



2025 Benefits Overview

All full-time employees (working at least 30 hours per week) are eligible for benefits on the first of the month following the 60-day waiting period. It is imperative that eligible employees enroll prior to their effective date; otherwise, they may not be eligible to enroll until the next annual Benefits Open Enrollment.

The elections you make during Open Enrollment or as a New Hire are effective for the 2025 Plan Year (January 1, 2025 - December 31, 2025). Once you make your open enrollment elections, you cannot make changes to your Benefits unless you experience a life event. Qualifying Life Events include marriage, divorce, Birth / adoption of a child, death of a dependent and/or change in employment status of a spouse. You must contact Human Resources within 30 days of the Qualifying Life Event if you wish to make changes to your elections.

Medical Plan Options – Cigna: Employees can choose from three medical plans. These plans vary in benefit coverage, co-payment, and out-of-pocket costs, and you should choose based on your personal medical needs. Detailed benefits for each plan can be found in your Benefit Summaries.

Benefits	Base PPO	Mid PPO	High PPO
Network Access	In-Network	In-Network	In-Network
Coinsurance	30%	20%	20%
Annual Deductible Individual Family	\$3,000 \$6,000	\$1,500 \$3,000	\$500 \$1,500
Annual Out-Of-Pocket Maximum Individual Family	Includes Deductibles & Copays \$7,000 \$14,000	Includes Deductibles & Copays \$5,000 \$10,000	Includes Deductibles & Copays \$2,500 \$5,000
Office Visit Copay	\$30 Primary / \$60 Specialist	\$20 Primary / \$50 Specialist	\$15 Primary / \$35 Specialist
Inpatient Facility Charges	30% after Deductible	20% after Deductible	\$600 Copay
Outpatient Facility Charges	30% after Deductible	20% after Deductible	\$250 Copay
Inpatient & Outpatient Professional Services	30% after Deductible	20% after Deductible	20% after Deductible
Diagnostic Services MRI, CT Scans, PET Scans at Independent Diagnostic Center	\$300 Copay	\$250 Copay	\$250 Copay
Emergency Room Copay	\$500 copay/visit (waived if admitted)	\$200 copay/visit (waived if admitted)	\$100 copay/visit (waived if admitted)
Urgent Care Copay In or Out of network	\$80 copay / visit	\$75 copay / visit	\$40 copay / visit
Provider Network Name	Open Access Plus	Open Access Plus	Open Access Plus
Non-Network Deductible	\$6,000 Per Person/ \$12,000 Family	\$3,000 Per Person / \$6,000 Family	\$1,000 Per Person / \$3,000 Family
Coinsurance	50%	50%	50%
Out of Pocket Max	\$14,000 Per Person/ \$28,000 Family	\$6,000 per person / \$12,000 Family	\$5,000 per person / \$10,000 Family
Prescriptions: 30 day Supply Mail Order – 90 day Supply	\$10 / \$30 / \$60 3x copay	\$10 / \$30 / \$60 3x copay	\$10 / \$30 / \$60 3x copay
Bi-Weekly Rates:			
Employee	\$39.09	\$62.71	\$97.14
Employee + Spouse	\$364.71	\$417.93	\$499.62
Employee + Child(ren)	\$256.17	\$299.66	\$365.53
Employee + Family	\$575.70	\$649.14	\$760.28

Dental Plan Option:

Cigna PPO

Provides the choice of going to an In-Network or Out-Of-Network provider.
Find a provider at mycigna.com

Benefits	PPO	
	In-Network	Out-of-Network
Calendar Year Annual Deductible	\$50 Annual Maximum 3 Per Family	\$50 Individual Maximum 3 Per Family
Preventative Services – Every 6 Months (Routine exams, x-rays, cleanings, etc.)	100% (No Deductible)	100% (No Deductible)
Basic/General Services (Amalgam or composite, simple extractions)	90% (after Deductible)	90% (after Deductible)
Major Services (Bridgework, crowns, dentures, periodontal, endodontics)	60% (after Deductible)	60% (after Deductible)
Orthodontia for Children up to Age 19	\$1000 per person lifetime / No waiting period	
Calendar Year Maximum	\$1,500 per person In-Network / \$1500 per person Out-Of-Network	
Bi-Weekly Rates:		
Employee		\$7.90
Employee + Spouse		\$23.15
Employee + Child(ren)		\$32.91
Employee + Family		\$52.80

Vision Plan Option

Cigna

Provides the choice of going to an In-Network or Out-of-Network provider.
Find a provider 24/7 at mycigna.com
LASIK surgery Discounts

Benefits	In-Network Co-pays	Out-of-Network Co-Pays
Comprehensive Vision Exam – Once every 12 months	\$10	Up to \$45
Standard Lenses - Once every 12 months	\$25	Up to \$32
Frames - Once every 12 months	\$120 Retail Allowance and 20% off the amount over your allowance	Up to \$66
Contact Lenses (In lieu of eyeglass lenses) – Once every 12 months	\$120 Allowance	Up to \$100
Bi-Weekly Rates:		
Employee		\$1.48
Employee + Spouse		\$4.10
Employee + Child(ren)		\$4.84
Employee + Family		\$8.17

Unum Short Term Disability: 100% employer paid for employees working 30 hours or more per week

- Pays 60% of weekly salary up to \$1,300 max per week
- Benefits begin on the 1st day for an accident / 8th day for illness
- Pays maximum benefit for 13 weeks

Unum Long Term Disability: 100% employer paid for employees working 30 hours or more per week

- Pays 60% of salary up to \$8,000 max per month
- Benefits begin on the 90th day for an accident / 90th day for illness
- Pays maximum benefit to Age 65 or Social Security Normal Retirement Age

Unum Basic Employee Life/Accidental Death & Dismemberment:

- 1 times Annual Earnings maximum \$50,000 - 100% Employer paid Basic Life and AD&D plan for all eligible employees

Unum Voluntary Life Insurance: 100% employee paid for employees working 30 hours per pay period.

Employee Coverage:

- Available in increments of \$10,000 up to a maximum coverage amount 5 times salary or \$500,000.
- You can select up to \$60,000 without proof of good health, if you apply within 31 days of eligibility.

Spouse coverage:

- Available in increments of \$5,000, to a maximum coverage amount of \$250,000, not to exceed 50% of your Optional Term Life coverage amount.
- You can select up to \$15,000 without proof of good health, if you apply within 31 days of eligibility.

Child Coverage:

- Available in increments of \$1,000 up to a maximum coverage amount of \$10,000 not to exceed 100% of your Optional Term Life coverage amount.
- Coverage has one premium rate that covers all eligible children.

Colonial Voluntary Benefits:

- Cash benefits paid directly to the employee – in addition to any other coverage in force
- These benefits are portable if employment terminates at the same price

HOSPITAL INDEMNITY PLAN

- Pays cash benefits to you over and above any other coverage for hospital stays due to injuries, sickness, or pregnancy
- Pays for both in-patient and out-patient procedures
- Pays for surgery, doctor visits, emergency rooms, X-ray, Ambulance, and appliances (crutches)

ACCIDENT INSURANCE POLICY

- Protect against the unexpected costs associated with an accidental injury
- True 24-hour protection for both on and off-the-job injuries
- Coverage includes: slip and fall, chiropractor for injuries, follow-up care, physical therapy, hospital admission and confinement, medical imaging studies, dislocation and fracture benefits, accidental death and dismemberment, plus other plan benefits

CANCER INSURANCE POLICY

- Helps bridge the gap for many medical and non-medical related costs
- Pays for services related to a cancer diagnosis: Hospital stays, Surgeries, Chemo or Radiation treatments, Bone Marrow and Stem Cell benefits, Anti-nausea benefit, Home Health services, Ambulance, Transportation benefit, Lodging benefits, skin cancer, Experimental Treatments, and more.
- Annual \$75 wellness benefit payable for a screening test per year: Pap Smear, Mammogram, Cholesterol, Colonoscopy

CRITICAL ILLNESS POLICY

- Pays a lump sum cash benefit up to \$30,000 for the diagnosis of any covered critical illness
- Covered illnesses include: Heart Attack, Stroke, Kidney Failure, Organ Transplant, Permanent Paralysis, Coma, Blindness, Coronary Artery disease (25%)
- No hospitalization or treatment required to trigger your benefit – only a diagnosis
- Pays direct to you over-and-above any other coverage in force
- Pays an annual \$50 wellness benefit for any preventive checkup such as pap smear, mammogram, PSA tests, EKG, etc.

Important Contact Information

Human Resources

Barbara Nicoletta
Email Address

561-347-3322 ext. 122
barbara.nicoletta@bocamx.com

Cigna Medical / Dental / Vision Plans:

Member Services
Website:

1-800-244-6224
www.mycigna.com

Unum Life / STD / LTD

Member Services:
Group Number:

1-866-679-3054
97262 / 97263

Colonial Voluntary Plans:

Customer Service:
Claims Fax Number
Website:

1-800-325-4368
1-800-880-9325
www.coloniallife.com

Local Service Team:

US Enrollment Services

800-282-0732

This enrollment guide is designed to provide you with an overview of the benefits available to you through your employment with Boca Aircraft Maintenance. If you enroll, your Summary Plan Documents will provide you with the details of the features and benefits for all available plans. The actual benefits and benefit descriptions are governed solely by the relevant plan documents and contracts. Boca Aircraft Maintenance retains the right to amend, change, or modify benefits at any time. As per notification, rates are subject to change.