MEDICAL PLAN OPTIONS (all include Wellness)

PLAN NAME	EPO	HDHP (HSA)[1]		PPO		BUY UP PPO	
AETNA NETWORK NAME [2]	OA ELECT CHOICE EPO	OAMC NETWORK		OAMC NETWORK		OAMC NETWORK	
	IN NETWORK BENEFITS ONLY	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Deductible							
Individual:	$3,000	$5,000	$10,000	$1,000	$2,000	$300	$600
Family:	$6,000	$10,000	$20,000	$2,000	$4,000	$600	$1,200
Out-of-Pocket Maximum							
Individual:	$5,000	$5,000	$10,000	$4,500	$9,000	$2,500	$5,000
Family:	$10,000	$20,000	$40,000	$9,000	$18,000	$5,000	$10,000
Office Visits	$35 [3]	no charge for all covered services once the deductible has been satisfied	30%	$35 [3]	40%	$25 [3]	30%
Urgent Care	$75 [3]		30%	$75 [3]	40%	$50 [3]	30%
CVS Minute Clinic	no charge [3]		30%	no charge [3]	no charge [3]	no charge [3]	no charge [3]
Outpatient Surgery	20%		30%	20%	40%	10%	30%
Emergency Room	$500 [3]		deductible only	$500 [3]	$500 [3]	$300 [3]	$300 [3]
Inpatient Hospitalization	20%		30%	20%	40%	10%	30%
Prescription Drugs	Advanced Control Formulary [4]						
Preferred Generic:	$10 [3]	no charge once the deductible has been met	20%	$10 [3]	$10 + 20%	$10 [3]	$10 + 20%
Preferred Brand:	$30 [3]		20%	$30 [3]	$30 + 20%	$25 [3]	$25 + 20%
Non-Preferred Generic or Brand:	$50 [3]		20%	$50 [3]	$50 + 20%	$40 [3]	$40 + 20%
Specialty:	20% to $250 max		20%	copay above	copay above	copay above	copay above
	WEEKLY CONTRIBUTIONS Non-Tobacco Users [5,6]						
Employee:	$22.38	$26.54		$39.92		$61.85	
Employee & Spouse:	$137.54	$152.31		$181.62		$216.92	
Employee & Child(ren):	$110.08	$126.46		$141.23		$177.00	
Employee & Family:	$223.85	$249.23		$283.85		$338.08	

[1] High Deductible Health Plan—Please refer to the Health Savings Account description on page 9 for more information on how the Health Savings Account (HSA) portion of this plan works.

[2] Click on the hyperlink for access to the network for the plan option you are reviewing. Under **"Search as a Guest",** enter your zip code and you will be taken to the specific network to search for your provider.

[3] The Deductible is waived for services shown with a copayment amount.

[4] The Aetna Formulary is where you can check to see what copay will apply for your medication.

[5] Tobacco users will be charged $23.08 per week in addition to the contributions listed. You must attest to being tobacco free for 12 months to use the listed contributions.

[6] These contributions are being shown as weekly and your actual deduction may be slightly different due to rounding.

DENTAL PLAN OPTIONS

PLAN NAME	DHMO [1]	BASE PPO		HIGH PPO	
AETNA NETWORK NAME [2]	DMO/DNO	PPO/PDN with PPO II EXTEND		PPO/PDN with PPO II EXTEND	
	IN NETWORK ONLY	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Calendar Year Deductible Individual Family	None None	$50 $150	50 150	$50 $150	$50 $150
Annual Benefit Maximum	Unlimited	$1,000	$1,000	$2,000	$2,000
Preventive and diagnostic	Copayments vary per service provide. Please refer to the Plan 67i copay list for the detailed amounts.	No Charge[3]	No Charge[3]	No Charge[3]	No Charge[3]
Restorative (fillings)		20%	20%	20%	20%
Extractions		20% - 50%	20% or 50%	20%	20%
Endodontics (root canals)		20% - 50%	20% or 50%	20%	20%
Periodontics		20% - 50%	20% or 50%	20%	20%
Crowns, bridges &		50%	50%	50%	50%
Orthodontic Services Children up to age 19 Adults		Not Covered	Not Covered	50% to $2,000 Not Covered	50% to $2,000 Not Covered
	WEEKLY PRE-TAX COST [4]				
Employee:	$3.40	$8.19		$9.67	
Employee & Spouse:	$6.80	$16.39		$19.33	
Employee & Child(ren):	$7.65	$18.44		$21.75	
Employee & Family:	$11.05	$26.63		$31.42	

[1]The Dental HMO plan is available throughout the country. However, there are some locations where network providers are not available. Aetna requires you to have coverage in the area of your home zip code. Please verify your eligibility for this plan by locating and selecting a Primary Dental Office near your home. Also, please remember there are no benefits payable for services received from a provider who is not in the Aetna DMO/DNO network.

[2] Click on the hyperlink for access to the network for the plan option you are reviewing. Under **"Search as a Guest",** enter your zip code and you will be taken to the specific network to search for your provider.

[3] The Deductible is waived for your preventive services and the amount paid by Aetna to your provider will not count against your annual maximum.

[4] These contributions are being shown as weekly and your actual deduction may be slightly different due to rounding.

VISION PLAN

NETWORK NAME [1]	AETNA VISION AETNA VISION PREFERRED NETWORK	
	In-Network	Out-of-Network
Routine Exams—Once every 12 months	$10 copay	Plan pays up to $32
Frames—Once every 12 months	$130 allowance	Plan pays up to $90
Lenses—Once every 12 months		
Single Vision	$25 copay	Plan pays up to $10
Bifocal	$25 copay	Plan pays up to $25
Trifocal	$25 copay	Plan pays up to $55
Contacts—Once every 12 months		
Medically necessary	$0 copay	Plan pays up to $200
Elective	$130 allowance	Plan pays up to $104
	WEEKLY PRE-TAX COST [2]	
Employee:	$1.61	
Employee & Spouse:	$3.06	
Employee & Child(ren):	$3.22	
Employee & Family:	$4.74	

[1] Click on the hyperlink for the network and then click on "Find a Provider" to begin your search for in network vision providers.

[2] These costs are being shown as weekly and your actual deduction may be slightly different due to rounding.

VOLUNTARY SUPPLEMENTAL LIFE PLAN

CIGNA/NEW YORK LIFE BENEFIT SOLUTIONS

Benefit Amounts

- **Employee: $25,000 up to $150,000 (increments of $25,000)**
- **Spouse: $5,000 up to $50,000 (increments of $5,000 but not more than 50% of the employee's selection)**
- **Child(ren): $10,000 (limited to $500 benefit for children up to 6 months old)**

All amounts of insurance are Guarantee Issue this means no health questions are required to be answered during this initial open enrollment. Matching Accidental, Death and Dismemberment (AD&D) coverage is added to your benefit when you enroll.

Additional Benefits from Cigna at no cost to you:

EMPLOYEE ASSISTANCE PLAN – EAP
HEALTH ADVOCACY – support and guidance for health and insurance related needs
SECURE TRAVEL – travel assistance pre-travel and during emergencies
SECURE ADVANTAGE – Identity theft education and guidance and money coaching

Employee Age	<35	35 - 39	40-44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70-74	75-79	Child(ren)[1]
MONTHLY rate per $1,000 of insurance for employee or spouse and includes AD&D	$0.07	$0.10	$0.14	$0.21	$0.29	$0.45	$0.74	$1.17	$1.89	$3.31	$2.10

[1] The rate for Child(ren) is shown for the $10,000 benefit. All the above rates are paid on a post-tax basis.

SHORT & LONG TERM DISABILITY PLANS

	CIGNA (NEW YORK LIFE BENEFIT SOLUTIONS)	
	SHORT TERM DISABILITY	**LONG TERM DISABILITY**
Elimination Period for an Accident or Illness	**7 days**	**90 days**
Percentage of Earnings	**60%**	**60%**
Maximum Covered Earnings	**$2,500 per week**	**$10,833 per month**
Maximum Benefit	**$1,500 per week**	**$6,500 per month**
Benefit Duration Period including elimination period	**13 weeks**	**Social Security Normal Retirement Age (SSNRA)**
	Rate is per $10 of weekly benefit [1]	**Rate is per $100 of covered monthly salary [2]**
	$0.492	**$1.140**

[1] Short Term Disability monthly premium is calculated as follows:

Weekly salary X 60% will get your weekly benefit amount. Take your weekly benefit and divide it by $10; then multiply that amount by the rate of $.492 to get your monthly premium cost.

Example—employee earns $1,000/week; $1,000 X 60% (.6) = $600; $600 ÷ $10 = 60; 60 X $0.492 = $29.62 cost per month.

[2]Long Term Disability monthly premium is calculated as follows:

Monthly salary ÷ 100 X $1.14 to get your monthly premium.

Example—employee earns $52,000/year; $52,000 ÷ 12 = $4,333.33 monthly salary; $4,333.33 ÷ 100 = 43.33 X $1.14 = $49.40 cost per month.

Your online enrollment system will calculate the cost of these benefits for you along with ensuring you are not including any income above the maximum covered amounts.

GUARDIAN VOLUNTARY PLANS

	GUARDIAN CRITICAL ILLNESS			
	$10,000 PLAN		$20,000 PLAN	
Benefit Amounts				
Employee	$10,000		$20,000	
Spouse	$5,000		$10,000	
Child	$2,500		$5,000	
Wellness Benefit per year	$75		$75	
WEEKLY POST-TAX COST [2]	**Employee[1]**	**Spouse**	**Employee[1]**	**Spouse**
< 30:	$1.62	$0.81	$3.23	$1.62
30 - 39:	$2.03	$1.02	$4.06	$2.03
40 - 49:	$3.67	$1.83	$7.34	$3.67
50 - 59:	$6.90	$3.45	$13.80	$6.90
60 - 69:	$12.00	$6.00	$24.00	$12.00
70 +:	$21.78	$10.89	$43.57	$21.78

[1]The employee rate includes any eligible children.

	GUARDIAN ACCIDENT
Benefit Amounts	
Employee	$50,000
Spouse	$50,000
Child	$10,000
Wellness Benefit per year	$75
WEEKLY POST-TAX COST [2]	
Employee:	$4.90
Employee & Spouse:	$8.13
Employee & Child(ren):	$8.49
Employee & Family:	$11.72

[2] These costs are being shown as weekly and your actual deduction may be slightly different due to rounding.

	GUARDIAN HOSPITAL INDEMNITY
Benefit Amounts	
Hospital / ICU Admission	$1,500
Hospital Confinement	$200
ICU Confinement	$200/day (day max.)
Wellness Benefit per year	$75
WEEKLY POST-TAX COST [2]	
Employee:	$7.79
Employee & Spouse:	$15.14
Employee & Child(ren):	$12.27
Employee & Family:	$19.62

HEALTH SAVINGS ACCOUNT (HSA)

The HSA and FSA Plans are administered by TPA SYSTEMS. The amounts below are annual maximums and company contributions will be pro-rated based on the date you begin your participation in the plan. Please keep in mind the IRS will take into account any money you may have contributed to an HSA under a prior plan with American Surgical Holdings or different employer during the calendar year.

	2021 IRS CONTRIBUTION LIMITS	COMPANY ANNUAL CONTRIBUTION	Weekly Payroll	MAXIMUM AMOUNT YOU CAN CONTRIBUTE FOR 2021 (If you receive the full Company match)
		The Company will match 100% of your contribution up to the following per pay period maximums		
Employee	$3,600	$500	$9.62	$3,100
Employee & Spouse	$7,200	$1,000	$19.23	$6,200
Employee & Child(ren)	$7,200	$1,000	$19.23	$6,200
Employee & Family:	$7,200	$1,000	$19.23	$6,200
Over Age 55 Catch Up	$1,000	not applicable		$1,000

Money you contribute to your HSA is deducted on a pre-tax basis from your paycheck and can be modified during the plan year. You can use these funds to reimburse yourself for medical, dental or vision expenses for you or your dependents. Complete details on the HSA plan are posted on

FLEXIBLE SPENDING ACCOUNTS *

You may have funds deducted from your paycheck on a pre-tax basis to cover medical, dental or vision expenses for yourself or your dependents which are not paid for by your insurance plans. If you participate in the HSA Plan you may participate in a Limited FSA Plan only. The Limited FSA plan allows you to use the funds for dental and vision expenses only. The annual limit for either the FSA or Limited FSA is $2,750 for 2021.

You may also have funds deducted from your paycheck on a pre-tax basis to cover eligible child-care expenses. The annual limit for the Dependent Care FSA is $5,000.

Additional details about these plans are posted on KELLY PAYROLL.

* Enrollment in the FSA accounts effective July 1, 2021, is limited to FlexRn and new hires only.

FREQUENTLY ASKED QUESTIONS

What happens to the deductible I have already satisfied with Blue Cross Blue Shield TX or United Healthcare?

You will receive credit for any deductible satisfied under the previous American Surgical Holdings plans with Blue Cross. You will need to provide Aetna with a copy of your most recent Explanation of Benefits from Blue Cross or United Healthcare showing the deductible taken from January 1, 2021 through the date of your last claim.

How will I know if my doctor or dentist participates in the new Aetna networks?

We have provided links in this benefit guide to the various networks associated with the plans being offered. Click on the hyperlink on the network name (under the plan name) and you will be taken to the Aetna website. Under 'Search as a Guest', enter your home zip code or the zip code of area you wish to search and you will be directed to the next page where you can complete your search. In addition, we have posted a "Doc Find" document on your electronic enrollment page.

IMPORTANT NOTE: If you want to participate in the Dental HMO (DMO) you must select a Primary Dental Office. **Make sure to have the Dental Office code available when you enroll electronically.** Although the network covers most areas, there are a few which are not serviced by this plan. It is very important to confirm the network availability for your home address in order to select this dental plan option.

Are my prescription medications covered on the Aetna medical plans?

All the medical plans being offered use the same Formulary (list of covered medications) and we have included the link on the medical benefit table and here: Aetna Advanced Control. You can look up your medication and determine what copay level will apply.

How do I reach the insurance company if I have a specific question?

Your ID card will have the customer service number printed on the back and once you register with Aetna you can communicate with them electronically or via telephone. We have included a quick reference page in this guide with the customer service telephone numbers for all the plans we offer. (See page 10)

IMPORTANT CONTACT INFORMATION

MEDICAL	AETNA	877-204-9186
PHARMACY (MEDICAL)	AETNA	888-792-3862
DENTAL	AETNA	877-238-6200
VISION	AETNA	877-973-3238
BASIC LIFE w/AD&D, VOLUNTARY LIFE w/AD&D, SHORT & LONG TERM DISABILITY	CIGNA—NEW YORK LIFE BENEFIT SOLUTIONS	800-36-CIGNA (800-362-4462)
HEALTH ADVOCACY	CIGNA	866-799-2725
LIFE ASSISTANCE PROGRAM (EAP)	CIGNA	800-538-3543 CignaLAP.com
MY SECURE ADVANTAGE	CIGNA	888-724-2262
SECURE TRAVEL	CIGNA	888-226-4567 (US and Canada) 202-331-7635 (International)
CRITICAL ILLNESS, ACCIDENT & HOSPITAL INDEMNITY	GUARDIAN	888-600-1600
HSA, FSA & LIMITED FSA	TPA SYSTEMS	713-641-4720
HUMAN RESOURCES (CMS/FlexRN)	Morgan Wallace Andrew Sepehri	410-793-4854 410-793-4662
HUMAN RESOURCES (CORPORATE & ASP)	John Himsel Priscilla Gomez	832-804-8712 832-804-8719

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