

AMSG Benefits Summary 2019 - 2020

Medical

Available to Regular employees working a minimum of 30 hours per week. Coverage is effective date of hire. Employees are offered a variety of medical plans through United Healthcare. These plans offer a choice of selecting in-network and/or out-of-network providers from their broad national provider network and both are available throughout the United States. An insurance card will be mailed to the employee when the benefits become effective. AMSG provides an allowance that is equal to 65% of the monthly premium for the United Healthcare Choice Plus 1500 Deductible Plan below. Employees should choose the plan that best fits their personal family situation.

Employees should go to www.myuhc.com and register for a user account to manage their medical and dental benefits. It takes just minutes to register - and you'll instantly get 24/7 access to manage your plan.

AMSG Monthly Contribution						
Employee Only	Employee & Spouse	Employee & Child/Children	Employee & Family			
\$224.89	\$471.19	\$426.45	\$695.70			

Employee Monthly Cost							
Coverage Group/Coverage Option	Employee Only	Employee & Spouse	Employee & Children/Children	Employee & Family			
500 Deductible 80%	\$395.40	\$830.82	\$751.97	\$1,226.81			
Employee Cost	\$170.51	\$359.63	\$325.52	\$531.12			
1000 Deductible	\$377.16	\$791.98	\$716.67	\$1,169.15			
Employee Cost	\$152.27	\$320.79	\$290.22	\$473.46			
1500 Deductible	\$345.98	\$724.91	\$656.07	\$1,070.30			
Employee Cost	\$121.09	\$253.72	\$229.62	\$374.61			
2500 Deductible	\$323.03	\$679.60	\$613.70	\$1,002.04			
Employee Cost	\$98.14	\$208.41	\$187.25	\$306.35			
6000 Deductible	\$299.50	\$627.83	\$568.40	\$926.73			
Employee Cost	\$74.61	\$156.64	\$141.95	\$231.04			
1500 Deductible - HDHP	\$374.22	\$786.10	\$710.20	\$1,159.15			
Employee Cost	\$149.33	\$314.91	\$283.75	\$463.46			
3000 Deductible - HDHP	\$299.50	\$629.59	\$570.16	\$930.26			
Employee Cost	\$74.61	\$158.40	\$143.71	\$234.57			
5000 Deductible - HDHP	\$269.49	\$565.46	\$510.73	\$836.12			
Employee Cost	\$44.60	\$94.27	\$84.28	\$140.43			

Health Savings Account

Available <u>only</u> to participants that enroll in UHC High Deductible Health Plans. The HSA allows you to contribute pretax dollars to save for future medical expenses. HSAs are portable and can grow from year to year. In 2019, you may contribute up to \$3,500 to an HSA for individual coverage and up to \$7,000 for employee/child, employee/spouse, or family coverage. If you're 55 or older, you can contribute an extra \$1,000 in 2019.



Note: Any unused funds remain in your account and will roll over from one year to the next, earning tax-free interest.

Flexible Spending Account

Available to all employees regardless if you have an insurance plan or not. Employees can make pretax contributions up to the annual maximum through payroll deductions for qualifying health care expense. In 2019, you may elect \$20 to \$216.67 in monthly contributions, up to a maximum annual contribution of \$2,600 for qualifying health care expenses incurred during the year. If elected, you will receive a Health Care Spending Card (Mastercard issued by UHC) funded with the elected amount for the current calendar year.

Note: Under the IRS "use it or lose it" rule, any unused funds remaining in the Health Care FSA at the end of a calendar year for which valid claims for reimbursement have not been filed by **March 31** following the end of the calendar year coverage period **will be forfeited** and cannot be returned to you or carried over for use in a subsequent year.

Dental and Vision

Orthodontic Service

Available to Regular employees working a minimum of 30 hours per week. Coverage is effective date of hire. Employees are offered dental benefits through United Health Care. The dental plan offers the choice of selecting an in-network or out-of-network provider. You will receive greater coverage under this plan if you stay within the provider in-network. The per person plan year maximum is \$1,500. An insurance card will be mailed to the employee when the benefits become effective.

Combined Employee Monthly Cost for Dental & Vision

Employee Only	Employee & Spouse	Employee & Children	Employee & Family			
\$19.25	\$37.45	38.15	\$58.10			
UHC Dental		\$1500 of coverage per person per plan year				
Deductible		\$50/\$150				
Preventative		0% coinsurance				
Basic Service		20% coinsurance				
Major Service		50% coinsurance				
Orthodontia Lifetime Maximum		\$1,500 (up to the age of 19)				

50% no deductible



Vision: Employees can create an account at www.vsp.com to find a list of in-network providers and full list of exclusive member benefits and additional discounts.

VSP Benefits	Copay	Frequency	
Well Vision Examination	\$15	Once every 12 months within plan year	
Prescription Glasses	\$25	Once every 12 months within plan year	
Single Vision, Lined Bifocal, Lined Trifocal, and lenticular lenses	\$25	Once every 12 months within plan year	
Retail Allowance for Frames	Allowance	\$130 allowance per plan year	
Contact Lenses (instead of glasses)	Allowance	\$125 allowance per plan year	
LASIK Eye Surgery	N/A	VSP offers an average savings up to 25% off regular price. https://www.vsp.com/lasik-discounts.html	

NOTE: ID Cards <u>will not</u> be provided for Vision, simply tell your provider you are a VSP (Vision Service Plan) member.

Employer Paid Benefits

Basic Life, Accidental Death & Dismemberment

Eligibility: available to Regular employees working a minimum of 30 hours per week. Coverage is effective date of hire. Employees are provided 1x annual salary up to a maximum of \$50,000 of Basic Life Insurance and Basic Accidental Death and Dismemberment (AD&D) Insurance through Cigna.

Disability Insurance

Eligibility: available to Regular employees working a minimum of 30 hours per week. Coverage is effective date of hire. Employees are provided with company-paid Short and Long-term Disability insurance through Aetna. This serves as partial salary continuation and income protection during periods of disability due to an illness or accident.

- Short Term Disability Insurance (STD) weekly benefit is 60% of your weekly earning up to a max of \$2,308 per week.
- Long-Term Disability Insurance (LTD) monthly benefit is 60% of your monthly earnings up to a max of \$10,000 per month.

Adoption Program

Insperity will reimburse an eligible full-time active employee up to a maximum of \$1,500 per qualified adoption. Requires 180 days of continuous service after obtaining eligible status. Qualifying expenses must be incurred through private adoption or a licensed agency.

Educational Assistance Program

Insperity provides each full-time employee up to \$1,500 per calendar year for approved undergraduate/graduate courses taken as part of a degree program, or up to \$500.00 per calendar year for approved continuing education expense. Maximum \$1,500.00 per calendar year related to the employee's current position.



Paid Time Off (PTO)

The PTO concept incorporates vacation and sick leave into one block of time off. Regular employees will accrue PTO on a per pay period basis as follows:

- Less than 3 years of Service = 10 days (3.33 hours per pay-period, 80 hours total)
- 3 to 10 years of service = 15 days (5 hours per pay-period, 120 hours total)
- 10+ years of Service = 20 days, (6.67 per pay-period, 160 hours total)

Holidays

AMSG observes ten (10) paid federal holidays each year:

New Year's Day Martin Luther King Jr.'s Birthday President's Day Memorial Day Independence Day Labor Day

Columbus Day Veteran's Day Thanksgiving Day Christmas Day

Bereavement

Up to three (3) days' paid leave is granted in the event of a death of a regular employee's immediate family (spouse, partner, parent, child, sibling, mother-in-law, father-in-law, grandparents, and spouse's grandparents).

Jury Duty

Jury duty will be paid at regular salary whenever called, but not to exceed two (2) weeks at 8 hours per day at any one time. After two (2) weeks, you will receive unpaid time off for the duration of your duty.

Additional Employee Paid Benefits

- Commuter Benefits
- 529 College Plan
- Slavic 401 (K) Plan AMSG matches 4% of employee contribution starting day 1.
- AFLAC Supplemental Insurance: Available to all employees, must be purchased over the phone (800) 981-6537
- Voluntary Life Insurance:
 - Employees may purchase additional life insurance up to 3x annual salary <u>without</u> providing evidence of insurability.
 - Employees may purchase up to a max amount of 6x annual salary but <u>must</u> provide evidence of insurability.

Insperity Marketplace offers discounts for the following:

Apparel Computer & Software FSA & HSA- Corporate Drugstore

Automotive Electronics Health & Wellness

Beauty & Fragrance Entertainment (Theme Parks & Movie Tickets) Home & Furnishing

Books & DVDs Financial Services Learning & Development

Child Care Flowers & Gifts Travel

Employee Referral Program:

In appreciation for helping recruit the very best candidates, a referral bonus of \$1,000 will be paid to employees who refer an individual to AMSG, who is hired and remains an employee of the Company for six (6) consecutive months from their date of hire. An AMSG Employee Referral form, located on the AMSG SharePoint site, must be completed, approved and submitted to AMSG Management. Any potential candidate for employment must list the referring employee on their application.