



2024 | Benefits at a Glance

Plan Year: January 1, 2024 through December 31, 2024

CARRIER INFO	Carrier	Website	OneDigital CAC Contact Info
Medical	Angle Health	www.AngleHealth.com	1-866-736-6640/email: service@onedigital.com
Dental & Vision	Unum	www.unum.com	1-866-736-6640/email: service@onedigital.com
Vol. Life	Humana	www.humana.com	1-866-736-6640/email: service@onedigital.com

HUMANA MEDICAL	TRADITIONAL 5000	TRADITIONAL 3000	TRADITIONAL 1000
Physician/Specialist	\$25 / \$75	\$25 / \$50	\$10 / \$30
Individual Deductible	\$5,000	\$3,000	\$1,000
Ind. Out/Pocket Max	\$7,000	\$5,000	\$2,000
Coinsurance In	80%	80%	80%
Inpatient Hospital	\$300 copay After Deductible	\$250 copay After Deductible	\$200 Copay After Deductible
Emergency Room	\$300 copay After Deductible	\$250 copay After Deductible	\$200 Copay After Deductible
Urgent Care	\$85 copay	\$75 copay	\$50 Copay
Prescriptions	\$20 / \$60 / \$85 / 20% After Ded	\$15 / \$50 / \$75 / 20% After Ded	\$10 / \$30 / \$60 / 20% After Ded

UNUM DENTAL	Dental Plan	UNUM Vision	Vision Plan	VOL. LIFE
Deductible	\$50 (3 per family)	Exams Copay	\$10	Benefit Amount: EE Election
Annual Max	\$1,500	Frames	\$130 allowance per 24 months	AD&D: EE Election
Preventive	100%	Lenses	\$25 copay single vision per 12 months	Guaranteed Issue: \$75,000
Basic	80%	Contacts	\$0 necessary / \$130 elective	Minimum / Maximum:
Major	50%	Lasik	Not a covered benefit.	\$15,000 / \$100,000
Endodontics	Basic Services			
Periodontics	Basic Services			

*Employee deductions are pre-tax contribution per pay period for standard benefits

*Per pay period deductions	TRADITIONAL 5000	TRADITIONAL 3000	TRADITIONAL 1000	Dental Plan	Vision Plan
Employee only	<input type="checkbox"/> \$114.34	<input type="checkbox"/> \$133.30	<input type="checkbox"/> \$170.49	<input type="checkbox"/> \$26.18	<input type="checkbox"/> \$2.95
Employee + Spouse	<input type="checkbox"/> \$343.61	<input type="checkbox"/> \$381.52	<input type="checkbox"/> \$455.90	<input type="checkbox"/> \$53.47	<input type="checkbox"/> \$5.89
Employee + Child/ren	<input type="checkbox"/> \$366.54	<input type="checkbox"/> \$406.34	<input type="checkbox"/> \$484.44	<input type="checkbox"/> \$59.08	<input type="checkbox"/> \$6.62
Employee + Family	<input type="checkbox"/> \$664.58	<input type="checkbox"/> \$729.03	<input type="checkbox"/> \$855.48	<input type="checkbox"/> \$89.68	<input type="checkbox"/> \$10.34
Waive Coverage	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive	<input type="checkbox"/> Waive