

INSURANCE & PROFIT SHARING / 401k BENEFITS OFFICE, SHOP, and COMPANY DRIVER

Coverage of all insurance benefits, with the exception of short term and long term disability, become effective the first of the month following 30 calendar days of continuous active employment.

Health Care Coverage – Provided by Highmark Blue CrossShield

	PPO Provider	Non-PPO Provider
Deductible:		
Single	\$1,350.00	\$2,700.00
Family	\$2,700.00	\$5,400.00
Coinsurance	80% / 20%	70% / 30%
Annual Maximum		
Out of Pocket:		
Single	\$3,800.00	\$6,500.00
Family	\$7,600.00	\$13,000.00
Lifetime Maximum = None		
Type of Coverage	General Plan Employee Monthly Cost	NE Blueprint Employee Monthly Cost
Single Coverage	\$161.00	\$135.00
Employee and Children	\$382.00	\$340.00
Employee and Spouse	\$547.00	\$485.00
Employee and Family	\$569.00	\$507.00

Prescription Drug Card – Provided by MaxCare.

No premium charge, but the employee is responsible for a co-payment or co-insurance, whichever is greater.

Types of Prescriptions	Co-Payments	
	Preferred Pharmacy	Non-Preferred Pharmacy
Retail (30-Day Supply):		
Generic	\$19.00 or 20%	\$34.00 or 30%
Formulary	\$49.00 or 20%	\$59.00 or 30%
Non-Formulary	\$86.00 or 20%	\$96.00 or 30%
Mail (90-Day Supply):		
Generic	\$40.00	\$55.00
Formulary	\$138.00	\$153.00
Non-Formulary	\$235.00	\$250.00

Dental Coverage – Provided by Ameritas

	Amount / Cost
Coinsurance (Plan Pays):	
Type I Preventative (periodic exams / cleanings)	100%
Type II Basic (fillings, simple extractions)	80%
Type III Major (dentures, bridges)	50%
Deductible:	
Type I Preventative	\$0
Type II Basic and Type III Major	\$50.00
Maximum per calendar year per person = \$1,750.00	
Type of Coverage	Monthly Premium Cost
Employee	\$22.48
Employee and Children	\$48.00
Employee and Spouse	\$46.84
Employee and Family	\$71.64

Vision Coverage – Provided by VSP

Type of Coverage	Monthly Premium Cost	Co-Payments
OPTION #1 - Annual Exam (once every 12 months)		
Employee	\$0	\$10.00
Employee and Children	\$0.60	\$10.00
Employee and Spouse	\$0.60	\$10.00
Employee and Family	\$1.16	\$10.00

Vision Coverage – Provided by VSP

Type of Coverage	Monthly Premium Cost	Co-Payments
OPTION #2 - Annual Exam with Ophthalmic Materials		
Employee	\$8.56	\$25.00
Employee and Children	\$17.68	\$25.00
Employee and Spouse	\$16.84	\$25.00
Employee and Family	\$26.28	\$25.00

Life Insurance – Provided by Mutual of Omaha

- Provided to employees at no cost.
- Face value of \$20,000 until the 1st of the month following one year of service when coverage increases to \$50,000.
- Accelerated Life Benefit available.
- Ability to purchase additional voluntary life for self or dependents.

Short-Term Disability – Provided by Mutual of Omaha

- Provided to employees at no cost. Weekly benefit of 60% of average wages for up to 24 weeks subject to a maximum of \$500 per week.
- Coverage becomes effective the first day of the month following 12 consecutive months of service.

Long-Term Disability – Provided by Mutual of Omaha

- Provided to all **full-time exempt office / shop employees** at no cost. Monthly benefit of 60% of average monthly wages.
- Coverage becomes effective the first day of the month following 12 consecutive months of service.

Accident, Critical Illness, & Universal Life

- Ability to purchase - provided by Allstate.

Hospital Indemnity – Provided by Allstate

- Provides a \$1,000 benefit for hospital admission (max of 1 admission per month per insured).
- Provides an additional \$100 benefit for each day of hospital confinement, up to 30 days.

Health Care and Dependent Care (FSA)

- Provides pre-tax funds for employees to pay for eligible healthcare and dependent care expenses up to annual dollar limitations.

Profit Sharing

- Consists of discretionary annual contribution made by the Company. Contribution amounts determined using Company's profitability, employee's years of service and employee's annual compensation.
- Employees become eligible on January 1 or July 1 after completing one year of service. Vesting starts after two years.

401k

- Ability to contribute 80% of wages up to annual dollar limitations set by IRS.
- Company provides a partial match of 10 cents for every dollar of the first 5% of compensation deferred into the 401k.
- Eligible rollover retirement dollars from a prior employer are accepted at any time after hire date.
- On the first of the month following 30 days of employment, employees are auto enrolled at 3%. Fully vested after three years.

This benefit plan summary is only a partial description and is for informational purposes only. This document is not, and should not be considered a contract or any part of one. If there are any discrepancies between this summary and the various benefit plan documents, the terms of the specific benefit plan document will govern. THE COMPANY CANNOT GUARANTEE PREMIUMS WILL NOT INCREASE IN THE FUTURE.