



2023

Employee Benefits Overview

This Benefits Overview summarizes your available benefits. Please take time to educate yourself about the options and choose the best coverage for you and your family.

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Eligibility

As a new employee working at least 30 hours a week, you are eligible for the first of the month following 60 days after your date of hire or 60 days after working full-time status.

Employer Contributions

Gana Trucking & Excavating contributes:

Line of Coverage	Contribution
Medical	69% of Employee Only Premium

Enrollment Process

Initial Enrollment

You must complete an enrollment form at least 15 days prior to your benefit start date and return to Brandon Gunther.

Open Enrollment

Open enrollment is a short time period each year when you can make changes to your benefits. Elections you make during open enrollment will become effective on 1/1/2023. If you wish to make enrollment changes, you must complete an enrollment form and return to Brandon Gunther prior to December 16, 2022. Changes received after that date may not be accepted. If no election change form is received, your current elections will continue into the next plan year. If you have questions about any of the benefits mentioned in this overview, please reach out to HR.

Deadline to enroll/submit changes to Brandon is Friday, December 16th!

Special Enrollment

Elections completed during the Open Enrollment period will remain in place until the next Open Enrollment period **unless** a qualified change in status occurs and the associated update is requested **within 30-days** of the qualifying event-date. Qualifying events include birth or adoption, marriage, divorce, gain of other coverage, loss of other coverage, etc.

If you have questions, reach out to Brandon Gunther for guidance.

The following details In-Network benefits only. See plan documents for out-of-network benefits.

Medical | Auxiant

In-Network Services	Traditional Plan with Copays	High Deductible Health Plan
Calendar Year Deductible		
- Individual	\$5,000	\$5,000
- Family	\$10,000	\$10,000
Coinsurance	20%	20%
Out-of-Pocket Maximum		
- Individual	\$6,350	\$6,350
- Family	\$12,700	\$12,700
Preventive Care	Covered at 100% - No Maximum	
Physician Office Services	\$30 Copay	Deductible + 20%
Specialist Office Services	\$60 Copay	Deductible + 20%
Urgent Care Center	\$75 Copay	Deductible + 20%
Walk-In Clinics	\$75 Copay	Deductible + 20%
Emergency Room	\$500 Copay, then 20%	Deductible + 20%
Prescription Drugs		
- Preferred Generics	\$10 Copay	Deductible + \$10 Copay
- Preferred Brand	\$35 Copay	Deductible + \$35 Copay
- Non-Preferred Generic/Brand	\$60 Copay	Deductible + \$60 Copay
- Specialty	\$300 Copay	Deductible + \$300 Copay

Payroll Deductions - 52 Pay Periods				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Traditional plan with Copays Employee Cost per check	\$75.44	\$261.00	\$230.83	\$405.84
High Deductible Health Plan Employee Cost per check	\$69.63	\$240.90	\$213.06	\$374.59

MidlandsChoice Premier is your preferred provider network. You can access the preferred provider listing by calling the Toll-Free Customer Service line at 1-800-605-8259 or by going to the MidlandsChoice Premier PPO website at midlandschoice.com.

Serve You will be administrating your pharmacy benefits. It is important when you visit a retail pharmacy or use the mail order pharmacy, you present your new Auxiant ID card as it has your prescription drug information on the front of the card. You may reach Serve You by call the Toll-Free Customer Service line at 1-800-759-3203 or by going to the Serve You website at serveyourx.com.

The following details In-Network benefits only. See plan documents for out-of-network benefits.

Voluntary Dental | Mutual of Omaha NEW CARRIER!

Services	In-Network
Preventive Services* – Deductible Waived - Exams, cleanings, bitewing x-rays, fluoride	\$0
Calendar Year Deductible - Preventive - Basic & Major Services	Waived \$25 Individual / \$75 Family
Basic Services - Fillings, simple and surgical extractions, x-rays, oral surgery	80%
Major Services - Bridges, cast crowns, implants	50%
Calendar Year Maximum (per person)	\$1,000

Payroll Deductions - 52 Pay Periods				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Employee cost per check	\$5.91	\$11.83	\$11.86	\$18.57

Please be sure to confirm your Dental provider is In-Network with Mutual of Omaha.

For a list of in-network providers, go to: <https://www.mutualofomaha.com/dental-insurance/find-a-dentist/savings>

Voluntary Vision | Mutual of Omaha NEW CARRIER!

Services	In-Network
Exam	\$10 Copay
Materials	\$25 Copay
Frames	\$0 Copay, \$130 allowance and 20% off balance over allowance
Frequency (based on date of service) - Exams - Lenses - Frames - Contact Lenses	12 Months 12 Months 24 Months 12 Months
Lenses - Single Vision, Bifocal, Trifocal, Lenticular - Standard Progressive	\$25 Copay \$65 Copay
Contact Lenses - Elective - Medically Necessary	\$0 Copay, \$130 allowance \$0 Copay, Covered in full
Laser Vision Correction	Discounts available

Note: You may only receive benefits for either contact lenses or lenses for your glasses in a given year (but not both); however additional discounts will be available.

Payroll Deductions - 52 Pay Periods				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Employee Cost	\$1.43	\$2.70	\$3.18	\$4.47

Please be sure to confirm your Vision provider is In-Network with Mutual of Omaha.

For a list of in-network providers, go to: <https://eyedoclocator.eyemedvisioncare.com/mutual/en>

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Accident

Accident Expense insurance pays a benefit directly to you when you receive treatment from a physician for a covered accident.

Accident Expense insurance is guaranteed issue no medical exams or tests.

This plan also includes a health screening benefit which pays \$50 twice per year for a number of covered medical tests or procedures.

Critical Illness

Critical Illness insurance pays a lump-sum benefit directly to you if you are diagnosed with a stroke, heart attack or a number of other covered conditions.

Critical Illness insurance is guaranteed issue with no medical exams or tests.

This plan also includes a health screening benefit which pays \$50 twice per year for a number of covered medical tests or procedures.

Hospital Indemnity

Hospital Indemnity coverage pays a lump sum benefit directly to you for a hospital confinement.

This policy provides for a \$2,000 benefit for an initial hospitalization in a calendar year. This policy also provides for a \$100 confinement for up to 30 days and a \$200 per day (up to 10) for confinement in an ICU

Hospital Indemnity insurance is guaranteed issue no medical exams or tests.

