



# **Employee Benefit Booklet**

## **Effective 09/01/2024**

**VIEW AND MAKE CHANGES TO YOUR ENROLLMENT AT [Mattsplumbing.Ease.com](https://Mattsplumbing.Ease.com) (FIRST TIME  
USERS MUST RECEIVE AN INITIAL LOGIN EMAIL FROM EASE/HR)**

# Matt's Plumbing Services, Inc Benefit Contacts

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Carrier login sites to review benefits, claims, and access temporary ID cards:

## **UNITED HEALTHCARE MEDICAL:**

Provider Search at [www.myuhc.com](http://www.myuhc.com)

*Choice Network*

Member Services: 1-800-782-3158

## **UNITED HEALTHCARE DENTAL:**

Provider Search at [Dental Provider Search Link](#)

Member Services: 1-866-487-9301

## **UNITED HEALTHCARE VISION:**

Provider Search at [www.myuhcvision.com](http://www.myuhcvision.com)

Member Services: 1-800-638-3120

## **MANHATTAN LIFE ACCIDENT, CANCER, HOSPITAL INDEMNITY**

Claims Submission & Benefit Information at

Member Services: 1-855-448-6982

Easy Claim Submission: [Submit Claim Link](#)

For general questions about your benefits, please contact:

### **Broker Contact:**

Rod Kamuf, Acrisure

[rkamuf@acrisure.com](mailto:rkamuf@acrisure.com)

### **Account Manager Contact:**

Rochelle Ormsby, Acrisure

[rormsby@acrisure.com](mailto:rormsby@acrisure.com)

Direct Line: 727-772-4252

**Matt's Plumbing Services**  
**Group Health Plan Options Effective 09/01/2024**



<b>BENEFITS</b>	<b>Base Option</b> <i>UHC Level Funded - ProE250020i7021B</i>	<b>Buy Up Option 1</b> <i>UHC Level Funded - ProE200010i8021B</i>	<b>Buy Up Option 2</b> <i>UHC Level Funded - E500i8021B</i>
<i>Office Visit - PCP</i>	\$20 CoPay	\$10 CoPay	\$25 CoPay
<i>Office Visit - Specialist</i>	Designated: \$30 CoPay / Non-Desig: 30%	Designated: \$40 CoPay / Non-Desig: \$80 CoPay	\$75 CoPay
<i>Virtual Visits</i>	\$0 CoPay	\$0 CoPay	\$0 CoPay
<i>Wellness Exam and Tests</i>	No Charge	No Charge	No Charge
<i>Referral to Specialist</i>	No	No	No
<i>Network Name</i>	Choice	Choice	Choice
<i>Deductible (Once Per Calendar Year)</i>	\$2,500 Individual / \$5,000 Family	\$2,000 Individual / \$4,000 Family	\$500 Individual / \$1,000 Family
<i>Out of Pocket Max / Year</i>	\$8,150 Individual / \$16,300 Family	\$5,000 Individual / \$10,000 Family	\$4,000 Individual / \$8,000 Family
<i>Pharmacy - 4 Tier</i>	\$10 / \$40 / 30% / 50%	\$5 / \$30 / \$65 / \$150	\$10 / \$35 / \$75 / \$250
<i>Coinsurance</i>	30%	20%	20%
<i>Inpatient Hospital Facility</i>	30% after Deductible	20% after Deductible	20% after Deductible
<i>Outpatient Hospital Facility / Surgery</i>	30% after Deductible	20% after Deductible	20% after Deductible
<i>Emergency Room</i>	30% after Deductible + \$300 CoPay	20% after Deductible + \$300 CoPay	20% after Deductible + \$300 CoPay
<i>Urgent Care</i>	\$60 CoPay	\$25 CoPay	\$50 CoPay
<i>Clinical Laboratory / X-Ray</i>	30% after Deductible	\$40 CoPay	No Charge
<i>Advanced Diagnostic - MRI / CT Scan</i>	30% after Deductible	\$500 CoPay	20% after Deductible
<i>Maternity</i>	CoPay Initial Visit; then 30% after Deductible	CoPay Initial Visit; then 20% after Deductible	CoPay Initial Visit; then 20% after Deductible
<i>Out of Network Coverage</i>	N/A	N/A	N/A
<b><u>Weekly Pre-Tax Payroll Deduction</u></b>			
<i>Employee Only</i>	\$54.33	\$76.95	\$89.64
<i>Employee + Spouse</i>	\$167.66	\$216.07	\$243.23
<i>Employee + Child(ren)</i>	\$144.80	\$188.00	\$212.24
<i>Employee + Family</i>	\$274.05	\$346.66	\$387.40

**Matt's Plumbing Services**  
**Dental, Vision, and Group Life Insurance Effective 09/01/2024**



**PPO Dental**

	<u>Benefit</u>	<u>In-Network / Out-of-Network</u>
<i><b>Coinsurance</b> (Amount Insurance Pays)</i>	Preventive - Cleanings & Exams	100% No Deductible / 100% No Deductible
	Basic Services - Fillings & Oral Surgery	80% after Deductible / 80% after Deductible
	Periodontics - Scaling / Root Planning & Surgery	50% after Deductible / 50% after Deductible
	Major - Bridges, Crowns, & Dentures	50% after Deductible / 50% after Deductible
<i><b>Annual Plan Maximum</b></i>	In / Out-of-Network	Unlimited
<i><b>Orthodontia</b></i>		50% Covered (Child Only to Age 19)
<i><b>Annual Plan Maximum - Ortho</b></i>	In / Out-of-Network	\$1,000 Per Person Per Lifetime
<i><b>Waiting Period - Major Services</b></i>		No Wait
<i><b>Deductible</b></i>	Individual / Family	\$50 / \$150
<b><u>Weekly Pre-Tax Payroll Deduction</u></b>		
<i>Employee Only</i>		\$6.81
<i>Employee + Spouse</i>		\$13.61
<i>Employee + Child(ren)</i>		\$15.39
<i>Employee + Family</i>		\$23.34

**Vision**

	<u>Benefit</u>	<u>Co-Payment</u>
<i><b>Services &amp; Materials</b></i>	Exam	\$10
	Materials	\$25
	Frame Allowance	Up to \$150
<i><b>Frequencies</b></i>	Exam	1x / 12 Months
	Lenses	1x / 12 Months
	Frames	1x / 12 Months
<b><u>Weekly Pre-Tax Payroll Deduction</u></b>		
<i>Employee Only</i>		\$1.38
<i>Employee + Spouse</i>		\$2.61
<i>Employee + Child(ren)</i>		\$3.07
<i>Employee + Family</i>		\$4.32

**Life/AD&D Insurance**

<u>Benefit</u>	<u>Proceeds to Beneficiary</u>
Death	\$25,000
Accidental Death	\$50,000
Bodily Injury	Proceeds to Insured
Loss of Limbs / Sight	up to \$25,000
Terminal Illness	up to \$25,000
Waiver of Premium	up to \$25,000
	Yes
<b><u>Weekly Pre-Tax Payroll Deduction</u></b>	
<i>Employee Only</i>	\$0.00 - 100% Employer Paid

**Matt's Plumbing Services**  
**Voluntary Insurance Effective 09/01/2024**

**ManhattanLife Voluntary 24-Hour Accident Insurance**

<b>Benefits</b>	<u>Standard Plan</u>	<u>Enhanced Plan</u>
<i>Urgent Care</i>	\$100	\$150
<i>Doctor's Office Visit</i>	\$75	\$100
<i>Emergency Room Treatment</i>	\$75	\$100
<i>Ground Ambulance</i>	\$100	\$200
<i>Air Ambulance</i>	\$600	\$800
<i>First Hospitalization Benefit</i>	\$500	\$1,000
<i>Intensive Care Unit Admission</i>	\$1,000	\$2,000
<i>Hospital Confinement</i>	\$125 Per Day	\$250 Per Day
<i>Intensive Care Unit Confinement</i>	\$250 Per Day	\$500 Per Day
<i>Physical Therapy</i>	\$15	\$30
<i>Chiropractic Treatment</i>	\$30 Per Day	\$30 Per Day
<i>Concussion</i>	\$100	\$200
<i>Coma</i>	\$5,000	\$10,000
<i>Ruptured Disc</i>	\$200	\$400
<b><u>Weekly Pre-Tax Payroll Deductions</u></b>		
<i>Employee</i>	\$2.17	\$3.41
<i>Employee + Spouse</i>	\$3.53	\$5.68
<i>Employee + Child(ren)</i>	\$4.53	\$7.49
<i>Employee + Family</i>	\$5.89	\$9.78

**ManhattanLife Critical Illness / Cancer Insurance**

<b>Employee Flat Amounts</b>	<b>\$10,000</b>	<b>\$15,000</b>	<b>\$20,000</b>
<b>Spouse Amounts</b>	50% of Employee Amount		
<b>Child Amounts</b>	\$5,000		
<b>Diagnosis</b>	<b>Benefit Amount</b>		
<i>Myocardial Infarction</i>	100% of Benefit		
<i>Stroke</i>	100% of Benefit		
<i>Major Organ Failure</i>	100% of Benefit		
<i>Come</i>	100% of Benefit		
<i>Severe Burns</i>	100% of Benefit		
<i>Invasive Cancer</i>	100% of Benefit		
<i>Loss of Sight / Speech / Hearing</i>	100% of Benefit		
<i>Non-Invasive Cancer</i>	25% of Benefit		
<i>Coronary Artery Bypass Surgery</i>	25% of Benefit		
<i>Skin Cancer</i>	\$250		
<i>Health Screening Benefit</i>	\$50		
<i>Recurrent Critical Illness Benefit Rider</i>	Included		

*Pricing Depends on Age / Coverage Amount / Dependent Coverage. Please log into [www.mattsplumbing.ease.com](http://www.mattsplumbing.ease.com) to view employee specific pricing.*

**ManhattanLife Hospital Indemnity Insurance**

<b>Benefits</b>	<u>Plan</u>
<i>Hospital Indemnity</i>	\$100
<i>Pre-Existing Condition Limitation</i>	Waived
<i>Maternity Waiting Period</i>	300 Days
<i>Waiver of Premium</i>	Included
<i>First Admission</i>	\$1,000
<i>Intensive Care / Cardiac Care / Burn Unit</i>	\$100
<b><u>Weekly Pre-Tax Payroll Deductions</u></b>	
<i>Employee</i>	\$5.42
<i>Employee + Spouse</i>	\$10.21
<i>Employee + Child(ren)</i>	\$8.18
<i>Employee + Family</i>	\$12.97