

# 2022 Benefit Summary



## MEDICAL

Benefit Provision	Anthem PPO Plan	Anthem HDHP w/HSA Plan
<b>Deductible</b>	Individual / Family	Individual / Family
In-Network	\$1,000 / \$2,000	\$2,800 / \$5,600
Out-of-Network	\$2,000 / \$4,000	\$6,000 / \$12,000
<b>Co-Insurance</b>	<b>20% Member/80% Anthem</b>	<b>10% Member/90% Anthem</b>
In-Network	20% / 80%	10% / 90%
Out-of-Network	40% / 60%	30% / 70%
Out of Pocket Max:	In Network: \$4,000 / \$8,000 Out of Network: \$5,000 / \$10,000	In Network: \$5,000 / \$10,000 Out of Network: \$8,000 / \$16,000
<b>Co-Pays</b>		
LiveHealth Online	\$15 co-pay	\$59
Physician Office: Primary Care	\$25 co-pay	10% after deductible
Physician Office: Specialist	\$50 co-pay	10% after deductible
Preventative/Well Baby	Covered at 100%	Covered at 100%
Emergency Services	20% after deductible	10% after deductible
Urgent Care Center	\$50 co-pay	10% after deductible
Inpatient Hospital Stay	20% after deductible	10% after deductible
Outpatient Surgery	20% after deductible	10% after deductible
Advanced Imaging (MRI, CT, PET)	20% after deductible	10% after deductible
<b>Mental Health</b>		
Outpatient	20% after deductible	10% after deductible
Inpatient	20% after deductible	10% after deductible
<b>Substance Abuse</b>		
Outpatient	20% after deductible	10% after deductible
Inpatient	20% after deductible	10% after deductible
<b>Pharmacy Coverage</b>	<b>Generic/Mail-order*</b>	<b>Generic/Mail-order*</b>
Retail Co-Pays	\$10 / \$30 / \$50 / 20%**	After Deductible \$10 / \$30 / \$50 / 20%**
Home Delivery Copays	\$25 / \$75 / \$125 / 20%*	After Deductible \$25 / \$75 / \$125 / 20%*
<p>*Mandatory mail order on maintenance prescriptions after the second refill at a retail pharmacy. You must use the mail order program for the third refill to have the prescription covered by the insurance. **Up to \$200 per script</p>		

## VISION

Benefit Provision	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$10 co-pay	\$50 maximum after \$10 co-pay
<b>Lenses (per pair, every 12 months)</b>		
Single Vision	\$25 co-pay	\$48 maximum after \$10 co-pay
Bifocal	\$25 co-pay	\$67 maximum after \$25 co-pay
Trifocal	\$25 co-pay	\$86 maximum after \$25 co-pay
Lenticular	\$25 co-pay	\$126 maximum after \$25 co-pay
Frames (every 24 months)	80% of amount over \$130	\$48 maximum after \$25 co-pay
Contact Lenses (Medically Necessary)	\$25 co-pay	\$210 maximum after \$25 co-pay

## DENTAL

Benefit Provision	Low Option	High Option
	<b>Individual/Family</b>	<b>Individual/Family</b>
<b>Deductible (Basic &amp; Major Services Only)</b>	\$50 / \$150	\$50 / \$150
Preventive Services	100% Covered	100% Covered
Basic Services	80% Covered	80% Covered
Major Services	Not Covered	50% Covered
Orthodontic Services*	Not Covered	50% Covered
<b>Dental Annual Maximum</b>	\$1,000 per covered member	\$1500 per covered member

\*Lifetime maximum for orthodontic services is \$1,500 for a child under the age of 18.

## HEALTH SAVINGS ACCOUNT

The high deductible plan is paired with a Health Savings Account which is a tax-free medical IRA. Under the HDHP medical plan, you are responsible for paying the full cost of prescriptions and covered medical services until you reach the individual deductible. The plan will pay for 90% for all covered services, except for Rx after reaching the deductible. This account is to help pay for the out-of-pocket medical, dental and vision expenses. The funds in this account roll over from year to year and are portable if an employee leaves the company. You must participate in the HDHP to be eligible for the HSA.

Health Savings Account			
	IRS Limits for 2022	Employer Contribution (Annual/Per Pay)	Annual maximum you can contribute
Employee Only	\$3,650	\$750	\$2,900
Employee Plus One	\$7,300	\$1,300	\$6,000
Employee Plus Family	\$7,300	\$1,300	\$6,000

## FLEXIBLE SPENDING ACCOUNTS

### Health Care Spending Account

A flexible spending account allows eligible employees to set aside money, through pre-tax payroll deductions, which can be used for certain out-of-pocket health care and dependent care expenses. Eligible employees can set aside a maximum of \$2,750 in pre-tax dollars each year to cover health care expenses not reimbursed by any medical, dental or vision care plan. The employee will receive a debit card to pay for eligible services as they are rendered. This card helps pay for services such as co-pays for physician office visits and prescription drugs. Employees must plan their annual amount carefully because the Internal Revenue Service (IRS) requires employees to forfeit the unused balance. Employees can roll over up to \$550 into the next plan year.

### Dependent Care Spending Account

Eligible employees can set aside a maximum of \$5,000 in pre-tax dollars annually to pay for dependent care expenses. In order for expenses to qualify, the daycare must be necessary to allow the employee or their spouse to work and/or attend school full-time. The employee can be reimbursed for dependent children under age 13 or a dependent child, spouse, or parent of any age who is physically or mentally unable to care for themselves and dependent on the employee for support.

## DISABILITY & LIFE

### Short Term Disability Coverage

Shentel provides Short Term Disability at no cost to full-time employees. This benefit replaces up to 60% of the employee's income in the event of a qualified sickness or injury that keeps the employee from working for up to 180 calendar days. Employees have a seven calendar day waiting period. The seven-day waiting period may run concurrently with the usage of available Banked PTO or PTO.

### Long Term Disability Coverage

Shentel provides basic Long Term Disability at no cost to full-time employees. After 180 days of continuous disability, the plan pays a benefit of 60% of the monthly income, up to \$10,000 per month (less social security, worker's compensation and income protection insurance) for a qualified illness or injury.

### Life and AD&D Insurance

All full-time employees receive employer-provided coverage of 2 times their annual salary at no cost to the employee. Employees may elect to purchase supplemental voluntary life and AD&D coverage for themselves, spouse and/or children. Rates are based on the age of the employee for voluntary and spouse coverage.

## PAID TIME OFF (PTO)

Full-time employee will receive annual hours and accrue PTO each pay period based on their years of service.

Years of Service	Annual Hours	Hours Per Pay	
Less than 1 year	80	3.08	<b>The following Holidays are recognized by Shentel:</b> New Year's Day / Memorial Day / Independence Day / Labor Day / Veteran's Day / Thanksgiving Day / Christmas Day
1-4 years	120	4.61	
5-15 years	160	6.15	
16-24 years	200	7.69	
25+ years	240	9.23	

## EDUCATIONAL ASSISTANCE

Financial assistance of up to \$4,000 annually is available for employees with 12 months or more of service who wish to pursue college classes. The course must provide enhanced knowledge or development of a specialize skill or function within the employee's functional or business segment; general communication and analysis skills; general business skills related to accounting, finance, marketing, business law, human resources and IT; or telecommunications and data related engineering and technology.