

## INSURANCE & PROFIT SHARING/401(k) BENEFITS – OFFICE/SHOP/COMPANY DRIVER

Coverage of all insurance benefits, with the exception of Short Term & Long Term Disability, become effective the first of the month following 30 calendar days of continuous active employment.

### MEDICAL INSURANCE – Provided by Blue Cross Blue Shield of Nebraska (BCBSN).

	PPO Provider	Non-PPO Provider
Deductible:		
Single	\$ 750.00	\$1,500.00
Family	\$1,500.00	\$3,000.00
Coinsurance	80% / 20%	70% / 30%
Annual Maximum Coinsurance Amount:		
Single	\$2,000.00	\$3,000.00
Family	\$4,000.00	\$6,000.00
Lifetime Maximum = \$2,000,000.00		
Type of Coverage	Employee Mo Cost	Company's Share
Single Coverage		
-Drivers	\$ 70.00	\$313.00
-Office/Shop Wage level of \$30,000 or less	\$ 33.00	\$350.00
-Office/Shop Wage level more than \$30,000	\$ 70.00	\$313.00
Employee & Children	\$170.00	\$465.00
Employee & Spouse	\$240.00	\$695.00
Employee, Spouse & Children	\$250.00	\$885.00

### PRESCRIPTION CARD – Provided by Walgreens Health Initiatives (WHI). No premium charge, but the employee is responsible for a co-payment or co-insurance, whichever is greater.

Types of Prescriptions	Co-Payments
Retail:	
Generic	\$12.00 or 20%
Formulary	\$25.00 or 20%
Nonformulary	\$50.00 or 20%
Mail:	
Generic	\$24.00
Formulary	\$70.00
Nonformulary	\$120.00

### DENTAL INSURANCE - Provided by Ameritas.

	Amount/Cost
Coinsurance (Plan Pays):	
Type 1 Preventative (periodic exams/cleanings)	100%
Type 1 Basic (fillings, simple extractions)	80%
Type II Major (dentures, bridges)	50%
Deductible:	
Type 1 Preventative	\$0
Type I Basic & Type II Major	\$50.00
Maximum Per Calendar Year Per Person = \$1,500.00	
Type of Coverage	Mo Premium Cost
Single	\$15.72
Employee & Spouse	\$32.78
Employee & Children	\$33.60
Employee, Spouse & Children	\$50.16

### VISION INSURANCE – Provided by EyeMed.

Type of Coverage	Mo Premium Cost	Co-Pay
OPTION #1: Annual Examination (once every 12 months)		
Single	None	\$10.00
Employee & Spouse	\$ .50	\$10.00
Employee & Children	\$ .50	\$10.00
Employee, Spouse & Children	\$1.00	\$10.00
OPTION #2: Annual Exam with Ophthalmic Materials		
Single	\$ 7.37	\$25.00
Employee & Spouse	\$14.50	\$25.00
Employee & Children	\$15.30	\$25.00
Employee, Spouse & Children	\$22.75	\$25.00

### LIFE INSURANCE

- Provided to employees at no cost.
- Face value of \$20,000 until the 1st of the month following one year of service when coverage increases to \$50,000.
- Accelerated Life Benefit available
- Ability to purchase additional voluntary life for self or dependents.

### SHORT TERM DISABILITY

- Provided to employees at no cost. Weekly benefit of 60% of average wages for up to 22 weeks subject to a maximum of \$500 per week.
- Coverage becomes effective the first day of the month following 12 consecutive months of service.

### LONG TERM DISABILITY

- Provided to all full-time exempt office/shop employees at no cost. Monthly benefit of 60% of average monthly wages.

### HEALTH CARE & DEPENDENT CARE FSA

- Provides pre-tax funds for employees to pay for eligible healthcare and dependent care expenses up to annual dollar limitations.

### PROFIT SHARING

- Consists of discretionary annual contribution made by the Company. Contribution amounts determined using Company's profitability, employee's years of service and employee's annual compensation.
- Employees become eligible on April 1 or October 1 after completing 1 year of service. Vesting starts after 3 years.

### 401(k)

- Ability to contribute 100% of wages up to annual dollar limitations set by IRS.
- Company provides a partial match of \$.10 for every dollar of the first 5% of compensation deferred into the 401(k).
- Eligible rollover retirement dollars from a prior employer are accepted at any time after hire date.
- Employees become eligible and may begin participating on the 1<sup>st</sup> quarter following their hire date. Fully vested after three years.