



At Schneck Medical Center, our employees are our most valuable asset. That's why we are committed to providing a comprehensive employee benefits program that helps you stay **HEALTHY**, feel **SECURE** and maintain a **WORK/LIFE BALANCE**.

Provided below is a high-level overview of our 2025 benefits.

Benefit	Provider	Description of Benefit (Refer to Plan Documents for complete details)			Have Questions?
Medical	SIHO	<b>PPO Deductible (Single/Family):</b> <b>NEW! Tier 1 - \$0/\$0</b> Tiers 2, 3, & Non-Network - \$1,000/\$2,000 <b>Out-of-Pocket Maximum (Single/Family):</b> \$5,000/\$10,000	<b>HDHP Deductible (Single/Family)</b> <b>Tiers 1, 2 &amp; 3 - \$1,650/\$3,300</b> <b>Out-of-Pocket Maximum (Single/Family):</b> \$5,000/\$10,000	<b>PPO &amp; HDHP</b> <b>Paid by plan after satisfaction of deductible</b> <b>NEW! Tier 1 - 100%</b> <b>Any service previously covered at 90% will now be covered 100%!</b> Tier 2 - 70%, Tier 3 - 60% Non-Network - 50%	<b>Read the Benefit Guide, Summary Plan Description, SBC</b>  <b>or</b>  <b>Call (812) 522-0518 or access Schneck Connect</b>
		<b>Don't forget! If your spouse is offered Medical Coverage through their Employer, they are <u>not</u> eligible for Medical Coverage with Schneck Medical Center!</b>			
Prescription Drugs	MaxorPlus	<b>The Pharmacy Benefits remain the same as 2024 – Copays apply to the PPO plan. Deductible and Coinsurance applies to the HDHP Plan</b>			Nondiscrimination Statement (Section 1557 requirement): Schneck Medical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Dental	Delta Dental	<b>Deductible (Single/Family):</b> \$25/\$50 <b>Annual Max Benefit:</b> Low Plan \$1,000 per person, Advantage Plan \$2,500 Plan pays 100% for diagnostic & preventive, 80% for basic, and 50% for major/ortho			
Vision	Vision Care Direct	<b>Vision Exam:</b> \$10 Copay <b>Prescription Glasses:</b> \$100 allowance for basic frames and basic lenses are covered at 100% <b>Contacts:</b> \$105 allowance for Elective Contact Lenses			
Group Life and AD&D	Symetra	<b>Non-Exempt Team Member:</b> 1x your annual base salary <b>Exempt Team Member:</b> 2x your annual base salary <b>Part-Time Critical Need:</b> \$50,000			
Voluntary Life Insurance	Symetra	<b>Team Member:</b> Up to \$500,000, or 5x your salary <b>Spouses:</b> Up to \$250,000, or 50% of Team Member's elected amount <b>Dependents:</b> Option 1 - \$10,000 or Option 2 - \$20,000			
Lifetime Term	Chubb	Cash benefits paid upon death, or can be used as a life insurance benefit to pay confinement, home health, and long-term care expenses			
Short Term Disability	Symetra	60% of your paycheck, up to \$1,000 per week, after a 14-day waiting period			
Long Term Disability	Symetra	60% of your paycheck, up to \$10,000 per month. Should you still be disabled after Short-Term Disability ends, Long-Term Disability begins following 180 days from the 1 <sup>st</sup> day of missed work			
Accident, Critical Illness, and Hospital Indemnity	Guardian	Accident Insurance, Critical Illness, and Hospital Indemnity are Voluntary Benefits offered through Guardian			
Health Savings Accounts	Johnson County Bank	You may contribute up to <b>\$4,300</b> for an individual and <b>\$8,550</b> for a family to an HSA. SMC will contribute \$500 for an Individual, \$1,250 for Employee/Spouse & Employee/Child(ren), and \$1,500 for a Family.			
Flex Spending Accounts	EBC	You may contribute up to <b>\$3,300</b> to the Limited or Medical FSA and \$5,000 to a DCFSA. You can rollover up to <b>\$660</b>			
Pet Insurance	Nationwide	Two budget friendly options are offered, along with a \$500 Wellness Option. Base Plan offers a \$250 Annual Deductible and \$7,500 in Annual Benefits			
PTO Exchange	PTO Exchange	PTO Exchange offers alternatives when cashing in banked PTO hours			

MEDICAL	
Biweekly Deductions (24 Pay Periods)	
Full-Time	PPO Plan
Employee Only	\$73.85
Employee + Spouse	\$153.49
Employee + Child(ren)	\$112.52
Family	\$223.03
Part-Time	PPO Plan
Employee Only	\$148.52
Employee + Spouse	\$301.77
Employee + Child(ren)	\$218.28
Family	\$444.48
Full-Time	HDHP
Employee Only	\$44.84
Employee + Spouse	\$82.41
Employee + Child(ren)	\$66.51
Family	\$135.39
Part-Time	HDHP
Employee Only	\$89.66
Employee + Spouse	\$164.81
Employee + Child(ren)	\$133.12
Family	\$270.77

DENTAL	Low Plan
Tier of Coverage	Cost per Pay Period
Employee Only	\$16.91
Employee + Spouse	\$33.94
Employee + Child(ren)	\$49.30
Family	\$66.63

DENTAL	Advantage Plan
Tier of Coverage	Cost per Pay Period
Employee Only	\$19.85
Employee + Spouse	\$39.86
Employee + Child(ren)	\$60.71
Family	\$81.06

VISION	
Tier of Coverage	Cost per Pay Period
Employee Only	\$4.55
Employee + Spouse	\$8.48
Employee + Child(ren)	\$9.28
Family	\$11.70

**Want to hear the best way to save on medical expenses?**

Utilize the free preventive services under our plan! The cheapest medical conditions are the ones you never have to treat. Living a healthy lifestyle, maximizing your nutrition, and staying active are all a part of that. But don't forget to take advantage of annual physicals, well baby visits, immunizations, and other screenings provided FREE under our plan.



Voluntary Life Rates for Employees & Spouses							
Age Range	Your Rate Per \$10,000	Age Range	Your Rate Per \$10,000	Age Range	Your Rate Per \$10,000	Age Range	Your Rate Per \$10,000
<25	\$0.60	35-39	\$1.01	50-54	\$3.87	65-69	\$13.79
25-29	\$0.64	40-44	\$1.52	55-59	\$6.26	70-74	\$21.85
30-34	\$0.80	45-49	\$2.35	60-64	\$9.09	75+	\$37.00

Life Rates for Child(ren)	Child(ren) Rate for \$10,000 Coverage		
	Option 1: \$2.00/month, Option 2: \$4.00/month		
AD&D Rates for All	Team Member	Spouse	Child(ren)
	\$0.22 per \$10,000	\$0.32 per \$10,000	\$0.32 per \$10,000