



BENEFIT	ELIGIBILITY	BENEFIT INFORMATION										
Plan 1 HDHP/HSA Health Insurance: BlueCross BlueShield	<p>Eligible first of the month following employment. Associates may choose from 3 plans from BCBS</p> <p>Blue S Network \$5,000/yr. single deductible \$10,000/yr. family deductible \$6,000/yr. single Max OOP, \$12,000/yr. family Max OOP Office Visit: 100% after deductible Specialist: 100% after deductible ER: 100% after deductible Preventive RX co pay: \$3/\$25/\$50 copay, All Others 100% after deductible</p>	<table border="1" data-bbox="1073 445 1458 590"> <thead> <tr> <th>Coverage Type</th> <th>Weekly</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$36.54</td> </tr> <tr> <td>EE & Spouse</td> <td>\$116.91</td> </tr> <tr> <td>EE & Child(ren)</td> <td>\$97.19</td> </tr> <tr> <td>Family</td> <td>\$185.24</td> </tr> </tbody> </table> <p><i>Premiums are deducted on pre-taxed basis.</i></p>	Coverage Type	Weekly	Employee Only	\$36.54	EE & Spouse	\$116.91	EE & Child(ren)	\$97.19	Family	\$185.24
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Plan 2 PPO Health Insurance: BlueCross BlueShield	<p>Eligible first of the month following employment. Associates may choose from 3 plans from BCBS</p> <p>Blue S Network \$4,000/yr. single deductible \$8,000/yr. family deductible \$5,000/yr. single Max OOP, \$10,00/yr. family Max OOP Office Visit: \$50 copay Specialist: \$50 copay ER: 100% after deductible RX co pay: \$10/\$35/\$50 copay, Specialty RX co pay: \$100</p>	<table border="1" data-bbox="1073 697 1458 842"> <thead> <tr> <th>Coverage Type</th> <th>Weekly</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$52.90</td> </tr> <tr> <td>EE & Spouse</td> <td>\$151.27</td> </tr> <tr> <td>EE & Child(ren)</td> <td>\$127.13</td> </tr> <tr> <td>Family</td> <td>\$234.89</td> </tr> </tbody> </table> <p><i>Premiums are deducted on pre-taxed basis.</i></p>	Coverage Type	Weekly	Employee Only	\$52.90	EE & Spouse	\$151.27	EE & Child(ren)	\$127.13	Family	\$234.89
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Telehealth Insurance: Healthiest You	<p>Associate pays cost for Telehealth. You must be enrolled in Medical, to be able to elect Telehealth with Healthiest You.</p> <ul style="list-style-type: none"> • 24/7/365 access to the largest telehealth network in the country (available in all states but Idaho and Arkansas) • Prescription Drug finder - shop multiple PBMs to find the lowest cash price on prescriptions. Our engine beats the average copay 70% of the time • Check Insurance** - View plan deductibles, and deductible balance real-time. • Radar** - View a virtual map based on your location to find anything from an in-network Urgent Care to a Veterinarian (and much more). • Circles - Use Circles to save your preferred providers, prescriptions, urgent care facilities, pharmacies, and much more. Easily access your healthcare ecosystem and avoid needing to visit multiple websites. • Top Providers** - Find top providers that are in your network in your area based on patient ratings. • Shop Procedures - Determine the average cost of a procedure in your area - cash or based on your insurance plan. • Wellness content - Wellness articles and videos available via smartphone app. 	<table border="1" data-bbox="993 1131 1533 1213"> <thead> <tr> <th>Coverage Type</th> <th>Weekly</th> </tr> </thead> <tbody> <tr> <td>Employee Plus Spouse & Dependents</td> <td>\$3.00</td> </tr> </tbody> </table>	Coverage Type	Weekly	Employee Plus Spouse & Dependents	\$3.00						
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Voluntary Vision Insurance: BlueCross BlueShield	Associate pays cost for Vision insurance. <u>Plan 1:</u> \$10 Co pay for Exam; \$25 Material Co pay; \$55 Fit and Follow up Co pay Up to \$100 Annual Allowance for Contact Lenses Up to \$100 Annual Allowance for Frames (Available Every Year) <u>Plan 2:</u> \$10 Co pay for Exam; \$25 Material Co pay; \$55 Fit and Follow up Co pay Up to \$120 Annual Allowance for Contact Lenses Up to \$120 Annual Allowance for Frames (Available Every Year)	<table border="1"> <thead> <tr> <th></th> <th>Plan 1</th> <th>Plan 2</th> </tr> <tr> <th>Coverage Type</th> <th>Weekly</th> <th>Weekly</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$ 1.02</td> <td>\$ 1.16</td> </tr> <tr> <td>Employee + 1</td> <td>\$ 2.05</td> <td>\$ 2.32</td> </tr> <tr> <td>Employee + 2</td> <td>\$ 3.28</td> <td>\$ 3.72</td> </tr> </tbody> </table> <p><i>Premiums may be deducted on pre-taxed or post-tax basis. Eligible first of the month following 60 days of employment.</i></p>		Plan 1	Plan 2	Coverage Type	Weekly	Weekly	Employee Only	\$ 1.02	\$ 1.16	Employee + 1	\$ 2.05	\$ 2.32	Employee + 2	\$ 3.28	\$ 3.72			
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Voluntary Dental Insurance: BlueCross BlueShield	Associate pays cost for Dental insurance. <u>Plan 1:</u> \$50 single deductible \$150/yr. family deductible \$1,000 Calendar Year Maximum 100% Preventive; 80% Basic; 50% Major No Child Orthodontia <u>Plan 2:</u> \$50/yr. single deductible \$150/yr. family deductible \$1,000 Calendar Year Maximum 100% Preventive; 90% Basic; 60% Major 50% Child Orthodontia	<table border="1"> <thead> <tr> <th></th> <th>Plan 1</th> <th>Plan 2</th> </tr> <tr> <th>Coverage Type</th> <th>Weekly</th> <th>Weekly</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$ 4.91</td> <td>\$ 6.23</td> </tr> <tr> <td>EE & Spouse</td> <td>\$10.17</td> <td>\$12.93</td> </tr> <tr> <td>EE & Child(ren)</td> <td>\$10.36</td> <td>\$15.00</td> </tr> <tr> <td>Family</td> <td>\$19.42</td> <td>\$25.77</td> </tr> </tbody> </table> <p><i>Premiums are deducted on pre-taxed basis. Eligible first of the month following 60 days of employment.</i></p>		Plan 1	Plan 2	Coverage Type	Weekly	Weekly	Employee Only	\$ 4.91	\$ 6.23	EE & Spouse	\$10.17	\$12.93	EE & Child(ren)	\$10.36	\$15.00	Family	\$19.42	\$25.77
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Basic Life Insurance: Unum	Eligible first of the month following 60 days of employment. Associate pays cost for Life insurance. Policy is portable.	Your Term Life coverage options are: Employee: Up to 5 time's salary in increments of \$10,000. <i>Not to exceed \$500,000.</i> Spouse: Up to 100% of employee amount in increments of \$5,000. <i>Not to exceed \$500,000.</i> Benefits will be paid to the employee. Child: Up to 100% of employee coverage amount in increments of \$2,000. <i>Not to exceed \$10,000.</i> <i>The maximum death benefit for a child between the ages of live birth and 6 months is \$1000.</i> Benefits will be paid to the employee. <i>To purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.</i> Coverage amount(s) will reduce according to the following schedule: Age: Insurance Amount Reduces to: 70 65% of original amount 75 50% of original amount																		
Short Term Disability: Unum	Eligible first of the month following 60 days of employment. Associate pays cost for Short Term Disability.	Elimination Period: Paid after 14 days of disability Weekly Benefit: 60% of Base Salary Maximum Benefit: \$500/week up to 13 weeks Premium rates vary on age and benefit amount.																		
Long Term Disability: Unum	Eligible first of the month following 60 days of employment. Associate pays cost for Long Term Disability.	Elimination Period: Paid after 90 days of disability Monthly Benefit: 60% of salary Maximum: \$5,000/month Premium rates vary on age and benefit amount.																		
Accident Insurance: Guardian	Eligible first of the month following 60 days of employment. Associate pays pre-tax cost for Accident/Sickness insurance. Policy is portable without a rate change.	Guarantee Issue Amount: \$10,000 – Employee <70 \$5,000 – Spouse <70 Premium rates vary on age and benefit amounts.																		
Critical Illness Insurance: Guardian	Eligible first of the month following 60 days of employment. Associate pays post-tax cost for Critical Illness insurance. Policy is portable without a rate change.	Lump sum payment paid for specific critical illnesses, such as heart attack, stroke, cancer, major organ transplant, kidney failure, bypass surgery. \$5,000 - \$50,000 coverage.																		