

Medical Plan Options

www.unityhealth.com

Search for in-network providers at unityhealth.com using the Unity Network.



	Low-Deductible HMO	Mid-Deductible HMO	High-Deductible HMO
Premium	Highest Contribution	Middle Contribution	Lowest Contribution
Preventive Care	Plan pays 100%		Plan pays 100%
Your Deductible	\$250 Single \$500 Family	\$750 Single \$1,500 Family	\$1,200 Single \$2,400 Family
Company-Funded Deductible	\$750 Single \$1,500 Family		Not Applicable
Cost-Sharing	Plan pays 90% after your & company-funded deductibles	Plan pays 80% after your & company-funded deductibles	Plan pays 100% after deductible
Your Maximum Out-of-Pocket (includes your deductible & cost sharing)	\$1,500 Single \$3,000 Family	\$2,500 Single \$5,000 Family	\$1,200 Single \$2,400 Family
Prescription Drugs	You pay \$10 for generic drugs, \$25 for formulary drugs and \$50 for non-formulary drugs		Same as any other covered medical expense
Tax-Savings Account for Retirement	Medical Retirement Account		Health Savings Account

Note: Domestic partner coverage is available for medical, dental and vision.

Dental Plan Option

www.deltadentalia.com



Benefit Categories	Annual Deductible	Your Co-Insurance		Benefit Maximum
		Delta Dental PPO or Premier	Out of Network	
Check Ups and Teeth Cleaning (Diagnostic and Preventive Services)	Waived	0%	0%	\$1,500 Annual
Cavity Repair, Tooth Extractions & Root Canals (Routine, Restorative & Basic Services)	\$25 Individual \$75 Family	15%	25%	\$1,500 Annual
High Cost Restorations, Dentures & Bridges (Cast Restorations, Prosthetics and Major Services)	\$25 Individual \$75 Family	40%	50%	\$1,500 Annual
Orthodontics: Dependents up to age 19 or 23 if full-time student	\$25 Individual \$75 Family	50%	50%	\$1,000 Lifetime

Vision Plan Options

www.eyemedvisioncare.com



Option 1: Comprehensive Vision Plan – Benefits limited to once every 12 months

Type of service	In-Network Benefit Member Cost	Out-of-Network Benefit Reimbursement
Vision Exam	\$10 Co-pay	Up to \$25
Contact Lenses Fit & Follow-up	Standard: Up to \$40 Premium: 10% off retail price	N/A N/A
Frames	\$0 Co-pay \$100 Allowance, 80% of balance over \$100	Up to \$35
Standard Plastic Lenses	Single Vision: \$20 Co-pay Bifocal: \$20 Co-pay	Up to \$20 Up to \$40

	Trifocal: \$20 Co-pay	Up to \$50
Contact Lenses (allowance covers materials only)	\$20 Co-pay \$105 Allowance; 85% of balance over \$105	Up to \$76

Option 2: Discount Vision Plan – Receive discounts of 20% to 60% at participating optical centers with no benefit maximum. (Example Providers: Shopko, Sears and Lens Crafters).

Individuals enrolled in Option 1 also receive the Discount Vision Plan.

Health Savings Account

www.healthequity.com/Lee

You are eligible if: <ul style="list-style-type: none"> The High-Deductible Plan is your only medical insurance You aren't a dependent on someone else's tax return You are not enrolled in a general purpose Health FSA 	Triple tax savings <ul style="list-style-type: none"> You contribute the money pre-tax Money grows tax free in an interest bearing account and/or mutual funds Money can be used tax free for qualified medical expenses
Examples of eligible expenses: <ul style="list-style-type: none"> Current year deductible or co-insurance Expense in the future under a different plan Medicare premiums in retirement 	Other HSA features: <ul style="list-style-type: none"> You can access the funds as you contribute them Balance rolls over year to year You take it with you if you leave the company



Flexible Spending Accounts

www.tri-starsystems.com

	General Purpose Health Care FSA	Dependent Care FSA
Pre-tax Contributions	\$120 to \$2,500	\$320 to \$5,000
Available Balance	Annual contributions	Year-to-date contributions
Eligible Expenses	<ul style="list-style-type: none"> Out-of-pocket Medical & Rx Expenses Out-of-pocket Dental Expenses Out-of-pocket Vision Expenses Your deductibles, co-pays and co-insurance 	<ul style="list-style-type: none"> Day care or nursery school Babysitter during working hours Before or after school care Custodial care for dependent adults



Timeframe to Incur Expenses	January 1, 2012 to March 15, 2013	January 1, 2012 to December 31, 2012
Reimbursement Deadline	June 15, 2013	March 15, 2013

Basic Life: <ul style="list-style-type: none"> • Company paid • 1 times your annual earnings 	Accidental Death and Dismemberment (AD&D) <ul style="list-style-type: none"> • Company paid • Double the face value of basic and supplemental life in case of accidental death
Supplemental Life: <ul style="list-style-type: none"> • Enroll in an additional 1-4 times your annual earnings • Enroll in 1-3 times within 31 days of your date of hire without a statement of health requirement • A statement of health is always required for an election of 4 times your annual earnings. 	Dependent Life: <ul style="list-style-type: none"> • Spouse – Between \$10,000 and \$250,000 (max. of \$100,000 for TCT employees). <ul style="list-style-type: none"> ◦ Statement of health is required for an election over \$50,000. • Child – \$5,000 or \$10,000 for each child up to age 19 (23 for full-time student).

Retirement Account Plan (RAP) – 401(k)
www.retireonline.com



Employee Contributions: <ul style="list-style-type: none"> • Eligible if you work at least 20 hrs./wk., and are at least 21 years of age. • You can contribute 1% - 50% of your salary • You are automatically enrolled in the plan the first of the month following 30 days from your date of hire. You will be enrolled with a 3% contribution if you do not opt out.
Employer Contributions: <ul style="list-style-type: none"> • Eligible once you complete at least 1,000 hrs. of service, one year of employment, and age 21. • You receive a company contribution of 40% on the first 5% of your contribution beginning the first day of the month after you qualify.

Paid Time Off

Holidays * Eligible employees are provided six paid holidays each year.

Vacation * Eligible employees are provided vacation time based on years of service.

Sick Pay * Eligible employees are provided five days of sick time each fiscal year.

Personal Pay * Eligible employees are provided two days of personal time each fiscal year.

Wellness Program

Includes on-site exercise classes and weight reduction programs, a free annual Health Risk Assessment, reimbursements for wellness activities, the ability to earn a monthly discount on your health insurance rates, an opportunity for wellness bonuses and free health insurance, and more.

Employee Assistance Program

This free and confidential service is designed for employees and their family members who seek professional counseling on a variety of personal and family issues.

Other Benefits

Discounted Newspaper Subscriptions

Discounted/Free Marketplace Advertising and Celebrations

Postal Services

Direct Deposit

Community Involvement Activities

Credit Union and On-site ATM (located in Madison)

Pre-tax Madison Metro bus passes