

PREMIER

T A L E N T P A R T N E R S



BENEFITS OVERVIEW

2025



MEDICAL BENEFITS

Benefits	UHC Select Plus PPO HRA 5000 (CQG2)		UHC Select Plus Classic PPO 1000 (CUJB)		UHC Select Plus Premier PPO 500 (CUI4)	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum Benefit	Unlimited		Unlimited		Unlimited	
HRA Funding(individual)	Yes		N/A		N/A	
HRA Funding (family)	Yes		N/A		N/A	
Deductible						
- Individual	\$5,000	\$10,000	\$1,000	\$3,000	\$500	\$1,500
- Family	\$10,000	\$20,000	\$2,000	\$6,000	\$1,500	\$3,000
Out of Pocket Maximum	Includes Deductible		Includes Deductible		Includes Deductible	
- Individual	\$7,150	\$20,000	\$5,000	\$15,000	\$3,500	\$10,500
- Family	\$14,300	\$40,000	\$10,000	\$30,000	\$7,000	\$21,000
Coinsurance	20%	50%	20%	50%	20%	50%
Preventive Services/ Well Baby Care	No Charge	Not covered	No Charge	Not covered	No Charge	Not covered
Office Visit (Primary/Specialist)	\$35 / \$70	Ded + 50%	\$25 / \$50	Ded + 50%	\$15 / \$30	Ded + 50%
Urgent Care	\$50	Ded + 50%	\$50 Copay	Ded + 50%	\$50	Ded + 50%
Lab and X-Ray	Ded + 20%	Lab testing: not covered / X-Ray: Ded + 50%	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%	Ded + 20%	Ded + 50%
Hospitalization	\$350 then Ded + 20%	\$350 then Ded + 50%	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 50%
Outpatient Surgery (surgical center or physician office)	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 50%	Ded + 20%	Ded + 50%
Emergency Room	\$350 (waived if admitted) then Ded + 20%		\$150 (waived if admitted) then Ded + 20%		\$100 (waived if admitted) then Ded + 20%	
Acupuncture (20 per year)	\$35	Not covered	\$25	Not covered	\$15	Ded + 50%
Chiropractic Services (24 per year)	\$35	Ded + 50%	\$25	Ded + 50%	\$15	Ded + 50%
Mental Health Outpatient	\$35	Ded + 50%	\$25	Ded + 50%	\$15	Ded + 50%
Prescriptions (retail)						
- Rx Deductible	None		None		Subject to Medical Ded.	
- Tier 1 (generic)	\$10	\$10	\$10	\$10	\$10	\$10
- Tier 2 (higher priced generic & lower priced brand)	\$35	\$35	\$35	\$35	\$35	\$35
- Tier 3 (higher priced brand)	\$70	\$70	\$60	\$60	\$60	\$60
EMPLOYEE CONTRIBUTION	MONTHLY		MONTHLY		MONTHLY	
TIME WORKED	<1 year	>1 year	<1 year	>1 year	<1 year	>1 year
Employee Only	\$215.18	\$215.18	\$356.28	\$356.28	\$411.64	\$411.64
Employee & Spouse	\$1,172.18	\$872.18	\$1,503.29	\$1,203.29	\$1,625.07	\$1,325.07
Employee & Child(ren)	\$888.18	\$588.18	\$1,121.35	\$821.35	\$1,221.00	\$921.00
Family	\$1,812.49	\$1,512.49	\$2,364.51	\$2,064.51	\$2,536.13	\$2,236.13
EMPLOYER CONTRIBUTION	HRA EMPLOYER MONTHLY FUNDING					
Employee Only	\$208.33	\$208.33				
Employee & Spouse	\$416.67	\$416.67				
Employee & Child(ren)	\$416.67	\$416.67				
Family	\$416.67	\$416.67				

Plan Summary

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MEDICAL BENEFITS

	UHC Select Plus PPO HSA 4000 (EBKK)	
Benefits	In Network	Out of Network
Lifetime Maximum Benefit	Unlimited	
Deductible		
- Individual	\$4,000	\$8,000
- Family	\$8,000	\$16,000
Out of Pocket Maximum	Includes Deductible	
- Individual	\$6,000	\$12,000
- Family	\$12,000	\$24,000
Coinsurance	20%	50%
Preventive Services/ Well Baby Care	No Charge	Not covered
Office Visit (Primary/Specialist)	Ded + 20%	Ded + 50%
Urgent Care	Ded + 20%	Ded + 50%
Lab and X-Ray	Ded + 20%	Lab testing: not covered / X-Ray: Ded + 50%
MRI/CT/PET	Ded + 20%	Ded + 50%
Hospitalization	\$350 then Ded + 20%	\$350 then Ded + 50%
Outpatient Surgery (surgical center or physician office)	Ded + 20%	Ded + 50%
Emergency Room	(waived if admitted) then Ded + 20%	
Acupuncture (20 per year)	Ded + 20%	Not covered
Chiropractic Services (24 per year)	Ded + 20%	Ded + 50%
Mental Health Outpatient	Ded + 20%	Ded + 50%
Prescriptions (retail)		
- Rx Deductible*	None	
- Tier 1 (generic)	\$10	\$10
- Tier 2 (higher priced generic & lower priced brand)	\$35	\$35
- Tier 3 (higher priced brand)	\$70	\$70
EMPLOYEE CONTRIBUTION	MONTHLY	
TIME WORKED	<1 year	>1 year
Employee Only	\$180.45	\$180.45
Employee & Spouse	\$996.63	\$796.63
Employee & Child(ren)	\$724.85	\$524.85
Family	\$1,609.43	\$1,409.43

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MEDICAL BENEFITS

	Kaiser Permanente Traditional HMO 15		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%	
Office Visit (primary/specialist)	\$15 / \$15		\$40 / \$50	
Urgent Care	\$15 copay		\$40 copay	
Preventive Services/ Well Baby Care	No charge		No charge	
Lab and 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 Services	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	MONTHLY (<1 year)	MONTHLY (>1 year)	MONTHLY (<1 year)	MONTHLY (>1 year)
Employee Only	\$386.99	\$386.99	\$165.78	\$165.78
Employee & Spouse	\$1,571.37	\$1,271.37	\$1,084.72	\$784.72
Employee & Child(ren)	\$1,373.97	\$1,073.97	\$931.56	\$631.56
Family	\$2,360.96	\$2,060.96	\$1,697.34	\$1,397.34

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DENTAL, VISION, LIFE, & DISABILITY BENEFITS

DENTAL	United Healthcare	
	In Network	Out Of Network
Annual Max	\$1,500	
Orthodontia Lifetime Max	not covered	
Deductible		
Preventive	\$0	
Basic (Individual/Family)	\$50/\$150	\$50/\$150
Major (Individual/Family)	\$50/\$150	\$50/\$150
Coinsurance		
Preventive	100%	
Basic	80%	80%
Major	50%	50%
Orthodontia	not covered	
Important Provisions		
Endodontic Services	basic	
Periodontal Maintenance	basic	
Periodontal Surgery	basic	
Oral Surgery (Simple Extractions)	basic	
Oral Surgery (Complex Extractions)	basic	
Usual & Customary	negotiated fee	90th percentile

EMPLOYEE CONTRIBUTION PER MONTH	FULL PLAN DESCRIPTION
Employee only	\$0
Employee + spouse	\$49.34
Employee + child/ren	\$76.91
Employee + family	\$133.99

VISION	United Healthcare	
	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	up to \$40
Bifocal	covered after copay	up to \$60
Trifocal	covered after copay	up to \$80
Contact lenses	\$130	up to \$105
Frames allowance	\$130 + 30%	up to \$45
Eye exam	every 12 months	
Lenses	every 12 months	
Contact lenses	every 12 months	
Frames	every 24 months	

EMPLOYEE CONTRIBUTION PER MONTH	FULL PLAN DESCRIPTION
Employee only	\$0
Employee + spouse	\$4.74
Employee + child/ren	\$5.42
Employee + family	\$11.50

BASIC LIFE	United Healthcare
Class	All Eligible Employees
Benefit Amount	\$50,000
AD&D Benefit	Same as Benefit Amount
	\$50,000
Guaranteed Issue	PLAN DETAILS

OPTIONAL LIFE	United Healthcare
Class	All Eligible Employees
Benefit Amount	\$10,000 increments; 5X salary up to \$500,000
Employee 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 DETAILS

SHORT-TERM DISABILITY	United Healthcare
Class	All Eligible Employees
Taxable Benefit	Yes
Benefit Percentage	60%
Benefit Maximum	\$2,500/wk
Elimination Period	
Accident	7 Days
Sickness	7 Days
	12 Weeks
Benefit Duration	PLAN DETAILS

LONG-TERM DISABILITY	United Healthcare
Class	All Eligible Employees
Taxable Benefit	Yes
Benefit Percentage	60%
Benefit Maximum	\$10,800/mo
Guaranteed Issue	\$10,800
Elimination Period	90 Days
Benefit Duration	SSNRA
Own Occupation	2 Years
Pre-Existing	3/12
	PLAN DETAILS



MORE BENEFITS

FLEXIBLE SPENDING ACCOUNT (FSA)



- Premier 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](#)

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 \$325 per month for transit, and \$325 for parking.

- [Find out more](#)

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Imagine having a counselor, a lawyer and a financial consultant on call whenever you need them. Actually, you don't have to imagine it because you already do and it's included with your UHC group life and/or disability plan at no extra cost.

- [Find out more](#)

HEALTH REIMBURSEMENT ACCOUNT (HRA)



Premier will enroll all employees who have elected the UHC Select Plus PPO 5000 medical plan into the HRA plan through BRI. Premier will contribute \$2,500 HRA funds towards the \$5,000 deductible to be used on co-pays, Rx, and medical expenses only.

[Find out more](#)

401(k) PLAN



- Premier offers a 401k Retirement Plan thru Fidelity. All full time employees are eligible first of the month following 90 days of employment and Premier will match 10% of the employees' contributions up to the federal limits.

- Log onto 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.

GYM DISCOUNTS



- Low or no registration fees
- Nationwide locations
- Website: [Perkspot](#) for more information

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](#)

WELLNESS BENEFIT PROGRAM:



Premier is very committed to supporting physical, mental and emotional wellness in our employees and 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.

STUDENT LOAN REPAYMENT PROGRAM



Student Loan Repayment Program (administered by Paidly):

All employees have the opportunity to enroll in our new Student Loan Repayment Program. Anyone who chooses to enroll will receive \$50 a month towards paying down 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!

- [Find out more](#)

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.