

# 2018 BENEFITS AT A GLANCE

Please see the enclosed medical, dental and vision highlights for additional benefit information

Plan Feature	Plan Name/Description	Your Eligibility
<b>Medical Plan Options</b>	<b>Anthem Blue Cross Blue Shield</b> (See plan comparison grid for plan highlights) High Deductible Health Plan with Health Savings Account (HSA)* (100% Employer Paid) Choice PPO Health Reimbursement Account (HRA)* Classic PPO Plan	1 <sup>st</sup> of the month following 30 days of employment
<b>Dental Plan Options</b>	<b>CIGNA Health Care</b> (See reverse side for plan highlights) Dental Low - PPO (100% Employer Paid) Dental High - PPO	1 <sup>st</sup> of the month following 30 days of employment
<b>Vision Plan</b> (100% Employer Paid)	<b>EyeMed Vision Care</b> (See reverse side for plan highlights) EyeMed Network	1 <sup>st</sup> of the month following 30 days of employment
<b>Basic Life Insurance</b> (100% Employer Paid)	<b>Reliance Standard (RSLI)</b> Team Member Term Life Insurance coverage equal to 1.5 times your base annual earnings up to \$400,000	Date of Hire
<b>AD&amp;D</b> (100% Employer Paid)	<b>Reliance Standard (RSLI)</b> Team Member Term Life Insurance coverage equal to 1.5 times your base annual earnings up to \$400,000	Date of Hire
<b>Short Term Disability</b> (100% Employer Paid)	<b>Reliance Standard (RSLI)</b> 60% of your base pay, up to a maximum of \$1,500 weekly <b>Elimination Period:</b> 0 days accident / 7 days sickness <b>Maximum Period of Benefits:</b> 26 weeks	1 <sup>st</sup> of the month following 6 months full time employment
<b>Long Term Disability</b> (100% Employer Paid)	<b>Reliance Standard (RSLI)</b> 60% of your monthly earnings, up to a maximum of \$10,000 <b>Elimination Period:</b> 180 days	1 <sup>st</sup> of the month following 6 months full time employment
<b>Flexible Spending Account</b>	<b>Chard Snyder</b> - Plan Year effective January, 1, 2015 to December 31, 2015 Accounts that allow you to set aside pre-tax dollars to pay for eligible healthcare and dependent care related expenses <b>Healthcare FSA:</b> \$2,550/yr maximum contribution <b>Dependent Care FSA:</b> \$5,000/yr maximum contribution	1 <sup>st</sup> of the month following 30 days of employment
<b>Employee Assistance Program</b> (100% Employer Paid)	<b>CIGNA Behavioral Health</b> Confidential resource assistance for personal, family, life, child or elder care, financial or work-related challenges  You can call toll-free 888-371-1125 or visit online at <a href="http://www.cignabehavioral.com">www.cignabehavioral.com</a> (login: tbamerica)	Date of Hire

\*HSA (Fifth Third) & HRA (HealthEquity) receives Employer contributions.

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Plan Feature	Plan Name/Description	Your Eligibility
Optional Life	<p><b>Reliance Standard (RSLI)</b>  <b>Team Member:</b> \$10,000 increments up to a maximum of 5 times your annual earnings when approved by Reliance  <i>* <b>Guarantee Issue for New Hires:</b> 5 times your base annual earnings, up to \$400,000</i></p> <p><b>Spouse:</b> \$10,000 increments up to \$250,000. Amount cannot exceed 100% of approved Supplemental Employee Life  <i>* <b>Spouse Life Guarantee Issue for New Hires:</b> \$50,000</i></p> <p><b>Child(ren):</b> \$2,500 increments up to a maximum of \$15,000.  <i>* <b>Child Guarantee Issue for New Hires:</b> \$15,000.</i></p> <p>* Dependent children can be covered to age 19, or 25 with full Time student status and dependent on your tax return</p> <p><b>Evidence of Insurability</b> *See site HR contact for the EOI form</p> <ul style="list-style-type: none"> <li>➤ Required for any increases to team member and/or spouse life amounts.</li> <li>➤ Required for any election amounts over the Guarantee Issue.</li> </ul> <p><b>The additional amounts will be effective on the date it is approved by Medical Underwriting</b></p>	1 <sup>st</sup> of the month following 30 days of employment
Optional AD&D Single or Family Coverage Options	<p>Purchase increments of \$10,000 up to a maximum of \$500,000, not to exceed 10 times your base annual earnings.</p> <p><b>Family Coverage</b>  <b>Spouse:</b> Coverage amount equal to 60% of your Optional AD&amp;D election or <b>Children:</b> Coverage amount equal to 15% of your Optional AD&amp;D election  <b>Family (Spouse and Children):</b> Spouse coverage amount equal to 40% and Child coverage amount equal to 10% of your Optional AD&amp;D election</p>	1 <sup>st</sup> of the month following 30 days of employment
Voluntary Products	<p><b>UNUM</b></p> <p><b>Critical Illness</b> - Lump-sum benefit payment for covered medical conditions to use as you see fit to help cover expenses not typically covered by other types of insurance</p> <p><b>Accident Insurance</b> – Lump-sum benefit payment if you get hurt in a covered accident, they send you a check for the covered injuries.</p> <p><b>Legal Club of America</b></p> <p><b>Legal Plan</b> - Access to legal advice and assistance in a wide range of areas from real estate matters, to will preparation, debt problems, family law, fraud, identity theft and more</p> <p><b>MetLife</b></p> <p><b>Home &amp; Auto</b> - Special team member rates and discounts could help you save up to 15% on your home and auto insurance</p> <p><b>Pet Insurance</b> - Coverage for many types of pets' medical problems and conditions, subject to policy terms and limitations</p> <p><b>For questions or additional coverage details, call MetLife directly at 1-800-GET-MET8 or visit <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a></b></p>	1 <sup>st</sup> of the month following 30 days of employment

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## DENTAL AND VISION BENEFITS

CIGNA Radius Network Benefits	CIGNA DENTAL PPO BENEFITS			
	Dental Low		Dental High	
	In Network	Out of Network	In Network	Out of Network
<b>Calendar Year Maximum</b> (Class I, II, and III Expenses)	\$1,500	\$1,500	\$1,500	\$1,500
<b>Calendar Year Deductible</b> Per Individual Per Family	\$50 \$100	\$75 \$150	\$50 \$100	\$50 \$100
<b>Class I Expenses</b> Preventive & Diagnostic Care	100%, no deductible	80%, no deductible	100%, no deductible	100%, no deductible
<b>Class II Expenses</b> Basic Restorative Care	80%, after deductible	60%, after deductible	80%, after deductible	80%, after deductible
<b>Class III Expenses</b> Major Restorative Care	60%, after deductible	40%, after deductible	60%, after deductible	60%, after deductible
<b>Class IV Expenses</b> Orthodontia – Children to age 19 Only  Lifetime Maximum	60%, no separate deductible  \$1,500	NOT COVERED	60%, no separate deductible  \$1,500	60%, no separate deductible  \$1,500
<b>Pretreatment Review</b>	When charges for a Period of Dental Treatment (other than Emergency Treatment) are expected to exceed \$200, it is strongly recommended that you file a Dental Treatment Plan with the Claims Administrator before treatment begins.			
<b>CIGNA Dental PPO Network</b>	TBA participates in the CIGNA's <b>Core</b> Dental Network. The PPO Network provides access to dentists nationwide through which you can receive treatment at a negotiated rate. You may seek dental care from any provider; however, your out-of-pocket expenses will be greatly reduced if care is provided by a Dentist in the CIGNA Radius network. To locate a provider participating in the CIGNA Radius Network, just visit <a href="http://www.CIGNA.com">www.CIGNA.com</a> 24 hours a day, 7 days a week.			

EYEMED VISION CARE BENEFITS		
BENEFIT	EYEMED VISION CARE PARTICIPATING PROVIDER	OUT OF NETWORK PLAN REIMBURSEMENT
<b>Exam Copay</b>	\$10	N/A
<b>Exam Allowance</b> (one per every 12 months)	Covered in Full every 12 months	\$45 every 12 months
<b>Materials Copay</b>	\$10	N/A
<b>Base Lenses</b> (one pair per every 12 months) Single Vision Allowance Bifocal Allowance Trifocal Allowance Lenticular Allowance	\$10 copay \$10 copay \$10 copay \$10 copay	\$32 allowance \$55 allowance \$65 allowance \$80 allowance
<b>Contact Lenses</b> (one pair or single purchase per frequency) Elective Therapeutic	\$0, \$100 allowance, every 12 months Covered in Full, every 12 months	\$87 allowance, every 12 months \$210 allowance, every 12 months
<b>Frame Retail Allowance</b> (one per every 12 months)	\$100 allowance	\$55 allowance
<ul style="list-style-type: none"> <li>• Vision allowance is based on a calendar year.</li> <li>• Contact Allowance and Lens Copays are not eligible in the same year (either/or situation).</li> </ul>		

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