



Employee Benefits at a Glance

2024

Medical - United Healthcare	HDHP HSA Plan		In Network Plan	PPO Plan	
	In-Network	Out-of-Network	In-Network Only	In-Network	Out-of-Network
Calendar Year Deductible					
Individual	\$3,000	\$6,000	\$2,000	\$1,000	\$3,500
Individual within a Family	\$6,000	\$12,000	\$2,000	\$1,000	\$3,500
Family	\$6,000	\$12,000	\$5,000	\$2,500	\$7,000
Out-of-Pocket Maximum (Deductible Included)					
Individual	\$4,000	\$8,000	\$4,000	\$5,080	\$7,000
Individual within a Family	\$8,000	\$16,000	\$4,000	\$5,080	\$7,000
Family	\$8,000	\$16,000	\$10,000	\$12,700	\$17,500
Coinsurance	20%	50%	20%	10%	30%
Office Visit Copay					
Primary	20% after deductible	50% after deductible	\$35 co-pay	\$35 co-pay	30% after deductible
Specialist	20% after deductible	50% after deductible	\$50 co-pay	\$50 co-pay	30% after deductible
Urgent Care	20% after deductible	50% after deductible	\$50 co-pay	\$50 co-pay	\$50 co-pay
Virtual Visits					
Designated Virtual Provider	Covered in full	Not Covered	Covered in full	Covered in full	Not Covered
Emergency Room Services (waived if admitted)	20% after deductible		\$100 co-pay	\$250 co-pay	
Hospital/Inpatient Services	20% after deductible	50% after deductible	20% after deductible	10% after deductible	30% after deductible
Outpatient Services	20% after deductible	50% after deductible	20% after deductible	10% after deductible	30% after deductible
PRESCRIPTION DRUGS					
Calendar Year Deductible:	included in medical deductible	included in medical deductible		\$50 \$100	Not Covered
Individual					
Family					
Prescription Copays					
Retail Tier 1	\$10 after deductible	Not Covered	\$10	\$10	Not Covered
Retail Tier 2	\$35 after deductible		\$35	\$35	
Retail Tier 3	\$70 afterdeductible		\$70	\$70	
Mail-Order Tier 1	\$20 after deductible	Not Covered	\$20	\$20	Not Covered
Mail-Order Tier 2	\$70 after deductible		\$70	\$70	
Mail-Order Tier 3	\$140 afterdeductible		\$140	\$140	
Lifetime Maximum	Unlimited		Unlimited	Unlimited	

(New) One Pass Select - Employees enrolled in a UHC medical plan will have access to gyms and online classes at a discount. Go to myuhc.com for details.

Dental - United Healthcare	Dental HMO*	Dental PPO**	
	In-Network	In-Network	Out-of-Network
Calendar Year Deductible			
Individual	No Deductible	\$50	\$50
Family		\$150	\$150
Waived For	N/A	Preventive/Diagnostic Services	
Dental Plan Benefits			
Diagnostic & Preventive	You pay a copay for each covered procedure. See Plan Details for more information.	100%	100%
Basic Services		80%	80%
Major Services		50%	50%
Orthodontia		50%	50%
Annual Maximum Benefit	Unlimited	\$2,000	\$2,000
Lifetime Orthodontia Maximum	No lifetime max; 24 month treatment max	\$1,000	
Office Visit Copay	\$0	None	
Dependent Age Limits	None; plan covers children & adults	Children to age 19	
Out-of-Network Reimbursement Level	Out-of-Network coverage is not available	Out-of-Network benefits are limited to the PPO fee schedule.	

* DHMO is not available to employees in Dixon location.

** (New) Preventive services (exams, cleanings, x-rays & fluoride and sealants for children) do not count toward the \$2,000 annual maximum.

VISION - United Healthcare (Spectera)

	In-Network	Out-of-Network
Eye Exam - Once every 12 months	\$10 copay	\$40 allowance
Frame Retail Allowance		
Once every 12 months	\$130 allowance; then 30% off excess	\$45 allowance
Eyeglass Lenses Allowance:		
Once every 12 months	\$10 copay	\$40 - \$80 allowance (varies by lens type)
Contact Lenses Allowance - Once every 12 months (in lieu of eyeglasses)		
Formulary	\$10 copay; up to 4 boxes of disposables	\$130 allowance
Non-Formulary	\$130 allowance	
Medically Necessary	\$10 copay	\$210 allowance

BASIC LIFE/AD&D INSURANCE - Reliance Standard

Employee Benefit	Eligible Associates automatically receive Basic Life and AD&D insurance. The company pays the full cost of coverage. 1x base salary up to max of \$100,000 for each coverage. Remember to update your Beneficiary!
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VOLUNTARY TERM LIFE & AD&D - Reliance Standard

Employee Benefit	Elect up to 5 times salary, to a maximum of \$750,000. Employee must answer health questions for Term Life amounts over \$200,000. If you do not elect coverage during open enrollment or when first hired, all future elections will require evidence of insurability.
Spouse Benefit	\$10,000, \$25,000, \$50,000 or \$100,000 Maximum: 50% of employee benefit amount Employee will need to answer health questions for Term Life amounts over \$25K
Dependent Child Benefit	\$5,000 or \$10,000 (Under 6 months: \$500)
Waiver of Premium	Employees disabled prior to age 60, premiums waived until age 65
Benefit Reduction	Benefits will reduce 35% at age 65; additional 25% at age 70; 15% at age 75; 10% at age 80
Employee Contributions	Yes; 100% (Post-tax)
Voluntary Life & Voluntary AD&D	Plans can be elected separately

SHORT-TERM DISABILITY INSURANCE - Reliance Standard

	Core*	Buy-Up
Coverage Percentage	66.7%	66.7%
Maximum Benefit	\$500 per week	\$2,000 per week
Benefit Start Date for Accident	Day 8	Day 8
Benefit Start Date for Illness	Day 8	Day 8
Duration	25 Weeks	25 Weeks
Who Pays the Premium?	100% Arcade paid	100% Employee paid

* Residents of NY and NJ have the state mandated Short Term Disability Programs as their Core Benefit.

LONG-TERM DISABILITY INSURANCE - Reliance Standard

Coverage Percentage	60%
Maximum Benefit	\$10,000 per month
Benefit Start Date for Accident	Day 181
Benefit Start Date for Illness	Day 181
Duration	Later of SSNRA or age 65
Who Pays the Premium?	100% Arcade paid

FLEXIBLE SPENDING ACCOUNTS - United Healthcare

	Healthcare FSA	Limited Purpose FSA
Annual Contribution (2024 IRS Maximum)	\$3,200 - can be used for medical, prescription, dental and vision expenses	\$3,200 - only available to those enrolled in the HSA plan with an open HSA. Can only be used for dental and vision expenses.
Rollover Benefit	Up to \$640 of unused funds will roll over to the following plan year	
Dependent Care FSA (2024 IRS Maximum)	\$5,000 (\$2,500 if married filing separately) - use for day care, nursery school, day camp, pre-school & after school programs for children to age 13; for disabled spouse or disabled dependent of any age.	
Run-Out Period	You may submit expenses for reimbursement of FSA claims incurred 1/1/2024 - 12/31/2024 until Mach 31, 2025	

HEALTH SAVINGS ACCOUNT (HSA) - OptumBank

Annual Contribution (2024 IRS Maximum)	HSA bank account holders can choose to save in addition to the company funds up to \$3,550 for an individual and \$7,100 for family. (If you are age 55, you may contribute an additional \$1,000 catch-up contribution)
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HSA Eligibility for Enrollment - to be eligible, you must...

- be covered by a High Deductible Health Plan
- **NOT** be covered by another health plan that is not HSA compatible
- **NOT** be claimed as a dependent on another person's tax return
- **NOT** be enrolled in or have any funds in a Traditional FSA Plan
- **NOT** be enrolled in Medicare

Arcade Beauty will contribute to your HSA if you enroll in HDHP - \$600 for Employee Only coverage; \$1,200 if you enroll yourself and any dependents
THIS IS A HIGHLIGHT SHEET FOR YOUR QUICK REFERENCE ONLY. FOR FULL DETAILS OF YOUR BENEFITS, PLEASE REFER TO THE APPROPRIATE PLAN SUMMARIES IN YOUR BENEFITS BOOKLET OR ONLINE IN UKG.

Contacts & Information

Medical - Dental - Vision UNITED HEALTHCARE
www.UHC.com
Medical (888) 641-9141 • Dental (877) 816-3596 • Vision (800) 638-3120

Health Savings Account - OPTUM
PH: (866) 314-2320 • www.optumbank.com

Flexible Spending - UNITED HEALTHCARE
PH: (888) 641-9141 FSA Card: (866) 755-2648

Life and Disability - RELIANCE STANDARD
PH: (800) 351-7500 • www.rslclaims.com

Legal and ID Theft Protection - LEGAL SHIELD
PH: (800) 654-7757 • www.LegalShield.com

Accident - Critical Illness - Hospital Indemnity - SUNLIFE
PH: (800) 247-6875 • www.Sunlife.com

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