Benefits At A Glance – 2025

Benefit	Eligibility	Description	Network Type		Employee Contribution	
			In-Network	Out-of-Network	Coverage Level	Premium
		PPO				
		Deductible: (single/family)	$2,500/$5,000	$5,000/$10,000	Employee	$113.50
		Out of Pocket Max	$5,500/$11,000	$11,000/$22,000	Employee + Spouse	$406.37
		Preventive Care	100% covered	45%, after deductible	Employee + Child(ren)	$369.77
Health Insurance (Meritain Health)	1st of month following completion of 30 days of employment, Full Time 30+ Hrs/week	Office Visit: PCP	$25 Copay	45%, after deductible	Family	$475.93
		Office Visit: Doc on Demand	$10 Copay	NA		
		Office Visit: Specialist	$50 Copay	45%, after deductible		
Aetna Choice POS II Network		Maternity: Preventive	100%, deductible waived	45%, after deductible		
		Maternity: All other	75%, after deductible	45%, after deductible		
		HDHP				
		Deductible: (single/family)	$3,000/$6,000	$6,000/$12,000	Employee	$41.27
		Out of Pocket Max	$6,000/$12,000	$12,000/$24,000	Employee + Spouse	$215.39
		Preventive Care	100% covered	50%, after deductible	Employee + Child(ren)	$195.99
		Office Visit: PCP	80%, after deductible	50%, after deductible	Family	$252.25
		Office Visit: Doc on Demand	$47 charge	NA		
		Office Visit: Specialist w/referral	80%, after deductible	50%, after deductible		
		Office Visit: Specialist wo/referral	80%, after deductible	50%, after deductible		
		Maternity: Preventive	100%, deductible waived	50%, after deductible		
		Maternity: All other	80%, after deductible	50%, after deductible		
Prescription Drug Coverage included in the Health Plan						
		Basic				
		Type 1	80%, deductible waived		Employee	$5.50
DENTAL Insurance (Ameritas)	1st of month following completion of 30 days of employment, Full Time 30+ Hrs/week	Orthodontia	NA		Family	$22.00
		Calendar year max (per person)	$1,000.00			
		Deductible waived Type 1 (both plans)	$50 per person			
		Plus				
		Type 1	100%, deductible waived		Employee	$11.00
		Orthodontia	50%, up to $1,000.00		Family	$35.75
		Calendar year max (per person)	$2,000.00			

Benefit	Eligibility	Description	Network Type		Employee Contribution	
VISION Insurance (Ameritas)	1st of month following completion of 30 days of employment, Full Time 30+ Hrs/week	Well Vision Exam: Once per 12 months Primary Eyecare Prescription Lenses Frames Contact Lenses	$10 Copay $20 Copay 100% after $25 Copay Up to $150 allowance every 12 months Up to $150 allowance every 12 months		Employee Employee + One Employee + Child(ren) Family	$4.76 $10.16 $8.26 $13.68
LIFE Insurance (Lincoln Financial)	1st of month following completion of 30 days of employment Full Time 30+ Hrs/week	Life & Accidental Death & Dismemberment Voluntary Life, AD&D Voluntary Spouse Life, AD&D Voluntary Child Life	Value up to 1 times annual salary Guarantee Issue up to $100,000 Guarantee Issue up to $30,000 $10,000		100% Tabitha Paid Employee Employee Employee	$0.00 Age banded Rates Age banded Rates $1.00
Health Savings Accounts (Union Bank & Trust)	1st of month following completion of 30 days of employment, Full Time 30+ Hrs/week	H.S.A. must be coupled with HDHP	May Contribute pre-tax dollars to help pay for eligible medical expenses not covered by insurance plan	Tabitha gives $250 Tabitha gives $500 Tabitha gives $500	Employee Employee + One Family Over Age 55	Fund up to $3,650 Fund up to $7,300 Fund up to $7,300 Catch up to additional $1,000
Flexible Spending Accounts (Payflex)	1st of month following completion of 30 days of employment, Full Time 30+ Hrs/week	Un-reimbursed Medical Expenses Dependent Care Limited Flex, *for use with HDHP*	Pre-tax dollars set aside for medical expenses Not paid by insurance plan Pre-tax dollars set aside for child care cost Pretax dollars to cover dental and vision expenses		Employee paid Employee paid Employee paid	Fund up to $2,850 Fund up to $5,000 Fund up to $2,850
Retirement 401(k) (Union Bank & Trust)	1st day of month following 30 days of employment, 21 years of age	Employees will be automatically enrolled into Tabitha's 401(k) at 6% of gross pay Employee may change contribution rate anytime after enrollment into plan	Employees can contribute up to the statutory maximum, $20,500 per year	Employees over the age of 50 may contribute an additional make up contribution up to the maximum of $26,000	Employee who contribute to their 401(k) will be eligible for employer matching	Tabitha match is $0.50 on the dollar up to 6% of pay

Benefit	Eligibility	Description	Network Type		Employee Contribution	
Employee Assistance Program (Directions, EAP)	Date of Hire	Employees and their immediate family members receive free counseling sessions with licensed therapist	6 sessions per issue	12 total per year		Employer paid, 100%
Employee Health (Tabitha)	Date of Hire	Employees and their immediate family members	Short Term Non-Acute Medical Care	Unlimited visits		Employer paid, 100%
					Accrual Rate	**Max Accrual**
Paid Time Off (PTO)	Available to use after 90 days of employment	Available to anyone scheduled to work more than 20hrs/week	Used for Vacation, Holidays, Sick and other absences from work	Less than 1 year	0.0615	16 days (128 Hrs)
				1-5 years	0.0769	20 days (160 Hrs)
				5-10 years	0.0961	25 days (200 Hrs)
				More than 10 years	0.1154	30 days (240 Hrs)
			Department Heads	Less than 5 years	0.0961	25 days (200 Hrs)
				More than 5 years	0.1154	30 days (240 Hrs)
			Senior Leadership	Less than 5 years	0.1154	30 days (240 Hrs)
				More than 5 years	0.1231	32 days (256 Hrs)
Wellness (Tabitha Club 4)	Date of Hire	Available to all Tabitha employees	24 hour fitness center	Located on Lincoln campus		Employer paid, 100%

This overview is intended to be a general description of coverage. If there is a discrepancy between this document and the insurance policy, the insurance policy will prevail.