

RICEFW TECHNOLOGIES, INC. - BENEFITS GUIDE

To: All Employees of RICEFW Technologies, Inc.

From: RICEFW Technologies, Inc.



Benefit Plan Year Mar. 1, 2023 – Feb. 29, 2024

As the cost of health insurance continues to rise, we are constantly striving to look for cost effective solutions with minimum compromise to your health insurance benefits.

Rising medical costs continue to be a major issue for both employers and employees. We have received a renewal offer from our current carrier ([UHC-Global](#)) for the next plan year that represents a significant increase in premiums.

Working closely with our broker, we have completed a thorough review of alternate options available and have made the decision to continue with the same plans offered by [UHC-Global – Medical & UHC - Dental-P2P097](#), [Vision-SH107](#), [Basic Life and AD&D](#), [Short Term Disability](#), [Long Term Disability](#) and [Voluntary Life and AD&D](#).

We encourage you to become familiar with the plan benefits offered, so that you have a complete understanding of the coverage that you and your dependents will have available for the upcoming plan period. The [Plan Benefits Summaries](#) are also attached, and a condensed version is presented in the [Plan Benefit Highlights](#) section below.

Should you have any questions or need assistance, please do not hesitate to reach out to:

Bil Syed at 517-330-3050 / benefits@ricefwtech.com
Latha Bhima at 517-505-3527



BENEFITS

Benefits For The New Plan Year

Mar. 1, 2023 – Feb. 29, 2024



Medical – United Health Care-Global

- ✦ Buy-Up Plan: 100%, \$2,000 Deductible - (same as last benefit year)
- ✦ Standard HDHP Plan 100%, \$5,000 Deductible - (same as last benefit year)



Dental – United Health Care

- ✦ Plan 02097 - (same as last benefit year)



Vision – United Health Care

- ✦ Plan SH107 - (same as last benefit year)



Life/AD&D - United Healthcare

- ✦ Benefit \$25,000 – (same as last benefit year)



* **Short Term Disability (STD)** – United Healthcare – (same as last benefit year)



* **Long Term Disability (LTD)** - United Healthcare – (same as last benefit year)



* **Voluntary Life/AD&D** - United Healthcare – (same as last benefit year)



Open Enrollment

Every year, employees have the option to change their medical coverage during “[Open Enrollment](#)”. Open Enrollment is your annual opportunity to review your benefits to ensure you have the best coverage for the upcoming Benefit Year. You may add or drop dependents, choose a different medical plan, or sign up for new plan offerings.

You have a choice of one of two plans listed in the prior page for the new benefit year. It is highly recommended that you closely study both - the [Plan Benefits Summaries](#) (attached) and the [Plan Benefit Highlights](#) below to help you make an educated selection.

Once you have made your choice, we request that you make your election by **03/10/23** for us to complete your enrollment in a timely manner. Please make your election to submit any coverage change request on Ease.com portal.

If you do not wish to enroll for any of these lines of coverage for the new benefit plan year, please notify your HR prior to **03/10/23** by completing the **waiver section** on Ease.com portal with the reason for the waiver and a signature in the appropriate section.

If we do not receive a notification from you by the above date, we will assume that you wish to enroll in the same plan as the last benefit plan year.

Prior Plan Year Waivers

We are announcing Annual Open Enrollment for the upcoming benefit plan year, **Mar. 1, 2023 – Feb. 29, 2024**.

This is your opportunity to enroll if you are not currently enrolled on the Medical or Ancillary plans or to make coverage changes for you and your dependents. Our open enrollment time will be now through **Mar. 10, 2023**. Please make your election on Ease.com portal, no later than this date for your coverage to commence effective **03/01/2023**.

Note: Those waiving coverage must also complete the waiver section on the Ease.com portal and sign it. Please make sure to mention the reason for waiving coverage.

For timely enrollments, it is requested that all plan selections and enrollment/waiver must be completed before by **Mar. 10, 2023**.

Plan Benefit Highlights



Medical & Prescription Drug Plans (United Health Care-Global)

Benefit Year: Mar. 1, 2023 – Feb. 29, 2024

Plan	Buy Up Plan (100%, \$2,000 Deductible)	Standard Plan (HDHP) (100%, \$5,000 Deductible)
Network Type	PPO	PPO
In-Network		
Network	Choice Plus	Choice Plus
Deductible Period	Calendar	Calendar
Coinsurance	100%	100%
Deductible (Indiv/Fam)	\$2,000/\$4,000	\$5,000/\$10,000
Co-ins Max IP-OP (Indiv/Fam)	\$0/\$0	\$0/\$0
OOP Max (Indiv/Fam)	\$3,000/\$6,000	\$6,350/\$12,700
Preventive	Covered 100%, not subject to deductible	
PCP Co-pay	\$30.00	Deductible & Coinsurance applies
Specialist Co-pay	\$60.00	Deductible & Coinsurance applies
Urgent Care Co-pay	\$50.00	Deductible & Coinsurance applies
Emergency Room Visit	\$250.00	Deductible & Coinsurance applies
In-Patient Hospital	Deductible & Coinsurance applies	Deductible & Coinsurance applies
Minor Diagnostics (Lab/X-ray)	Ded. & Coins does not apply	Deductible & Coinsurance applies
Out of Network		
Coinsurance	60%	50%
Deductible (Indiv/Fam)	\$4,000/\$8,000	\$15,000/\$30,000
OOP Max (Indiv/Fam)	\$10,000/\$20,000	\$15,000/\$30,000
Prescriptions		
Generic	\$15.00	Deductible & Coinsurance applies
Preferred Brand	\$50.00	Deductible & Coinsurance applies
Non-Preferred Brand	\$75.00	Deductible & Coinsurance applies
Rx OOP Max (Indiv/Fam)	Medical OOP Max	Medical OOP Max
<i>See PBS for additional detail*</i>		
Employee Premium Deduction per paycheck		
Employee	\$163.25	\$139.06
Employee / Spouse	\$359.15	\$305.94
Employee / Child-ren	\$310.18	\$264.22
Family	\$506.08	\$431.10

*Benefits in the Plan Benefit Summary overrides any conflicting information presented in the above table.

Plan Benefit Highlights



Dental Plan (United Health Care)

Benefit Year: Mar. 1, 2023 – Feb. 29, 2024

Plan	02P097
Network Type	PPO
Plan Type	Voluntary
In-Network	
Network	Option PPO 20
Preventive & Diagnostic	100%
Basic Services	80%
Major Services	50%
Ann. Deductible (Indiv/Fam)	\$50/\$150
Ann. Plan Maximum	\$1,500.00
Perio & Endo (Basic/Major)	Basic
Orthodontic (Yes/No)	Yes - 50% for Adults and Children upto \$1,500 Lifetime Max
Waiting Period (Yes/No)	No
Out of Network	
Preventive & Diagnostic	100%
Basic Services	80%
Major Services	50%
Ann. Deductible (Indiv/Fam)	\$50/\$150
Ann. Plan Maximum	\$1,500.00
Perio & Endo (Basic/Major)	Basic
Orthodontic (Yes/No)	Yes - 50% for Adults and Children upto \$1,500 Lifetime Max
Waiting Period (Yes/No)	No
<i>See PBS for additional detail*</i>	
Employee Premium Deduction per paycheck	
Employee	\$12.15
Employee / Spouse	\$24.30
Employee / Child-ren	\$31.37
Family	\$46.08

*Benefits in the Plan Benefit Summary overrides any conflicting information presented in the above table.

Plan Benefit Highlights

 **Vision Plan (United Health Care)**

Benefit Year: Mar. 1, 2023 – Feb. 29, 2024

Plan	SH107
In-Network	
Network	<i>Spectera</i>
Vision Exam (co-pay)	\$10.00
Materials (co-pay)	
- Lenses	\$25.00
- Frames	\$25.00
- Contact Lenses	\$25.00
Frequency of Services	
- Exams	1 in/12 months
- Lenses	1 in/12 months; \$150 Benefit For Contacts
- Frames	1 set/24 months; \$150 Benefit
Out of Network	<i>see PBS*</i>
<i>See PBS for additional detail*</i>	
Employee Premium Deduction per paycheck	
Employee	\$3.34
Employee / Spouse	\$6.33
Employee / Child-ren	\$7.43
Family	\$10.45

**Benefits in the Plan Benefit Summary overrides any conflicting information presented in the above table.*

Plan Benefit Highlights



Life/AD&D - United Healthcare

Benefit Year: Mar. 1, 2023 – Feb. 29, 2024

 **Benefit \$25,000 .**

- 100% Paid by employer.
- Mandatory for all employees to enroll on this plan.
- All employees must mention beneficiary names while completing the online link

**Benefits in the Plan Benefit Summary overrides any conflicting information presented in the above table.*

Plan Benefit Highlights



* Short Term Disability (STD) – United Healthcare

Benefit Year: Mar. 1, 2023 – Feb. 29, 2024

Plan	ST0001ST0AACPI
Benefit Amount	60%
Maximum Weekly Benefit	\$2,000.00
Benefit Duration	13 Weeks
Elimination Period	7 Days Injury / 7 Days Sickness
<i>See PBS for additional detail*</i>	
Monthly Premium (per \$10 weekly benefit)	
Age	Premium
24 & under	\$0.30
25 - 29	\$0.29
30 - 34	\$0.26
35 - 39	\$0.21
40 - 44	\$0.23
45 - 49	\$0.25
50 - 54	\$0.30
55 - 59	\$0.35
60 - 64	\$0.41
65+	\$0.47

To calculate monthly STD premiums, divide the Annual Salary by 52 weeks, multiply it by the weekly benefit amount of 60%, divide it by \$10 then multiply it by the current rate based of your age bracket.

Annual Salary ÷ 52 weeks × 0.60 ÷ \$10 × \$0.21 (age bracket 35-39) = monthly premium

Example: \$72,000 ÷ 52 × 0.60 ÷ \$10 × \$0.21 (age bracket 35-39) = \$17.44 per month (\$8.05 bi-weekly paycheck)

To calculate your bi-weekly premium, multiply the monthly premium x 12 months ÷ 26 (number of paychecks in a year)

*Benefits in the Plan Benefit Summary overrides any conflicting information presented in the above table.

Plan Benefit Highlights



* Long Term Disability (LTD) - United Healthcare

Benefit Year: Mar. 1, 2023 – Feb. 29, 2024

Plan	LT0001LB094320
Benefit Amount	60%
Maximum Monthly Benefit	\$10,000
Pre-Existing Period	3/12
Elimination Period	90 days
<i>See PBS for additional detail*</i>	
Monthly Premium (per \$100 of CME (Covered Monthly Earnings))	
Age	Premium
24 & under	\$0.05
25 – 29	\$0.06
30 – 34	\$0.08
35 – 39	\$0.14
40 – 44	\$0.20
45 – 49	\$0.34
50 – 54	\$0.44
55 – 59	\$0.51
60 – 64	\$0.48
65+	\$0.48

To calculate monthly LTD premiums, divide the Annual Salary by \$100, multiply it by the current rate based of your age bracket, then divide it by 12 months.

Annual Salary ÷ \$100 × \$0.20 (age bracket 40-44) ÷ 12 = monthly premium

Example: \$72,000 ÷ \$100 × \$0.20 ÷ 12 (age bracket 40-44) = \$12 per month (\$5.54 bi-weekly paycheck)

To calculate your bi-weekly premium, multiply the monthly premium x 12 months ÷ 26 (number of paychecks in a year)

*Benefits in the Plan Benefit Summary overrides any conflicting information presented in the above table.

Plan Benefit Highlights



* Voluntary Life/AD&D - United Healthcare

Benefit Year: Mar. 1, 2023 – Feb. 29, 2024

- Employees selecting coverage of \$80,000 or more will be required to complete Evidence of Insurability Form, without which you will not be approved for the higher amount.

	LIAAFXSL0AAEYZ and LIAAFXA0AAEZA	LIAAFXSD00S100	LIAAFXSD00C100
Coverage	Employee	Spouse	Child
Incremental Flat Amount	\$10,000 to \$300,000 in \$10,000 increments	Choice of \$10,000 or \$20,000	Choice of \$5,000 or \$10,000
Plan Maximum	\$300,000	\$20,000	\$10,000
Guarantee Issue	\$80,000	\$20,000	\$10,000
Age Reduction Schedule	65%@65, 50%@70	NA	NA
<i>See PBS for additional detail*</i>			
Age	Monthly Premium (per \$1,000 of benefit)		
24 & under	\$0.07	\$0.07	\$0.12
25 – 29	\$0.08	\$0.08	
30 – 34	\$0.08	\$0.08	
35 – 39	\$0.11	\$0.11	
40 – 44	\$0.15	\$0.15	
45 – 49	\$0.22	\$0.22	
50 – 54	\$0.35	\$0.35	
55 – 59	\$0.52	\$0.52	
60 – 64	\$0.71	\$0.71	
65 – 69	\$1.13	\$1.13	
70 – 74	\$1.88	\$1.88	
75+	\$5.54	\$5.54	

To calculate monthly Voluntary Life and AD&D premiums, divide the benefit amount by 1000, then multiply it by the current rate based of your age bracket.

Benefit Amount ÷ 1000 × \$0.22 (age bracket 45-49) = monthly premium

Example: \$200,000 ÷ 1000 × \$0.22 (age bracket 45-49) = \$44 per month (\$20.31 bi-weekly paycheck)

To calculate your bi-weekly premium, multiply the monthly premium x 12 months ÷ 26 (number of paychecks in a year)

**Benefits in the Plan Benefit Summary overrides any conflicting information presented in the above table.*

Network



At the [UHC](#) website you can check out participating providers available in their network (see link below).

Find Providers In The Network

MEDICAL

- On your web browser Go to www.myuhc.com
- On the Right side of the page under “Links and Tools”, click on ‘Find Physician or Facility’.
- On the next screen, select a “Search Type” from the options provided.
- Select any of the choice of physicians from the options provided.
- Under select Plan choose option “**United Health Care Choice Plus**”
- Find the provider by either entering the providers name or by state or by distance from any given zip code.
- Click continue
- Next page check mark on either one or any number of specialties to a maximum of 5.
- Click continue

DENTAL

- On your web browser Go to www.myuhc.com
- Click on ‘Find a Dentist’ on the right side of the screen.
- Enter the location you live or work.
- Choose “**National Options PPO 20**” (*change*), from “Select a Network”
- Select Type of Dentist
- Based on the above selection, follow the steps to find your dentist in the network.
- If you are unsure, please call or e-mail and we will be glad to help.

VISION

- On your web browser Go to www.myuhcvision.com
- On the left side of the screen, under Provider Quick Search, enter your Zip Code.
- On the next screen, the list of providers within your city will appear.
If you are unsure, please call or e-mail and we will be glad to help.