

401k Plan:

- ✦ Eligibility –One (1) year of Service & 1,000 hours
- ✦ Both Traditional and Roth 401k plans.
- ✦ Sedona will match your contribution - 100% of the first 3% of your compensation and 50% of the next 2% of your compensation.
- ✦ All matching contributions will be 100% vested immediately.

VOLUNTARY DENTAL COVERAGE:

Employee Only Coverage	\$5.00 per Week
Employee & Spouse Coverage	\$9.71 per Week
Employee & Children Coverage	\$10.02 per Week
Family Coverage	\$14.30 per Week

Choose **IN-NETWORK** Dentists for the best coverage at the lowest rate find a DenteMax provider at www.dentemax.com or by calling (800) 753-0404. Employees are responsible for 100% of dental insurance premiums.

- ✦ Calendar Year Deductible - \$50 deductible per individual/\$150 per family
- ✦ Calendar Year Maximum \$750.
- ✦ Cleanings, Exams, X-rays – Diagnostic and Preventative Services covered in full.
- ✦ Fillings, Root Canals – Basic/Restorative care covered at 80%.
- ✦ Dentures, Extractions, Crowns, Bridges – Major Services covered at 50% after 12 month waiting period.

VOLUNTARY VISION COVERAGE:

Employee Only Coverage	\$1.08 per Week
Employee & Spouse Coverage	\$2.16 per Week
Employee & Children Coverage	\$2.52 per Week
Family Coverage	\$4.02 per Week

Choose **IN-NETWORK** Optometrist for annual exams and glasses or contacts. Find an in-network provider at www.eyemed.com by calling (866) 939-3633. Employees are responsible for 100% of dental insurance premiums.

- ✦ Exam – Every 12 months \$10 Co-pay
- ✦ Materials- Every 12 months \$10 Co-pay (Based on lens type)
- ✦ Frames – Every 24 months, Up to \$100 Allowance
- ✦ Contact Lenses – Every 12 months (in lieu of frames), Up to \$80 Allowance.

What to do if your assignment ends:

If you are enrolled into any of Sedona's benefits and your assignment ends, you will be offered a COBRA packet. If COBRA is too expensive, please contact - The Marketplace.

Once you return to work for Sedona, you will be re-enrolled into the same benefits.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE:

If you are unable to work due to a short-term injury or illness that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time based on your disability. You can enroll into the STD with Companion Life Benefits at the low cost of **\$3.92 per week** for Employee Only.

Plan Details:

- ✦ STD benefit begins after 7 days of an illness or injury.
- ✦ STD pays up to 60% of pre-disability earnings to a maximum of \$650 per month.
- ✦ Employee pays 100% of the insurance premium.
- ✦ Pre-existing clause may apply.

*This benefit is not available for residents in New York or California.

VOLUNTARY LIFE AND AD&D INSURANCE:

You can buy additional Life Insurance through Companion Life at group rates. Accidental Death and Dismemberment (AD&D) provides an additional benefit if you die or become dismembered due to a specifically covered accident.

Plan Details:

- ✦ \$20,000 for employee only
- ✦ \$5,000 for Spouse ✦ \$2,500 for Dependents
- ✦ AD&D insurance benefit amount is 100% of the life amount.
- ✦ Employee pays 100% of the insurance premium

Employee Only Coverage	\$1.06 per Week
Employee & Spouse Coverage Employee + Children or Family	\$1.27 per Week

VOLUNTARY CRITICAL ILLNESS INSURANCE:

Companion Life Critical Illness helps protect you from the expense of a serious health issue such as a stroke, heart attack, or cancer. To enroll in coverage, select a lump-sum benefit which is paid directly to you. Rates are based on age of employee only. Employee + Spouse & Children rates are up to 50% of the employee amount.

When you choose either of the MEC Plus or MVP plan option, you'll receive \$10,000 of employee only Basic Life and AD&D coverage at no extra cost. **This is not included with the MEC Enhanced coverage.**



SEDONA STAFFING

Welcome to your 2023 Benefits!

Use this Benefit Guide as a resource to compare plans and learn more about the coverages available to you through your employer.

You have other Health Options Besides Employer Coverage!

Marketplace: Go to www.healthcare.gov to see what is available to you and your family or call: 1-800-318-2596.

Children's Health Insurance Plan (CHIP) –

Dependents are covered for FREE or as little as \$40 per month, per child within your state! You can be eligible with your employer and your dependents can be eligible with the CHIP Plan. For Family Care income guidelines within your state, visit:

<https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/>

The CHIP Plan covers the following benefits for either free or a minimal monthly cost based on your household and annual income: Routine check-ups, Immunizations, Doctor visits, RX, Dental and Vision care, Inpatient and Outpatient hospital care, X-ray & Laboratory services and Emergency services.

ELIGIBILITY AND ENROLLMENT:

- ✦ All associates are eligible to enroll in benefits, which will become effective at the 1st of the month following **59 days** of service with Sedona.

- ✦ Associates will be notified by mail of their enrollment opportunity 20 days prior to their effective enrollment date.

- ✦ Telephonic enrollment - SISCO at 844-631-6104 or enroll online at:

<https://sedonagroup2.tsebenefits.com>

MEDICAL INSURANCE

This is only a brief summary of the plans. For more details, including limitations and exclusions, please contact Benefits Department for a Summary Plan Description.
Review the medical plan options below to choose the plan that's best for you based on your medical needs and expenses in the upcoming year.

Plan Features	MEC Enhanced Plan CHART #1	MEC Plus Plan – CHART #2				MVP Plan – CHART #3				
	In-Network Only	In-Network		Out-of-Network		In-Network Only				
Plan Network	Multiplan Free Network		Multiplan / PHCS				Cigna Choice Fund PPO			
Employee Only - Deductible	NONE		NONE		\$500		First \$3,000 paid by employee			
Family - Deductible	NONE		NONE		\$1,000		First \$6,000 paid by employee			
Out-of-Pocket Maximum	(Includes deductible)		(Includes deductible)		(Includes deductible)		(Includes deductible)			
Individual	\$1,850		\$3,000		Unlimited		\$6,350			
Family	\$5,500		\$12,700		Unlimited		\$12,700			
Coinsurance	100%		100%		40%		60%			
Preventive Care	Covered in full		Covered in full		40% after deductible		Covered in full			
Primary Care Visit	\$20 copay		\$15 copay		40% after deductible		60% after deductible			
Specialist Visit	\$30 copay		\$25 copay		40% after deductible		60% after deductible			
Emergency Room	Not Covered (Urgent care network discount)		\$400 copay, *\$1,500 Maximum/ER Visit				60% after deductible			
Teledoc	\$0 copay		\$0 copay				\$45 copay per televisit			
Diagnostic Lab & X-ray	Not Covered - Network discount		\$50 copay		40% after deductible		60% after deductible			
Advanced Imaging	Not Covered		\$400 copay		40% after deductible		60% after deductible			
Inpatient Hospital Services & Surgery	No Hospitalization- Not Covered		No Hospitalization- Not Covered				60% after deductible			
Prescription Drug Plan	RETAIL SUPPLY		RETAIL SUPPLY				Retail Supply AFTER DEDUCTIBLE (AD) (1-90 Day Mail Order ONLY after deductible)			
	<u>1-30 Day</u>	<u>31-90 Day</u>	<u>1-30 Day</u>	<u>31-60 Day</u>	<u>61-90 Day</u>	<u>91 Day & More</u>	<u>1-30 Day</u>	<u>31-60 Day</u>	<u>61-90 Day</u>	<u>1-90 Mail</u>
Generic	\$12.00 copay	Not Covered	\$15 copay	\$30 copay	\$45 copay	\$37.50 copay	\$10 A.D.	\$20 A.D	\$30 A.D.	\$20 Mail Order
Preferred Brand	Not Covered	Not Covered	\$25 copay	\$50 copay	\$75 copay	\$62.50 copay	\$35 A.D.	\$70 A.D.	\$105 A.D.	\$70 Mail Order
Non-Preferred Brand	Not Covered	Not Covered	\$75 copay	\$150 copay	\$225 copay	\$187.50 copay	\$70 A.D.	\$140 A.D.	\$210 A.D.	\$150 Mail Order
Specialty	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not
	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered

MEC ENHANCED PLAN ONLY – CHART #1

Employee Cost Per Week: Chart #1 – Weekly Rate	Employee Only \$20.00 Per Week	Employee + Spouse/DP \$43.50 Per Week	Employee + Child(ren) \$39.50 Per Week	Employee + Family \$62.75 Per Week
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HOURLY PAY RATE CHART FOR MEC PLUS PLAN ONLY – CHART #2

Employee Cost Per Week: Chart - #2 Based on Hourly Rate	UP TO \$10.99/hr.	\$11.00-\$13.99/hr.	\$14.00-\$16.99/hr.	\$17.00-\$19.99/hr.	\$20.00 & over/hr.
Employee Only	23.00	\$30.00	\$34.15	\$39.00	\$45.00
Employee & Spouse	\$111.00	\$111.00	\$111.00	\$111.00	\$111.00
Employee & Child(ren)	\$101.08	\$101.08	\$101.08	\$101.8	\$101.08
Family	\$160.38	\$160.38	\$160.38	\$160.38	\$160.38

HOURLY PAY RATE CHART FOR MVP PLAN ONLY – CHART #3

Employee Cost Per Week: Chart - #3 Based on Hourly Rate	UP TO \$10.99/hr.	\$11.00-\$13.99/hr.	\$14.00-\$16.99/hr.	\$17.00-\$19.99/hr.	\$20.00 & over/hr.
Employee Only	\$24.61	\$30.09	\$38.30	\$46.51	\$54.72
Employee & Spouse	\$376.15	\$376.15	\$376.15	\$376.15	\$376.15
Employee & Child(ren)	\$342.69	\$342.69	\$342.69	\$342.69	\$342.69
Family	\$543.46	\$543.46	\$543.46	\$543.46	\$543.46