

**INSURANCE BENEFITS FOR FULL TIME NON-CATEGORIZED EMPLOYEES  
GROUPS I, II, IV & VI**

Non-Categorized employees are offered the following insurance:

**PAK A BCBS, \$40 DRUG CARD:**

*In-Network Calendar Year Deductibles: Single \$1,650 / 2-Person & Family \$3,300*

**OR**

**PAK B WMHIP:**

*No Health Insurance / cash in lieu of Health Insurance \$9,500*

**(\$791.67 PER MONTH)**

**OR**

**PAK C BCBS, \$80 DRUG CARD:**

*In-Network Calendar Year Deductibles: Single \$1,650 / 2-Person & Family \$3,300*

**OR**

**PAK D BCBS, 3 Tier/20% Rx, 20% CO-INSURANCE:**

*In-Network Calendar Year Deductibles: Single \$2,000 / 2-Person & Family \$4,000*

<b>ALL PAKS ALSO INCLUDE:</b>
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**DELTA DENTAL INSURANCE – 80-80-80**

BENEFIT YEAR – January 1 – December 31

YEARLY MAX OF \$1,500

BASIC BENEFITS – 80% Reimbursement

MAJOR SERVICES – 80% Reimbursement

ORTHODONTIC RIDER – 80% Reimbursement with lifetime max of  
\$2,100 for dependent under 19  
Adult Orthodontics

**VSP-3 GOLD VISION INSURANCE**

BENEFIT YEAR – January 1 – December 31

VSP PANEL PROVIDER – In accordance with agreement between VSP and panel provider

NON-PANEL PROVIDER – See schedule of benefits in VSP plan coverage booklet

**LIFE INSURANCE**

LIFE / AD&D 2 times annual salary rounded to the nearest \$1,000 to a maximum of \$225,000

**LTD**

66 2/3 of monthly earnings / Max monthly benefit of \$7,500/per month

90 DAY elimination period