

All Locations Rusty's Weigh Scales Group Health Insurance and Benefits 2025

Current Rates Effective 1-1-2025

ELIGIBLE 1st Day of Month **AFTER 60 DAYS** of CONTINUOUS EMPLOYMENT to **REGULAR FULL-TIME*** EMPLOYEES
(*Work a minimum of 30 hours per week)

Premium Cost - Weekly & Monthly

UHC Dental - 5X497

<u>Weekly</u>		<u>Monthly</u>	
\$ 5.89	Total for Employee	\$ 25.54	
\$ 11.78	Employee + Spouse	\$ 51.06	
\$ 15.98	Employee + Child(ren)	\$ 69.23	
\$ 23.21	Employee + Family	\$ 100.59	

UHC Vision - S1077

<u>Weekly</u>		<u>Monthly</u>	
\$ 1.82	Total for Employee	\$ 7.88	
\$ 3.45	Employee + Spouse	\$ 14.96	
\$ 4.05	Employee + Child(ren)	\$ 17.54	
\$ 5.70	Employee + Family	\$ 24.69	

UHC Medical & Life

(4 Medical Plans Available to Choose From)

May take add'l Life Insurance up to \$80,000 for self, \$20,000 for Spouse, \$5,000 or \$10,000 for child(ren)

BCYE-2V

(Plan 1) **UHC PPO \$1500 Deductible**
ALL LOCATIONS

Co-Pay		Monthly	
\$25/\$50	Employee Only Health	\$ 611.00	
	Company Pays	\$ (488.79)	
\$1.56/wk Life \$25,000 (EE Pays)		\$ 6.75	

<u>Weekly</u>		<u>Monthly</u>	
\$ 28.20	Total for Employee	\$ 122.21	
\$ 197.37	Employee + Spouse	\$ 855.29	
\$ 140.99	Employee + Child(ren)	\$ 610.95	
\$ 324.28	Employee + Family	\$ 1,405.20	

BCYW-2V

(Plan 3) **UHC PPO \$2500 Deductible**
ALL LOCATIONS

Co-Pay		Monthly	
\$30/\$60	Employee Only Health	\$ 580.05	
	Company Pays	\$ (488.79)	
\$1.56/wk Life \$25,000 (EE Pays)		\$ 6.75	

<u>Weekly</u>		<u>Monthly</u>	
\$ 21.06	Total for Employee	\$ 91.26	
\$ 181.66	Employee + Spouse	\$ 787.21	
\$ 128.13	Employee + Child(ren)	\$ 555.25	
\$ 302.14	Employee + Family	\$ 1,309.26	

- ♦ Low Co-Pays for In-Office Physician Visits
- ♦ Prescription Drug Program - Tiers \$10 / \$35 / \$60

BCYF-2V

(Plan 2) **UHC PPO \$2000 Deductible**
ALL LOCATIONS

Co-Pay		Monthly	
\$30/\$60	Employee Only Health	\$ 592.86	
	Company Pays	\$ (488.79)	
\$1.56/wk Life \$25,000 (EE Pays)		\$ 6.75	

<u>Weekly</u>		<u>Monthly</u>	
\$ 24.02	Total for Employee	\$ 104.07	
\$ 188.17	Employee + Spouse	\$ 815.39	
\$ 133.45	Employee + Child(ren)	\$ 578.30	
\$ 311.30	Employee + Family	\$ 1,348.97	

DJ9A-2V

(Plan 4) **UHC PPO \$3000 Deductible**
ALL LOCATIONS

Co-Pay		Monthly	
\$35/\$70	Employee Only Health	\$ 488.79	
	Company Pays 100%	\$ (488.79)	
\$1.56/wk Life \$25,000 (EE Pays)		\$ 6.75	

<u>Weekly</u>		<u>Monthly</u>	
\$ -	Total for Employee	\$ -	
\$ 135.33	Employee + Spouse	\$ 586.45	
\$ 90.23	Employee + Child(ren)	\$ 390.99	
\$ 236.85	Employee + Family	\$ 1,026.37	

UHC Questions: Contact Della Gunn Hale
806-794-9798

Optional Additional Insurance Plans Available - Contact:

AFLAC

Christy Swift
(806) 632-1539

New York Life

Bill Atchley 806-298-2981
or 806-831-3602 (Cell)

All Benefits - Holiday Pay, PTO, Selected Benefit Plans, etc. - Begin the 1st Day of the Month Following the 60th day of Employment

PTO: accrues @ .92 hours/wk (Approximately 6 days per year); VAC: 40 hours after 1 year; 80 hours after 2 or more years

We have been diligent in preparing these documents and believe everything to be accurate; however, should there be a discrepancy, the actual policy/premiums will be considered the most accurate and will be what is used.

401K (Retirement)

John Hancock 800-333-0963

Contract # 126295 Enrollment Access # 603174

ALL LOCATIONS

<https://myplan.johnhancock.com/login>

- Company match up to 4% of employee contribution
- Vested immediately
- Pre-tax and Roth (Post-Tax) Deductions available

Enrollment and withholding changes can be done directly on the John Hancock website (see above) or you may obtain a paper form from Patty.

***Submitted 401K Enrollments and Changes
process the first of each month.***

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(*Work a minimum of 30 hours per week)

Premium Cost - Weekly & Monthly

UHC Dental - 5X497				UHC Vision - S1077			
Weekly			Monthly	Weekly			Monthly
\$	5.61	Total for Employee	\$ 24.32	\$	1.82	Total for Employee	\$ 7.88
\$	11.22	Employee + Spouse	\$ 48.63	\$	3.45	Employee + Spouse	\$ 14.96
\$	15.21	Employee + Child(ren)	\$ 65.93	\$	4.05	Employee + Child(ren)	\$ 17.54
\$	22.11	Employee + Family	\$ 95.80	\$	5.70	Employee + Family	\$ 24.69

UHC Medical & Life (4 Medical Plans Available to Choose From)

May take add'l Life Insurance up to \$80,000 for self, \$20,000 for Spouse, \$5,000 or \$10,000 for child(ren)

BCYE

(Plan 1) UHC PPO \$1500 Deductible ALL LOCATIONS			
Co-Pay			Monthly
\$25/\$50	Employee Only Health	\$	589.88
	Company Pays	\$	(487.41)

\$1.56/wk Life \$25,000 (EE Pays) \$ 6.75

Weekly			Monthly
\$	23.65	Total for Employee	\$ 102.47
\$	186.97	Employee + Spouse	\$ 810.21
\$	132.54	Employee + Child(ren)	\$ 574.32
\$	309.49	Employee + Family	\$ 1,341.11

BCYW

(Plan 3) UHC PPO \$2500 Deductible ALL LOCATIONS			
Co-Pay			Monthly
\$30/\$60	Employee Only Health	\$	559.99
	Company Pays	\$	(487.41)

\$1.56/wk Life \$25,000 (EE Pays) \$ 6.75

Weekly			Monthly
\$	16.75	Total for Employee	\$ 72.58
\$	171.80	Employee + Spouse	\$ 744.45
\$	120.12	Employee + Child(ren)	\$ 520.52
\$	288.10	Employee + Family	\$ 1,248.45

- ♦ Low Co-Pays for In-Office Physician Visits
- ♦ Prescription Drug Program - Tiers \$10 / \$35 / \$60

BCYF

(Plan 2) UHC PPO \$2000 Deductible ALL LOCATIONS			
Co-Pay			Monthly
\$30/\$60	Employee Only Health	\$	573.51
	Company Pays	\$	(487.41)

\$1.56/wk Life \$25,000 (EE Pays) \$ 6.75

Weekly			Monthly
\$	19.87	Total for Employee	\$ 86.10
\$	178.66	Employee + Spouse	\$ 774.20
\$	125.73	Employee + Child(ren)	\$ 544.85
\$	297.78	Employee + Family	\$ 1,290.37

DJ9A

(Plan 4) UHC PPO \$3000 Deductible ALL LOCATIONS			
Co-Pay			Monthly
\$35/\$70	Employee Only Health	\$	487.41
	Company Pays 100%	\$	(487.41)

\$1.56/wk Life \$25,000 (EE Pays) \$ 6.75

Weekly			Monthly
\$	-	Total for Employee	\$ -
\$	134.95	Employee + Spouse	\$ 584.79
\$	89.97	Employee + Child(ren)	\$ 389.89
\$	236.19	Employee + Family	\$ 1,023.47

**UHC Questions: Contact Della Gunn Hale
806-794-9798**

Optional Additional Insurance Plans Available - Contact:

AFLAC

Christy Swift
(806) 632-1539

New York Life

Bill Atchley 806-298-2981
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