

## BENEFITS HIGHLIGHTS

**Life Insurance** – All employees receive a \$25,000 face value life insurance policy and a \$25,000 face value accidental death and dismemberment insurance policy after sixty (60) days of continuous, full time service. The company pays the premiums for this coverage. Additional life insurance and accidental death and dismemberment insurance coverage can be purchased for the employee, the employee’s spouse, and/or the employee’s children. The employee is required to pay the additional low group rates through payroll deduction.

**Long-Term Disability** – Coverage begins after six (6) months of continuous service and ninety (90) days of disability, 60% of income will be paid until age 65. The company provides this benefit.

**Medical Insurance** – Administered by Meritain Health, utilizing Aetna PPO [www.meritain.com](http://www.meritain.com) network. Coverage for the Medical Plan is effective after sixty (60) days of continuous, full time employment.

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| B | <p><b>Plan B:</b> \$1,250/\$2,500 In-Network Deductible:</p> <p>Employee Only - \$84.48/check<br/>                 Employee and Child(ren) - \$211.39/check<br/>                 Employee and Spouse - \$223.35/check<br/>                 Family - \$237.07/check</p>   |
| C | <p><b>Plan C:</b> HDHP \$1,500/\$3,000 In-Network Deductible:</p> <p>Employee pays all costs up to deductible amount</p> <p>Employee Only - \$75.87/check<br/>                 Employee and Child(ren) - \$188.69/check<br/>                 Employee and Spouse - \$203.69/check<br/>                 Family - \$222.43/check</p> |

*Reminder: Wellness Credit for 2023 - \$260*

**Dental Coverage** – Delta Dental PPO network. Coverage for the Dental Plan is effective after sixty (60) days of continuous, full time employment. [www.deltadentalmo.com](http://www.deltadentalmo.com)

**Cost of Dental Coverage:**  
 Employee Only - \$10.50/check  
 Employee + 1 - \$20.50/check  
 Family - \$32.17/check

**Vision Coverage** – VSP Choice Plan. Coverage for the Vision Plan is effective after sixty (60) days of continuous, full time employment. [www.vsp.com](http://www.vsp.com)

**Cost of Vision Coverage:**  
 Employee Only - \$3.31/check  
 Employee + 1 - \$6.62/check  
 Family - \$8.99/check

**Paytient** – On-demand line of credit for employees, up to \$1,000 to help with medical, dental, vision and/or veterinarian cost. [www.paytient.com](http://www.paytient.com)

**401(k)/Profit Sharing Plan** – Employees are eligible to participate after ninety (90) days of continuous, full time employment and attain age twenty-one.

**Employee Assistance Program** – Confidential counseling is available via telephone or by appointment. This is a free service provided by the company to our employees and anyone living in their homes.

