PREMIER



BENEFITS OVERVIEW

2027

MEDICAL BENEFITS

	UHC Select Plus Classic PPO 1000 (CUJB)		UHC Select Plus Premier PPO 500 (CUI4)	
Benefits	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum Benefit	Unlimited		Unlimited	
Deductible				
∘ Individual	$1,000	$3,000	$500	$1,500
∘ Family	$2,000	$6,000	$1,000	$3,000
Out of Pocket Maximum	Includes deductible		Includes deductible	
∘ Individual	$5,000	$15,000	$3,500	$10,500
∘ Family	$10,000	$30,000	$7,000	$21,000
Coinsurance	20%	50%	20%	50%
Preventive Service / Well Baby Care	No charge	Not covered	No charge	Not covered
Office Visit (primary / specialist)	$25 / $50	Ded + 50%	$15 / $30	Ded + 50%
Urgent Care	$50 Copay	Ded + 50%	$50	Ded + 50%
Lab & X-Ray	Ded + 20%	Lab testing: not covered / X-Ray: Ded + 50%	Ded + 20%	Lab testing: not covered / X-Ray: Ded + 50%
MRI / CT / PET	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 50%
Hospitalization	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 50%
Outpatient Surgery (surgical center or physician office)	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 50%
Emergency Room	Ded + 20%		Ded + 20%	
Acupuncture (20 per year)	$25	Not covered	$15	Ded + 50%
Chiropractic Services (24 per year)	$25	Ded + 50%	$15	Ded + 50%
Mental Health Outpatient	$25	Ded + 50%	$15	Ded + 50%
Prescriptions (retail)				
∘ Rx Deductible	None		Subject to Medical Ded	
∘ Tier 1 (generic)	$10	$10	$10	$10
∘ Tier 2 (higher priced generic & lower priced brand)	$35	$35	$35	$35
∘ Tier 3 (higher priced brand)	$60	$60	$60	$60
Employee Contribution Per Month				
Time Worked	<1 Year	>1 Year	<1 Year	>1 Year
Employee Only	$681.00	$681.00	$758.27	$758.27
Employee & Spouse	$2,217.69	$1,917.69	$2,387.41	$2,087.41
Employee & Child(ren)	$1,706.02	$1,406.02	$1,844.95	$1,544.95
Family	$3,371.43	$3,071.43	$3,610.70	$3,310.70

Plan Summary **Plan Summary**

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MEDICAL BENEFITS

Plan Summary	UHC Select Plus PPO HSA 3500 (EIEK)		UHC Select Plus PPO HSA 5000 (EICX)	
Benefits	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum Benefit	Unlimited		Unlimited	
Deductible				
◦ Individual	$3,500	$9,000	$5,000	$10,000
◦ Family	$7,000	$18,000	$10,000	$20,000
Out of Pocket Maximum	Includes deductible		Includes deductible	
◦ Individual	$6,000	$18,000	$6,500	$13,000
◦ Family	$12,000	$36,000	$13,000	$26,000
Coinsurance	10%	50%	30%	50%
Preventive Services / Well Baby Care	No charge	Not covered	No charge	Not covered
Office Visit (primary / specialist)	Ded + 10%	Ded + 50%	Ded + 30%	Ded + 50%
Urgent Care	Ded + 10%	Ded + 50%	Ded + 30%	Ded + 50%
Lab & X-Ray	Ded + 10%	Lab testing: not covered / X-Ray: Ded + 50%	Ded + 30%	Lab testing: not covered / X-Ray: Ded + 50%
MRI / CT / PET	Ded + 10%	Ded + 50%	Ded + 30%	Ded + 50%
Hospitalization	Ded + 10%	Ded + 50%	Ded + 30%	Ded + 50%
Outpatient Surgery (surgical center or physician office)	Ded + 10%	Ded + 50%	Ded + 30%	Ded + 50%
Emergency Room	Ded + 10%	Ded + 10%	Ded + 30%	Ded + 30%
Acupuncture (20 per year)	Ded + 10%	Not covered	Ded + 30%	Not covered
Chiropractic Services (24 per year)	Ded + 10%	Not covered	Ded + 30%	Not covered
Mental Health Outpatient	Ded + 10%	Ded + 50%	Ded + 30%	Ded + 50%
Prescriptions (retail)				
◦ Rx Deductible	Subject to Medical Ded		Subject to Medical Ded	
◦ Tier 1 (generic)	$10	$10	$10	$10
◦ Tier 2 (higher priced generic & lower priced brand)	$35	$35	$35	$35
◦ Tier 3 (higher priced brand)	$70	$70	$70	$70
Employee Contribution Per Month				
Time Worked	<1 Year	>1 Year	<1 Year	>1 Year
Employee Only	$433.27	$433.27	$379.75	$379.75
Employee & Spouse	$1,552.70	$1,352.70	$1,434.98	$1,234.98
Employee & Child(ren)	$1,179.94	$979.94	$1,083.60	$883.60
Family	$2,393.18	$2,193.18	$2,227.27	$2,027.27

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MEDICAL BENEFITS

	Kaiser Permanente Traditional HMO 20		Kaiser Permanente DHMO 1500	
Benefits	In Network		In Network	
Lifetime Maximum Benefit	Unlimited		Unlimited	
Deductible				
◦ Individual	None		$1,500	
◦ Family	None		$3,000	
Out of Pocket Maximum				
◦ Individual	$1,500		$4,000	
◦ Family	$3,000		$8,000	
Coinsurance	N/A		30%	
Preventive Services / Well Baby Care	No charge		No charge	
Office Visit (primary / specialist)	$15 / $15		$40 / $50	
Urgent Care	$15 copay		$40 copay	
Lab & X-Ray	No charge		$15 copay	
MRI / CT / PET	No charge		30% after ded	
Hospitalization	$250 per admission		30% after ded	
Outpatient Surgery	$15 per procedure		30% after ded	
Emergency Room	$100 copay		30% after ded	
Acupuncture	$15 copay		Not covered	
Chiropractic Service	Not covered		Not covered	
Prescriptions				
◦ Rx Deductible	None		None	
◦ Generic	$10 copay		$10	
◦ Brand	$25 copay		$30	
◦ Non-Formulary	$25 copay		20% up to $250	
Employee Contribution Per Month				
Time Worked	<1 Year	>1 Year	<1 Year	>1 Year
Employee Only	$689.19	$689.19	$446.02	$446.02
Employee & Spouse	$2,236.22	$1,936.22	$1,701.24	$1,401.24
Employee & Child(ren)	$1,978.38	$1,678.38	$1,492.04	$1,192.04
Family	$3,267.57	$2,967.57	$2,538.06	$2,238.06
	Plan Summary		**Plan Summary**	

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DENTAL BENEFITS

	Dental Plan: UnitedHealthcare	
Benefits	In Network	Out of Network
Annual Maximum Benefit	$1,500 per person	$1,500 per person
Orthodontia Lifetime Max	Not covered	Not covered
Deductible		
◦ Preventive	$0	$0
◦ Basic (individual / family)	$50 / $150	$50 / $150
◦ Major (individual / family)	$50 / $150	$50 / $150
Coinsurance		
◦ Preventive	100%	100%
◦ Basic	80%	80%
◦ Major	50%	50%
◦ Orthodontia	Not covered	Not covered
Important Provisions		
◦ Endodontic Services	Basic	Basic
◦ Periodontal Maintenance	Basic	Basic
◦ Periodontal Surgery	Basic	Basic
◦ Oral Surgery (simple extraction)	Basic	Basic
◦ Oral Surgery (complex extraction)	Basic	Basic
Usual & Customary	Negotiated fee	90th percentile
Employee Contribution Per Month		
Employee Only	$0.00	
Employee & Spouse	$55.85	
Employee & Child(ren)	$87.22	
Employee & Family	$151.94	

Plan Summary

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VISION BENEFITS

	Vision Plan: UnitedHealthcare	
Benefits	In Network	Out of Network
Office Visit Copay	$10	N/A
Materials Copay	$25	N/A
Eye Exam Reimbursement	100%	Up to $40
Lenses		
◦ Single Vision	Covered after copay	$40
◦ Bifocal	Covered after copay	$60
◦ Trifocal	Covered after copay	$80
Contact Lenses	$130	Up to $105
Frames Allowance	$130 + 30%	Up to $45
Eye Exam	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months
Contact Lenses	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months
Employee Contribution Per Month		
Employee Only	$0.00	
Employee & Spouse	$5.64	
Employee & Child(ren)	$6.45	
Employee & Family	$13.69	

Plan Summary

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LIFE & DISABILITY BENEFITS

Plan Summary	Basic Life: UnitedHealthcare
Class	All eligible employees
Benefit Amount	$50,000
AD&D Benefit	Same as benefit amount
Guaranteed Issue	$50,000

Plan Summary	Optional Life: UnitedHealthcare
Class	All eligible employees
Benefit Amount	$10,000 increments; 5X salary up to $500,000
AD&D Benefit	Same as benefit amount
Guaranteed Issue (EE / SP / CH)	$100,000 / $30,000 / $15,000
Spouse Life Benefit	$5,000 increments up to $250,000 not to exceed 50% of EE benefit
Child Life Benefit	$5,000 increments up to $15,000

Plan Summary	Short-Term Disability: UnitedHealthcare
Class	All eligible employees
Taxable Benefit	Yes
Benefit Percentage	60%
Benefit Maximum	$2,500/week
Elimination Period	
• Accident	7 days
• Sickness	7 days
Benefit Duration	12 weeks

Plan Summary	Long-Term Disability: UnitedHealthcare
Class	All eligible employees
Taxable Benefit	Yes
Benefit Percentage	60%
Benefit Maximum	$10,800/month
Guaranteed Issue	$10,800
Elimination Period	90 days
Benefit Duration	SSNR
Own Occupation	2 years
Pre-Existing	3/12

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MORE BENEFITS

Student Loan Repayment Program



All employees have the opportunity to enroll in our new Student Loan Repayment Program administered by Paidly. Anyone who chooses to enroll will receive $50 a month towards paying off their student loans. Premier Talent Partners will send the contribution to Paidly each month, who will then send it directly to your servicer. You should make your regular monthly payment to stay eligible for that month's contribution. Thanks to these contributions, you will save money on interest and cut time off your loan.

401(k) Plan



Premier Talent Partners offers a 401k Retirement Plan through Fidelity. All full time employees are eligible first of the month following 90 days of employment. Premier will match 10% of the employees' contributions up to the federal limits. Log into Fidelity's NetBenefits mobile app to chat with Fidelity's Mobile Assistant. To speak with a Fidelity Guidance Counselor live, call 800-835-5095 between 5:30am-5:30pm PST. To speak with a Rollover Specialist, call 800-343-3548.

Commuter Benefit Program



This program allows employees to tap into an existing federal program (Sec 132) to pay for transit passes and vanpool expenses on a pre-tax basis. IRS limit is $350 per month for transit, and $350 for parking.

Find out more information.

Employee Assistance Program (EAP)



Imagine having a counselor, a lawyer, and financial consultant on call whenever you need them. Actually, you don't have to imagine it because you already do and it's available to all Premier employees at no extra cost.

Find out more information.

Flexible Spending Account (FSA)



Premier Talent Partners provides eligible employees the opportunity to enroll in a medical FSA plan, as well as a dependent care plan. Both plans offer employees tremendous opportunities to make pre-tax payroll withholdings to pay for qualified medical and dependent care expenses.

Find out more information.

Wellness Benefit Program



Premier Talent Partners is very committed to supporting physical, mental, and emotional wellness in our employees. Premier offers the Calm app and flexible time-off so that employees are able to rejuvenate and recharge outside of work. All permanent, full-time employees are eligible for this benefit.

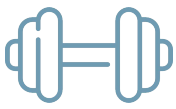
Farm Fresh To You



Healthy groceries to your home. Local farms, organically grown. 10% discount and convenient delivery by entering promo code: "NEWFRONT10."

Find out more information.

Gym Discounts



Low or no registration fees. Nationwide locations.

Visit Perkspot for more information.

Health Savings Account (H.S.A.)



Use funds in an H.S.A. to pay for qualified medical expenses such as deductible and coinsurance. Company funds your H.S.A.; additional employee contributions are allowed up to the IRS H.S.A. limits.

Questions? Lori Epperson, Account Manager: lori.epperson@newfront.com | T: 650.456.9262 | Monday-Friday | 5am-8pm PST