



2024 BENEFITS GUIDE

# 360 Anesthesia

[360Anesthesia.com](https://360Anesthesia.com)

Wilkes Barre General Hospital - CRNAs

“

**Our Mission:**

Elevate the perioperative experience through Effective, Efficient, Equitable care.

**Our Values:**

Safety, Trust, Innovation, High-Efficiency

”



# 401K

## Retirement Benefits

Contributions to this plan are not company matched and is subject to contribution limits.

There are two ways to contribute:

**Roth:** This is when you pay taxes on money going into your account

**Traditional:** This is when you pay taxes on the money when it is withdrawn from your account

### 2024 Yearly Maximums:

401(k) contribution limits:  
\$23,000.00

Catch up (over 50 years old and older): additional  
\$7,500.00



# Safe Harbor

## Nonelective Contribution and Match Retirement Benefits

360 Anesthesia will make a Safe Harbor contribution each year in the amount of 3%. Employees are fully vested at contribution.



# Matching

## Retirement Benefits

360 Anesthesia intends to make a discretionary match of 25% up to 4% of employee elected contributions.

**Ex: If an employee elects 4% into their 401k, 360 Anesthesia will match 1%. If an employee elects 1%, 360 Anesthesia will match 0.25%.**

The matching benefit has a 3 year vesting schedule.

### Vesting Schedule

Less than 3 years of vesting service - 0%

Three or more years of vesting service - 100%



# Profit Sharing

## Retirement Benefits

360 Anesthesia has a discretionary profit sharing contribution. If 360 Anesthesia elects this in any year, the vesting schedule will be associated with it.

For more information, please see the summary plan description

### Vesting Schedule

Less than 2 year - 0%  
Less than 3 years - 20%  
Less than 4 years - 40%  
Less than 5 years - 60%  
Less than 6 years - 80%  
6 or more years - 100%



# Retirement Plan Summary

## Retirement Benefits

THE PLAN OFFERS THREE COMPONENTS THE COMPANY CAN USE TO FUND THE 401K.

1. 3% NON ELECTIVE CONTRIBUTION THAT IS 100% VESTED DAY 1.
2. 25% MATCH ON THE FIRST 4% OF DEFERRED COMPENSATION. THIS HAS THE 3 YEAR VESTING SCHEDULE
3. DISCRETIONARY PROFIT SHARE.



# Additional Assistance

## Benefits

Continuing Medical Education (CME): \$2,500.00 per year

Licensure and Dues: Dues and licenses are reimbursable





# Additional Benefits

## Perks

Club Fitness has partnered with 360 Anesthesia!

360 Anesthesia employees can use promo code **GGA21** to enroll either online or in any Club Fitness location!

### Club Fitness + G&G Partnership = Employee Membership Discount

#### Your Benefits Include:

- **\$9.99 annual fee** vs. \$29.99 annual fee
- **No Contract** vs. 12-month minimum commitment
- **\$0 Enrollment** vs. \$20 In-Club Enrollment (when you sign up online)
- **\$0 Processing** vs. \$20-\$40 Processing for regular members
- **Access to any Club Fitness location - open 24/7**



# Professional Liability Insurance



As long as 360 Anesthesia  
PLLC is in business, tail  
coverage is included with  
Professional Liability  
coverage of  
\$1,000,000.00/\$3,000,000.00

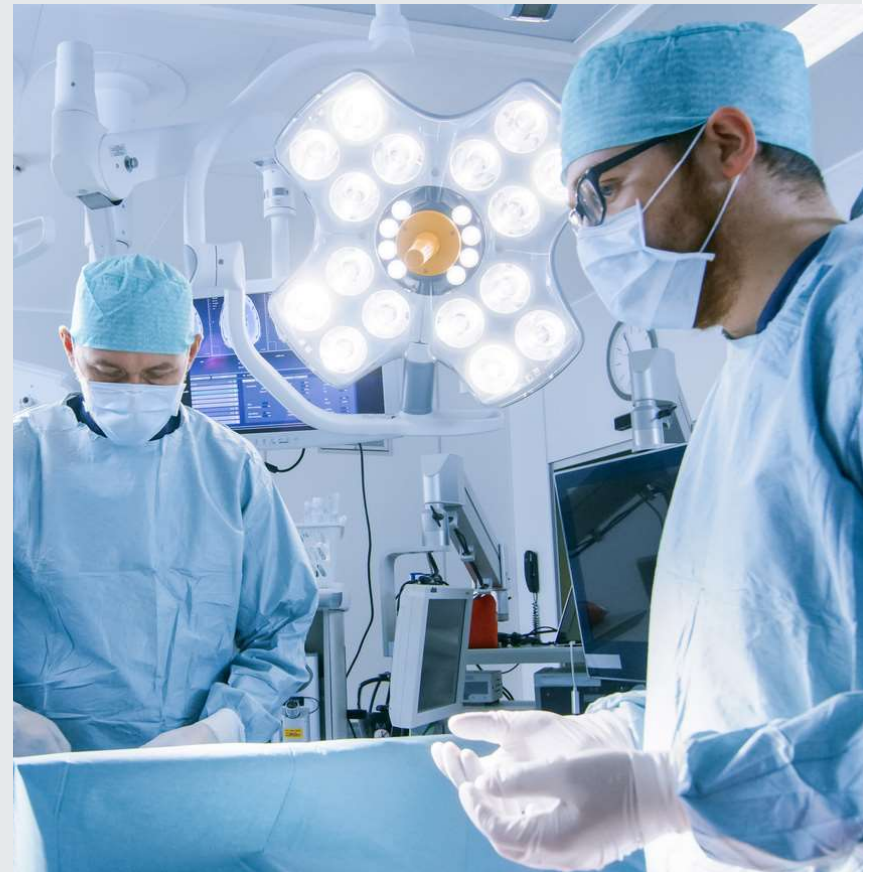
# AD&D/Life Insurance

Unum

\$50,000.00 with no medical questions asked for both AD&D and Life Insurance

Benefits are reduced to 65% at age 65 and to 50% at age 70

This benefit is proudly covered by 360 Anesthesia at no cost to you!

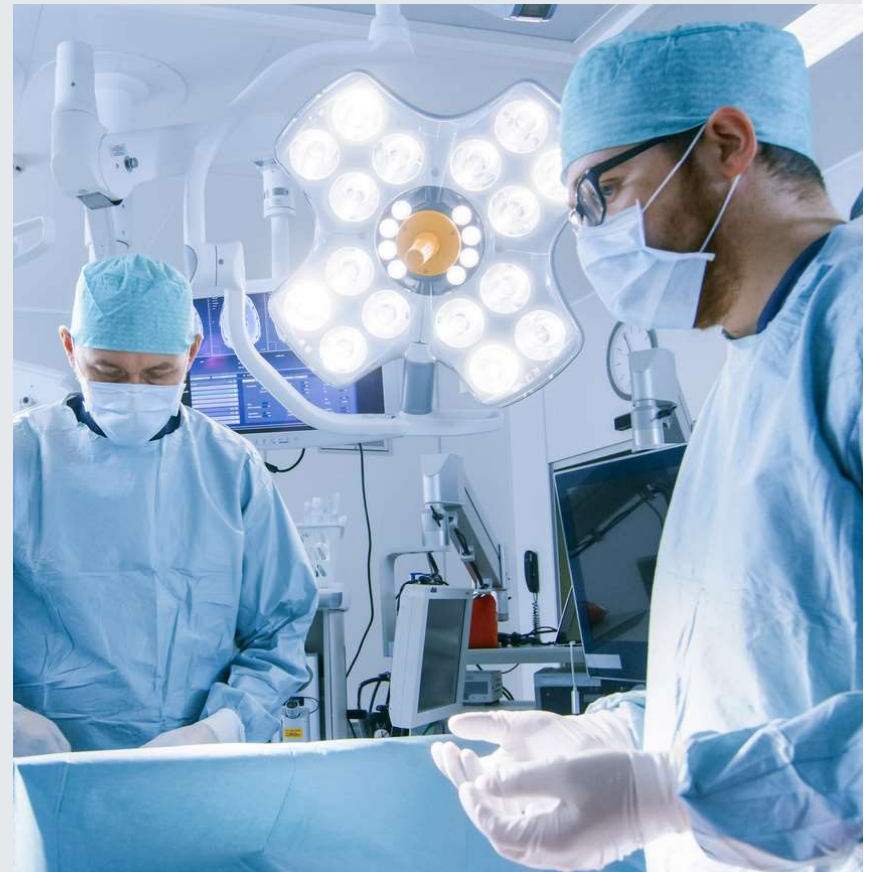


# Accidental Death & Dismemberment

## Unum

Additional AD&D coverage can be purchased at 100% employee cost.

Employee AD&D Monthly Rate per \$1,000	Spouse AD&D Monthly Rate per \$1,000	Child AD&D Monthly Rate per \$1,000
\$0.04	\$0.04	\$0.04



# Life Insurance

Unum

Additional Life Insurance can be purchased at 100% employee cost.

Age Band	Employee Life Monthly Rates per \$1,000	Spouse Life Monthly Rates per \$1,000	Child Life Monthly Rate per \$1,000
15-24	\$0.04	\$0.04	\$0.30*
25-29	\$0.04	\$0.04	
30-34	\$0.05	\$0.05	
35-39	\$0.08	\$0.08	
40-44	\$0.12	\$0.12	
45-49	\$0.19	\$0.19	
50-54	\$0.29	\$0.29	
55-59	\$0.42	\$0.42	
60-64	\$0.54	\$0.54	
65-69	\$0.70	\$0.70	
70-74	\$1.28	\$1.28	
75+	\$4.31	\$4.31	



# Short-Term Disability

Unum

Age Band	Rates per \$10 of Weekly Benefit
<25	\$0.45
25-29	\$0.45
30-34	\$0.57
35-39	\$0.57
40-44	\$0.57
45-49	\$0.57
50-54	\$0.50
55-59	\$0.50
60-64	\$0.50
65+	\$0.50



# Long-Term Disability

Unum

Age Band	Rates per \$100 of Monthly Covered Payroll
<25	\$0.50
25 - 29	\$0.50
30 - 34	\$0.75
35 - 39	\$1.95
40 - 44	\$1.95
45 - 49	\$1.95
50 - 54	\$2.75
55 - 59	\$2.75
60 - 64	\$2.75
65 - 69	\$2.75
70+	\$1.50



# Critical Illness

## Unum

	Critical Illness
Rates	Rates are based on amount and age. Rate sheet available upon request.
Rate Increments	Amounts in \$10,000.00 benefit units
<b>General Plan Information</b>	
Maximum Benefit Amount	\$500,000.00
Initial Guaranteed Issue Amount	\$150,000.00
<b>Reductions</b>	
Age 65	65%
Age 70	50%
<b>Coverage Options</b>	
Employee, Spouse and Children	





# Accident Unum

	Accident
Associate Only	\$7.61 per paycheck
Associate + Spouse	\$13.58 per paycheck
Associate + Children	\$16.38 per paycheck
Family	\$22.35 per paycheck



# Hospital Coverage

Unum

	Hospital Coverage
Associate Only	\$8.42 per paycheck
Associate + Spouse	\$17.11 per paycheck
Associate + Children	\$12.20 per paycheck
Family	\$20.89 per paycheck



# Flexible Spending Account

## Health Equity

A Flexible Spending Account (FSA) is an account you can put money into that you can use to pay for eligible out-of-pocket expenses

You are eligible for an FSA with any medical plan

360 Anesthesia offers two types of FSAs; Healthcare FSA and Dependent care FSA

**NOTE:** Any funds not used by 12/31/2024 will be lost. Funds do not roll over into the next year

A **Health care** FSA provides you the option to pay pretax on items or services such as deductibles, copays and over-the-counter medicines or items

A **Dependent care** FSA provides you the option to pay pretax on eligible dependent care services such as preschool, summer day camps and after school programs.

### **2024 Yearly Maximums:**

Health care: \$3,050.00  
Dependent care: \$5,000.00



# Health Savings Account

## Health Equity

A Health Savings Account (HSA) is a tax-advantaged medical savings account. The funds contributed to this account are not subject to federal income tax at the time of deposit.

Those enrolled in the high-deductible health plan are eligible for a HSA

360 Anesthesia offers a HSA account through Health Equity

**NOTE:** Funds in this account roll over year to year. Any unused funds at the end of the year will not be lost

A **HSA** provides you the option to pay pretax on qualified medical expenses such as eligible health care, dental and vision expenses for yourself, spouse and eligible dependents

### **2024 Yearly Maximums:**

Single coverage: \$4,150.00

Family coverage: \$8,300.00

Catch up (over 55 years old and older): additional \$1,000.00 into either account

**360 Anesthesia will contribute \$1,500.00 to each eligible HSA account for the 2024 year.**



## Medical Insurance

### Aetna - Bronze Plan (HDHP Plan)

2023 Bronze - B535PPO (HDHP Plan)		
Associate Only	\$279.85	
Associate + Spouse	\$643.64	
Associate + Children	\$589.08	
Family	\$952.87	
Deductible	In-Network	Out-of-Network
Individual	\$6,900	\$13,800
Family	\$13,800	\$27,600
Coinsurance	0%	0%
Out of Pocket Maximum	In-Network	Out-of-Network
Individual	\$6,900	\$13,800
Family	\$13,800	\$27,600
Physician Office Visits	In-Network	Out-of-Network
Primary Care	No charge after deductible	No charge after deductible
Specialist	No charge after deductible	No charge after deductible
Preventive care/screening/immunization	No Charge / Deductible does not apply	No charge after deductible
Emergency Room	In-Network	Out-of-Network
Emergency room care	\$250 per visit plus no charge after deductible	\$250 per visit plus no charge after deductible
Urgent Care	No charge after deductible	No charge after deductible



## Medical Insurance

### Aetna - Silver Plan (PPO Plan)

2023 Silver - S532PPO		
Associate Only	\$329.46 per month	
Associate + Spouse	\$742.88 per month	
Associate + Children	\$680.87 per month	
Family	\$1,094.28 per month	
Deductible	In-Network	Out-of-Network
Individual	\$3,250	\$6,500
Family	\$9,750	\$19,500
Coinsurance	40%	50%
Out of Pocket Maximum	In-Network	Out-of-Network
Individual	\$8,550	Unlimited
Family	\$17,100	Unlimited
Physician Office Visits	In-Network	Out-of-Network
Primary Care	\$50 per visit	50% Coinsurance
Specialist	\$70 per visit	50% Coinsurance
Preventive care/screening/Immunization	No Charge / Deductible does not apply	50% Coinsurance
Emergency Room	In-Network	Out-of-Network
Emergency room care	\$500 per visit plus 40% coinsurance	\$500 per visit plus 40% coinsurance
Urgent Care	\$75 per visit / deductible does not apply	50% Coinsurance



## Medical Insurance

### Aetna - Gold Plan (PPO Plan)

2023 Gold - G532PPO		
Associate Only	\$414.34 per month	
Associate + Spouse	\$912.64 per month	
Associate + Children	\$837.90 per month	
Family	\$1,336.19 per month	
Deductible	In-Network	Out-of-Network
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Coinsurance	20%	50%
Out of Pocket Maximum	In-Network	Out-of-Network
Individual	\$5,500	Unlimited
Family	\$11,000	Unlimited
Physician Office Visits	In-Network	Out-of-Network
Primary Care	\$40 per visit	50% Coinsurance
Specialist	\$60 per visit	50% Coinsurance
Preventive care/screening/immunization	No Charge / Deductible does not apply	50% Coinsurance
Emergency Room	In-Network	Out-of-Network
Emergency room care	\$400 per visit plus 20% coinsurance	\$400 per visit plus 20% coinsurance
Urgent Care	\$75 per visit / deductible does not apply	50% Coinsurance



## Medical Insurance

### Aetna - Platinum Plan (PPO Plan)

2023 Platinum - P5E1PPO		
Associate Only	\$529.03 per month	
Associate + Spouse	\$1,142.02 per month	
Associate + Children	\$1050.08 per month	
Family	\$1663.06 per month	
Deductible	In-Network	Out-of-Network
Individual	\$500	\$1,000
Family	\$1,500	\$3,000
Coinsurance	10%	40%
Out of Pocket Maximum	In-Network	Out-of-Network
Individual	\$1,500	Unlimited
Family	\$4,500	Unlimited
Physician Office Visits	In-Network	Out-of-Network
Primary Care	\$20 per visit	40% coinsurance
Specialist	\$40 per visit	40% coinsurance
Preventive care/screening/immunization	No Charge / Deductible does not apply	40% coinsurance
Emergency Room	In-Network	Out-of-Network
Emergency room care	\$400 per visit plus 10% coinsurance	\$400 per visit plus 10% coinsurance
Urgent Care	\$75 per visit / deductible does not apply	40% coinsurance





# Dental Insurance

## MetLife - Low Level

Dental		
Associate Only	\$7.81	
Associate + Spouse	\$15.63	
Associate + Children	\$16.57	
Family	\$26.02	
General Plan Information	In-Network	Out-of-Network
Calendar Year Maximum	\$1,500.00 per person	\$1,500.00 per person
Deductible	In-Network	Out-of-Network
Individual	\$50.00	\$50.00
Family	\$150.00	\$150.00
Routine services such as cleaning and exams are covered at 100%		
Procedure	In-Network	Out-of-Network
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%



# Dental Insurance

## MetLife - High Level

2024 Dental - HIGH		
Per pay rates shown below		
Associate Only	\$9.85	
Associate + Spouse	\$19.74	
Associate + Children	\$22.76	
Family	\$35.03	
General Plan Information	In-Network	Out-of-Network
Calendar Year Maximum	\$2,000.00 per person	\$2,000.00 per person
Deductible	In-Network	Out-of-Network
Individual	\$50.00	\$50.00
Family	\$150.00	\$150.00
Routine services such as cleaning and exams are covered at 100%		
Procedure	In-Network	Out-of-Network
Type I Preventive Services	100%	100%
Type II Basic Services	90%	90%
Type III Major Services	60%	60%
Type IV Orthodontia	50%	50%



# Vision Insurance

## MetLife

	Vision
Associate Only	\$3.56 per month
Associate + Spouse	\$7.14 per month
Associate + Children	\$6.04 per month
Family	\$9.96 per month
General Plan Information	In-Network
Copay	\$10.00
Retinal Imaging	\$39.00
Allowances/Copays	In-Network
Frames	\$150.00 after \$25.00 copay
Corrective Lenses	\$25.00
Lens Enhancements	\$25.00
Contact Lens	\$150.00 after \$60.00 copay



# Employee Assistance Program

Unum

360 Anesthesia cares about our employee's well-being. That is why we offer our employees an Employee Assistance Program (EAP) at no cost. An EAP is designed to help employees lead happier and more productive lives at home and at work.

The EAP can help with personal, family and work issues such as:

- Stress, depression, anxiety
- Relationship issues
- Job stress, work conflict
- Family/Parenting issues
- Anger, grief and loss
- Addition, eating disorders, mental illness



### Benefit Document Information Links

- [Medical](#)
- [Dental - Low](#)
- [Dental - High](#)
- [Vision](#)
- [Voluntary Benefits](#)
- [Employee Assistance Program \(EAP\)](#)



# Contacts

## **Elisa Courter**

Human Resource Director  
Elisa.Courter@360anesthesia.com  
314-881-8241

## **Medical Insurance**

Meritain Health  
www.Meritain.com  
1-800-566-9311

## **Dental**

MetLife  
www.metlife.com/dental  
1-800-275-4638

## **Vision**

MetLife  
www.metlife.com/vision  
1-855-638-3931

## **Voluntary Benefits**

Unum  
www.unum.com  
1-866-679-3054

## **Employee Assistance Program**

Unum  
www.unum.com/lifebalance  
1-800-854-1446

