

# Santa Energy Corporation

Benefits Effective September 1, 2022 through August 31, 2023

Medical Benefits	CIGNA	CIGNA	CIGNA
Plan Name:	PPO \$3500	PPO H S A \$2000	PPO H S A \$5000
<b>In-Network</b>			
Deductible Ind / Fam	\$3500 / \$7000	\$2000 / \$4000	\$5000 / \$10,000
Coinsurance	0%	0%	0%
Out-of-Pocket Max Ind/Fam	\$6000 / \$12,000	\$3000 / \$6000	\$5000 / \$10,000
PCP Office Copay	\$30.00	0% after Deductible	0% after Deductible
Specialist Office Copay	\$45.00	0% after Deductible	0% after Deductible
Inpatient Hospital	0% after Deductible	0% after Deductible	0% after Deductible
Outpatient Surgery	0% after Deductible	0% after Deductible	0% after Deductible
ER Copay	\$150.00	0% after Deductible	0% after Deductible
Walk-in Urgent Care	\$75.00	0% after Deductible	0% after Deductible
<b>Out-of-Network</b>			
Deductible Ind / Fam	\$6000 / \$12,000	\$4000 / \$8000	\$10,000 / \$20,000
Coinsurance	50%	50%	50%
Out-of-Pocket Max Ind/Fam	\$12,000 / \$24,000	\$8000 / \$16,000	\$12,000 / \$24,000
<b>RX Benefits</b>			
Prescription Drug Benefit	\$5 / \$25 / \$40	\$5 / \$25 / \$40 after Deductible	\$5 / \$25 / \$40 after Deductible
<i>Benefits comparison are for illustrative purposes only. Insurance carrier plan documents prevail if any discrepancies are found between documents.</i>			
<b>CIGNA Medical Elections - Check election box of chosen plan.</b>			
Employee	<input type="checkbox"/> \$41.47	<input type="checkbox"/> \$28.75	<input type="checkbox"/> \$13.47
Employee + 1 Dependent	<input type="checkbox"/> \$118.26	<input type="checkbox"/> \$90.11	<input type="checkbox"/> \$38.97
Family	<input type="checkbox"/> \$174.10	<input type="checkbox"/> \$132.66	<input type="checkbox"/> \$80.32
I decline coverage:	<input type="checkbox"/> Spousal Waiver	<input type="checkbox"/> Other Coverage	<input type="checkbox"/> Union
<b>HSA Bank Health Savings Account</b>			
<b>NEW H S A Enrollment</b>			
<p>If you choose to enroll into an the H S A \$2,000 plan, Santa Energy will add \$100.00 per week to a maximum of \$1,000 into your PBS H S A account. If an employee chooses the H S A \$5,000 plan, Santa Energy will add \$100.00 per week to a maximum of \$1,500 into your PBS H S A account.</p>			
Employee Weekly H S A contribution (minus employers funding)	\$ _____ per week		
<i>Employee/Employer cannot fund more than \$3,650 for single and \$7,200 for family coverage per IRS limits for 2022. Over 55, catch up \$1,000.</i>			
<b>The Standard Dental Elections - Check election box of chosen plan.</b>			
Coverage: \$50 Individual / \$150 Family Deductible, In-Network: 100% / 100% / 60%, \$1,500 cym, Out of Network: 100% / 80% / 50%			
<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + 1 Dependent	<input type="checkbox"/> Family	
\$10.49	\$19.35	\$30.62	
I decline coverage:	<input type="checkbox"/> Spousal Waiver	<input type="checkbox"/> Other Coverage	<input type="checkbox"/> No Coverage
<b>The Standard - Life Insurance Election - Santa Fuel pays 100% of cost</b>			
Coverage:	Flat \$25,000		Beneficiary: _____
<b>The Standard - Voluntary Long-Term Disability Insurance Election</b>			
Coverage:	60% of monthly earnings to a max of \$4,000		<input type="checkbox"/> Employee election

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**The Standard - Voluntary Life Insurance Elections - Check election box of chosen plan.**

Employee	Increments of \$10K to a maximum of \$300,000	<input type="checkbox"/> Employee election \$ _____
Spouse	Increments of \$5K to a maximum of \$50,000	<input type="checkbox"/> Spouse election \$ _____
Child	Increments of \$1K to a maximum of \$10,000	<input type="checkbox"/> Child(ren) election \$ _____
		<input type="checkbox"/> I elect to continue my current coverage
Beneficiary: _____		<input type="checkbox"/> I decline coverage

*See the Standard pricing chart in enrollment packet or ADP.*

**The Standard - Voluntary Critical Illness Coverage - Check election box of chosen plan.**

Employee	\$10,000 or \$20,000	<input type="checkbox"/> Employee election \$ _____
Spouse	\$5,000 or \$10,000	<input type="checkbox"/> Spouse election \$ _____
Child	25% of employee's elected amount	<input type="checkbox"/> Child(ren) election \$ _____
		<input type="checkbox"/> I elect to continue my current coverage
		<input type="checkbox"/> I decline coverage

*See the Standard pricing chart in enrollment packet or ADP.*

**The Standard - Voluntary Accident Coverage - Check election box of chosen plan.**

<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse	<input type="checkbox"/> Employee + Child(ren)	<input type="checkbox"/> Family
\$1.87	\$2.98	\$3.53	\$5.53
<input type="checkbox"/> I decline coverage			

**The Standard Vision Benefits - Check election box of chosen plan.**

<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + 1 Dependent	<input type="checkbox"/> Family	<input type="checkbox"/> Decline Coverage
\$1.62	\$2.94	\$4.35	

**Flexible Spending Account**

Coverage:	FSA Maximum: \$2,850	<input type="checkbox"/> Enter in Dollar Amount Here	<input type="checkbox"/> I elect coverage
	Dependent Care Maximum: \$5,000	<input type="checkbox"/> Enter in Dollar Amount Here	<input type="checkbox"/> I elect to continue my current coverage
		<input type="checkbox"/>	<input type="checkbox"/> I decline coverage

**Authorization of Elections**

I request my employer to arrange for the issuance of group insurance coverage for which I am, or may become eligible. I authorize the deductions from my earnings for the required contributions. I understand that the contribution I have elected will; 1) Be deducted from my earnings before taxes are withheld, 2) Will remain in effect for the benefit plan year, unless I have a qualifying life event change, 3) Weekly amount will be deducted each month for which I am covered under a plan.

**Print Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_