



2025 Benefits At-a-Glance



Edmund Optics is proud to offer a variety of health and welfare benefit options to our employees. The offerings are designed to allow you to make choices to best suit you and your family's needs. A detailed benefit guide is provided online in addition to this Benefits At-a-Glance.




Benefit	Cost shown are per pay		Plan Features Summary
Benefit Guardian 	No cost to Employees Mary Gannon 856-412-4217 EdmundOptics@ibpllc.com		<ul style="list-style-type: none">• Single point of contact to help employees with anything benefits related.• Your Benefit Guardian is happy to assist with ID cards, benefit questions, claim issues, enrollment questions, finding a provider, appeals, or qualified life event changes.
Edmund Optics Medical Plans 			Common Features to the Medical Plans: <ul style="list-style-type: none">• Administered by Meritain with access to the largest national Aetna Choice POS II network• No Primary Care Physician (PCP) selection or referrals required• 100% coverage for in-network Preventive Care• Telehealth through Teladoc
HSA Plan	Employee EE + CH EE + SP EE + Family	2025 24 Pays \$0.00 \$44.75 \$62.44 \$84.38	In-Network Plan Features: <ul style="list-style-type: none">• \$2,000/\$4,000 deductible (Individual/Family)• 100% coverage after deductible• \$5,000/\$10,000 out-of-pocket max (Individual/Family)• Prescription drugs- Prescription deductible integrated with medical deductible; 30% member coinsurance after deductible• Health Savings Account - use funds to pay for future health expenses
EPO In-Network Plan	Employee EE + CH EE + SP EE + Family	2025 24 Pays \$56.78 \$167.31 \$228.73 \$307.26	In-Network Plan Features: <ul style="list-style-type: none">• \$20 copay PCP, \$40 copay for Specialist• No deductible or coinsurance• Members pay copays for health visits/services• \$4,000/\$8,000 out-of-pocket max (Individual/Family)• No Out-of-Network coverage• Prescription drugs- \$10 generic/\$20 brand/\$35 non-formulary• Home delivery: 3-month supply at 2x retail cost
POS Plan	Employee EE + CH EE + SP EE + Family	2025 24 Pays \$236.91 \$411.56 \$566.13 \$761.99	In-Network Plan Features: <ul style="list-style-type: none">• \$15 copay PCP, \$25 copay for Specialist• No deductible or coinsurance• Members pay copays for health visits/services• \$1,000/\$2,000 out-of-pocket max (Individual/Family)• Prescription drugs- \$10 generic/\$20 brand/\$35 non-formulary• Home delivery: 3-month supply at 2x retail cost

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Dental PPO Plus Premier 	Employee EE + CH EE + SP EE + Family	2025 24 Pays \$12.79 \$25.82 \$27.11 \$42.59	In-Network Plan Features: <ul style="list-style-type: none"> Preventive Care – 100%; Basic Services – 80%; Major Services – 50% Annual Deductible – \$50/person, \$150/family Annual Maximum Benefit (per patient) - \$1,000 Orthodontia Services (Child only) – 50% up to \$1,000 Lifetime Maximum
DeltaCare USA 	Employee EE + CH EE + SP EE + Family	2025 24 Pays \$5.56 \$12.81 \$10.72 \$18.25	In-Network Plan Features: <ul style="list-style-type: none"> Select a Primary Care Dentist and all dental work must be coordinated through them Plan operates on a fee schedule (see copay schedule in the Benefit Summary) No annual maximum benefit
VSP Choice Plan 	Employee EE + CH EE + Children EE + SP EE + Family	2025 24 Pays \$1.72 \$2.76 \$2.81 \$2.76 \$4.54	In-Network Plan Features: <ul style="list-style-type: none"> Exams/Lenses/Frames covered once every 12 months \$20 copay for routine eye exam Up to \$60 copay for Contact Lens fitting/evaluation Up to \$39 copay for retinal scan Lenses are covered in full after \$20 lens/frame copay Frame allowance is \$130 + a 20% discount off of the balance
	No cost to Employees		Basic Life and AD&D: 2x annual base earnings up to \$200k Short & Long-Term Disability: Benefits paid to employee for non-work-related illness or injury. Short-Term Disability: 67% of Eligible Salary (\$750 per week maximum benefit) Long-Term Disability: 60% of Eligible Salary (\$6,000 per month maximum benefit) Employee Assistance Program: <ul style="list-style-type: none"> Counselors available 24/7/365 Telephone assessments and consultations Up to 10 face-to-face visits covered at no cost Provides assistance for EAP, Health and Benefit Services, Financial Information and Legal support Services
	Cost determined by age and amount of coverage elected		Voluntary Life AD&D: Can elect up to 5x your annual salary to a max of \$500k in \$10k increments; Spouse and Child coverage is also available.
Health Savings Account (HSA) 	Employer Contribution + Employee pre-tax annual contribution		<ul style="list-style-type: none"> Bank account that can be used to pay for qualified healthcare expenses Can only be paired with a high deductible plan - the HSA medical plan Pre-Tax Deferral max is \$4,300/\$8,550 (Individual/Family) \$1,000 catch-up contribution for members age 55+ Employer contribution of \$1,000/\$2,000 – first half deposited in January with semi-monthly deposits thereafter.

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Flexible Spending Accounts (FSA) 	Employee determines election and pre-tax annual contribution	<ul style="list-style-type: none"> Put aside pre-tax dollars to pay for out-of-pocket healthcare and daycare expenses Elect up to \$3,300 annually for the Healthcare FSA Elect up to \$3,300 annually for the Limited Purpose FSA Elect up to \$5,000 annually for Dependent Day Care Grace period of 2.5 months after plan year ends to spend balance
Commuter Benefits Account 	Contributions are based on member election	<p>Qualified Parking FSA:</p> <ul style="list-style-type: none"> Contribute up to \$325/month Covers parking meters, garages, lots <p>Mass Transit FSA:</p> <ul style="list-style-type: none"> Contribute up to \$325/month Covers transit passes, tokens, fare cards, vouchers
401K 		<p>Features:</p> <ul style="list-style-type: none"> At the company's discretion, generous employer match entered as a lump sum annually which is equal to a discretionary percentage, to be determined by the Employer, of the Participant's Elective Deferrals or based on a percentage of a participant's eligible compensation Auto-enrollment of 6% the first of the following month after 30 days of employment Company matches 50% of employee contribution on first 6% Vesting at 40% after 2 Years of Service and 100% after 3 or more years of service Choice of contributing Pre-tax to the 401(k) or Post-tax to the Roth 401(k)

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Legal 	EE + Family	\$6.00	Features: <ul style="list-style-type: none"> • Legal advice • Letters/calls made on your behalf • Contract/document reviews • Will preparation • Trial defense • Medical Power of Attorney Preparation
Identity Theft 	Employee EE + Family	Secure Pro \$5.00 \$8.00 Secure Plus \$3.25 \$5.20	Features: <ul style="list-style-type: none"> • Credit Report consultation • Credit score & analysis • Prevent ID theft • Fraud and Activity alerts • Complete Identity Restoration • Lost Wallet Assistance • Web Tracker Blocking • Unlimited VPN
Financial Wellness 	EE + Family	\$2.00	<ul style="list-style-type: none"> • Debt and Credit Coaching • Debt Resolution solutions • Personal Finance Alerts • Personal Loan and Credit Card Options • Personalized Budgeting tools & Assistance • Student Loan Refinancing Options • Access to Money Sensei Technology
Pet Insurance 	Cost varies by the plan elected. Plans are direct billed by Fetch		<ul style="list-style-type: none"> • Choose the deductible and reimbursement level to fit your family and pets needs • Covers Accidents and Illnesses for your dog and/or cat • No Network- You are free to see any vet • Wellness Rider- Can be purchased in addition to Pet Plan. Wellness. Plan reimburses specific dollar amounts for certain routine services.

Questions? Any questions about your benefits, please contact your Benefit Guardian at 856-412-4217 or EdmundOptics@ibpllc.com

One-click access to everything you need!
We are thrilled to offer you and your family this innovative tool.