



2023 Employee Benefits Summary

Full-Time Atech employees become eligible for benefits the first of the month following 60 days of employment. Group Term Life Insurance is provided free of charge by the company! The rest of the benefits are **optional** and **must be elected or declined by the employee**. These are paid through a pre-tax bi-weekly payroll deduction.

Medical

- ◇ Five plans to choose from—
 - 3 Administered by Cigna
 - 2 Administered by Kaiser*
- ◇ Each carrier has one HSA-eligible plan

*In the State of California only

Dental

- ◇ Administered through Cigna

Vision

- ◇ Administered through Cigna—EyeMed
- ◇ Annual allowance for exam
- ◇ Annual allowance toward glasses or contact lenses
- ◇ Bi-annual allowance towards purchase of frames

Paid Time Off

- ◇ Paid holidays
- ◇ Paid sick leave
- ◇ Vacation

Life Insurance

- ◇ Administered through New York Life
- ◇ Company-paid, including AD&D

Other benefits

- ◇ Employee assistance program
- ◇ Referral bonus program
- ◇ Cell phone reimbursement

401(k) Retirement Plan

- ◇ Administered through Vanguard
- ◇ Eligible for participation the first of the month following 60 days of employment
- ◇ Company matches 50 percent of your deferral (up to 4 percent)



2023 Employee Benefit Plan Options

MEDICAL PLAN OPTIONS

	Cigna \$1000 PPO Plan <small>Covered 100% - no deductible</small>	Cigna \$4500 EPO Plan <small>Covered 100% - no deductible</small>	Cigna \$6900 HSA Plan <small>Covered 100% - no deductible</small>
Preventive Care	Covered 100% - no deductible		
Deductible	\$1,000 Individual \$2,500 Family embedded	\$4,500 Individual \$9,000 Family embedded	\$6,900 Individual \$13,800 Family embedded
Out-of-Pocket Maximum	\$4,950 Individual \$9,900 Family embedded	\$6,500 Individual \$13,000 Family embedded	\$6,900 Individual \$13,800 Family embedded
Office Visit	\$30 copay		Covered 100% after deductible
Prescription Deductible	\$100	None	Medical deductible applies
*Please note: Cigna 4500 plan is IN NETWORK ONLY			
	Kaiser \$2500 DHMO Plan <small>Covered 100% - no deductible</small>	Kaiser \$4500 HSA Plan <small>Covered 100% - no deductible</small>	
Preventive Care	Covered 100% - no deductible		Kaiser Plans available to California employees only
Deductible	\$2,500 Individual \$5,000 Family embedded	\$4,500 Individual \$9,000 Family embedded	
Out-of-Pocket Maximum	\$5,000 Individual \$10,000 Family embedded	\$6,250 Individual \$12,500 Family embedded	
Office Visit	\$40 copay		
Prescription Deductible	None	Medical deductible applies	

*Embedded: Each family member becomes eligible for copayments after meeting his/her individual deductible

DENTAL—Cigna

Calendar Year Maximum	\$1,000
Deductible	\$50 Individual \$150 Family
Preventive Services	Covered 100% - deductible waived
Basic Services	Covered 80%
Major Services	Covered 50%
Orthodontia - Children Only	\$1,000 Lifetime Allowance per child

VISION—Cigna-EyeMed

	In Network	Out-of-Network Allowance
Annual Exam (Once per 12 months)	\$10 copay	N/A
Lenses (Once per 12 months)	\$10 copay	Up to \$32 - \$80, depending on type of lense
Frames (Once per 24 months)	\$130 allowance	Up to \$71
Contacts - In lieu of glasses	\$130 allowance	\$105 allowance
Contacts - Medically Necessary	Covered 100%	\$210 allowance

2023 Employee Benefits Plan Costs

MEDICAL		Benefit Cost	
		Monthly Rate	Per Paycheck
Cigna \$6900 HSA Plan	Employee Only	\$100.00	\$50.00
	Employee + Spouse	\$605.00	\$302.50
	Employee + Child(ren)	\$378.28	\$189.14
	Employee + Family	\$895.26	\$447.63
Cigna \$4500 EPO Plan	Employee Only	\$174.20	\$87.10
	Employee + Spouse	\$742.70	\$371.35
	Employee + Child(ren)	\$482.14	\$241.07
	Employee + Family	\$1,076.30	\$538.15
Cigna \$1000 PPO Plan	Employee Only	\$276.66	\$138.33
	Employee + Spouse	\$932.86	\$466.43
	Employee + Child(ren)	\$625.60	\$312.80
	Employee + Family	\$1,326.30	\$663.15
Kaiser \$4500 HSA Plan - California Only	Employee Only	\$100.00	\$50.00
	Employee + Spouse	\$451.82	\$225.91
	Employee + Child(ren)	\$370.48	\$185.24
	Employee + Family	\$739.40	\$369.70
Kaiser \$2500 DHMO Plan - California Only	Employee Only	\$193.34	\$96.67
	Employee + Spouse	\$622.08	\$311.04
	Employee + Child(ren)	\$519.84	\$259.92
	Employee + Family	\$983.60	\$491.80

DENTAL	Benefit Cost	
	Monthly Rate	Per Paycheck
Employee Only	\$18.78	\$9.39
Employee + Spouse	\$49.58	\$24.79
Employee + Child(ren)	\$62.08	\$31.04
Employee + Family	\$94.36	\$47.18

VISION	Benefit Cost	
	Monthly Rate	Per Paycheck
Employee Only	\$6.94	\$3.47
Employee + Spouse	\$13.88	\$6.94
Employee + Child(ren)	\$14.02	\$7.01
Employee + Family	\$22.38	\$11.19