

## INSURANCE & PROFIT SHARING/401(k) BENEFITS - OFFICE/SHOP/COMPANY DRIVER

Coverage of all insurance benefits, with the exception of Short Term & Long Term Disability, become effective the first of the month following 30 calendar days of continuous active employment.

### MEDICAL INSURANCE - Provided by Blue Cross Blue Shield of Nebraska (BCBSNE).

	PPO Provider	Non-PPO Provider
<b>Deductible:</b>		
Single	\$1,000.00	\$2,000.00
Family	\$2,000.00	\$4,000.00
<b>Coinsurance</b>	80% / 20%	70% / 30%
<b>Annual Maximum</b>		
<b>Coinsurance Amount:</b>		
Single	\$3,500.00	\$5,500.00
Family	\$7,000.00	\$11,000.00
<b>Lifetime Maximum = None</b>		
Type of Coverage	Employee Mo Cost	Company's Share
<b>Single Coverage</b>		
-Drivers	\$ 111.00	\$419.00
-Office/Shop Wage level of \$30,000 or less	\$ 55.50	\$474.50
-Office/Shop Wage level more than \$30,000	\$ 111.00	\$419.00
<b>Employee &amp; Children</b>	\$265.00	\$634.00
<b>Employee &amp; Spouse</b>	\$369.00	\$1,005.00
<b>Employee, Spouse &amp; Children</b>	\$383.00	\$1,202.00

**PRESCRIPTION CARD** - Provided by MaxCare. No premium charge, but the employee is responsible for a co-payment or co-insurance, whichever is greater.

Types of Prescriptions	Co-Payments
<b>Retail:</b>	
Generic	\$14.00 or 20%
Formulary	\$39.00 or 20%
Nonformulary	\$66.00 or 20%
<b>Mail:</b>	
Generic	\$30.00
Formulary	\$94.00
Nonformulary	\$165.00

### DENTAL INSURANCE - Provided by Ameritas.

	Amount/Cost
<b>Coinsurance (Plan Pays):</b>	
Type 1 Preventative (periodic exams/cleanings)	100%
Type 1 Basic (fillings, simple extractions)	80%
Type II Major (dentures, bridges)	50%
<b>Deductible:</b>	
Type 1 Preventative	\$0
Type I Basic & Type II Major	\$50.00
<b>Maximum Per Calendar Year Per Person = \$1,500.00</b>	
Type of Coverage	Mo Premium Cost
Single	\$18.24
Employee & Spouse	\$38.04
Employee & Children	\$39.00
Employee, Spouse & Children	\$58.20

THIS BENEFIT PLAN SUMMARY DESCRIPTION IS ONLY A PARTIAL DESCRIPTION AND IS FOR INFORMATIONAL PURPOSES ONLY. THIS DOCUMENT IS NOT, AND SHOULD NOT BE CONSIDERED A CONTRACT OR ANY PART OF ONE. IF THERE ARE ANY DISCREPANCIES BETWEEN THIS SUMMARY AND THE VARIOUS BENEFIT DOCUMENTS, THE TERMS OF THE SPECIFIC BENEFIT DOCUMENT WILL GOVERN. THE COMPANY CANNOT GUARANTEE PREMIUMS WILL NOT INCREASE IN THE FUTURE.

### VISION INSURANCE - Provided by VSP.

Type of Coverage	Mo Premium Cost	Co-Pay
<b>OPTION #1: Annual Examination (once every 12 months)</b>		
Single	None	\$10.00
Employee & Spouse	\$.40	\$10.00
Employee & Children	\$.40	\$10.00
Employee, Spouse & Children	\$.80	\$10.00
<b>OPTION #2: Annual Exam with Ophthalmic Materials</b>		
Single	\$ 5.90	\$25.00
Employee & Spouse	\$11.60	\$25.00
Employee & Children	\$12.24	\$25.00
Employee, Spouse & Children	\$18.20	\$25.00

### LIFE INSURANCE

- Provided to employees at no cost.
- Face value of \$20,000 until the 1st of the month following one year of service when coverage increases to \$50,000.
- Accelerated Life Benefit available
- Ability to purchase additional voluntary life for self or dependents.

### SHORT TERM DISABILITY

- Provided to employees at no cost. Weekly benefit of 60% of average wages for up to 22 weeks subject to a maximum of \$500 per week.
- Coverage becomes effective the first day of the month following 12 consecutive months of service.

### LONG TERM DISABILITY

- Provided to all full-time exempt office/shop employees at no cost. Monthly benefit of 60% of average monthly wages.

### ACCIDENT & CRITICAL ILLNESS INSURANCE

- Ability to purchase – provided by Allstate

### HEALTH CARE & DEPENDENT CARE FSA

- Provides pre-tax funds for employees to pay for eligible healthcare and dependent care expenses up to annual dollar limitations.

### PROFIT SHARING

- Consists of discretionary annual contribution made by the Company. Contribution amounts determined using Company's profitability, employee's years of service and employee's annual compensation.
- Employees become eligible on January 1 or July 1 after completing 1 year of service. Vesting starts after 2 years.

### 401(k)

- Ability to contribute 100% of wages up to annual dollar limitations set by IRS.
- Company provides a partial match of \$.10 for every dollar of the first 5% of compensation deferred into the 401(k).
- Eligible rollover retirement dollars from a prior employer are accepted at any time after hire date.
- Employees become eligible and may begin participating on the 1<sup>st</sup> quarter following their hire date. Fully vested after three years.