



Employee Benefit Booklet

Effective 09/01/2024

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



Matt's Plumbing Services, Inc Benefit Contacts

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

UNITED HEALTHCARE MEDICAL:

Provider Search at 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

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

Account Manager Contact:

Rochelle Ormsby, Acrisure

rormsby@acrisure.com

Direct Line: 727-772-4252

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



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

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



PPO Dental

	Benefit	<u>In-Network / Out-of-Network</u>
<i>Coinsurance</i> <i>(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>Annual Plan Maximum</i>	In / Out-of-Network	Unlimited
<i>Orthodontia</i>	50% Covered (Child Only to Age 19)	
<i>Annual Plan Maximum - Ortho</i>	In / Out-of-Network	\$1,000 Per Person Per Lifetime
<i>Waiting Period - Major Services</i>	No Wait	
<i>Deductible</i>	Individual / Family	\$50 / \$150
<u>Weekly Pre-Tax Payroll Deduction</u>		
<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

	Benefit	<u>Co-Payment</u>
<i>Services & Materials</i>	Exam	\$10
	Materials	\$25
	Frame Allowance	Up to \$150
<i>Frequencies</i>	Exam	1x / 12 Months
	Lenses	1x / 12 Months
	Frames	1x / 12 Months
<u>Weekly Pre-Tax Payroll Deduction</u>		
<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>	<i>Proceeds to Beneficiary</i>
Death	\$25,000
Accidental Death	\$50,000
	<i>Proceeds to Insured</i>
Bodily Injury	up to \$25,000
Loss of Limbs / Sight	up to \$25,000
Terminal Illness	up to \$25,000
Waiver of Premium	Yes
<u>Weekly Pre-Tax Payroll Deduction</u>	
<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

<u>Benefits</u>	<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
<u>Weekly Pre-Tax Payroll Deductions</u>		
<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

Employee Flat Amounts	\$10,000	\$15,000	\$20,000
Spouse Amounts	50% of Employee Amount		
Child Amounts	\$5,000		
<u>Diagnosis</u>	<u>Benefit Amount</u>		
<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		
<i>Pricing Depends on Age / Coverage Amount / Dependent Coverage. Please log into www.mattsplumbing.ease.com to view employee specific pricing.</i>			

ManhattanLife Hospital Indemnity Insurance

<u>Benefits</u>	<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
<u>Weekly Pre-Tax Payroll Deductions</u>	
<i>Employee</i>	\$5.42
<i>Employee + Spouse</i>	\$10.21
<i>Employee + Child(ren)</i>	\$8.18
<i>Employee + Family</i>	\$12.97