



**Gallagher**

Insurance | Risk Management | Consulting



# 2022 **benefits** DIGEST

SMT's success comes from our innovative and passionate employees. With this in mind, we are pleased to provide this comprehensive and competitive benefit package. This 2022-2023 guide is intended to provide a detailed summary of the benefit programs available to all benefit eligible employees for the plan year February 1, 2022 through January 31, 2023.

**If you have comments, questions or other inquiries, please contact Human Resources.**

## Employee Eligibility

All employees working 30 hours or more per week are eligible for benefits. Some plans may have specific eligibility guidelines established by SMT and/or the federal government.

Benefits Begin:	1 <sup>st</sup> of the month following 30 days of employment
Medical & HRA Benefits Terminate:	End of the month following date of termination
FSA, Disability, & Life Benefits Terminate:	On date of termination
Dependent Age Limits	To age 26
Domestic Partner:	Medical, Dental, and Vision coverage available for same and opposite sex domestic partners

## Employee Assistance Program (EAP)

[www.liveandworkwell.com](http://www.liveandworkwell.com)

All benefit eligible employees and their eligible dependents are automatically enrolled in the EAP at no cost to you. This confidential service offers help and resources for services including stress and anxiety, childcare and elder care issues and many others. This benefit provides up to 3 face to face counseling sessions for free and unlimited phone support. Access online with code: FP3EAP or by phone at 877-660-3806.

# Medical Plan

[www.myuhc.com](http://www.myuhc.com) | 800-357-0978 or [healthy.kaiserpermanente.org](http://healthy.kaiserpermanente.org) | 800-464-4000

You have a choice of three medical plans. The Premier and HDHP/HSA medical coverage options are through UnitedHealthcare and are “open access” plans, which means that you do not need to select a primary care doctor nor will you need a referral to visit a specialist. As long as you remain in the network, your benefits will be covered at the higher in-network benefit amount. Your third medical coverage offering is an HMO through Kaiser Permanente. This plan requires you to designate a primary care doctor or “gatekeeper”. The medical chart below is a high-level summary of the plans. For further details, please visit the carriers’ websites for a listing of participating providers. In-network benefits are shown below; out-of-network benefits are available on UHC plans.

In-Network	UHC Premier Plan	UHC HDHP/HSA Basic Plan	Kaiser HMO Plan
<b>Benefit Year</b>	Contract: 2/1-1/31	Contract: 2/1-1/31	Contract: 2/1-1/31
<b>Preventive Care</b>	100%	100%	100%
<b>Office Visit</b>	PCP: \$0 Copay (Age 0-18) \$30 Copay (Age 19+) Specialist: \$60 Copay Virtual: \$0 Copay	PCP: 70%* Specialist: 70%* Virtual: 100%*	PCP: \$20 Copay Specialist: \$20 Copay Virtual: \$0 Copay
<b>Prescription Drugs (Tier 1/Tier 2/Tier 3)</b>	Retail: \$10/\$90/\$125 Mail: 2.5 x Copay (Advantage)	70%* (Advantage w/Core Plus Preventive)	Retail: \$10/\$30/20% <sup>3</sup> Mail: 2 x Copay
<b>Emergency Room</b>	\$500 Copay	70%*	\$100 Copay
<b>Urgent Care</b>	\$50 Copay	70%*	\$20 Copay
<b>Annual Deductible</b>	\$2,000/\$4,000	\$3,000/\$6,000 (Embedded - \$3,000) <sup>2</sup>	\$0/\$0
<b>Out-of-Pocket Maximum</b>	\$4,000/\$8,000	\$6,650/\$13,300 (Embedded - \$6,650) <sup>2</sup>	\$1,500/\$3,000
<b>Inpatient Care</b>	80%*	70%*	\$250 Copay
<b>Outpatient Care</b>	\$500 POD, then 80%* <sup>1</sup>	\$500 POD, then 70%* <sup>1</sup>	\$20 Copay
<b>Vision Care</b>	Not Covered	Not Covered	Routine Exam: 100% Hardware: \$175 Allowance

\*Coverage provided after Deductible

<sup>1</sup>Services provided at a Freestanding Facility or Physician’s Office will not be subject to a per occurrence deductible.

<sup>2</sup>For Family coverage, the Family Deductible and/or Out of Pocket can be met by any combination of family members, with no member exceeding \$3,000 in-network deductible and \$6,650 in-network out-of-pocket maximum.

<sup>3</sup>There is a \$200 per drug maximum for each 30 day supply of Specialty Drugs.

Certain over the counter preventive medications for which you have a prescription are now available at no cost.

During your annual physical if anything is discussed or performed outside of the healthcare reform approved screenings, your visit may not be covered at 100%.

## Virtual Visits for UHC Plans

[www.uhc.com/virtualvisits](http://www.uhc.com/virtualvisits)

UnitedHealthcare has partnered with telemedicine providers AmWell, Teladoc, and Doctor on Demand to provide you and your family with access to fast and convenient quality medical care available 24/7.

- This is intended for non-emergency care or behavioral health.
- Provides diagnosis and treatment (including some prescription drugs) by board-certified physicians for ailments such as allergies, sore throat, flu, respiratory infections etc.
- Consultations available online or through mobile applications available on iTunes and Google Play.
- On the Premier Plan, members will pay a \$0 copay.
- On the HDHP/HSA Basic Plan, members will pay a \$49 consultation fee for acute care until the deductible is met then virtual acute care is covered at 100%. Behavioral health visit cost will vary.

## Virtual Visits for Kaiser Plan

[www.kp.org/mydoctor/videovisits](http://www.kp.org/mydoctor/videovisits)

- This is intended for non-emergency care.
- Provides diagnosis and treatment (including some prescription drugs) by board-certified physicians for ailments such as allergies, sore throat, flu, respiratory infections etc.
- Consultations available online or through mobile applications available on iTunes and Google Play.
- Members will pay a \$0 copay.

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Note: The description in this document is intended to provide a general overview of your health & welfare benefit plans. For a complete description, please consult your policy.

# Employee Medical Deductions

Bi-weekly payroll deductions are withheld on a pre-tax basis.

MEDICAL	UHC Premier Plan	UHC HDHP/HSA Basic Plan	Kaiser HMO Plan
Employee	\$53.12	\$10.85	\$58.15
Employee + Spouse / DP	\$145.39	\$37.02	\$154.38
Employee + Child(ren)	\$125.08	\$31.89	\$139.85
Family	\$241.36	\$76.48	\$223.38

## Reimbursement Program

[www.probenefits.com](http://www.probenefits.com) | 888-722-8382

The Health Reimbursement Account (HRA) provides tax free reimbursement for qualified medical expenses for you and all dependent family members. The HRA provides coverage from 2/1-1/31. In order for the employee and dependents to be eligible for the HRA, the employee must be enrolled in the SMT Premier medical insurance plan. The final deadline for submission of claims is 90 days following the end of the plan year. Benefits are paid according to the following schedule:

Reimbursement for medical expenses equals 50% of eligible out-of-pocket medical expenses up to \$2,000 (per employee/family) per plan year.

## Health Savings Account

[www.optumbank.com](http://www.optumbank.com) | 844-553-7130

If you participate in the High Deductible Health Plan (HDHP), you are eligible to contribute to a Health Savings Account (HSA). The HSA is a personal savings account for health expenses. Employees may make pre-tax contributions to their HSA that can then be used to pay for eligible medical, dental or vision expenses as noted in Section 502 of the IRS Code. Items to consider:

- In 2022, participants can choose to save up to \$3,650 for an individual and \$7,300 for a family
- SMT contributes to your account as follows:

	INITIAL SMT CONTRIBUTION (ONE-TIME ONLY)	MONTHLY SMT MATCH
Employee	\$225	Up to \$60
Employee + Spouse	\$375	Up to \$115
Employee + Child(ren)	\$375	Up to \$115
Family	\$525	Up to \$170

- Eligible contributions are not taxable and funds roll over from year to year.
- The account is yours and is portable should you leave.
- You are not eligible to contribute to an HSA if you are on Medicare or covered under a non-HDHP or if you or your spouse participate in a full purpose FSA.
- You cannot use HSA funds to pay for a non-qualified tax dependent's medical expenses, even if the dependent is covered under your health plan. Typically, this applies to children over age 24.

## Flexible Spending Account

[www.probenefits.com](http://www.probenefits.com) | 888-722-8382

SMT offers our employees the opportunity to participate in a Medical Flexible Spending Account and/or a Dependent Care Account. These accounts allow you to save on tax dollars on either qualifying health related expenses or dependent day care expenses not reimbursed by insurance. The SMT Medical FSA and the SMT Medical HRA work together to help manage employees' out-of-pocket medical expenses; and it should be noted that HRA reimbursements occur prior to FSA reimbursements.

The maximum elections are as follows:

- \$2,850 for Medical
- \$5,000 for Dependent Care (per household)

The SMT Medical FSA permits an employee to carryover unused amounts up to \$570 per year and still contribute up to \$2,850 annually. The carryover feature does not apply to Dependent Care accounts. The final deadline for submission of claims is 90 days following the end of the plan year. If you participate in an HSA, you are restricted to a Limited Purpose FSA for dental and vision expenses. SMT also offers a pre-tax Transit plan, up to \$280/month.

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## Special Note: SMT Medical HRA & FSA Plans Coordination with existing HSAs

Employees who already have an HSA through a prior employer should seek professional guidance on the usage of those funds before participating in SMT's Medical HRA & FSA plans. While SMT offers the Medical HRA & FSA plans as a benefit to employees, it is the employee's responsibility to ensure appropriate use of any current or existing HSA allocations and to abide by current IRS regulations. Employees (or family members) who currently participate in an HSA may not be entitled to SMT HRA or FSA reimbursement coverage. In certain situations, a spouse participating in a current HDHP/HSA may be able to waive participation in the SMT HRA, thereby allowing coverage for the SMT employee and any dependent children.

### Dental Plan

[www.myuhc.com](http://www.myuhc.com) | 877-816-3596

Your dental plan is provided by UHC. Dentists who are in-network cannot balance bill you for amounts over the allowed charges. In-network dentists will always file claims on your behalf.

LEVEL OF COVERAGE	IN-NETWORK	OUT-OF-NETWORK
<b>Benefit Year</b>	Plan Year: 2/1 – 1/31	
<b>Preventive Care</b>	100%	
<b>Basic Care</b>	100%*	80%*
<b>Major Care</b>	60%*	50%*
<b>Orthodontia Care</b>	50% Child Only	
<b>Single/Family Deductible</b>	\$50/\$150	
<b>Benefit Maximum</b>	\$2,000 + Annual Rollover of \$500 up to \$1,500	
<b>Orthodontia Lifetime Maximum</b>	\$1,500	
<b>UCR Level</b>	Negotiated Fee	90 <sup>th</sup>

\*Coverage provided after Deductible

### Vision Plan

[www.myuhc.com](http://www.myuhc.com) | 800-638-3120

Your vision plan is provided by UHC. Using an in-network provider will lower your cost.

	IN-NETWORK	OUT-OF-NETWORK
<b>Benefit Frequency</b>	Exam- 12 months Lenses & Contacts- 12 months Frames- 24 months	
<b>Exam</b>	\$10 Copay	Up to \$40 Allowance
<b>Frames &amp; Lenses</b>	\$25 Copay <sup>1</sup>	Frames: Up to \$45 Allowance Lenses: Allowance varies from \$40-\$80
<b>Elective Contact Lenses in lieu of Lenses &amp; Frames</b>	Up to \$130 Allowance	

<sup>1</sup>Frames are covered up to \$130 Allowance plus discount on balance over allowance after copay.

### Employee Dental & Vision Deductions

Bi-weekly payroll deductions are withheld on a pre-tax basis.

	Dental	Vision
<b>Employee</b>	\$3.69	\$2.82
<b>Employee + Spouse / DP</b>	\$9.23	\$4.74
<b>Employee + Child(ren)</b>	\$12.92	\$4.84
<b>Family</b>	\$23.08	\$7.67

## Life Insurance

[www.myuhc.com](http://www.myuhc.com) | 888-299-2070

**Basic Life Insurance:** SMT provides all full-time employees with Basic Group Life Insurance coverage. The benefit is 2X salary up to \$100,000 and the premium is 100% paid by SMT. An age reduction schedule applies beginning at Age 70.

**Voluntary Life Insurance:** Additional elective life insurance is available for the employee, spouse and dependents

- Employee - \$10,000 increments, up to the lesser of 5 x salary or \$300,000; \$150,000 guarantee issue. Age reduction schedule applies beginning at Age 75.
- Spouse - \$5,000 increments up to the lesser of 50% of employee amount or \$150,000; \$50,000 guarantee issue. Coverage terminates at age 70.
- Dependents (14 days to age 26) - \$2,500 increments to the lesser of 50% of employee amount or \$10,000.
- Evidence of insurability (EOI) may be required if enrolling after you are first eligible.

## Disability

[www.myuhc.com](http://www.myuhc.com) | 888-299-2070

Short Term Disability (STD)	Long Term Disability (LTD)
100% SMT paid	100% SMT paid
Benefits begin after 7 days of disability for illness or injury	Benefits begin after a 90 day elimination period
Weekly benefit is 66.67% of salary, up to \$2,500/week	Monthly benefit is 60% of salary up to \$10,000/month
Benefit period is 13 weeks, including the 7 day elimination period	Benefit period is to Social Security Normal Retirement Age (SSNRA)
	3/12 pre-existing condition limitation applies*

\*A 3/12 Pre-existing condition exclusion applies: if you have been diagnosed, received care or treatment 3 months prior to your effective date, and your disability begins in the first 12 months of your coverage; you will be ineligible for benefits due to that condition.

*Note: Any premiums paid by an employee for domestic partner coverage (domestic partner and domestic partner's children) will be deducted from the employee's check on an after-tax basis. This is based on the assumption that the domestic partner and covered children are not the employee's tax dependents. If any of those covered individuals is a tax dependent, the employee must notify HR. In addition, the portion of the premium paid by the employer for levels of coverage beyond employee only coverage will be considered imputed income will be reported on the employee's Form W-2 each calendar year.*

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by legal counsel who specialize in this practice area.

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