

# Choices

## Employee Benefits Summary

1. Insurance - Health	BASE Biweekly	BUY-UP Biweekly	BASE Monthly	BUY-UP Monthly
EE	\$ 44.85	\$ 62.23	\$ 97.18	\$ 137.84
EE+Spouse	\$ 128.48	\$ 161.50	\$ 278.37	\$ 349.91
EE+Children	\$ 113.61	\$ 145.02	\$ 246.16	\$ 314.21
Family	\$ 156.17	\$ 203.21	\$ 338.34	\$ 440.29

**Wellness Discounts:** Employees are receiving wellness credits if they participated in the fall screening. The discount can range from \$5.00 to \$30.00 biweekly based on the number of points the employee earned. Biweekly premiums reflected above would be reduced by the wellness credit.

Anthem

	BASE PLAN	BUY-UP
Physician Services Co Pay:	\$30	\$15
Co-Insurance :		
In Network:	70/30	80/20
Out of Network:	50/50	60/40
Deductible:		
In Network:		
Per Person:	\$1,000	\$500
Per Family:	\$3,000	\$1,500
Out of Network:		
Per Person:	\$2,000	\$1,000
Per Family:	\$6,000	\$3,000
Max Out of Pocket		
In Network:		
Per Person:	\$4,000	\$2,000
Per Family:	\$8,000	\$4,000
Out of Network:		
Per Person:	\$8,000	\$4,000
Per Family:	\$16,000	\$8,000
RX Card	\$10/\$30/\$60	\$10/\$30/\$60
Lifetime Maximum -	\$5,000,000	
See the Anthem literature for specifics, qualifications, and details.		

2. Insurance - Dental	Biweekly	Monthly Cost	Yearly Cost
EE	\$ 1.11	\$ 2.41	\$ 28.86
EE+Spouse	\$ 9.31	\$ 20.17	\$ 242.06
EE+Children	\$ 9.31	\$ 20.17	\$ 242.06
Family	\$ 13.65	\$ 29.58	\$ 354.90

Sun Life Financial

	COVERED
No Deductible	
Co-Insurance:	
Preventative Care	100%
Diagnostic Care	100%
Basic Care	80%
Major Care	50%
Maximum Annual Benefit per Person	\$ 1,000
Maximum Orthodontia Benefit per Person-Under age 18	\$ 1,000

PPO Provider Network:

Dentemax

Choose your dentist.

Coverage is based upon usual and customary rates.

Benefits Summ - Generic 11-01-2010.xls

3.	<b>Insurance - Life</b> Anthem Death Benefit:	\$ 50,000	NO COST
4.	<b>Insurance - Accidental Death &amp; Dismemberment</b> Anthem Benefit:	\$ 50,000	NO COST
5.	<b>Insurance - Disability, Short-term</b> Northwestern Mutual Begins 1st day of accident, or 8th day of sickness. Paid weekly. 60% of weekly earnings, up to \$500 per week. Duration of benefit: depends upon disability		
6.	<b>Insurance - Disability, Long-term</b> Northwestern Mutual Begins at the start of 4th month of disability. Paid monthly. 60% of monthly earnings, up to \$5,000 per month. Duration of benefit: to Social Security normal retirement age.		
7.	<b>Insurance - Social Security &amp; Medicare</b>	7.65%	NO COST
8.	<b>Retirement Plan</b>  401K - Eligible on first day of employment  Choices contributes 3% of salary, 100% vested Employee eligible to contribute with no maximum. - employee contribution 100% vested  The Principal Financial Group Variety of funds to choose from Self-Directed. Semi-annual statements. Web access to account information.		NO COST
9.	<b>Employee Assistance Plan</b> EAP provider is Employee Services, Inc. Coverage for the employee and all legal dependents		NO COST
10.	<b>Professional Development Days</b>  Hours per calendar year: Requires supervisor approval. Calendar year based. No carry-over.		32
11.	<b>Personal/Professional Development Expense Allowance</b>  Allowance Amount per calendar year: Requires supervisor approval. Calendar year based. No carry-over. <b>Prorated first year of employment</b>	\$ 400.00	

**12. Professional Dues Expense Allowance**

Allowance Amount per calendar year: \$ 300.00  
 Calendar year based.  
 No carry-over.

**13. Section 125 Cafeteria Plan**

Allows employee to pay for "qualified" expenses with pre-tax dollars.  
 Money is set aside via payroll deduction.  
 Submit expense receipts.  
 Reimbursement checks are processed every two weeks.  
 Calendar year based.  
 Reimbursement amount cannot exceed to-date contributions on childcare. (Up to \$5,000 election)  
 Annual reimbursement cannot exceed benefit amount enrolled for annually (Up \$4200. election)  
 Unused funds are not reimbursable.  
 W-2 wages are reduced by Section 125 contributions.  
 Qualified Expenses :  
     Health Insurance Premium  
     Dental Insurance Premium  
     Certain Medical Costs (see Section 125 Plan Brochure)  
     Child Day Care Expenses  
     Pre-school Costs  
     See the Nyhart literature for details.

**14. Paid Time Off (PTO)**

PTO includes vacation, holiday, sick, and personal time wrapped into one benefit that the employee manages and uses as their need arises.

CLASSIFICATION	YEARS WITH CHOICES	HOURS PER PAY PERIOD	MAX HOURS ALLOWED
<b>Exempt</b>	year 1	9.85	360
	year 2	10.47	
	year 3 & after	11.38	
<b>Non-Exempt</b>	year 1	8.31	360
	year 2	8.93	
	year 3 & after	9.85	

**16. Closed For Business Days** (Employees use PTO for these office closure days)

The office will be officially closed for business on the following days:

- New Year's Day
- Martin Luther King Jr's Birthday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving Day
- Christmas Eve
- Christmas Day

**17. Sam's/Costco Club Membership** (one per calendar year) Reimbursement up to \$40

**18. Publishing Award**

Article Published in a peer-review journal \$500.00  
 Article Published in a non-peer-review journal \$250.00





