

SAVINGS AND RETIREMENT BENEFITS

•Retirement 401(k) / Roth Plan

1. ACR pays an amount equal to 8% of salary as of first enrollment date and pays an additional 6.2% once you reach FICA Wage Base.
2. 8% breakdown: 3% vests immediately (Safe Harbor); 5% fully vested after 3 complete years of service
3. Conditions of Eligibility: 90 days of service will be required; an employee enters the Plan on the first day of the month coinciding with or following meeting the eligibility requirements.

MEDICAL BENEFITS (coverage begins on date of hire)

•Medical – Allied Benefit Systems using the Aetna network (Captive Self-Funded Plan)

There are two plan options to choose from:

- PPO 500 Plan - Semi-monthly employee contribution: EO \$87.65 ES \$287.75 EC \$246.83 EF \$546.96
- High Deductible Health Plan (HDHP) with HSA - Semi-monthly employee contribution: EO \$0.00 ES \$203.69 EC \$175.91 EF \$379.61

Health Savings Account (HSA) – is paired with HDHP

Individual HSA contribution limit for 2022 is \$3,650 (amount mandated by IRS)

Family HSA contribution limit for 2022 is \$7,300 (amount mandated by IRS)

*Please note, employees who enroll in the HSA will receive a monthly contribution of \$200 from the American College of Rheumatology (\$100 per pay period, \$2,400 annually). The contribution amount is the same for all tiers.

•Dental – Unum Healthcare (fully insured plan)

Semi-monthly employee contribution: EO \$0.00 ES \$8.80 EC \$16.02 EF \$28.23

•Vision – Unum Healthcare (fully insured plan)

Semi-monthly employee contribution: EO \$2.54 ES \$5.08 EC \$5.13 EF \$8.19

•Flexible Spending Account

1. FSA allows an employee to defer up to \$2,850.00 (amount mandated by IRS) of income into a tax-free account to pay for medical, dental, and vision expenses not covered by group insurance plans; includes debit-card.
2. Dependent Care FSA allows an employee to defer up to \$5,000 per household or \$2,500 if married, filing separately (amount mandated by IRS) into a tax-free account to pay for daycare and other qualified dependent care expenses; includes debit-card

LIFE & DISABILITY BENEFITS (paid at 100% by the ACR)

•Life Insurance: amount equal to 2x salary up to \$250,000

•Short Term Disability (pays out weekly at 66.67% of employee's gross pay; max weekly amount \$1,000)

•Long Term Disability (pays out monthly at 66.67% of employee's gross pay; max monthly amount \$8,000)

•Hospital Indemnity

VOLUNTARY LIFE BENEFITS (paid at 100% by the employee)

LEAVE BENEFITS

- Paid Holiday Leave – ACR has 13 annual paid holidays - New Year's Day, MLK Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day (plus Friday), Year End Break (last 5 business days of the year), plus 1 floating holiday.
- Personal Time Off (PTO) will be calculated based on the following metrics. PTO hours will be calculated semi-monthly (each pay period). PTO hours NEVER pay out upon termination; unless legally required. Please note that the hours made "available" to you on DOH represent your max hours allowed. So once your semi-monthly "accrued" hours reaches your max available and you have not taken any time off, your semi-monthly accrual will be 0.00 until you take time off.

*Beginning on DOH thru the end of year 1
15 days or 105 hours
4.3750 hours each pay period*

*Beginning year 2 thru the end of year 4
22 days or 154 hours
6.4167 hours each pay period*

*Beginning year 5 thru the end of year 9
27 days or 189 hours
7.8750 hours each pay period*

*Beginning year 10 thru end of year 19
32 days or 224 hours
9.3333 hours each pay period*

*Beginning year 20 and beyond
37 days or 259 hours
10.7917 hours each pay period*

PERSONAL SERVICE BENEFITS

- Professional membership dues – ASAE, GSAE and others based on supervisor approval*
- Professional development opportunities – ACR pays all costs including travel to attend supervisor-approved continuing education.*

FAMILY FRIENDLY BENEFITS

- Flextime – 35-hour work-week standard (Full-time status is based on working 35 hours a week)*
- As of August 2020, the ACR began allowing employees to work 8 hours a day (of which 1 hour must be taken for lunch) in each 24-hour period. 4 of the 8 hours must be worked during “core business hours”; which you may obtain from your immediate supervisor. If your supervisor is not available, you may contact the head of your department or Human Resources regarding your specific schedule.*

Benefits at a Glance | 2022

Medical - Allied Benefit (Aetna Network)	PPO Plan		High Deductible Health Plan (HDHP) with HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance (Member pays)	0%	30%	0%	30%
Calendar Year Deductible				
- Individual	\$500	\$1,500	\$2,800	\$5,600
- Family	\$1,500	\$4,500	\$5,600	\$11,200
Out-of-Pocket Maximum (Deductible included)				
- Individual	\$750	\$2,250	\$2,800	\$12,000
- Family	\$2,250	\$6,750	\$5,600	\$24,000
Office Visit				
- Primary	\$25 Copay	30% after Deductible	Deductible	30% after Deductible
- Specialist	\$50 Copay	30% after Deductible	Deductible	30% after Deductible
Inpatient Services	Deductible	30% after Deductible	Deductible	30% after Deductible
Outpatient Services				
- Facility	\$150 Copay	30% after Deductible	Deductible	30% after Deductible
Emergency Room Services (Waived if admitted)	\$150 Copay	\$150 Copay	Deductible	Deductible
Urgent Care	\$60 Copay	30% after Deductible	Deductible	30% after Deductible
Lifetime Maximum Benefits	Unlimited	Unlimited	Unlimited	Unlimited
Prescription Coverage (30 Day Supply)	PPO Plan		High Deductible Health Plan (HDHP) with HSA	
	In/Out-of-Network		In-Network	Out-of-Network
Deductible	\$0		Subject To Medical Deductible	
Tier 1	\$15 Copay		Deductible	30% after Deductible
Tier 2	\$35 Copay		Deductible	30% after Deductible
Tier 3	\$60 Copay		Deductible	30% after Deductible
Tier 4	20% Coinsurance; \$300 Max/Rx		Deductible	30% after Deductible
Mail Order (90 Day Supply)	PPO Plan		High Deductible Health Plan (HDHP) with HSA	
	In/Out-of-Network		In-Network	Out-of-Network
Tier 1	\$15 Copay		Deductible	30% after Deductible
Tier 2	\$70 Copay		Deductible	30% after Deductible
Tier 3	\$180 Copay		Deductible	30% after Deductible
Tier 4 (30 Day Supply)	20% Coinsurance; \$300 Max/Rx		Deductible	30% after Deductible
Employee Rates	PPO Plan		High Deductible Health Plan (HDHP) with HSA	
	Semi-Monthly	Monthly	Semi-Monthly	Monthly
Employee	\$87.65	\$175.29	\$0.00	\$0.00
Employee + Spouse	\$287.75	\$575.49	\$203.69	\$407.38
Employee + Child(ren)	\$246.83	\$493.65	\$175.91	\$351.82
Family	\$546.93	\$1,093.86	\$379.61	\$759.21

Health Savings Account (HSA) – Pinnacle

A Health Savings Account (HSA) is a tax-advantaged account that belongs to you and is paired with the HSA medical plan to pay for eligible medical expenses. The contribution limit for 2022 is \$3,650 for an individual and \$7,300 for family. The additional contribution or "catch up" amount for individuals aged 55 and older is \$1,000. Any unused HSA dollars will rollover to the next plan year.

Please note, employees who enroll in the HSA will receive a monthly contribution of \$200 from the American College of Rheumatology (\$100 per pay period, \$2,400 annually). The contribution amount is the same for all tiers.

Dental – Unum	In-Network
Annual Deductible	
- Individual	\$50 Copay
- Family	\$150 Copay
Dental Services	
- Preventive Services	100%
- Basic Services	80%
- Major Services	50%
Orthodontic Services	50%
Orthodontia Lifetime Maximum (For children up to age 19)	\$1,500
Annual Plan Maximum	\$2,000
Out-of-Network Reimbursement	90 th %
Employee Rates (Semi-Monthly)	
Employee	\$0.00
Employee + Spouse	\$8.80
Employee + Child(ren)	\$16.02
Family	\$28.23

Short Term Disability (STD) – Unum	
Weekly Benefit Percentage:	66.67%
Maximum Weekly Benefit:	\$1,000
Benefit Waiting Period:	0 Days (accident) / 7 Days (illness)
Maximum Benefit Duration:	13 Weeks
100% Employer Paid	

Long Term Disability (LTD) – Unum	
Monthly Benefit Percentage:	66.67%
Maximum Monthly Benefit:	\$8,000
Benefit Waiting Period:	90 Days
Benefit Duration:	Up to age 65
100% Employer Paid	

Limited Purpose FSA – Pinnacle

For 2022, you can contribute up to \$2,850 for qualified dental and vision expenses. This account is only available for election if you are enrolled in the High Deductible Health Plan (HDHP) with HSA. Employees can roll over up to \$570 of unused Limited Purpose FSA dollars to the next plan year. Any balance over \$570 would still be forfeited.

Hospital Indemnity – Unum	<i>New Plan</i>
A Hospital Indemnity plan provides a cash benefit when you are admitted to a hospital, whether or not these charges are covered by your medical plan. Benefit payments are sent directly to you and can be used for any purpose.	
Please note, that enrollees have the opportunity to receive a \$50 Be Well Benefit if they receive a health screening throughout the plan year. If you are admitted into the hospital, enrollees can receive a \$1,000 cash benefit in addition to the daily stay benefit.	
100% Employer Paid	

Vision – Unum	In-Network	Out-of-Network
Exams	\$10 Copay	Up to \$35
Eyeglasses		
- Single Vision	\$10 Copay	Up to \$25
- Bifocal	\$10 Copay	Up to \$40
- Trifocal	\$10 Copay	Up to \$50
Frames	\$130 Allowance	Up to \$50
Contact Lenses		
- Conventional/ Disposable	\$10 Copay + \$130 Allowance	Up to \$100
- Medically Necessary	\$10 Copay + \$210 Allowance	Up to \$210
Frequency of Services		
Exam/Lenses/Contact Lenses/Frames	12/12/12/24 Months	
Employee Rates (Semi-Monthly)		
Employee	\$2.54	
Employee + Spouse	\$5.08	
Employee + Child(ren)	\$5.13	
Family	\$8.19	

Basic Life and AD&D – Unum	
Basic Life and AD&D Benefit:	2x Annual salary up to \$250,000
Benefits Reduce By:	35% at age 65; 50% at age 70
100% Employer Paid	

Voluntary Life and AD&D* – Unum	
Employee	5x Annual earnings up to \$500,000; \$10,000 Increments
Guarantee Issue	\$70,000
Spouse	100% of employee amount up to \$500,000; \$5,000 Increments
Guarantee Issue	\$25,000
Child(ren) (6 Months up to age 26 if full-time student)	\$2,000 increments up to \$10,000 maximum
Guarantee Issue	\$10,000
100% Employee Paid	

**Please note, if your spouse is also a benefits-eligible employee at American College of Rheumatology, then you may not be eligible to purchase spousal coverage for voluntary life benefits. Refer to plan documents for details*

Contact Information



OneDigital Client Advocate

Dyra Boseman

ph: 1.404.846.4087

toll free: 1.800.304.6157

E-mail: dboseman@onedigital.com



This document is intended as a convenient summary of the major points of benefit plans. This document does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases and are available for your inspection at any time.

Medical – Allied Benefit (Aetna Network)

Member Services: 1.800.288.2078

www.alliedbenefit.com

Dental, Vision, Life, STD, LTD, and Hospital Indemnity – Unum

Member Services: 1.888.842.4462

Life and Disability: 1.800.362.4462

www.cigna.com

Health Savings Account (HSA) and Limited Purpose FSA (LPFSA) – Pinnacle

Member Services: 1.888.282.2605

www.pnfp.com