

W2 BENEFITS PACKAGE OVERVIEW

Saratoga Software Solutions, Inc. (Saratoga) offers the following competitive benefits package to employees.

401(K) with American Funds Retirement Planning – Not Matched

- Eligible 1st of the month following start date.
- Date of entry is the 1st of the month following the date of eligibility.
- The first contribution will be deducted from the mid-month payroll following the date of entry.
- Not matched by Saratoga.

Medical, Vision, Dental, Life Insurance

- Effective 1st of the month following start date.
- Saratoga offers 3 medical insurance plan options through United Healthcare. **Please see Page 2 for rate information.**
- The company provides \$20,000 of LIFE INSURANCE for ALL eligible full-time employees.

Section 125 Premium Only Plan (POP)

- Pre-tax premium contributions to eligible insurance plans offered by the company.

SWACU (Southwest Airlines Federal Credit Union)

- Our employees get tangible credit union benefits for as long as they bank with SWACU.

WAGMO (Pet Insurance)

- Pet insurance offered at a discount using a code special for Saratoga Software Solutions employees.
- WAGMO is not administrated by Saratoga and there will be no payroll deductions for this.
- There is no need to inform us if you want to sign up for this insurance



2022 Employee Benefit Information

Benefits Effective 01/01/2022 - 03/31/2023

PLEASE NOTE THESE RATES ARE GUARANTEED FOR 15 MONTHS



	OPTION 1		OPTION 2		OPTION 3	
Plan Name	P150030ek0		P30003060ek0		P600060ek0	
Plan Type	PPO		PPO		PPO	
Network	Choice Plus		Choice Plus		Choice Plus	
www.myallsavers.com	Embedded		Embedded		Embedded	
Plan Design	In - Network	Out-of-Network	In - Network	Out-of-Network	In - Network	Out-of-Network
Lifetime Max	Unlimited		Unlimited		Unlimited	
Deductible	\$1,500	\$3,000	\$3,000	\$6,000	\$6,000	\$12,000
Family Deductible	\$3,000	\$6,000	\$6,000	\$12,000	\$12,000	\$24,000
Co-Insurance	100%	50%-50%	100%	50%-50%	100%	50%-50%
Total Max Out of Pocket	\$4,000	\$8,000	\$5,500	\$11,000	\$7,350	\$14,700
Family Total Max Out of Pocket	\$8,000	\$16,000	\$11,000	\$22,000	\$14,700	\$29,400
Benefits						
Office Visit Copay	\$30	Deductible/Coins.	\$30	Deductible/Coins.	\$60	Deductible/Coins.
Specialist Copay	\$30	Deductible/Coins.	\$60	Deductible/Coins.	\$60	Deductible/Coins.
Urgent Care	\$100	Deductible/Coins.	\$100	Deductible/Coins.	\$100	Deductible/Coins.
Healthiest You	Virtual Visits \$0		Virtual Visits \$0		Virtual Visits \$0	
ER CoPay (Facility)	\$300 + Deductible/Coinsurance		\$300 + Deductible/Coinsurance		\$300 + Deductible/Coinsurance	
ER Physician Charges						
Inpatient	Deductible/Coinsurance		Deductible/Coinsurance		Deductible/Coinsurance	
Outpatient						
Labs/X-rays	100%		100%		100%	
Major Testing	Deductible/Coinsurance		Deductible/Coinsurance		Deductible/Coinsurance	
Preferred Pharmacy (RX)	\$15/\$35/\$75/\$250		\$15/\$35/\$75/\$250		\$15/\$35/\$75/\$250	
Special	\$0 PCP 19 & Under		\$0 PCP 19 & Under		\$0 PCP 19 & Under	

Saratoga contributes **50%** of the employee only cost towards any of the 3 MEDICAL plan options, DENTAL, & VISION coverage.

Below reflects the Employee costs broken down by pay period.

The company also provides **\$20,000** of Life Insurance for ALL full-time employees.

(Saratoga's 50% contribution has already been applied to the rates below)

Enrollment	Employees Cost Per Pay Period (24)	Employees Cost Per Pay Period (24)	Employees Cost Per Pay Period (24)
Employee Only	\$197.64	\$173.60	\$141.89
Employee + Spouse	\$602.18	\$349.43	\$282.84
Employee + Child(ren)	\$528.62	\$317.47	\$257.21
Employee + Family	\$969.95	\$509.29	\$410.98

Ancillary Benefits

Effective 10/01/2021 - 09/30/2022

Dental Benefits

Dental Insurance	
Carrier	HUMANA
Plan Design	
Annual Maximum	Unlimited
Annual Deductible	\$50
Network	Any Dentist
Claims Paid %	90%
Preventive	
Preventive Covered	100%
Preventive Deductible	Waived
Basic	
Basic Covered	80%
Endo/Periodontics	80%
Major	
Major Services Covered	50%
Waiting Period for Major	None
Orthodontia	
Included	Discounts
Lifetime Limit	N/A
Ortho Wait Period	N/A
Special	
Included Benefits	Composite Fillings, Endo & Perio covered in Basic, Implants 10+
Rates	
	Employee Cost Per Pay Period
Employee	\$13.15
E + Spouse	\$39.45
E + Child	\$53.91
E + Family	\$80.21

Vision Benefits

Vision Insurance		
Carrier	HUMANA	
Copays		
	In-Network	Out-Of-Network
Exams	\$10	\$30 allowance
Exam Frequency	Annual	Annual
Materials/Frames	\$160 allowance - 20% off balance over \$160	\$80 allowance
Frame Frequency	every 24 months	every 24 months
Network	VSP	
Lenses		
Lense Frequency	Annual	Annual
Single Vision	\$10	\$25 allowance
Bifocal	\$10	\$40 allowance
Trifocal	\$10	\$60 allowance
Lenticular	\$10	\$100 allowance
Contacts (In Lieu of Glasses)		
Conventional	\$160 + 15% off balance over \$160	\$128 allowance
Disposable	\$160 allowance	\$128 allowance
Medically Necessary	\$0	\$210 allowance
Rates		Employee Cost Per Pay Period
Employee		\$2.39
E + Spouse		\$7.18
E + Child		\$6.70
E + Family		\$11.90

Group Term Life Insurance + AD&D

Carrier	Employee Benefit
HUMANA	\$20,000