

SyllogisTeks

Class B- Benefits



MEDICAL INSURANCE

Coverage is effective on first day of the month following 30 days of employment for employees and/or dependents.

- Well-care included
- Two Plans to choose from (see plan summaries for details)
- Virtual Office visits
- Prescription Drugs: \$15/\$45/\$75

Section 125Plan

Allows for pre-tax dollars to pay for your share of health insurance costs.

DENTAL

Coverage is effective on first day of the month following 30 days of employment.

- Allows two regular check-ups per year at no cost.
- Plan pays 90% for fillings; 60% for crowns.
- Family premium for dependent coverage (option).

FLEXIBLE SPENDING ACCOUNT

Pre-tax deduction to allow for reimbursement for:

- Dependent Care expenses
- Medical expenses (not normally covered under medical plans)

HEALTH REIMBURSEMENT ACCOUNT

To help offset deductible costs, SyllogisTeks offers a Health Reimbursement Account (HRA), at no cost, to reimburse employee and dependent deductible costs after a minimum amount is reached.

DIRECT DEPOSIT

Have your pay directly deposited into your bank account(s).

SHORT- & LONG-TERM DISABILITY

SyllogisTeks pays the full cost of short- and long-term disability for every employee. Coverage begins on the first day of the month following 30 days of employment.

Short-term disability will pay you 60% of your base earnings, up to \$750 a week, for up to 90 days, after satisfying a waiting period. Long-term disability will pay 60% of your basic monthly salary if disabled, after a 90-day waiting period. The monthly maximum is \$5,000.

NOTE: The information contained herein is a summary of benefits only and is subject to change. Please refer to plan documents for details.

LIFE INSURANCE

SyllogisTeks provides \$25,000 of basic term life insurance for every employee on the Coverage is effective on the first day of the month following 30 days of employment. Supplemental life insurance is available for yourself and your family for an additional cost.

401(k) PLAN

- Employee can contribute from 0% up to yearly max.
- SyllogisTeks will match 50% of Employee contribution up to 6% of salary.
- Eligible to contribute the first of the month following 30 days of service. SyllogisTeks matches after three months of service on a quarterly basis.
- Employee decides which fund(s) to invest in. Investment options can be changed by phone and Internet.
- You defer federal and state income taxes on contributions, and earnings grow tax-deferred.

EARNED PAID PERSONAL DAYS

Employees accrue eight personal hours for every 200 hours worked from the day they start. Hours can be used immediately upon earning them.

Employees can elect to withhold additional amounts from their pay to be held in an account for paid time off and these hours would be available for immediate use. For example, 2% withheld would give you an additional 8 hours for every 400 hours worked; 4% withheld would give an additional 8 hours for every 200 hours worked; and 6% withheld would give an additional 8 hours for every 133 hours worked.

EDUCATION REIMBURSEMENT

All employees are eligible for education reimbursement — up to \$1,000 a year — after one year of service.

TRAINING OPPORTUNITIES

SyllogisTeks pays for company-approved, professional certification testing for all employees.

Effective July 1, 2018 through June 30, 2019

Anthem

Covered Benefits:	Base Plan (HSA Option)	Buy Up Plan (Blue Access)
Deductible*	\$3000/person; \$6000/family	\$2000/person; \$4000/family
Out-of-Pocket Maximum	\$6050/person; \$12,100/family	\$7350/person; \$14,700/family
Coinsurance	Covered at 100% after deductible is met	Covered at 100% after deductible is met
Preventative Care/Office Visit	Preventative care is at no cost Office visits at \$25/\$50 after deductible is met	Preventative care is at no cost \$30/primary care; \$50/specialist
Eye Exam	1 exam per 12 months. Voluntary Vision Insurance available.	1 exam per 12 months. Voluntary Vision Insurance available.
Prescription Benefits	\$15/\$45/\$75 after deductible is met; 90 day mail order avail.	\$15/\$45/\$75; 90 day mail order avail.
Emergency Care (FOR EMERGENCY USE ONLY)	\$250/visit after deductible is met	\$300 copay/visit.
Urgent Care (FOR URGENT USE ONLY)	\$75/visit after deductible is met	\$50

** Deductibles listed refer to deductible expenses when using the employer-provided HRA benefit. See HRA summary and claim form for more details.*

Please refer to the plan documents for specific information on all covered benefits. This is only an abbreviated summary.

Bi-Weekly Employee Medical Insurance Premiums:

Base Plan

	Medical	Dental	Vision	Total
Employee	-	-	3.73	3.73
Employee +Spouse	170.23	10.27	7.47	187.97
Employee + Child	137.16	13.82	7.66	158.64
Family	300.04	26.64	11.39	338.07

Buy Up Plan

	Medical	Dental	Vision	Total
Employee	36.81	-	3.73	40.54
Employee +Spouse	248.76	10.27	7.47	266.50
Employee + Child	207.59	13.82	7.66	229.07
Family	410.39	26.64	11.39	448.42