

**Health Insurance Summary****Wellmark Alliance Select**

Benefit	ARAG Cost	Team Member Cost/Deductible
Employee Only Cost	\$552.87 /Per Month	\$97.57 /Per Month
Employee +1 Cost	\$1079.71/Per Month	\$221.15 /Per Month
Family Cost	\$1609.82 /Per Month	\$341.48 /Per Month
Office Visit - Primary Care		20% Coinsurance/Deductible
Office Visit - Specialist		20% Coinsurance/Deductible
Office Visit - Other		20% Coinsurance/Deductible
Preventive Care		100% Coverage (In-Network)
In Network - Single		\$750.00 Deductible
In Network - Family		\$1,500 Deductible
Plan Coinsurance		20% Coinsurance
Out of Pocket - Maximum Single		\$3,000
Out of Pocket - Maximum Family		\$6,000
Prescription Drug - Generic		\$8.00 Copay
Prescription Drug - Preferred		\$30.00 Copay
Prescription Drug - Non-Preferred		\$50.00 Copay
Prescription Drug - Specialty		\$100.00 Copay

Dental Insurance Summary***Delta Dental**

Benefit	ARAG Cost	Team Member Cost/Deductible
Employee Only Cost	\$29.28 /Per Month	\$5.17 /Per Month
Family Cost	\$78.57 /Per Month	\$16.67 /Per Month
Single		\$15.00 Deductible
Family		\$45.00 Deductible
Annual Maximum		\$2,000
Check-Ups and Teeth Cleaning		Included
Orthodontia Lifetime Maximum		\$1,000

*If using a PPO dentist, additional benefits may apply

Vision Insurance Summary**EyeMed**

Benefit	ARAG Cost	Team Member Cost/Deductible
Employee Only Cost	\$6.04 /Per Month	\$0.00 /Per Month
Family Cost	\$15.39 /Per Month	\$0.00 /Per Month
Exam		\$10.00 Copay-Once Every 12 Months
Lenses		\$0.00 Copay-\$130 Allowance Every 24 Months
Frames		\$0.00 Copay-Included with Lenses
Contacts		\$0.00 Copay-Once Every 12 Months

Benefits Summary



Additional Benefits Summary

Benefit	ARAG Cost	Team Member Cost
Flexible Spending - Medical	Administrative Fees	\$2,750.00 Maximum Contribution
Flexible Spending - Dependent Care	Administrative Fees	\$5,000.00 Maximum Contribution
Basic Life Coverage - 2x Annual Earnings	Based on Team Member Earnings	\$0.00 /Per Month
Supp. Life - \$10,000 Multiples	\$0.00 /Per Month	Premium Based on Coverage Selected
Supp. Child Life - \$5k, \$10k, \$15k Multiples	\$0.00 /Per Month	Premium Based on Coverage Selected
AD & D - 2x Annual Earnings	Based on Team Member Earnings	\$0.00 /Per Month
Short Term Disability (STD) - 70% of Weekly Earnings up to 90 days	Based on Team Member Earnings	\$0.00 /Per Month
Long Term Disability - 60% Weekly Earnings - 60% of weekly Earnings 91st day onward	Based on Team Member Earnings	\$0.00 /Per Month
401K Retirement - 9% Maximum Plan Match	Up to 9% of Team Member Earnings	Based on Deferral Election
401k Roth Retirement - 9% Max Plan Match	Up to 9% of Team Member Earnings	Based on Deferral Election
Legal Insurance	\$27.50 /Per Month	\$0.00 /Per Month
Tuition Reimbursement	Up to \$5,250 Annually	\$0.00 /Per Month
College Savings (529)	50% up to \$500 for each child	Based on Contribution
Parental Leave	70% of Earnings up to 15 Days	\$0.00 /Per Month
Benefit	ARAG Cost	Team Member Cost
PTO - Paid Time Off	As indicated in PTO Policy	\$0.00 /Per Month
ARAG Cares Volunteer Time (16 hrs annually)	As indicated in ARAG Cares Policy	\$0.00 /Per Month
ARAG Cares Donation Match	Up to \$500 Annually	Based on Team Member Donations
EAP Program - 6 visits per calendar year	\$100/per visit/ per family member	\$0.00 /Per Month
Parking	\$98.50 - \$132.50/Per Month	\$0.00 /Per Month
Health Club Fitness Reimbursement	Up to \$200 Annually	\$0.00 /Per Month
YMCA Subsidy Membership	\$20.00 /Per Month	Calculated by YMCA
Race Reimbursement	Up to \$50 Annually	\$0.00 /Per Month
Smoking Cessation	Up to \$100 Annually	\$0.00 /Per Month

**This is only a snapshot of benefits. This snapshot assumes team member participation in required wellness program for additional health insurance premium subsidy as well as team member enrollment or participation in listed benefits. Please see the Summary Plan Description for full details on your benefits.