

SILVER STAR BENEFITS SUMMARY

CARRIER: MUTUAL OF OMAHA

VISION

- Employee pays 100% of the cost for vision coverage.
- Covers routine eye exam up to \$50 every 12 months.
- Covers frames up to \$120.
- Covers contact lenses up to \$170.
- Employee is responsible for cost of exam for contact lenses.
- Can go to any provider.

DENTAL

- Employee pays 100% of the cost for dental coverage.
- Two Plans to choose from.
 - Low Plan**
 - Covers preventative, basic and major.
 - Maximum coverage per year is \$1,000 per person.
 - High Plan**
 - Covers preventative, basic and major.
 - Maximum coverage per year is \$1,500 per person.

GROUP TERM LIFE and AD&D INSURANCE

Employer pays Life Insurance 1xSalary up to \$50,000.

- Minimum amount is \$10,000 and maximum is \$50,000.

VOLUNTARY LIFE and AD&D INSURANCE

- Employees pay 100% of additional life and AD&D insurance.
- Employees who want to supplement their group life insurance may purchase additional coverage.
- Employees can also purchase coverage for their eligible dependents.
- You cannot purchase for spouse or dependents if you do not purchase for employee.

LONG TERM DISABILITY

- Employer pays 100% of premium.
- Starts after 180 days of disability.
- Payable Benefits are 60% up to \$7,500 per month.
- Maximum benefit is until normal retirement age.

VOLUNTARY SHORT-TERM DISABILITY

- Employee pays 100% of premium.
- Starts after 7 days of disability.
- Payable Benefits are 60% up to \$1,750 per week.
- Maximum benefit is 25 weeks.

CARRIER: AETNA

Aetna CPOS II AFA 4500 HSA 100 50

- High Deductible Health Plan.
- Individual Deductible is \$4,500.
- Family Deductible is \$9,000.
- Wellness and Preventative Care covered at 100%.
- Eligible to contribute to an HSA account.
- \$0 after deductible is met for:
 - Office visits (Primary Care or Specialist)
 - Emergency Room
 - Urgent Care
 - Lab Work
 - X-Rays
- Prescription drug coverage: \$3 / \$10 / \$50 / \$100 after deductible.

Aetna CPOSII AFA 4000 80 50

- Individual Deductible is \$4,000
- Family Deductible is \$8,000
- Individual Out-of-Pocket Maximum is \$8,000
- Family Out-of-Pocket Maximum is \$16,000
- Wellness and Preventative Care covered at 100%.
- \$35 copay for Primary Care Physician
- \$75 copay for Specialist
- \$75 copay for Urgent Care
- 20% Coinsurance for Emergency Room
- 20% Coinsurance for Lab Work and X-Rays
- Prescription drug coverage: \$3 (Tier 1) / \$10 (Tier 2) / \$50 (Tier 3) / \$80 (Tier 4) copays

HEALTH SAVINGS ACCOUNT (HSA)

- Maximum Contribution for individual: \$4,300
- Maximum Contribution for family: \$8,550
 - Employee Catch-Up Contribution (account holders age 55+):
 - Individual: \$1,000
 - Family: \$1,000

CARRIER: ASSURITY

GROUP HOSPITAL INDEMNITY

- Pays a direct cash benefit for the first hospital confinement in a calendar year for a sickness or injury sustained in a covered accident.
- Hospital Admission - \$1,500 (once annually)
- Daily Benefit - \$100/Day (30 Day Max)
- No Benefits Payable for Pre-Existing Conditions (within 12 months of effective date/for a 12-month period.

GROUP ACCIDENT EXPENSE

- Accident Insurance helps protect employees and their families from financial loss by providing a lump sum benefit in the event of injuries suffered in a covered Accident.
- Injuries
- Medical Services & Treatment
- Hospital Coverage (accident)
- Accidental Death
- Dismemberment, Loss & Paralysis

GROUP CRITICAL ILLNESS

- Critical Illness insurance helps protect employees and their families from financial loss by providing a lump sum benefit upon diagnosis of a covered condition.
- Lump Sum Benefit (Employee) – from \$5,000 to \$30,000.
- Spouse – 50% of employee benefit.
- Child(ren) – 25% of employee benefit.
- Health Screen (blood test, chest x-ray, colonoscopy, mammogram, stress tests - \$50 per year for covered employee or spouse.