

# 2025

## Benefits Overview: Alpine Homecare

### Effective: January 2025 - December 2025

#### Eligibility for benefits

You are eligible for benefits as a full-time employee working at least 30 hours per week.

You can also cover your spouse and dependent children.

#### Enrolling in coverage

Make benefits elections as a new hire (within 30 days of your hire date) and each year during open enrollment.

The choices you make are effective through 2025 unless you have a qualifying life event.

Get help with claims, coverage, ID cards, and more!

1-866-736-6640  
[service@onedigital.com](mailto:service@onedigital.com)

Monday - Friday, 8am-8pm EST  
Bilingual (Spanish) assistance is available

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#### Medical insurance

UHC  
Group: 1557378  
1-866-801-4409  
[www.uhc.com](http://www.uhc.com)

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#### Dental insurance

UHC  
Group: 1557378  
1-866-801-4409  
[www.uhc.com](http://www.uhc.com)

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#### Vision insurance

UHC  
Group: 1557378  
1-866-801-4409  
[www.uhc.com](http://www.uhc.com)

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The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

## Medical coverage: UHC

<i>In-network care</i>	HSA Base Plan Doctors Plan Network	Buy Up Plan Choice Plus Network
Annual deductible (DED)	\$6,000 individual \$12,000 family	\$6,000 individual \$12,000 family
Out-of-pocket maximum	\$7,350 individual \$14,700 family	\$6,000 individual \$12,000 family
Doctor visits <ul style="list-style-type: none"> <li>• Preventive Care</li> <li>• Primary Care</li> <li>• Virtual visits</li> <li>• Specialist</li> </ul>	(in-network) 100% covered No charge No charge \$100 copay	(in-network) 100% covered DED then you pay 0% No charge DED then you pay 0%
Rapid care <ul style="list-style-type: none"> <li>• Urgent care</li> <li>• Emergency Room</li> </ul>	No charge \$500 copay, DED then you pay 20%	DED then you pay 0% DED then you pay 0%
Prescription drugs <ul style="list-style-type: none"> <li>• Tier 1</li> <li>• Tier 2</li> <li>• Tier 3</li> <li>• Tier 4</li> <li>• Preferred Specialty</li> </ul>	Up to 31 days / up to 90 days \$5 / \$12.50 \$40 / \$100 \$105 / \$262.50 \$250 / \$625 \$500 / N/A	Up to 31 days / Up to 90 days DED then you pay 0% DED then you pay 0% DED then you pay 0% N/A N/A

## Health Savings Account (HSA)

If you enroll in one of the HDHP plans and meet [IRS eligibility requirements](#), we'll make monthly contributions to your Health Savings Account (HSA).

	High HDHP	Low HDHP
2025 Total Max Contribution	\$4,300 Single; \$8,550 Family from all contributing sources (Employee + Employer)	
HSA catch-up contributions	\$1,000 for an account holder age 55+	

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## Dental coverage: UHC

<i>In-network care</i>	Voluntary Options PPO 20
Annual deductible (DED)	\$50 per person \$150 family
Annual max benefit	\$1,000 per person
Dental care <ul style="list-style-type: none"> <li>• Preventive</li> <li>• Basic</li> <li>• Major</li> </ul>	(in-network) 100% covered (no DED) DED then you pay 20% DED then you pay 50%
Orthodontic care	N/A

## Vision coverage: UHC

<i>In-network care</i>	S1008
Annual exam	\$10 copay
Materials copay	\$25 frames & lenses
Glasses <ul style="list-style-type: none"> <li>• Frames</li> <li>• Lenses</li> </ul>	\$130 allowance (every 24 months) 100% covered after applicable copay (every 12 months)
Contact lenses (in lieu of glasses) <ul style="list-style-type: none"> <li>• Elective</li> <li>• Medically necessary</li> </ul>	\$105 allowance (every 12 months) 100% covered (every 12 months)