



EMPLOYEE BENEFIT SUMMARY Eff. 09/01/2022

Benefit Type	Description	Eligibility	Who Pays	Cost Value to EE																												
Medical	Plan: HAP PPO Gold 1200 Deductible: \$1200 EE/\$2400 Family Coinsurance: 100%/50% Office Visits: \$30/\$60/\$65/\$300 Prescriptions: \$5/\$30/\$40/\$80/20%/50%	First of the month after 30 days of employment	Employer; 100% of premium	\$17,500																												
Dental	Plan: Companion Dental Deductible: \$100 Lifetime Preventative: 100% Basic: 80% Major: 50% Annual Maximum: \$1500 Orthodontia: 50% Pediatric Dental: Delta Dental (HAP)	First of the month after 30 days of employment	Employer; 100% of premium	\$1000																												
Vision	Plan: VSP Choice Plan #1 Exam 12/Frames 24/Eyeglass Lenses 12/Contacts 12 Frames Allowance: \$100 Contacts Allowance \$80	First of the month after 30 days of employment	Employer; 100% of premium	\$150																												
Vacation	<table border="1"> <thead> <tr> <th>YEARS</th> <th>HOURS</th> <th>YEARS</th> <th>HOURS</th> </tr> </thead> <tbody> <tr> <td>1 year</td> <td>40</td> <td>7 years</td> <td>96</td> </tr> <tr> <td>2 years</td> <td>48</td> <td>8 years</td> <td>104</td> </tr> <tr> <td>3 years</td> <td>56</td> <td>9 years</td> <td>112</td> </tr> <tr> <td>4 years</td> <td>64</td> <td>10 years</td> <td>120</td> </tr> <tr> <td>5 years</td> <td>80</td> <td>20 years</td> <td>160</td> </tr> <tr> <td>6 years</td> <td>88</td> <td>20+ years</td> <td>160</td> </tr> </tbody> </table>	YEARS	HOURS	YEARS	HOURS	1 year	40	7 years	96	2 years	48	8 years	104	3 years	56	9 years	112	4 years	64	10 years	120	5 years	80	20 years	160	6 years	88	20+ years	160	After 1 year of employment	Employer	
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Personal	Five (5) personal days per year.	After 90 days of employment	Employer																													
Retirement	Edward Jones Simple IRA 2023 Contribution Limit: \$15,500	After 1 year of employment	Employer match up to 3%																													
Flexible Spending Account	Program which allows employees to set aside pre-tax monies for qualified medical expenses which are not reimbursable under insurance programs. 2023 Contribution Limit: \$3,050	First of the month after 6 months of employment.	Employee																													
Dependent Care Flexible Spending	Program which allows employees to set aside pre-tax monies for qualified child care expenses 2023 Contribution Limit: \$5,000	First of the month after 6 months of employment.	Employee																													
AFLAC	Supplemental Policies Cancer, STD/LTD, Accident, Critical Illness	Immediately	Employee																													
Uniforms	Cintas	Immediately	Shared cost	\$455																												
Holidays	New Year's Day Labor Day Memorial Day Thanksgiving Day Independence Day Christmas Day	After 60 days of employment	Employer																													

