



Employee Benefits - Quick Reference

A-TEK values its employees and recognizes the importance of a comprehensive benefits plan to their overall welfare. We strive to provide a benefits program that is both competitive within our industry and meets the needs of our employees and their families. If employees have questions regarding their benefits they are encouraged to contact Human Resources at benefits@a-tek.net.

Anthem Blue Cross Blue Shield PPO - KeyCare 10 Plus, KeyCare 20 Plus, or KeyCare 30 Plan

- Eligible Full-Time and Part-Time employees may choose between three plan options.
- Coverage provided to employees and qualified dependents at nominal cost.
 - **Employee Only coverage under the KeyCare 30 Plan is provided at no cost to the employee.**
- Benefits are effective on the first day of the month following the date of hire.
- Website address: www.anthem.com (search for medical care providers under the Anthem KeyCare PPO coverage)

		KeyCare 10 Plus Exclusions & Limitations	KeyCare 20 Plus Exclusions & Limitations	KeyCare 30 Plan Exclusions & Limitations
Annual Deductibles	In-network	None	None	\$1,000 per member \$2,000 per family
	Out-of-network	\$200 per member \$400 per family	\$500 per member \$1,000 per family	\$1,500 per member \$3,000 per family
Out-of-pocket Maximum	In-network	\$1,000 per member \$2,000 per family	\$3,000 per member \$6,000 per family	\$3,000 per member \$6,000 per family
	Out-of-network	\$2,500 per member \$5,000 per family	\$4,500 per member \$9,000 per family	\$4,500 per member \$9,000 per family
Doctor Visits	In-network	\$10 PCP / \$20 Specialist	\$20 PCP / \$40 Specialist	\$30 copay, 0% coinsurance <small>(calendar year deductible does not apply)</small>
	Out-of-network	20% coinsurance (1)	30% coinsurance (1)	40% coinsurance (1)
Hospital Services (InPatient)	In-network Co-Insurance	Facility: \$200 per stay; 0% coinsurance Physicians: \$0 copay; 0% coinsurance	Facility: \$400 per stay; 20% coinsurance Physicians: \$0 copay; 20% coinsurance Specialists: \$0 copay; 20% coinsurance	Facility: \$0 per stay; 20% coinsurance ** Physicians: \$0 copay; 20% coinsurance **
	Out-of-network	20% coinsurance (1)	30% coinsurance (1)	40% coinsurance (1)
Hospital Services (OutPatient)	In-network Co-Insurance	Facility: \$150 copay; 0% coinsurance Physicians: \$10 copay; 0% coinsurance Specialists: \$20 copay; 0% coinsurance	Facility: \$150 copay; 20% coinsurance Physicians: \$20 copay; 0% coinsurance Specialists: \$40 copay; 0% coinsurance	Facility: \$0 copay; 20% coinsurance** Physicians: \$0 copay; 20% coinsurance**
	Out-of-network	20% coinsurance (1)	30% coinsurance (1)	40% coinsurance (1)
Emergency Room Visit	In-network Co-Insurance	Facility: \$150 per visit 0% coinsurance Physicians: \$10 copay; 0% coinsurance Specialists: \$20 copay; 0% coinsurance	Facility: \$150 per visit; 20% coinsurance Physicians: \$20 copay; 0% coinsurance Specialists: \$40 copay; 0% coinsurance	Facility: \$0 per visit; 20% coinsurance** Physicians: \$0 copay; 20% coinsurance**
	Out-of-network	20% coinsurance (1)	30% coinsurance (1)	40% coinsurance (1)
Diagnostic Tests	In-network Co-Insurance	Lab. Services: \$0 copay; 0% coinsurance Diagnostic X-rays: \$20 copay; 0% coinsurance Advanced Diagnostic Imaging: \$150 copay; 0% coinsurance <small>(e.g., MRI, CTA, MRA, PET, MRS, CT Scans)</small>	Lab. Services: \$0 copay; 0% coinsurance Diagnostic X-rays: \$40 copay; 0% coinsurance Advanced Diagnostic Imaging: \$150 copay; 0% coinsurance <small>(e.g., MRI, CTA, MRA, PET, MRS, CT Scans)</small>	20% coinsurance**
	Out-of-network	20% coinsurance (1)	30% coinsurance (1)	40% coinsurance (1)

PRESCRIPTION DRUGS:

\$3,500 calendar year limit per person on out-of-pocket expenses for prescription drugs.

Tier 1 Tier 2 Tier 3 (Applies to all Anthem Plans shown above)

\$10 \$30 Your payment for Tier 3 is the greater of your \$50 copayment or 20% coinsurance and is limited to \$200 per prescription for a 30-day supply.
 \$10 \$60 Your payment for Tier 3 is the greater of your \$150 copayment or 20% coinsurance and is limited to \$400 per prescription for a 90-day supply.

Tier 1: This is a low cost drug, typically a generic drug.

Tier 2: This is a moderate cost drug, typically a multi-source brand name drug. A multi-source brand name drug is a brand name drug which has a generic equivalent.

Tier 3: This is a higher cost drug, typically a single source brand name drug. A single source brand name drug is a brand name drug which does not have a generic equivalent.

NOTE: All deductibles, copayments, or coinsurance amounts (if applicable) for Tier 1, Tier 2, and Tier 3 drugs purchased at both retail and mail service pharmacies will apply to the out-of-pocket expense limit for prescription drugs. However, the out-of-pocket expense limit for prescription drugs is separate from the out-of-pocket expenses for covered medical services.



Employee Benefits - Quick Reference

MetLife Dental Benefits

Flexible PPO Plans with Orthodontia Care

www.metlife.com/mybenefits

Coverage provided to eligible full-time and part-time employees and qualified dependents at nominal cost.

- Basic Dental (with Vision) for Employee Only coverage provided at no cost to the employee.
- Find a dentist: www.metlife.com/dental
- Benefits are effective on the first day of the month following date of hire.

	Basic Dental with <u>Child and Adult</u> Orthodontia		Enhanced Dental with <u>Child & Adult</u> Orthodontia	
	In Network	Out of network	In Network	Out of network
Deductible per Calendar Year	\$50 Individual \$150 Family		\$50 Individual \$150 Family	
Preventative Care - Type A Oral Exams, Cleanings, X-rays, Fluoride Treatments, Periodontal Maintenance	100% (no deductible)	100% (no deductible)	100% (no deductible)	100% (no deductible)
Basic Services - Type B Fillings, Extractions, Oral Surgery, Root Canals, Periodontal Surgery and Root Planing	70% after deductible	70% after deductible	80% after deductible	80% after deductible
Major Services - Type C Inlays/Onlays/Crowns, Implants, Bridges/Dentures	40% after deductible	40% after deductible	50% after deductible	50% after deductible
Orthodontia - Type D *applies to adult and child	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Dental Calendar Year Maximum Benefit	\$1,750 per person		\$2,250 per person	
Orthodontic Lifetime Maximum Benefit	\$1,000 Lifetime Maximum		\$1,000 Lifetime Maximum	

Vision Service Plan

Coverage provided to eligible full-time and part-time employee and qualified dependents at nominal cost.

- Nationwide network of over 22,000 participating doctors.
- Provides Exam, Lenses or Frames, every 12 months.
 - Exam - \$10 copay in-network.
- Benefits effective first day of month following date of hire
- VSP's Laser VisionCare program provides discounted laser surgery LASIK and PRK - through contracted doctors.
- www.vsp.com

Paid Holidays

Eligible full-time and part-time employees receive **ten** paid holidays each year (Holiday hours are pro-rated for eligible part-time employees) :

New Years Day	Labor Day
Martin Luther King Day	Columbus Day
President's Day	Veterans Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

Payroll Direct Deposit

Payroll issued twice a month (8th and 23rd or closest weekday)
Option for payroll direct-deposit in up to three different accounts

MetLife - Life Insurance, AD&D, STD, LTD, EAP

The following benefits apply to eligible full-time and part-time employees:

- Short and Long Term Disability Insurance – no cost to employee.
- Life and AD&D - each benefit is provided in an amount equal to the employee's annual salary up to \$100,000 - no cost to employee.
- Option for Spouse or Dependent Life Insurance coverage at a nominal cost to the employee
- Employee Assistance Program - no cost to employee
- Benefits effective first day of the month following date of hire.
Website: www.metlife.com/mybenefits

Paid Time Off (PTO)

The company provides paid leave to eligible full-time and part-time employees to be used for vacation, personal leave, medical appointments, or absence due to illness or injury. Employees begin accruing PTO on the first day of work. PTO is available for use the first day of the month following the date of hire. The PTO schedule is as follows (Note: PTO is pro-rated for eligible part-time employees) :

# Years of Service	PTO Days per year
1 to 5	15 Days
6 to 10	20 Days
11 to 15	25 Days
16+	30 Days

Knowledge Enhancement Program (Job Related)

Available to eligible full-time employees on the first of the month after first 90 days of service.

- \$5,000* available per eligible employee per year for either Professional Development Assistance, Tuition Assistance, Professional Association Memberships, or any combination thereof. * Benefit prorated for newly hired employees for calendar year in which they are

Premium Only Plan

- Allows employee-paid insurance premiums to be paid on pre-tax basis, resulting in an increased take-home pay.
- When elected, benefits are effective on the first day of the month following the date of hire & election is binding for full plan year

A-TEK, Inc 401(k) Plan

- Eligible to participate on the first day of the month following the date of hire (or any month thereafter).
- Administered through Great-West Retirement Services. Administration Fees paid by the Employer.
- Currently Employee-Contribution only.
- Employee Contributions (salary deferrals) are withheld from each paycheck on a Pre-Tax basis.
- Discretionary Year-End Employer Matching Contributions and/or Profit Sharing
- Employees can access their account information 24/7 via the web at www.gwrs.com