

PRACTUS

PARTNER BENEFITS OVERVIEW

MEDICAL, DENTAL, VISION, LIFE, AND
ACCIDENTAL DEATH & DISMEMBERMENT



A LAW FIRM WITH A NEW PERSPECTIVE

PRACTUS

Practus partners with iSolved HCM (“iSolved”) and Benefits Commerce Group (“BCG”) to provide W-2 payroll, benefits, compliance, and other important HR and payroll related administrative support. iSolved works in conjunction with the firm’s benefits broker, Benefits Commerce Group to provide access to group medical, dental, vision, life and accidental death & dismemberment, and much more. This brief overview contains information about the benefits available to you and staff that you may have on your team.

We are committed to providing quality benefit programs that are comprehensive, flexible, and affordable. Giving our Partners and employees the best in benefit plans is one way we show our team that they are our most important asset. Eligible employees have many benefit plans to choose from, so we ask that you read this benefits overview carefully to make benefit elections that are the best fit for you and your family.

Open Enrollment begins in November with new plans going into effect on January 1st. Please note that all benefits in this overview are subject to change. This overview document is a guide and not a contract. We are happy to provide more comprehensive plan details upon request. Feel free to contact us any time!

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DEFINITION OF TERMS

What is a PPO?

A PPO, or “Preferred Provider Organization”, is a type of health plan that offers a larger network, so you have more doctors and hospitals to choose from. A PPO offers both “in” and “out” of network coverage.

What is a HSA (Health Savings Account)?

An HSA is a type of health plan that provides a tax savings vehicle to individuals covered by a High Deductible Health Plan. Funds deposited into the HSA account are used to pay for qualified medical, dental, and vision expenses, and over-the-counter medications. Your Health Savings Account belongs to you and can be used for medical expenses now or in the future, even into retirement. You do not lose funds if you don’t spend them. Your savings continue to grow. The firm provides a qualified HSA medical plan.

Need help finding a provider?

You can use the carriers look-up tool online:

UHC provider finder tool: www.myallsaversconnect.com

- Find a doctor*
- Sign in as Guest*

Ameritas provider finder tool: www.ameritas.com

- Find a Health Provider tab*
- Find a Dental Provider; OR*
- Find a Vision Provider*

Glossary of key terms: <https://www.healthcare.gov/glossary/>

This document is designed to be a high level summary of the benefits being offered. If there is a conflict, the plan document or Summary of Benefits Coverage (SBC) will govern.

MEDICAL PLAN OPTIONS

Benefit Highlights			
	\$1000 PPO Plan	\$4000 HSA Plan	\$2000 PPO Plan
Network	All Savers—Choice Plus	All Savers—Choice Plus	All Savers—Choice Plus
HSA Employer Contributions	N/A	N/A	N/A
Deductible Calendar Year	\$1,000 Individual \$2,000 Family	\$4,000 Individual \$8,000 Family	\$2,000 Individual \$4,000 Family
Coinsurance	You pay 20% Plan pays 80%	You pay 20% Plan pays 80%	You pay 20% Plan pays 80%
Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	\$7,000 Individual \$14,000 Family	\$5,000 Individual \$10,000 Family
Physician Office Visit	PCP -\$25 copay Specialist -\$75 copay	PCP -\$25 copay Specialist -\$75 copay	PCP- \$25 copay Specialist- \$75 copay
Preventive Care	Covered At 100%	Covered At 100%	Covered At 100%
Inpatient & Outpatient Services	Inpatient -You pay 20% after deductible Outpatient -\$75 copay	Inpatient -You pay 20% after deductible Outpatient -\$75 copay	Inpatient -You pay 20% after deductible Outpatient -\$75 copay
Emergency Room & Urgent Care Facility	ER -You pay 20% after deductible Urgent Care -\$50 copay	ER -\$300 copay Urgent Care -\$50 copay	ER -You pay 20% after deductible Urgent Care -\$50 copay
Prescription Drugs	Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$75 copay Tier 4: \$250 copay	Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$70 copay Tier 4: \$150 copay	Tier 1: \$10 copay Tier 2: \$35 copay Tier 3: \$75 copay Tier 4: \$250 copay

	\$1000 PPO Plan	\$4000 HSA Plan	\$2000 PPO Plan
Employee Only	\$670.36	\$459.82	\$586.96
Employee + Spouse	\$1,374.75	\$932.82	\$1,199.63
Employee + Child(ren)	\$1,278.70	\$868.15	\$1,116.09
Employee + Family	\$1,983.09	\$1,340.94	\$1,728.76

COSTS FOR PRACTUS PARTNERS

Note:

Partners pay 100% of their medical, dental, and vision premiums.

If Partners have W-2 employees that they bring on as part of their staff, the Partner is expected to pay the Defined Contribution amount toward each of their W-2 employee's medical premium** and 50% of the Employee level of their W-2 employee's dental premium**.*

****The 2023-24 Defined Contribution for employees is up to \$546.***

*****This is the same contribution level made to the W-2 employees who are part of the firm management and administration team.***

Vision premiums are paid 100% by the W-2 employee.

DENTAL PLAN OPTIONS

Ameritas Dental Classic & Plus PPO

Ameritas dental plans are designed to help you get the dental care you need and help lower your costs. The plans cover a wide range of preventive, basic, and major services both in and out of network. By using an in-network dentist, you can expect to pay less out-of-pocket for covered services than when using a non-network dentist.

Plan benefits for in-network covered services are based on a percentage of the negotiated fee that participating dentists have agreed to accept as payment in full for covered services, subject to the deductibles, copayments, cost sharing and benefit maximums. Negotiated fees are subject to change.

Find a dental provider here: www.ameritas.com

- Find a Health Provider tab
- Find a Dental Provider

Dental Benefit Highlights		
(In-Network Benefits Shown)	\$5,000 DPPO Plan	\$1,500 DPPO Plan
Preventive Services- (Type I)	Covered at 100%	Covered at 100%
Calendar Year Deductible	\$50	\$50
Basic Services- (Type II)	Covered at 90%	Covered at 80%
Major Services- (Type III)	Covered at 60%	Covered at 50%
Annual Maximum (per member)	\$5,000	\$1,500
Orthodontia- (Type IV) to age 19 yr	Covered at 50%	Not Covered
Orthodontia Lifetime Maximum	\$1,500	N/A

VISION PLAN OPTIONS

Ameritas Vision VSP Choice Network

With the Ameritas VSP Choice Network plan, you have the flexibility to choose one of the many in-network providers or any vision provider outside of the network. Remember, however, that you'll find more savings by seeing an in-network provider.

Find a vision provider here: www.ameritas.com

- Find a Health Provider tab
- Find a Vision Provider

Vision Benefit Highlights		
VSP Choice Network + Affiliates (In-Network Benefits Shown)	Frequency	You Pay
Eye Exam	Once every 12 months	\$10 copay
Prescription Glasses		\$25 copay
Lens (Single, lined bifocal, trifocal)	Once every 12 months	Included in Prescription Glasses copay
Frames	Once every 24 months	\$130 allowance then 20% of balance
Contacts (instead of glasses)	Once every 12 months	\$60 fitting fee; \$130 allowance

	DPPO \$5000	DPPO \$1500	Ameritas Vision Plan
Employee Only	\$37.20	\$29.80	\$6.96
Employee + Spouse	\$90.12	\$60.72	\$13.22
Employee + Child(ren)	\$113.64	\$73.24	\$13.92
Employee + Family	\$158.56	\$104.16	\$20.46

LIFE AND AD&D

New York Life

All eligible full-time Partners and employees are covered with \$25,000 of group life insurance and an equal amount of coverage for Accidental Death & Dismemberment. Partners pay 100% of their own basic life and A D & D insurance premiums and 100% of their staff's (if any) basic life and A D & D premiums.

You can purchase additional (voluntary) life insurance to provide more financial protection for your family. See [BCG Employee Benefits Guide](#) (page 9) for full details.

Voluntary life premiums are paid in full by the individual requesting coverage.