



Medical – Blue Choice Health Plan

Blue Choice Health Plan is your network provider. All preventive care is covered in full. Please see the Plan Summary for the exact benefit levels associated with your care. For a copy of your ID card: www.bluechoicesc.com | 866.280.0766

In-Network (Your cost)		
Plan Name	Copay Plan	HDHP Plan
Office Visits		
Primary	\$35 Copay	Deductible, then 0%
Specialist	\$50 Copay	Deductible, then 0%
Urgent Care	\$35 Copay	Deductible, then 0%
Telemedicine	\$35 Copay	\$59 Copay
Retail Pharmacy		
Retail	Tier 1 : \$8 Copay Tier 2: \$25 Copay Tier 3: \$45 Copay Tier 4: \$75 Copay Tier 5: \$125Copay Toer 6: \$175 Copay	Deductible, then 0%
Mail Order (up to 90 day supply)	2.5 X Retail	Deductible, then 0%
Hospital		
Inpatient	Deductible then 30%	Deductible, then 0%
Outpatient	Deductible then 30%	Deductible, then 0%
Emergency	Deductible then 30%	Deductible, then 0%
Deductible		
Individual	\$3,000	\$6,500
Family	\$9,000	\$13,000
Out of Pocket Maximum (includes deductible, copays and coinsurance)		
Individual Out of Pocket	\$6,500	\$6,500
Family Out of Pocket	\$13,000	\$13,000
Bi-Weekly Pay Period Deductions		
	Copay Plan	HDHP
Employee Only	\$219.12	\$128.54
Employee + Spouse	\$582.35	\$397.04
Employee +Child(ren)	\$471.00	\$314.65
Employee + Family	\$834.35	\$583.38



South Carolina

Health Savings Accounts

For employees who elect the HDHP, you have the option of opening a Health Savings Account (HSA). The HSA-eligible plan provides a way to save money that becomes available in future years for health care expenses. Funds can build from year to year with no "lose-it" provision.

- In 2022 individuals can contribute up to \$3,650 and families can contribute up to \$7,300 to their HSA (If you are 55 or older, you can make a \$1,000 catch-up contribution).
- Contributions to an HSA can be made on a pre-tax or post-tax basis, and funds within the HSA grow without incurring taxes. Funds are withdrawn tax-free for healthcare related needs without having to file receipts, although you should keep your receipts in case you are ever audited.

Dental – Mutual of Omaha

Below is a brief summary of in-network coverage. Please see the Plan Summary for the exact benefit levels associated with your care. For a copy of your ID card: www.MutualofOmaha.com | 800-228-7104

Benefit Detail	In-Network (Your cost)
Preventive	Covered in full
Basic Services	Deductible then 20%
Major Services	Deductible then 50%
Annual Deductible	Employee: \$50 Family: \$150
Plan Annual Maximum (Per covered Member)	\$1,000
Bi-Weekly Pay Period Deductions	
Employee Only	\$6.51
Employee + One	\$22.69
Family	\$41.70

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Voluntary Vision – EyeMed

Below is a brief summary of in-network coverage. Please see the Plan Summary for the exact benefit levels associated with your care. Participating Providers may be accessed at www.eyemed.com or call 866-939-3633

Benefit Detail	In-Network (Your cost)	Frequency
Eye Exam	\$10 Copay	Every 12 Months
Lenses Single,Bifocal, & Trifocal	\$25 Copay	Every 12 Months
Frames	\$130 allowance plus 29% off Balance	Every 24 Months
Conventional Contacts	\$130 Allowance	Every 12 Months
Medically Necessary	\$0 Copay Reimbursed up to \$210	Every 12 Months

Bi-Weekly Pay Period Deductions

Employee Only	\$3.19
Employee + Spouse	\$6.07
Employee + Child	\$6.39
Family	\$9.40

Life and AD&D – Mutual of Omaha

* Paid for by Globalpundits

Below is a brief summary of coverage. Please see the Plan Summary for the exact benefit levels associated with your care. For assistance visit www.mutualofomaha.com or call 800-228-7104

Benefit Detail	Basic Life AD&D
Employee Life AD&D Benefit	\$10,000
Employee Guaranteed Issue	\$10,000
Conversion Privilege	Yes
Waiver of Premium	Yes

Life & AD&D amounts reduce by 35% at age 65 and by 50% at age 70.

Voluntary Life and AD&D – Mutual of Omaha

Benefit Detail	Voluntary Life AD&D
Employee Life AD&D Benefit	\$10,000 Increments, up to the lesser of 5x salary or \$500,000 maximum
Dependent Life Amount (must be at least 14 days old)	Spouse: \$5,000 increments max \$250,000 not to exceed 100% of employee benefit Child(ren): \$10,000
Guaranteed Issue Amounts	Employee \$100,000 Spouse \$25,000 Child(ren) \$10,000 Evidence of Insurability is required for amounts above the guaranteed amounts
Conversion Privilege	Yes
Waiver of Premium	Yes

Optional Paid Time Off/PTO

This optional benefit provides a Paid Time Off bi-weekly hour accrual to be used for future vacation, sick leave, holidays or other needs. If PTO is requested by an employee, their pay rate will be reduced based upon the bi-weekly PTO accrual. All unused accrued PTO is paid out to the employee if their employment ends with Globalpundits. If interested in this PTO Benefit speak to your Recruiter or HR.

Voluntary LTD – Mutual of Omaha

Below is a brief summary of coverage. Please see the Plan Summary for the exact benefit levels associated with your care. For assistance visit www.mutualofomaha.com or call 800-4228-7104

Benefit Detail	Long Term Disability	
	Core	Buy-Up
Benefit	40%	60%
Maximum Monthly Benefit		\$10,000
Elimination Period	180 Days	
Duration of Benefits	RBD to SSNRA	

Buy-Up cost from Core (40%) plan to Buy-Up (60%) plan is \$0.20 of covered monthly payroll.

401K

All employees of Globalpundits are eligible after 1st payroll is processed as long as they are over the age of 21. For enrollment, use the self-service portal to all your ADP services and begin by registering at: <https://online.adp.com>. If you have questions on what investment options would be most suitable, contact Roger Johansson, LUTCF, 803-376-2000 or 803-429-0448, ADP My K Plan 800-695-7526

Have A Question?

If you have any questions associated with any of the above lines of coverage please contact HR or you can call or email:

Carrol Iverson: 803-227-8639 ext.2 | civerson@onedia.com

Tammie King: 803-227-8639 ext.1 | tjking@onedia.com



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