



Benefit Tools Available	2025 Benefits	
Utilize the "Alight" platform to enroll in benefits as an employee, either online or via phone	digital.alight.com/healthierms	1-866-470-9023
Sun Life Benefit Explorer tool provides detailed information on benefits with representatives available to assist with any questions.	Sunlife Benefits Explorer	
Paid Time Off (PTO)	40 hours of PTO granted on first day. 120 hours accrued per year at a rate of 4.62 hours per pay period. 40 hours can be carried over year to year. PTO hours increase based on years of service (chart provided in employee handbook)	
Medical Insurance Benefits	PPO Choice Plus CTTA	
Employer Paid Monthly Premium	\$447	
Employee Monthly Premium Cost (Employee pays dependent cost)	Self = \$0, + Spouse = \$634.64, + Child = \$362.01, + Family = \$1,041.35 per month	
Network Individual Deductible	\$2,500	
Network Individual Out of Pocket (includes deductible)	\$6,000	
Office Visit Copay - Primary Care Copay	\$25	
Office Visit Copay - Specialist Copay	\$45	
Coinsurance	80/20	
Emergency Room Copay	20% After Deductible has been met	
Generic Drug Copay Retail	\$15	
Preferred Brand Copay Retail	\$35	
Non-Preferred Brand Copay Retail	\$75	
Preventive Care	100 % coverage - No Copay	
Mental Health Care & Addictive Disorder Services	\$25 Copay for Outpatient / 20% copay after deductible is met for inpatient	
Hearing Aids	20% copay after deductible is met up to \$2,500	
Dental	Basic Plan	Enhanced Plan
Employee Monthly Premium Cost	Self=\$25.84, +Spouse = \$49.83, +Family \$87.63	Self=\$33.18, +Spouse=\$63.88, +Family=\$112.35
Individual Deductible	\$50	\$25
Family Deductible	\$150	\$75
Annual Maximum	\$1,200	
Preventative Coinsurance	100%	
Basic Coinsurance	80%	
Major Coinsurance	50%	
Orthodontic Coinsurance	50% (\$1000 Maximum Benefit)	
Vision		
Employee Monthly Premium Cost	Self=\$6.19, +1 Dependent=\$11.95, +2 or more = \$20.55	
Routine Exam (every 12 months) copay	\$10	
Frames (every 24 months)	\$150 Allowance and 20% discount on amount over the allowance	
Lenses (every 12 months)	\$25 Materials Copay	
Contacts (every 12 months)	\$150 Allowance	
401 (k) Retirement Benefit		
Vesting Scheduling	1 year - 0%; 2 years - 50%; 3 years - 100%	
Employer Match	HMP matches 50% of your contribution up to the first 3% of your salary	
Base Life Insurance/AD&D		
Employee Coverage provided by HMP at no cost	Employer Provided - 1 times your annual earnings up to \$150,000; AD&D Matched.	
Supplemental Life/AD&D		
Employee Coverage	Choose from \$10,000 to \$500,000 not to exceed 6 times your basic annual earnings. Guaranteed Issue of \$150,000 when first eligible. Matching AD&D.	
Spousal Coverage	Choose from \$5,000 to \$100,000 not to exceed 100% of Employee Amount. Guaranteed Issue of \$30,000 when first eligilbe. Matching AD&D.	
Dependent Child Coverage	Choose from \$2,000 to \$10,000; all amounts Guaranteed Issue when first eligible. Matching AD&D. AD&D Matching.	
Short-Term Disability - Voluntary		
Employee Coverage	Benefit begins 15 days after illness or injury. Benefit will replace 60% of your Weekly Earnings up to \$1,800/week. Benefit pays up to 11 weeks.	
Long-Term Disability - Voluntary		
Employee Coverage	Benefit begins after 90 days (or when Short Term ends). Benefit is 60% of your Monthly Earnings up to \$6,000/month. Benefit can last up to SSNRA.	
EAP		
Employee Assistance Program provided by HMP at no cost	This unique program provides assistance to HMP employees in helping to manage tasks such as personal financial planning, personal counseling, parental advice for parents of newborns, legal advice and online will preparation	

Note: Unless otherwise stated, premium and coverage details above are based on employee-only coverage. Premium detail above provided only for employer-paid health and life insurance. Employee plus