

BENEFITS PLAN OVERVIEW

Premiums listed are semi-monthly, pre-tax deductions. Specific plan information and details will be provided under separate cover. All employees are benefits-eligible on the first of the month following 60 days of employment.

	-	Medical Plans offered three			
Health Savings Account (HSA) O		pen Access HMO		Preferred Provider Organization (PPO)	
Employee Only	\$0.00	Employee Only	\$0.00	Employee Only	\$118.60
Employee + Spouse	\$306.39	Employee + Spouse	\$409.90	Employee + Spouse	\$684.44
Employee + Child(ren)	\$190.48	Employee + Child(ren)	\$268.20	Employee + Child(ren)	\$489.84
Employee + Family	\$447.72	Employee + Family	\$582.23	Employee + Family	\$922.54
	Dental Plans -	Ameritas		Vision Coverage - Amerita	as
Ameritas Base Plan		Ameritas Buy-Up Plan		Ameritas Vision Plan	
Employee Only	\$0.00	Employee Only	\$7.48	Employee Only	\$0.0
Employee + Spouse	\$6.63	Employee + Spouse	\$19.96	Employee + Spouse	\$2.3
Employee + Child(ren)	\$10.17	Employee + Child(ren)	\$23.67	Employee + Child(ren)	\$2.6
Employee + Family	\$16.80	Employee + Family	\$36.15	Employee + Family	\$5.52
	Cove	erages offered through Mu	utual of Omaha		
Disability		Basic Term Life Insurance		Basic AD&D Insurance	
Short-Term Disability	\$0.00	1x annual base salary	\$0.00	1x annual base salary	\$0.00
Long-Term Disability	\$0.00	up to \$50,000	·	up to \$50,000 or the employee, spouse, and ch	
Employees are eligible f	ior participation after	401(k)	wment with plan e	ntry datas on $1/1$ $1/1$ $7/1$ on	d 10/1
Employees are eligible f	The plan is Detailed		ors and TD Ameriti ided upon eligibilit	y.	d 10/1
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