order Rx (up to 90-day supply)					
30%*	Not covered	\$25*	Not covered	\$25	Not covered
30%*		\$87.50*		\$87.50	
30%*		\$200*		\$150	

* After deductible

** Must have a doctor's prescription for the medication (even if sold over-the-counter)

***Deductible does not apply to the Specialty Tier

† Includes wellness HSA contribution of \$250 each for employee and spouse. Additional Wellness Contribution also applies to the Choice plan




SPP: Savings Plus Plan benefits apply to the following In-Network services: All in-patient and out-patient facility services; Surgical services – in a hospital in-patient and out-patient setting; Surgical services – in an ambulatory or free-standing surgical facility setting; All emergency services; Ambulance services - air, ground, and water; High cost diagnostic, imaging, and genetic services; dialysis/hemodialysis – all settings; Infusion services – all settings. If an Out-Of-Network provider is used for these services, with the exception of Emergency Medical services and Emergency Transportation, plan payment will be based on 130% of the Medicare allowable rate.



Dental Insurance

YesCare is proud to announce our new dental partner for 2022, **MetLife**. You have the flexibility to visit with your dentist or any licensed dentist, in or out of network, but with one of the largest dental networks in the United States, it's likely your dentist is in the network. And, with some of the strongest discounts in the market, you get the best care with the lowest cost!





 YesCare <small>Say Yes To Exceptional Care</small>	 Base PPO Dental Plan		 Dental Buy Up Plan	
	IN-NETWORK	OUT-OF-NETWORK**	IN-NETWORK	OUT-OF-NETWORK**
Calendar Year Plan Maximum				
Individual	\$100	\$100	\$50	\$50
Family	\$300	\$300	\$150	\$150
Calendar Year Plan Maximum				
Per Individual	\$1,500		\$2,000	
	You Pay		You Pay	
Preventive Care - Deductible Does NOT Apply				
Benefits are payable immediately from the state date of an individual's benefits				
Exams, Cleanings, X-Rays, Fluoride Treatments, Sealants (Children under age 16), Space Maintainers (Children under age 14)	0%	0%	0%	0%
Basic Restorative Services				
Benefits are payable immediately from the state date of an individual's benefits				
Fillings, Root Canal Treatment, Gum Disease, Treatment, Oral Surgery, Labs, Simple & Surgical Extractions	20%*	20%*	20%*	20%*
Major Restorative Care				
Benefits are payable immediately from the state date of an individual's benefits				
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	50%*	50%*	30%*	30%*
Orthodontia				
Benefits are payable immediately from the state date of an individual's benefits				
Adults	Not covered		50% up to a lifetime maximum benefit of \$2,000 per individual; deductible waived	
Children				
* After deductible				
** Out-of-Network Benefits: The coinsurance amount is based on charges that are considered "reasonable and customary." You will be responsible for any amount billed over the reasonable and customary amount allowed when going out of network.				

Vision Insurance



Healthy eyes and clear vision are an important part of your overall health and quality of life. YesCare offers two options, a base plan and buy-up option, depending on the needs of your family.



	 BASE VISION PLAN		 BUY UP VISION PLAN	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	You Pay	Reimbursement	You Pay	Reimbursement
Routine or Diagnostic Examination				
Exam	\$20 copay	Up to \$45	\$10 copay	Up to \$45
Covered Services – Lenses/Frames				
Single-Vision Lenses	\$20 copay	Up to \$30	\$10 copay	Up to \$30
Lined Bifocals	\$20 copay	Up to \$50	\$10 copay	Up to \$50
Lined Trifocals	\$20 copay	Up to \$65	\$10 copay	Up to \$65
Lenticular	\$20 copay	Up to \$100	\$10 copay	Up to \$100
Frames*	Amount over \$100 allowance	Up to \$55	Amount over \$200 allowance	Up to \$70
Covered Services – Contacts in lieu of Frames/Lenses				
Contacts – Medically Necessary	\$20 copay	Up to \$210	\$10 copay	Up to \$210
Contacts – Elective	Amount over \$100 allowance	Up to \$80	Amount over \$200 allowance	Up to \$105
Fitting and Evaluation	\$60 copay	Cost applied to allowance	\$60 copay	Cost applied to allowance
Benefit Frequency				
Exams	Once every 12 Months		Once every 12 Months	
Lenses	Once every 12 Months		Once every 12 Months	
Frames	Once every 24 Months		Once every 12 Months	
Contacts	Once every 12 Months		Once every 12 Months	

Employee Contributions: Medical Plan

ANTHEM BCBS SMART VALUE HDHP WITH HSA			
BI-WEEKLY DEDUCTION			
ANNUALIZED PAY RATE*	< \$50,000	\$50,000 – \$100,000	> \$100,000
Employee	\$21.51	\$22.65	\$22.65
Employee + Spouse	\$118.16	\$124.38	\$124.38
Employee + Child(ren)	\$88.16	\$92.80	\$92.80
Employee + Family	\$156.84	\$165.09	\$165.09

ANTHEM BCBS SMART CHOICE HDHP WITH HSA			
BI-WEEKLY DEDUCTION			
ANNUALIZED PAY RATE*	< \$50,000	\$50,000 – \$100,000	> \$100,000
Employee	\$74.06	\$77.96	\$79.91
Employee + Spouse	\$220.08	\$231.66	\$243.08
Employee + Child(ren)	\$148.13	\$155.93	\$159.82
Employee + Family	\$285.68	\$300.71	\$308.23

ANTHEM BCBS SMART PREMIUM PPO PLAN			
BI-WEEKLY DEDUCTION			
ANNUALIZED PAY RATE*	< \$50,000	\$50,000 – \$100,000	> \$100,000
Employee + Spouse	\$373.22	\$392.87	\$392.87
Employee + Child(ren)	\$276.23	\$290.77	\$305.30
Employee + Family	\$477.33	\$502.45	\$527.57

¹ Full time annualized pay rate is based on 2,080 annual hours.

Employee Contributions: Dental and Vision

METLIFE DENTAL INSURANCE		
	BASE PLAN	BUY UP PLAN
Employee	\$10.68	\$25.35
Employee + Spouse	\$21.36	\$49.80
Employee + Child(ren)	\$24.02	\$54.03
Employee + Family	\$34.71	\$77.78

METLIFE VISION INSURANCE		
	BASE PLAN	BUY UP PLAN
Employee	\$1.91	\$3.64
Employee + Spouse	\$4.10	\$7.82
Employee + Child(ren)	\$3.42	\$6.53
Employee + Family	\$5.62	\$10.70