

SideJob

Benefits Overview 11/1/2024



We are proud to offer our talented employees a competitive benefits package that is comprehensive and affordable. Our goal is to help our workforce be healthy and engaged. SideJob is proud to contribute towards benefits for our employees. **Pricing below reflects after the employer contribution.** **New Hires are eligible for benefits first of the month following 60 days of full time employment**

BlueCross BlueShield Medical Plan 1 - B730ADT (H.S.A.)		BlueCross BlueShield Medical Plan 2 - S730ADT		BlueCross BlueShield Medical Plan 3 - P8K1ADT	
Network	Blue Advantage PPO	Network	Blue Advantage PPO	Network	Blue Advantage PPO
Annual Deductible	\$7,250 / Individual	Annual Deductible	\$4,250 / Individual	Annual Deductible	\$1,000 / Individual
	\$14,500 / Family		\$12,750 / Family		\$3,000 / Family
Annual Out-Of-Pocket Maximum	\$7,250 / Individual	Annual Out-Of-Pocket Maximum	\$9,100 / Individual	Annual Out-Of-Pocket Maximum	\$2,000 / Individual
	\$14,500 / Family		\$18,200 / Family		\$6,000 / Family
Coinsurance	100%	Coinsurance	60%	Coinsurance	90%
PCP Visit	Deductible	PCP Visit	\$45 Copay	PCP Visit	\$25 Copay
Specialist Visit	Deductible	Specialist Visit	\$65 Copay	Specialist Visit	\$45 Copay
RX Benefit	Deductible	RX Benefit	\$10 / \$20 / \$50 / \$100 / \$150 / \$250	RX Benefit	\$0 / \$10 / \$35 / \$75 / \$150 / \$250
Tier	Monthly Cost	Tier	Monthly Cost	Tier	Monthly Cost
Employee Only	\$171.72	Employee Only	\$224.74	Employee Only	\$388.17
EE + Spouse	\$563.44	EE + Spouse	\$669.48	EE + Spouse	\$996.34
EE + Child(ren)	\$563.44	EE + Child(ren)	\$669.48	EE + Child(ren)	\$996.34
Family	\$955.16	Family	\$1,114.22	Family	\$1,604.51
Dental - Principal		Vision - Principal VSP Choice Network		Flexible Spending Account or Health Savings Account - Advantage Benefits Plus	
Annual Deductible	\$50 / Individual	Copays	Exam: \$10	If you're enrolled on BCBS of OK plan 1 (B730ADT), you may elect to fund an Health Savings Account (H.S.A.) pre-tax.	
	\$150 / Family		Materials: \$25		
Preventive	100% (2 cleanings)		Contacts: \$60		
Basic	Deductible then 20%	Material Allowance	\$150	If you're enrolled on any other plan, you're able to select the Flexible Spending Account option (pre-tax).	
Major	Deductible then 50%		glasses or contacts		
Annual Plan Max	\$2,000 / Individual	Frequency (glasses or contacts)	Exam: 12 months	By participating with the H.S.A. or FSA, this allows you to save tax-free for out of pocket on medical, dental, vision and RX expenses.	
UCR (OON)	90%		Lenses: 12 months		
Orthodontics (child only)	50% up to Lifetime Max \$1,500 / Child		Frames: 24 months		
			Contacts: 12 months		
Tier	Monthly Cost	Tier	Monthly Cost	Additional Information	
Employee Only	\$35.65	Employee Only	\$6.96		
EE + Spouse	\$71.30	EE + Spouse	\$15.31		
EE + Child(ren)	\$77.24	EE + Child(ren)	\$11.21		
Family	\$166.36	Family	\$19.83		
Group Term Life - Principal				Please use www.bcbsok.com/find-a-doctor-on-hospital to locate your providers within BCBS (nationwide).	
Plan Details	\$50,000 Basic Term Life/AD&D Insurance				
Monthly Cost	Employer Paid				
Short-Term Disability - Principal					
Plan Details	60% of pre-disability earnings up to \$1,500 / week				
Elimination Period	7 days accident / 7 days illness			Please use https://www.principal.com/find-dentist to locate dentists within Principal.	
Monthly Cost	Employer Paid				
Long-Term Disability - Principal					
Plan Details	60% of pre-disability earnings up to \$7,000 / month			Please use https://www.vsp.com/eye-doctor to locate an eye doctor within Principal / VSP.	
Elimination Period	90 days				
Monthly Cost	Employer Paid				
				Principal covers periodontal, endodontics, and oral surgery under the Basic level of coverage.	

Ello Benefits - For questions regarding your benefits, please contact:

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Effective 11/1/2024

Voluntary Life / AD&D (per \$1,000) - Principal			
Age	Employee Rate	Spouse Rate	Employees may elect coverage in increments of \$10,000 up to \$300,000. For employees under age 70, the guaranteed issue is \$100,000. For employee age 70+, the guaranteed issue is \$10,000.
29 & under	\$0.117	\$0.117	
30 - 34	\$0.128	\$0.128	
35 - 39	\$0.178	\$0.178	
40 - 44	\$0.260	\$0.260	
45 - 49	\$0.402	\$0.402	
50 - 54	\$0.631	\$0.631	Spouses may elect coverage increments of \$5,000 up to \$100,000. For spouses under age 70, the guaranteed issue is \$20,000. For spouses age 70+, the guaranteed issue is \$10,000.
55 - 59	\$0.975	\$0.975	
60 - 64	\$1.485	\$1.485	
65 - 69	\$2.443	\$2.443	
70 & over	\$4.185	\$4.185	
Child(ren) Monthly Rate			
\$2,500 of coverage for \$0.50 per family			Coverage for spouses and children cannot exceed the policy amount for the employee.
\$5,000 of coverage for \$1.00 per family			
\$7,500 of coverage for \$1.50 per family			
\$10,000 of coverage for \$2.00 per family			