PREMIER

TALENT PARTNERS



CONTRACT BENEFITS OVERVIEW

(15+ HOURS)

2027

MEDICAL BENEFITS

Medical Benefits	UnitedHealthcare SignatureValue HMO (26R) CA Residents Only	UnitedHealthcare Select Plus PPO 6000 (EH66)		UnitedHealthcare Select Plus HSA 5000 (EICX)	
Benefits	In Network	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum Benefit	Unlimited	Unlimited		Unlimited	
Deductible					
◦ Individual	$2,500	$6,000	$18,000	$5,000	$10,000
◦ Family	$5,000	$12,000	$36,000	$10,000	$20,000
Out of Pocket Maximum	Includes deductible	Includes deductible		Includes deductible	
◦ Individual	$6,000	$8,550	$25,600	$6,500	$13,000
◦ Family	$12,000	$17,100	$51,200	$13,000	$26,000
Coinsurance	30%	30%	50%	30%	50%
Office Visit (primary / specialist)	$35 / $70	$35 / $70	Ded + 50%	Ded + 30%	Ded + 50%
Urgent Care	$35	$50	Ded + 50%	Ded + 30%	Ded + 50%
Preventive Service / Well Baby Care	No charge	No charge	Not covered	No charge	Not covered
Lab & X-Ray	$25	Ded + 30%	Lab: Not covered / X-Ray: Ded + 50%	Ded + 30%	Lab: Not covered / X-Ray: Ded + 50%
MRI / CT / PET	$150	Ded + 30%	Ded + 50%	Ded + 30%	Ded + 50%
Hospitalization	Ded + 30%	Ded + 30%	Ded + 50%	Ded + 30%	Ded + 50%
Outpatient Surgery	Ded + 30%	Ded + 30%	Ded + 50%	Ded + 30%	Ded + 50%
Emergency Room	Ded + 30%	Ded + 30%		Ded + 30%	
Acupuncture (20 per year, combined with chiropractic)	$15	$35	Not covered	Ded + 30%	Not covered
Chiropractic Services (20 per year, combined with acupuncture)	$15	$35	Not covered	Ded + 30%	Not covered
Mental Health Outpatient	$70	$70	Ded + 50%	Ded + 30%	Ded + 50%
Prescriptions					
◦ Rx Deductible	No pharmacy deductible	No pharmacy deductible		Combined with medical	
◦ Generic	$10	$10	$10	Ded + $10	Ded + $10
◦ Brand	$45	$35	$35	Ded + $35	Ded + $35
◦ Non-formulary	$80	$60	$60	Ded + $70	Ded + $70
Employee Contribution Per Month					
Employee Only	$430.84	$615.52		$571.84	
Employee & Spouse	$1,225.86	$1,751.38		$1,627.07	
Employee & Child(ren)	$961.12	$1,373.15		$1,275.69	
Employee & Family	$1,822.79	$2,604.17		$2,419.36	

The benefits illustrated above are meant to serve as a summary of the benefits available under the carrier's plan. Should any discrepancy arise, the carrier's documents supersede this illustration. Once enrolled, you will receive a Combined Evidence of Coverage and Disclosure Form that explains the exclusions and limitations, as well as the full range of covered services of your plan, in detail.

DENTAL BENEFITS

Plan Summary	Dental Plan: UnitedHealthcare	
Benefits	In Network	Out of Network
Annual Maximum Benefit	$1,500 per person	$1,500 per person
Calendar Year 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	$61.71	
Employee & Spouse	$117.56	
Employee & Child(ren)	$148.93	
Employee & Family	$213.65	

The benefits illustrated above are meant to serve as a summary of the benefits available under the carrier's plan. Should any discrepancy arise, the carrier's documents supersede this illustration. Once enrolled, you will receive a Combined Evidence of Coverage and Disclosure Form that explains the exclusions and limitations, as well as the full range of covered services of your plan, in detail.

VISION BENEFITS

Plan Summary	Vision Plan: UnitedHealthcare	
Benefits	In Network	Out of Network
Office Visit Copay	$10	N/A
Materials Copay	$25	N/A
Eye Exam Reinbursement	100%	Up to $45
Lenses		
◦ Single Vision	Covered after copay	$30
◦ Bifocal	Covered after copay	$50
◦ Trifocal	Covered after copay	$65
Contact Lenses	$130	$105
Frames Allowance	$130 + 20%	$70
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	$8.04	
Employee & Spouse	$13.68	
Employee & Child(ren)	$14.49	
Employee & Family	$21.73	

The benefits illustrated above are meant to serve as a summary of the benefits available under the carrier's plan. Should any discrepancy arise, the carrier's documents supersede this illustration. Once enrolled, you will receive a Combined Evidence of Coverage and Disclosure Form that explains the exclusions and limitations, as well as the full range of covered services of your plan, in detail.

MORE BENEFITS

Medical Reimbursement Account (MRA)



Premier Talent Partners provides eligible employees enrolling in the medical plan allocations into an SFMRA plan based on the number of hours worked. SFMRA funds can be used to reimburse IRS qualified medical expenses and will be deposited into the account on a quarterly basis. Only employees that perform work within San Francisco City limits are eligible for this benefit.

401(k) Plan



Premier Talent Partners offers a 401k Retirement Plan through Fidelity. All contract employees are eligible after one year of employment and have completed 1000 hours. 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.

Gym Discounts



Low or no registration fees.

Nationwide locations.

Visit Perkspot for more information.

SoFi: Student Loan Cost Reduction



Convenience: Consolidate all your student loans into a single loan.

Flexibility: Choose from a variety of loan terms.

No commitment: No obligation rate quote.

$300 welcome bonus if you sign up and refinance through this link.

Employee Assassistance 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.

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.

Questions?



Lori Epperson
Account Manager
Newfront Insurance Services
License #0E20577
T: 650.456.9262
lori.epperson@newfront.com

Monday-Friday | 5am-8pm PST