



BENEFITS OUTLINE 2018 / 2019

New hire benefits are effective first of the month, 30 days after hire

| MEDICAL INSURANCE | AETNA – AET-TRAD-BASE In-Network Benefits | TRADITIONAL |
|---|--|---|
| EMPLOYEE COST / MONTH | FIXED CO-PAYS (*AFTER DEDUCTIBLE) | RX CO-PAYS (*AFTER DEDUCTIBLE) |
| SINGLE: \$ 172.00 | OFFICE VISIT (PCP): \$ 25 | GENERIC VALUE: \$ 3 |
| DOUBLE: \$ 378.00 | SPECIALIST VISIT: \$ 50 | GENERIC: \$ 10 |
| FAMILY: \$ 472.80 | URGENT CARE: \$ 75 | PREFERRED BRAND: \$ 35 |
| | ER VISIT: \$ 250 | NON-PREFERRED BRAND: \$ 60 |
| EMPLOYER COST / MONTH | AMBULANCE: 20%* | PREFERRED SPECIALTY: 20%, MAX \$250 |
| SINGLE: \$ 258.00 | HIGH TECH IMAGING: 20%* | NON-PREFERRED SPECIALTY: 20%, MAX \$250 |
| DOUBLE: \$ 567.00 | | |
| FAMILY: \$ 709.20 | | |
| DEDUCTIBLE | COINSURANCE MAX | TOTAL OUT-OF-POCKET MAXIMUM |
| INDIVIDUAL: \$ 1,000 | INDIVIDUAL: \$ 3,000 | INDIVIDUAL: \$ 4,000 |
| FAMILY: \$ 2,000 | FAMILY: \$ 10,000 | FAMILY: \$ 12,000 |
| | HOSPITAL COINSURANCE 80% | |
| SPECIAL FEATURES: | | |
| <ul style="list-style-type: none"> • <u>WELLNESS VISITS/CHECKUPS</u>: Covered 100% w/ no co-pay based on gender/age guidelines • <u>TELEDOC VIRTUAL VISITS</u>: 24/7 phone/video physician access, including dermatology & behavioral health • <u>INFORMED HEALTH LINE</u>: Get your general health questions answered anytime, anywhere, 24/7 • <u>OUT-OF-NETWORK BENEFITS</u>: Please see individual plan summaries for details | | |

| MEDICAL INSURANCE | AETNA – AET-TRAD-VALUE In-Network Benefits | TRADITIONAL |
|---|---|---|
| EMPLOYEE COST / MONTH | FIXED CO-PAYS (*AFTER DEDUCTIBLE) | RX CO-PAYS (*AFTER DEDUCTIBLE) |
| SINGLE: \$ 137.00 | OFFICE VISIT (PCP): \$ 30 | GENERIC VALUE: \$ 3 |
| DOUBLE: \$ 300.00 | SPECIALIST VISIT: \$ 60 | GENERIC: \$ 10 |
| FAMILY: \$ 375.80 | URGENT CARE: \$ 75 | PREFERRED BRAND: \$ 35 |
| | ER VISIT: \$ 250 | NON-PREFERRED BRAND: \$ 60 |
| EMPLOYER COST / MONTH | AMBULANCE: 20%* | PREFERRED SPECIALTY: 25%, MAX \$250 |
| SINGLE: \$ 258.00 | HIGH TECH IMAGING: 20%* | NON-PREFERRED SPECIALTY: 25%, MAX \$250 |
| DOUBLE: \$ 567.00 | | |
| FAMILY: \$ 709.20 | | |
| DEDUCTIBLE | COINSURANCE MAX | TOTAL OUT-OF-POCKET MAXIMUM |
| INDIVIDUAL: \$ 2,000 | INDIVIDUAL: \$ 4,350 | INDIVIDUAL: \$ 6,350 |
| FAMILY: \$ 4,000 | FAMILY: \$ 8,700 | FAMILY: \$ 12,700 |
| | HOSPITAL COINSURANCE 80% | |
| SPECIAL FEATURES: | | |
| <ul style="list-style-type: none"> • <u>WELLNESS VISITS/CHECKUPS</u>: Covered 100% w/ no co-pay based on gender/age guidelines • <u>TELEDOC VIRTUAL VISITS</u>: 24/7 phone/video physician access, including dermatology & behavioral health • <u>INFORMED HEALTH LINE</u>: Get your general health questions answered anytime, anywhere, 24/7 • <u>OUT-OF-NETWORK BENEFITS</u>: Please see individual plan summaries for details | | |

2018 / 2019 Open Enrollment

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| MEDICAL INSURANCE | | AETNA – AET-HSA-BASE | | HSA | |
|--|-----------------------|------------------------------------|----------|---------------------------------------|----------------|
| In-Network Benefits | | | | | |
| EMPLOYEE COST / MONTH | | CO-PAYS (*AFTER DEDUCTIBLE) | | RX CO-PAYS (*AFTER DEDUCTIBLE) | |
| SINGLE: | \$ 88.00 | OFFICE VISIT (PCP): | 10%* | GENERIC VALUE: | \$ 3* |
| DOUBLE: | \$ 193.00 | SPECIALIST VISIT: | 10%* | GENERIC: | \$ 10* |
| FAMILY: | \$ 241.80 | URGENT CARE: | 10%* | PREFERRED BRAND: | \$ 35* |
| | | ER VISIT: | 10%* | NON-PREFERRED BRAND: | \$ 60* |
| EMPLOYER COST / MONTH | | AMBULANCE: | 10%* | PREFERRED SPECIALTY: | 25% MAX \$250* |
| SINGLE: | \$ 258.00 | HIGH TECH IMAGING: | 10%* | NON-PREFERRED SPECIALTY: | 25% MAX \$250* |
| DOUBLE: | \$ 567.00 | | | | |
| FAMILY: | \$ 709.20 | | | | |
| | | COINSURANCE MAX | | TOTAL OUT-OF-POCKET MAXIMUM | |
| DEDUCTIBLE | | INDIVIDUAL: | \$ 1,300 | INDIVIDUAL: | \$ 4,000 |
| INDIVIDUAL: | \$ 2,700 [^] | FAMILY: | \$ 2,600 | FAMILY: | \$ 8,000 |
| FAMILY: | \$ 5,400 | HOSPITAL COINSURANCE | 90% | | |
| SPECIAL FEATURES: | | | | | |
| <ul style="list-style-type: none"> • WELLNESS VISITS/CHECKUPS: Covered 100% w/ no co-pay based on gender/age guidelines • TELEDOC VIRTUAL VISITS: 24/7 phone/video physician access, including dermatology & behavioral health • INFORMED HEALTH LINE: Get your general health questions answered anytime, anywhere, 24/7 • OUT-OF-NETWORK BENEFITS: Please see individual plan summaries for details • ^INDIVIDUAL DEDUCTIBLE: Embedded Individual Deductible can be met before the family deductible | | | | | |

| MEDICAL INSURANCE | | AETNA – AET-HSA-VALUE | | HSA | |
|--|-----------------------|------------------------------------|-------|---------------------------------------|-------------|
| In-Network Benefits | | | | | |
| EMPLOYEE COST / MONTH | | CO-PAYS (*AFTER DEDUCTIBLE) | | RX CO-PAYS (*AFTER DEDUCTIBLE) | |
| SINGLE: | \$ 0.00 | OFFICE VISIT (PCP): | \$ NA | GENERIC/GENERIC VALUE: | \$ NA |
| DOUBLE: | \$ 0.00 | SPECIALIST VISIT: | \$ NA | PREFERRED BRAND: | \$ NA |
| FAMILY: | \$ 0.00 | URGENT CARE: | \$ NA | NON-PREFERRED BRAND: | \$ NA |
| | | ER VISIT: | \$ NA | PREFERRED SPECIALTY: | Not Covered |
| EMPLOYER COST / MONTH | | AMBULANCE: | \$ NA | NON-PREFERRED SPECIALTY: | Not Covered |
| SINGLE: | \$ 258.00 | HIGH TECH IMAGING: | \$ NA | | |
| DOUBLE: | \$ 567.00 | | | | |
| FAMILY: | \$ 709.20 | | | | |
| | | COINSURANCE MAX | | TOTAL OUT-OF-POCKET MAXIMUM | |
| DEDUCTIBLE | | INDIVIDUAL: | \$ 0 | INDIVIDUAL: | \$ 6,350 |
| INDIVIDUAL: | \$ 6,350 [^] | FAMILY: | \$ 0 | FAMILY: | \$ 12,700 |
| FAMILY: | \$ 12,700 | HOSPITAL COINSURANCE | 100% | | |
| SPECIAL FEATURES: | | | | | |
| <ul style="list-style-type: none"> • WELLNESS VISITS/CHECKUPS: Covered 100% w/ no co-pay based on gender/age guidelines • TELEDOC VIRTUAL VISITS: 24/7 phone/video physician access, including dermatology & behavioral health • INFORMED HEALTH LINE: Get your general health questions answered anytime, anywhere, 24/7 • OUT-OF-NETWORK BENEFITS: Please see individual plan summaries for details • ^INDIVIDUAL DEDUCTIBLE: Embedded Individual Deductible can be met before the family deductible | | | | | |

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| WAIVE MEDICAL BENEFIT | \$ | EMPLOYER PAID |
|--|----|---------------|
| <p>SPECIAL FEATURES:</p> <ul style="list-style-type: none"> Staff that are eligible for but waive medical coverage will receive \$2,000 annually (\$83.33/pay) in lieu of that coverage. Waive Medical is considered taxable income. | | |

| DENTAL INSURANCE | | DELTA DENTAL | EMPLOYER PAID |
|--|-----------------------|---|---------------|
| <u>EMPLOYEE COST / MONTH</u> | <u>FEATURES</u> | <u>DESCRIPTION</u> | |
| SINGLE: \$ 0.00 | BENEFIT MAX: \$ 1,000 | PREVENTATIVE SERVICES: NO DEDUCTIBLE APPLIES – COVERED 100% | |
| DOUBLE: \$ 0.00 | DEDUCTIBLE: \$ 50 | BASIC SERVICES: COVERED 80% AFTER DEDUCTIBLE | |
| FAMILY: \$ 0.00 | ORTHO MAX: \$ 1,000 | MAJOR SERVICES: COVERED 50% AFTER DEDUCTIBLE | |
| | | ORTHODONIC: COVERED 50% AFTER DEDUCTIBLE | |
| | | DEPENDENTS: COVERED TO AGE 26 | |
| <p>SPECIAL FEATURES:</p> <ul style="list-style-type: none"> No ID card required – simply let your provider know you have Delta Dental and they will be able to look you up by your SSN | | | |

| VISION INSURANCE | | EYEMED | EMPLOYER PAID |
|---|--------------------------------|---------------------------------|---------------|
| <u>EMPLOYEE COST / MONTH</u> | <u>FEATURES</u> | <u>DESCRIPTION</u> | |
| SINGLE: \$ 0.00 | EXAMS: ONCE EVERY 12 MONTHS | EXAM CO-PAY: \$ 10 | |
| DOUBLE: \$ 0.00 | CONTACTS: ONCE EVERY 12 MONTHS | CONTACT LENSES: \$130 Allowance | |
| FAMILY: \$ 0.00 | CONTACTS: ONCE EVERY 12 MONTHS | DEPENDENTS: COVERED TO AGE 26 | |
| | FRAMES: ONCE EVERY 24 MONTHS | | |
| <p>SPECIAL FEATURES:</p> <ul style="list-style-type: none"> No ID card required – simply let your provider know you have EyeMed and they will look you up by your SSN | | | |

| LIFE INSURANCE | LINCOLN FINANCIAL - CHARTER | VOLUNTARY EMPLOYEE PAID |
|--|--|---|
| <u>EMPLOYEE COST / MONTH</u> | <u>COVERAGE</u> | <u>SPECIAL NOTES:</u> |
| <ul style="list-style-type: none"> Rates are based on employee's age and amount of coverage | EMPLOYEE: \$10k to \$200k guarantee, Max. 5X Salary or \$500k SPOUSE: \$5k to \$50k guaranteed, Max. \$250k or 50% of Emp. DEPENDENT: \$10k guaranteed | <ul style="list-style-type: none"> You must elect coverage for yourself in order to elect coverage for your spouse and / or child(ren) Any amount elected over the guarantee issue amount will be subject to medical underwriting |

| SHORT TERM DISABILITY | LINCOLN FINANCIAL | VOLUNTARY EMPLOYEE PAID |
|---|--|---|
| <u>EMPLOYEE COST / MONTH</u> | <u>COVERAGE</u> | <u>SPECIAL NOTES:</u> |
| <ul style="list-style-type: none"> Rates will vary based on your weekly salary | <ul style="list-style-type: none"> 60% of weekly salary up to \$1,000 per week Benefits begin on (Accident) 1st day Benefits begin on (Illness) 8th day Max Duration of Benefits: 26 weeks | <ul style="list-style-type: none"> <u>Pre-Existing Condition:</u> You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 6 months. |

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| LONG TERM DISABILITY | | LINCOLN FINANCIAL | VOLUNTARY EMPLOYEE PAID |
|--|---|---|-------------------------|
| EMPLOYEE COST / MONTH | COVERAGE | SPECIAL NOTES: | |
| <ul style="list-style-type: none"> Rates will vary based on your monthly salary | <ul style="list-style-type: none"> 60% of weekly salary up to \$5,000 per month Elimination Period: 180 days Max Duration of Benefits: till age 65 | <ul style="list-style-type: none"> <u>Pre-Existing Condition</u>: You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 6 months. | |

| OFF THE JOB ACCIDENT | | ALLSTATE | VOLUNTARY EMPLOYEE PAID |
|------------------------------|--|----------|-------------------------|
| EMPLOYEE COST / MONTH | SPECIAL FEATURES | | |
| EMPLOYEE: \$ 13.76 | <ul style="list-style-type: none"> This coverage pays you cash benefits that correspond with a variety of covered occurrences, such as dismemberment; dislocation or fracture; hospital confinement; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more. Benefits are paid once per accident unless otherwise noted in the schedule of benefits. Guaranteed issue coverage and coverage available for spouse and child(ren). See plan document for more details. | | |
| EE + SPOUSE: \$ 20.85 | | | |
| EE + CHILD: \$ 31.91 | | | |
| EE + FAMILY: \$ 39.96 | | | |

| HOSPITAL INDEMNITY | | ALLSTATE | VOLUNTARY EMPLOYEE PAID |
|------------------------------|---|----------|-------------------------|
| EMPLOYEE COST / MONTH | SPECIAL FEATURES | | |
| EMPLOYEE: \$ 7.67 | <ul style="list-style-type: none"> This coverage pays a cash benefit for hospital confinement. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. Guaranteed issue coverage and coverage available for spouse and child(ren). Coverage can be continued as long as premiums are paid to Allstate Benefits. See plan document for more details. | | |
| EE + SPOUSE: \$ 20.15 | | | |
| EE + CHILD: \$ 13.26 | | | |
| EE + FAMILY: \$ 21.84 | | | |

| CRITICAL ILLNESS | | ALLSTATE | VOLUNTARY EMPLOYEE PAID |
|--|---|----------|-------------------------|
| EMPLOYEE COST / MONTH | SPECIAL FEATURES | | |
| <ul style="list-style-type: none"> Rates will vary based on your issue age, who you wish to cover, the amount of coverage and whether or not you use tobacco products | <ul style="list-style-type: none"> Benefit Coverage options are \$10,000 or \$20,000 This coverage helps offer financial support if you are diagnosed with a covered critical illness. With the expense of treatment often so high, seeking the treatment you need seems like a heavy financial burden. But when a diagnosis occurs (such as cancer, major organ failure, etc.), what you should be focusing on is getting better. With Allstate Benefits, you gain the power to take control of your health when faced with a covered event. <u>How It Works</u>: You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, this coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition. | | |

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| FINANCIAL WELLNESS | FINFIT | FREE USE OF SITE WITH REGISTRATION |
|--|--------|--|
| SPECIAL FEATURES <ul style="list-style-type: none"> Assess your Personal Financial Health Budget Building Tools Financial Calculators Life Planning | | <i>Access via the Axios HR Payroll website in Axios Perks</i> <ul style="list-style-type: none"> Financial Education information Online tracking of your bank accounts 24/7 Financial Wellness provided online Short-Term Loan Assistance* |
| * Fee Based Service, subject to credit approval | | |

| PET INSURANCE | PET'S BEST | VOLUNTARY EMPLOYEE PAID |
|---|---|-------------------------|
| EMPLOYEE COST / MONTH <ul style="list-style-type: none"> Rates will vary based on an array of factors | SPECIAL FEATURES <ul style="list-style-type: none"> Coverage is now available for furry family members! You are responsible for the full premium cost and are required to make direct payments to the carrier in order to maintain coverage. This plan does <u>not</u> use payroll deductions. <u>How to Enroll</u>: You will enroll directly through the carrier's website. See the plan flyer for more details. | |

| FLEX BENEFIT – HEALTH & DEPENDENT CARE | AXIOS HR | VOLUNTARY EMPLOYEE PAID |
|--|--|-------------------------|
| EMPLOYEE COST / MONTH <ul style="list-style-type: none"> You elect how much to contribute annually | SPECIAL FEATURES <ul style="list-style-type: none"> Health Care Spending Account Maximum Limit: \$2,650 Annually Dependent Care Spending Account Maximum Limit: \$5,000 Annually FSA's give you a way to pay for your health care and / or dependent care expenses with pre-tax dollars. FSA's are voluntary – YOU decide how much to have taken out of your paycheck and put into your Health care and / or Dependent Care Spending Account(s). See the Flexible Spending Account section for more information. | |

| 401(k) | JOHN HANCOCK | RETIREMENT PLAN |
|----------------------------------|--|--|
| | SERVICE LENGTH | AGE |
| ELIGIBILITY REQUIREMENTS: | <ul style="list-style-type: none"> NO SERVICE REQUIRED | <ul style="list-style-type: none"> NO AGE REQUIREMENT |
| | ENTRY DATE | |
| SPECIAL FEATURES: | <ul style="list-style-type: none"> Standard and Roth 401(k) available | <ul style="list-style-type: none"> IMMEDIATE ENTRY |

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| Monthly Premiums | | ^Embedded Single Deductible | | | |
|---|---------------------------------|---------------------------------|-----------------------------------|-----------------------------|--|
| Prism Plan Name | AET-TRAD-BASE | AET-TRAD-VALUE | AET-HSA-BASE | AET-HSA-VALUE | |
| Network | POS | POS | POS | POS | |
| Design (Trad, HRA, HSA, HBCI) | Traditional | Traditional | HSA^ | HSA^ | |
| Copay Structure | Tiered | Tiered | HSA | HSA | |
| Rx Tiers | 5 | 5 | 5 | na | |
| Hospital Coinsurance | | | | | |
| In Network | 80% | 80% | 90% | 100% | |
| Out of Network | 60% | 60% | 70% | 50% | |
| Deductible | | | | | |
| Individual - In Network | \$1,000 | \$2,000 | \$2,700 | \$6,350 | |
| Family - In Network | \$2,000 | \$4,000 | \$5,400 | \$12,700 | |
| Individual - Out of Network | \$3,000 | \$6,000 | \$4,000 | \$10,000 | |
| Family - Out of Network | \$9,000 | \$15,000 | \$8,000 | \$20,000 | |
| Coinsurance Max | | | | | |
| Individual - In Network | \$3,000 | \$4,350 | \$1,300 | \$0 | |
| Family - In Network | \$10,000 | \$8,700 | \$2,600 | \$0 | |
| Individual - Out of Network | \$5,000 | \$3,000 | \$4,000 | \$5,000 | |
| Family - Out of Network | \$15,000 | \$12,000 | \$8,000 | \$10,000 | |
| Fixed Copays (*after deductible) | | | | | |
| Office Visit (PCP) Copay | \$25 | \$30 | 90% (In) / 70% (Out) * | 100% (In) / 50% (Out)* | |
| Specialist Copay | \$50 | \$60 | 90% (In) / 70% (Out) * | 100% (In) / 50% (Out)* | |
| Urgent Care Copay | \$75 | \$75 | 90% (In) / 70% (Out) * | 100% (In) / 50% (Out)* | |
| Emergency Room Copay | \$250 | \$250 | 90% (In) / 70% (Out) * | 100% (In) / 50% (Out)* | |
| Ambulance Copay | 20%* | 20%* | 90% (In) / 70% (Out) * | 100% (In) / 50% (Out)* | |
| High Tech Imaging | 20% (In) / 40% (Out)* | 20% (In) / 40% (Out)* | 90% (In) / 70% (Out) * | 100% (In) / 50% (Out)* | |
| Rx (*after deductible) | | | | | |
| Rx Value | \$3 (In) / 40% Cost (Out) | \$3 (In) / 40% Cost (Out) | \$3 (In) / 30% oc Cost (Out)* | 0 (In) / 50% of Cost (Out)* | |
| Rx Generic | \$10 (In)/40% Cost (Out) | \$10 (In)/40% Cost (Out) | \$10 (In) / 30% oc Cost (Out)* | 0 (In) / 50% of Cost (Out)* | |
| Rx Preferred Brand | \$35 (In)/40% Cost (Out) | \$35 (In)/40% Cost (Out) | \$35 (In) / 30% oc Cost (Out)* | 0 (In) / 50% of Cost (Out)* | |
| Rx Non-Preferred Generic or Brand | \$60 (In)/40% of Cost (Out) | \$60 (In)/40% of Cost (Out) | \$65 (In) / 30% oc Cost (Out)* | 0 (In) / 50% of Cost (Out)* | |
| Rx Preferred Specialty | 25% Max \$250 (In) / None (Out) | 25% Max \$250 (In) / None (Out) | 25% Max \$250 (In) / None (Out)* | Not Covered | |
| Rx Non-preferred Specialty | 25% Max \$250 (In) / None (Out) | 25% Max \$250 (In) / None (Out) | 25% Max \$250 (In) / None (Out)* | Not Covered | |
| Total Out-of-Pocket Max (in network) | | | | | |
| Individual - In Network | \$4,000 | \$6,350 | \$4,000 | \$6,350 | |
| Family - In Network | \$12,000 | \$12,700 | \$8,000 | \$12,700 | |
| Individual - Out of Network | \$8,000 | \$9,000 | \$8,000 | \$15,000 | |
| Family - Out of Network | \$24,000 | \$27,000 | \$16,000 | \$30,000 | |
| 2018 Total Monthly Premium | | | | | |
| Single | \$430.00 | \$395.00 | \$346.00 | \$258.00 | |
| Double | \$945.00 | \$867.00 | \$760.00 | \$567.00 | |
| Family | \$1,182.00 | \$1,085.00 | \$951.00 | \$709.00 | |
| 2018-2019 | | | | | |
| New Employee Monthly Cost | | | | | |
| Single | \$172.00 | \$137.00 | \$88.00 | \$0.00 | |
| Double | \$378.00 | \$300.00 | \$193.00 | \$0.00 | |
| Family | \$472.80 | \$375.80 | \$241.80 | \$0.00 | |