

## **2023 BENEFIT SUMMARY**

Benefit Information						
High Deductible Health Plan (HDHP): Deductible: Single \$3500 Single + Dependents \$7000 (dependents are eligible children only) Family \$7000						
Premiums (per pay period): Single \$70.00 Single + Dependents \$265.00 Family \$375.00						
Company Contribution to HSA  Single \$37.50 Single + Dependents \$37.50 Family \$37.50 Annual HSA contribution limits (employee and employer combined): Single \$3850						
<ul><li>Single + Dependents \$7750</li><li>Family \$7750</li></ul>						
First day of hire						
DENTAL INSURANCE						
Deductible: \$50/individual; \$100/family Maximum Benefit: \$1,500 per individual per benefit period						
Premiums:         ■ Single       \$28.31         ■ Single + One       \$49.88         ■ Family       \$73.94						
VISION INSURANCE						
Vision Exam: One routine exam every benefit period with a \$10 copay.  Lenses: Lenses allowed every benefit period with \$10 copay.  Frames: Frames allowed every other benefit period limited to maximum benefit allowance of \$100 per frame.						
Premiums:       ■ Single       \$4.41         ■ Single + One       \$7.71         ■ Family       \$11.46						
Dental and vision are effective first of the month following hire date for full time employees (Minimum 30 hrs./week)						
OTHER						
Basic Life Insurance Coverage: \$20,000 for all full time employees Premiums: Employer paid benefit. Eligible 30 days from your start date						
<b>Coverage:</b> Disability coverage will provide 60% of salary up to a monthly maximum benefit following a 90 day waiting period. Employees are covered up to the age of 65 for illness or injury. Employer pays the premium. Eligible 90 days from your start date						
Full time employees are eligible to participate in medical and dependent care FSA. Employees may contribute up to \$5000 for dependent care expenses and up to \$3050 in medical expenses annually. If you participate in the HSA, you will be enrolled in a FSA Limited plan in which you may only use those dollars for vision and dental expenses as HSA will cover medical expenses.						



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Employee Assistance Program (EAP)	EAP is available to all employees through HealthAdvocate in conjunction with The Standard. Coverage includes three free counseling sessions per issue. A wide variety of services are available.				
888.293.6948 Provided by The Standard	All services are kept strictly confidential between the provider and the employee.				
HealthAdvocate.com/Standard3	24 hours a day, seven days a week				
Voluntary Insurance Provided by Allstate Wallwork's contact is Lisa Hartman at 1-866-897-	24 hours a day, seven days a week  Allstate insurance is available to full-time employees following the first of the month after 30 days of employment. Available policies include: Accident Insurance, and Critical Illness (includes cancer benefits).				
2459	Available for employees working a minimum of 30 hrs./week				
Voluntary Term Life Insurance- AD&D and STD Coverage provided by Mutual of Omaha- Wallwork's contact is Lisa Hartman at 1-866-897- 2459	Coverage:  Employee coverage  Spouse- up to 50% of employee amount  Child- cannot exceed spouse amount				
Coverage: Available to all employees who have attained age 18 and works a minimum of o hour. Allows employees to redirect 1% to 50% of salary up to the maximum allowed by law.  On the inclusion of the increased by 1% of their current and increased by 1% of their current of the increase of the					
000.735.2037	eligibility; January 1, all employees will automatically be increased by 1% of their current contribution; both auto enrollments have the option of opting out at any time.  **Max limit \$22,500 in 2023. If you are age 50 or over, the catch-up contribution limit is \$7,500  Eligible to enroll first day of month following 30 days of employment.  Employees earn paid time off (PTO) each pay period to be used for vacation, sick time,				
	will stop accruit of their base satisfication plans require a necessary time	20 hours, at which time y can be cashed out at a ratheir regular pay per hou vailable after cash out to ninimum of 40 hours is a pproved by your manage	ate of 70% ur. Both allow llowed to		
		Years of Service	Annual PTO	Accrual Rate PPP	
PTO Accrual Rate		0-1 year	15 days	4.615 hours	
		1-3 years	20 days	6.154 hours	
		4-5 years	21 days	6.462 hours	
		6-7 years	22 days	6.770 hours	
		8-9 years	23 days	7.077 hours	
		10-11 years	24 days	7.385 hours	
		12-13 years	25 days	7.692 hours	
		14-16 years	26 days	8.000 hours	
		17-19 years	27 days	8.308 hours	
		20-24 years	28 days	8.616 hours	
		25 + years	29 days	8.923 hours	]
Scheduled Holidays (PTO will be applied)	Christmas Eve	y, Memorial Day, Indepo (close at 1:00 pm), Chri hours may vary by locati	endence Day, Labor Da istmas Day and New Ye	y, Thanksgiving Day, ear's Eve (close at 5:00	