

PROVEN BEHAVIOR SOLUTIONS

Benefits at a Glance 2022-2023 Plan Year

> Autism is our expertise. Changing lives is our passion.®

Highlights of Coverage 🔅

COVERAGE	HIGHLIGHTS	COST
Medical HMO Plan	HMO plans require the designation of primary care and physician referrals to in-network specialists	Employer/Employee Paid
Dental	Benefits that help pay for the cost of visits to a dentist for preventive, basic, and major services	Employer/Employee Paid
Vision	Offers you affordable eye care, including coverage for eye exams, frames, lenses, contacts, and more	Employer/Employee Paid
401K	Automatic enrollment after 90 days of hire at 3% with 100% company match	Employer/Employee Paid
Paid Parental Leave	Full time staff eligible for up to 6 months of paid leave	Employer Paid
Life & AD&D Insurances	\$25,000 life insurance policy and \$25,000 accidental death and dismemberment insurance policy	Employer Paid
Gym Stipend	\$30 reimbursement per month for 2 visits/week	Employer Paid
Mileage Reimbursement	Part time staff eligible for \$.625 cents per mile	Employer Paid
Professional Development	Reimbursement for continuing education courses (college level not included) and professional licensure renewal	Employer Paid
Professional Liability Insurance	\$1,000,000 per occurrence and \$3,000,000 aggregate	Employer Paid
Flexible Spending and Dependent Care Accounts	Employees can set aside a spending amount for medical expenses. Company provides \$500/month for dependent care.	Employee paid
Voluntary Life Insurance	Life insurance for employees and their families available for purchase through payroll deductions	Employee Paid
Headspace Subscription	Free subscription to the meditation and stress-reduction app Headspace	Employer Paid



Annual Deductible	\$1000 per member / \$2,000 per family
Annual Out of Pocket Maximum	\$7,000 per member / \$14,000 per family
Preventive Care	Covered in full
PCP Office Visit	\$0 after deductible, funded by Proven
Specialist Office Visit	\$0 after deductible funded by Proven
Hospital Inpatient Services	\$0 after deductible funded by Proven
Outpatient Facility Services	\$0 after deductible funded by Proven
Advanced Imaging	\$0 after deductible funded by Proven
Emergency Room	\$0 after deductible funded by Proven
Urgent Care	\$0 after deductible funded by Proven
Prescription (RX) Drug Retail	RX copayment (4-tier):
*See SBC for Specialty Drug details	\$5/\$15/\$30/\$50
Prescription (RX) Drug Mail Order	\$10/\$30/\$60/\$150

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DENTAL Altus Plus Dental Plan

Annual Deductible	\$50 per family / \$150 per family
Annual Maximum Benefits	\$1,000 per member per calendar year
Preventive	Plan pays 100% Member Coinsurance 0% (In-Network) Plan pays 80% Member Coinsurance 20% (Out-of-Network) Oral Examinations X-Rays Cleanings
Basic	Plan pays 80% Member Coinsurance 20% Deductible Applies (In-Network) Plan pays 64% Member Coinsurance 36% Deductible Applies (Out-of-Network) Fillings Extractions General Anesthesia Scaling and Root Planing
Major	Plan pays 50% Member Coinsurance 50% Deductible Applies (In-Network) Plans pays 40% Member Coinsurance 60% Deductible Applies (Out-of-Network) Dentures Bridges Crowns
Orthodontics	Plan pays 50% Member Coinsurance 50% \$1,000 lifetime maximum up until age 19
Biweekly Rates	Individual: \$8.68; Employee + Spouse: \$22.34; Employee + Child(ren): \$23.98; Family: \$40.73



See policy for full details

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\$10 copay per exam (In-Network) \$50 copay per exam (Out-of-Network Reimbursement) Contact lens fit and follow-up (In-Network) Exam Standard: up to \$55 10% off retail charge for premium contact lens fit and follow-up \$130 allowance; additional 20% off balance (In-Network) Up to \$74 (Out-of-Network Reimbursement) Frames Conventional contact lenses: \$130 allowance; \$15 off balance (In-Network) Up to \$104 (Out-of-Network Reimbursement) Disposable contact lenses: \$130 allowance (In-Network) Up to \$104 (Out-of-Network Reimbursement) **Contact Lenses** Medically necessary contact lenses: Paid in full (In-Network) Up to \$210 (Out-of-Network Reimbursement) Single Vision Lenses: \$25 copay (In-Network) Up to \$42 (Out-of-Network Reimbursement) **Standard Lenses** Bifocal Lenses: \$25 copay (In-Network) Up ro \$78 (Out-of-Network Reimbursement) Tri-focal Lenses: \$25 copay (In-Network) Up to \$130 (Out-of-Network Reimbursement) Exam, Lenses, or Contact Lenses: Once every 12 months Frequency Frames: Once every 24 months 40% off complete second pair of glasses **Network Provider Discounts** 20% off non prescription sunglasses %15 off retail price or 5% off promotional price for laser vision correction through Additional Discounts U.S. Laser Network Individual: \$1.44; Employee + Spouse: \$3.19; Employee + Children: \$3.29; Family: \$5.16 **Biweekly Rates**

See policy for full details

VISION

Blue 20/20 Plan - EyeMed



OTHER BENEFITS

401K PLAN

Proven Behavior Solutions maintains a 401(k) retirement plan for all employees. Employees are eligible to participate in the plan after 90 days of employment and are auto-enrolled unless specifically declining participation. The company matches up to 4.5% of employee compensation. To get the full 4.5% employer match, the employee must contribute at least 6% of pay. Employer contributions are 100% vested upon enrollment.

PAID PARENTAL LEAVE

Company provides a total of up to 6 months paid parental leave for full time employees who have completed 1 year of service and are the primary caregiver. Caregivers are eligible for one month of paid parental leave.

LIFE AND AD&D INSURANCE

The company offers Life and Accidental Death and Dismemberment (AD&D) to full time employees. The coverage is 100% employer paid and provides \$25,000 (for each event) of coverage in the event of loss of life or dismemberment.

VOLUNTARY LIFE INSURANCE

All employees have the opportunity to purchase additional life insurance for themselves and their families. These benefits are provided by

New York Life and are paid for through payroll deductions. The employee decides the amount of coverage and the plan is portable.

GYM STIPEND

Full time staff are eligible for a \$30 per month gym stipend upon submitting receipts for at least 2 visits (or classes) per week.

MILEAGE REIMBURSEMENT

Part time staff are eligible for reimbursement of \$.625 cents per mile if traveling to see more than one client a day.

PROFESSIONAL DEVELOPMENT

Full time staff are eligible for reimbursement for professional licensure renewal and continuing education courses (excluding college level programs).

PROFESSIONAL LIABILITY COVERAGE

Professional Liability Coverage is provided by the company for \$1,000,000 per occurrence and \$3,000,000 aggregate.

FLEXIBLE SPENDING AND DEPENDENT CARE ACCOUNTS (FSA/DCA)

These plans provide the opportunity to put aside pre-tax dollars onto a debit card to help pay for medical or dependent care expenses. Proven will provide \$500 per month for dependent care coverage.

SUBSCRIPTION TO HEADSPACE

All employees have free access to an account on Headspace, an app designed to promote health, happiness, and stress reduction. On the app, you can access guided meditations, mindfulness exercises, activities to promote healthy sleep, and much more.