

2023 Hourly Benefit Summary

Our employees are our most valuable asset. That is why at Five Star Call Centers, we are committed to a comprehensive benefit program that helps our employees stay healthy, feel secure and maintain a positive work-life balance.

Below is a snapshot that provides you with information for each benefit we offer effective 8/01/2023 to 7/31/2024.

Type of Benefit		Deduction	Plan Information	
MEDICAL INSURANCE				
\$4,000 PPO Plan				
Deductible:	January 1 - December 31	Employee Deduction	Deductible: Single / Family	\$4,000 / \$8,000
Plan Year:	8/1/2023	Rate Per Paycheck (48)	Coinsurance	50% Wellmark
Website:	wellmark.com	Employee Only		50% Member
Contact:	800-524-9242	\$61.02 Non- Tobacco	Out of Pocket: Single / Family	\$8,000 / \$16,000
		\$91.02 Tobacco	Office Visit	Primary Care \$25 Copay
		Employee + Spouse	Specialty Care \$75 Copay	Telehealth \$0
		\$182.73 Non-Tobacco	Prescription Drug:	
		\$221.48 Tobacco	Tier 1 - Generics	\$0 Copay
		Employee + Child(ren)	Tier 2	25% up to \$200
		\$158.51 Non- Tobacco	Tier 3	50% up to \$200
		\$197.26 Tobacco	Tier 4	Deductible & Coinsurance
		Employee + Family		
		\$342.18 Non- Tobacco		
		\$380.93 Tobacco		
Spousal Surcharge of \$100 Monthly apply if spouse has access to other coverage.			Preventive Care, Screening and Immunizatin Covered at No Charge	
\$6,000 HDHP				
Deductible:	January 1 - December 31	Employee Deduction	Deductible: Single / Family	\$6,000 / \$12,000
Plan Year:	8/1/2023	Rate Per Paycheck (48)	Coinsurance	80% Wellmark
Website:	wellmark.com	Employee Only		20% Member
Contact:	800-524-9242	\$34.55 Non-Tobacco	Out of Pocket: Single / Family	\$7,500 / \$15,000
		\$50.80 Tobacco	Office Visit	Primary Care Deductible & Coinsurance
		Employee + Spouse	Specialty Care Deductible & Coinsurance	Telehealth Deductible & Coinsurance
		\$136.15 Non-Tobacco	Prescription Drug:	
		\$174.90 Tobacco	Tier 1 - Generics	Deductible & Coinsurance
		Employee + Child(ren)	Tier 2	Deductible & Coinsurance
		\$115.37 Non-Tobacco	Tier 3	Deductible & Coinsurance
		\$154.12 Tobacco	Tier 4	Deductible & Coinsurance
		Employee + Family		
		\$275.71 Non-Tobacco		
		\$314.46 Tobacco		
Spousal Surcharge of \$100 Monthly apply if spouse has access to other coverage.			Preventive Care, Screening and Immunizatin Covered at No Charge	
HEALTH SAVINGS ACCOUNT available with \$6,000 HDHP				
Website:	healthequity.com	2023 Contribution Limit	2024 Contribution Limits	Plan Year August -July
Contact:	866-735-8195	Self only \$3,850	Self only \$4,150	
		Family \$7,750	Family \$8,300	
FLEXIBLE SPENDING ACCOUNT				
Website:	healthequity.com	2023 Contribution Limit	Health Equity	
Contact:	866-735-8195	Self only \$1,500	Carryover: \$500	
		Family \$1,500		
DEPENDENT CARE SPENDING ACCOUNT				
Website:	healthequity.com	2023 Contribution Limit	Health Equity	
Contact:	866-735-8195	\$5,000		
DENTAL INSURANCE				
Delta Dental of SD				
Base Plan				Paid by Delta Dental
Plan Year:	August 1 - July 31	Employee Deduction	Preventive Care	100%
Website:	deltadentalsd.com	Rate Per Paycheck (48)	Basic Services	50%
		Employee Only	Major Services	No Coverage
Contact:	877-841-1478	\$5.88	Orthodontia	No Coverage
		Employee + Spouse	Deductible	Individual \$50
		\$11.75		Family \$150
		Employee + Child(ren)	Annual Maximum	\$1,000 per individual
		\$11.25		
		Employee + Family		
		\$18.00		
Enhanced Plan				Paid by Delta Dental
Plan Year:	August 1 - July 31	Employee Deduction	Preventive Care	100%
Website:	deltadentalsd.com	Rate Per Paycheck (48)	Basic Services	80%
		Employee Only	Major Services	50%
Contact:	877-841-1478	\$9.88	Orthodontia	50% up to a lifetime maximum benefit of \$1,000 per individual; deductible waived
		Employee + Spouse	Deductible	Individual \$50
		\$19.50		Family \$150
Endodontics Periodontics, Major Services, and Orthodontic have a 12-month waiting period for coverage		Employee + Child(ren)	Annual Maximum	\$1,500 per individual
		\$20.00		
		Employee + Family		
		\$29.25		

VISION INSURANCE		VSP		
Low Plan				
Website:	vsp.com	Employee Deduction Rate Per Paycheck (48)	Exam Lens	Once every 12 Months
Contact:	800-877-7195	Employee Only	Frames	Once every 12 Months
		\$2.26	Contacts	Once every 24 Months
		Employee + Spouse		Once every 12 Months
		\$3.62		\$10 / Up to \$60
		Employee + Child(ren)		*\$25 / Basic
		\$3.69		\$130 Allowance
		Employee + Family		\$130 Allowance / in lieu of glasses
		\$5.95		
				*Additional charges may apply to lenses based on selection
High Plan				
Website:	vsp.com	Employee Deduction Rate Per Paycheck (48)	Exam Lens	Once every 12 Months
Contact:	800-877-7195	Employee Only	Frames	Once every 12 Months
		\$3.11	Contacts	Once every 12 Months
		Employee + Spouse		Once every 12 Months
		\$4.97		\$10 / Up to \$60
		Employee + Child(ren)		*\$25 / Basic
		\$5.07		\$150 Allowance
		Employee + Family		\$150 Allowance / in lieu of glasses
		\$8.18		
				*Additional charges may apply to lenses based on selection
VOLUNTARY SUPPLEMENTAL BENEFIT		Allstate		
Voluntary - Employee Paid	Accident Employee	Critical Illness	Short Term Disability	Hospital Indemnity Employee
Rate Per Paycheck (48)	Plan 1: \$1.94 Plan 2: \$3.50	Rates are Age Banded	Rates are Age Banded	Plan 1: \$4.49 Plan 2: \$8.94
	Employee + Spouse	See your Employee Benefits Website for Rates		Employee + Spouse
	Plan 1: \$3.35 Plan 2: \$6.05			Plan 1: \$8.97 Plan 2: \$17.97
	Employee + Child (ren)			Employee + Child (ren)
	Plan1: \$5.13 Plan 2: \$9.05			Plan1: \$6.40 Plan 2: \$12.77
	Family			Family
	Plan1: \$6.41 Plan 2: \$11.87			Plan1: \$11.18 Plan 2: \$22.36
GROUP TERM & VOLUNTARY LIFE AND LTD		Lincoln Financial		
Group Life & AD&D Insurance - First of the Month Following 60 Days	Employer paid			\$10,000.00
Voluntary Group Term Life & AD&D First of the Month Following 60 Days	Employee paid	Employee	Increments of \$10,000 up to \$500,000 – not to exceed 5 x's Annual Earnings	
	Rates are Age Banded	Guaranteed Issue Spouse	\$100,000	
	See your Employee Benefits Website for Rates	Guaranteed Issue Child(ren)	Increments of \$5,000 up to \$250,000 – not to exceed 50% of Employee coverage.	
			\$25,000	
			14 Days to 6 Months - \$250	
			6 Months to Age 19 (25 Full Time Student) - \$10,000	

This is a general outline of covered benefits and does not include all the benefits, limitations, and exclusions of the policy. If there are any discrepancies between the illustrations contained herein and the insurance carrier proposal or contract, the insurance carrier materials prevail. See insurance company contract for full list of exclusions. Actual monthly and annual premium amounts may vary due to fluctuations in the enrollment counts and/or ages of covered persons over the previous and next year.