

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

Non-Categorized employees are offered the following insurances:

PAK A BCBS, \$40 DRUG CARD:

In-Network Calendar Year Deductibles: Single \$1,600 / 2-Person & Family \$3,200

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 \$1,600 / 2-Person & Family \$3,200

OR

PAK D BCBS, 20% CO-INSURANCE:

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

ALL PAKS ALSO INCLUDE:

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