

# 2024 Benefits-at-a-Glance

ALSAC is committed to offering best-in-class benefit options aimed at meeting the needs of our diverse workforce. Our employees' well-being is important to us. Therefore, our benefits are designed to be comprehensive, yet affordable, to ensure that our employees can take care of themselves and their families for years to come. Best of all, ALSAC is paying the employee-only portion of our medical plan while reducing the costs for all other coverage levels and tiers.



Health Plans		
Plan Type	Vendor	Options
Medical Insurance and Prescription Drug Coverage (combined offering)	CIGNA Healthcare (medical) CVS/Caremark (pharmacy)	Two Plan Options—Medical PPO Plan 1 and Medical PPO Plan 2 (see back page) Both PPO options include prescription drug coverage.
Fertility Treatment Benefit	Progyny	One Option—Services work in conjunction with the CIGNA medical plan
Dental Insurance	Delta Dental of TN	Two Plan Options—Dental PPO Plan 1 and Dental PPO Plan 2
Vision Insurance	VSP	Two Plan Options—Low Option Plan 1 and High Option Plan 2
Flexible Spending Accounts	Navia Benefit Solutions	Two Plan Options—Healthcare and Dependent Care

Life and Supplemental Insurance Plans		
Plan Type	Vendor	Options
Basic Life and Accidental Death and Dismemberment Insurance	SunLife	Company-paid benefit. Employees receive 1.5X their annual salary
Additional Life (employee)	SunLife	Coverage available in increments of \$25,000 up to \$400,000. Guaranteed issue of \$400,000 during initial offering period.
Additional Life Insurance (spouse/dependents)	SunLife	<b>Spouse:</b> Coverage available in increments of \$12,500 up to 100% of employee's election; Guarantee issue of \$100,000 during initial offering period. <b>Child(ren):</b> \$10,000 flat rate
Personal Accident (employee)	CIGNA Group Insurance	Coverage available from \$25,000 to \$400,000
Personal Accident (spouse/dependents)	CIGNA Group Insurance	Coverage Amount is a percentage of employee's election. Maximum amount for spouse: \$200,000 Maximum amount for dependent children: \$25,000
Business Travel Insurance	Chubb Group of Insurance Companies	Coverage amounts are tiered based on position with a minimum of \$25,000 and a maximum of \$400,000
Short Term Income Replacement (STIR)	SunLife	Company-paid benefit. Benefits are calculated based on the type of leave, earnings, and years of service. Weekly benefits payment will not exceed \$3,000.
Long-Term Disability Insurance	SunLife	Company-paid benefit. Provides for 60% of employee's pre-disability earnings up to \$15,000 monthly maximum
Supplemental Insurance	AFLAC	Three Coverage Types Offered—Accident Insurance, Critical Illness Insurance, Hospital Indemnity Insurance.

Time Off/Leaves of Absence	
Leave Type	Options
Holidays	Nine Paid Holidays—New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, Day After Thanksgiving, Christmas
Personal Days	Two Personal Days each fiscal year—one earned July 1 and one earned January 1
Vacation Days	Senior Directors and Above—20 days, Directors—15 or 20 days (based on years of service), All other employees—10, 15, or 20 days (based on years of service)
Sick Days	Hired after July 1, 2016—8 hours per month/ Hired before July 1, 2016—8 or 10 hours per month (based on years of service)
Leaves of Absence	Bereavement, Jury Duty, FMLA, Military, Paternity, Personal, Witness Duty, Voting Time

Retirement Plans		
Plan Type	Vendor	Options
401(k)	Principal	One Plan Option—Employees are auto-enrolled in 3% contribution with the option to change contribution amount. ALSAC contributes 7% after employees work one year and 1,000 hours.
457(b)* <i>*(for directors and above)</i>	Principal	One Plan Option

Additional Benefits	
Adoption Benefits	Discount Program through Working Advantage
Educational Assistance	Group Legal Plan through MetLaw
Employee Assistance Program through Magellan	Identity Theft through Identity Force
Medicare Assistance Program through Alliant Medicare Solutions	Parental Support Program through Urban Sitter
Wellness Support	

**Note:** This Benefits-at-a-Glance does not contain all provision or limitations of the ALSAC benefit plans. For coverage details, see each plan's Summary Plan Description on the ARC.

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## Medical, Dental, and Vision Plans Summary



Medical Plan Provisions	Medical PPO Plan 1		Medical PPO Plan 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$150	\$460	\$450	\$1,060
Family Deductible	\$450	\$1,260	\$1,350	\$3,050
Individual Out of Pocket Max	\$1,500	\$3,750	\$3,000	\$4,200
Family Out of Pocket Max	\$3,500	\$8,750	\$7,500	\$9,220
Physician Office Visit	\$15	30% Coinsurance	\$20	40% Coinsurance
Chiropractic (36 visits/year)	\$30		\$35	
Telemedicine	\$0		\$0	
Specialist Office Visit	\$30		\$35	
Urgent Care Center	\$35		\$40	
Preventive Care	\$0		\$0	
ER Visit (waived if admitted)	\$150	\$150	\$150	\$150
Outpatient Surgery, Inpatient Hospital Care, Hospice, Mental Health/Substance,	10% Coinsurance	30% Coinsurance	20% Coinsurance	40% Coinsurance
Infertility Treatment	Benefit provided by Progyny in coordination with the CIGNA medical option			
Prescription Drug Plan Provisions	Retail		Mailorder	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	31-Day Supply		31-Day Supply	
Generic	\$5	No Coverage	\$10	No Coverage
Brand Preferred	\$35		\$70	
Brand Non-Preferred	\$70		\$140	
Dental Plan Provisions	Dental PPO Plan 1		Dental PPO Plan 2	
Individual Deductible	\$50		\$0	
Family Deductible	\$100		\$0	
Annual Maximum (per member)	\$1,500		\$5,000	
Lifetime Orthodontia (per member)	\$1,000 (up to age 17)		\$1,500 (includes adults)	
Diagnostic & Preventive Care	0% (after deductible)		0% (after deductible)	
Basic Services	20% (after deductible)		20% (after deductible)	
Major Services	40% (after deductible)		40% (after deductible)	
Orthodontia	50% (after deductible)		50% (after deductible)	
Vision Plan Provisions	Low Option Plan 1		High Option Plan 2	
Exam	\$10 copay		\$10 copay	
Prescription Eyeglasses	\$25 copay		\$10 copay	
Lenses	100% after Copay		100% after Copay	
Contact Lenses (medically necessary)	100% after Copay		100% after Copay	
Eyeglass Frames (20% off amount over allowance)	\$130 Allowance		\$150 Allowance	
Contact Lenses (in lieu of eyeglasses)				
Lasik	Discounts Available			

2024 ALSAC Bi-Weekly Medical Rates (Non-Tobacco): *For tobacco rates, please add an additional \$10.00 to the amounts shown above						
PPO 1	Under \$50k	\$50k-\$150k	\$151k-\$250k	\$250k+	Total Monthly Cost	COBRA
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$966.41	\$985.74
Employee + Child(ren)	\$44.31	\$50.77	\$55.38	\$63.69	\$1,691.21	\$1,725.03
Employee + Spouse	\$60.46	\$68.77	\$74.77	\$85.85	\$1,932.82	\$1,971.48
Employee + Family	\$85.85	\$97.85	\$105.69	\$121.38	\$2,416.02	\$2,464.34
PPO 2	Under \$50k	\$50k-\$150k	\$151k-\$250k	\$250k+	Total Monthly Cost	COBRA
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$886.14	\$916.75
Employee + Child(ren)	\$53.00	\$62.00	\$66.00	\$77.00	\$1,550.73	\$1,604.29
Employee + Spouse	\$78.00	\$90.00	\$96.00	\$114.00	\$1,772.26	\$1,833.47
Employee + Family	\$101.00	\$115.00	\$125.00	\$152.00	\$2,215.33	\$2,291.84

2024 ALSAC Bi-Weekly Dental Rates		
	Dental PPO 1	Dental PPO 2
Employee Only	\$4.56	\$9.13
Employee + Child(ren)	\$9.13	\$18.26
Employee + Spouse	\$7.98	\$15.97
Employee + Family	\$11.41	\$22.82

2024 ALSAC Bi-Weekly Vision Rates		
	Vision Low	Vision High
Employee Only	\$2.85	\$3.35
Employee + Child(ren)	\$6.11	\$7.17
Employee + Spouse	\$5.71	\$6.70
Employee + Family	\$9.56	\$11.04