

ELIGIBILITY			PERCENT EMPLOYEE PAYS		
Tier	Hours	Benefits	Employee	Spouse	Dependent
TIER 1: 75-100% FTE	Working 30+ hours	Benefits eligible	0.0%	100.0%	50.0%
TIER 2: 60-75% FTE	Working 24-30 hours	Benefits eligible	25.0%	100.0%	62.5%
TIER 3: 1-59% FTE	Working 1-23 hours	Not benefit eligible – Except FSA	n/a	n/a	n/a

MEDICAL		KAISER	
Plan	TRADITIONAL HMO	HSA-QUALIFIED HDHP HMO	
Annual Deductible	None	\$1,500 / \$3,000	
Annual Out-of-Pocket Max (Ind / Ind fam / Fam)	\$1,500 / \$1,500 / \$3,000	\$3,000 / \$3,000 / \$6,000	
Office Visit Copay	\$15 copay	\$20 copay after deductible	
X-rays / Lab tests	No charge	\$10 copay after deductible	
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	
Outpatient Surgery	\$15 copay	\$150 copay after deductible	
Inpatient Hospital	\$250 copay	\$250 copay after deductible	
Prescription Drugs	<u>Retail</u>	<u>Mail Order</u>	<u>Mail Order</u>
Generic / Brand	\$10 / \$25 copay	\$20 / \$50 copay	\$20 / \$60 copay after ded
Specialty	20% up to \$150 max	n/a	ded 20% up to \$200 max n/a
Vision Material Benefit	\$175 allowance for glasses or contacts (24 mos)		\$175 allowance for glasses or contacts (24 mos)

DENTAL		METLIFE		
Network	Base Plan		Buy-up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible – Exempt Tier 1 (Single / Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Maximum Benefit Per Year	\$1,250	\$1,250	\$2,000	\$2,000
Tier 1 - Preventative Services	100%	100%	100%	100%
Tier 2 - Basic Services	80%	80%	80%	80%
Tier 3 - Major Services	50%	50%	50%	50%
Orthodontia				
Lifetime Ortho Plan Maximum	n/a	n/a	\$1,500	\$1,500
Adult / Dep Children	Not Covered		50%	50%

VISION - VOLUNTARY		METLIFE	
Exam	Lenses	Frames	Contacts
12 months	12 months	24 months	12 months
Routine Exam Copay	<u>In-Network</u> \$10		<u>Out-of-Network</u> \$45 allowance
Materials Copay	\$25		Various allowances
Contact Fitting & Evaluation	Standard: \$25 copay		Applied to contact lenses allowances
Frames	\$130 allowance		\$70 allowance
Lenses			
Single / Bifocal / Trifocal	Covered at 100%		\$30 / \$50 / \$65 allowance
Contacts			
Medically Necessary	Covered at 100%		\$210 allowance
Elective	\$130 allowance		\$105 allowance

FLEXIBLE SPENDING ACCOUNT		THRIVEPASS	
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	<u>Health FSA</u>	<u>Dependent Care</u>
Maximum per year	\$3,050	\$5,000
	<u>Commuter Parking</u>	<u>Commuter Transit</u>
Maximum per month	\$300	\$300

HEALTH SAVINGS ACCOUNT – Only for HDHP		THRIVEPASS	
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	<u>Health Savings Account</u>	<u>HSA Lighthouse Contribution</u>
Maximum per year	\$3,850 Individual / \$7,700 Family	\$750 individual / \$1,500 Family

EMPLOYEE ASSISTANCE PROGRAM		METLIFE		
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		All EE's Eligible - 5 Session per incident		
24/7 Help – Confidential Call (888) 319-7919	Marriage and Family issues	Workplace Issues	Stress, Anxiety Sadness	Grief, Loss, Traumatic events

LIFE AND AD&D		METLIFE	
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Basic Life / AD&D	1x basic annual salary to \$50,000 Basic Life/AD&D is paid by Lighthouse for all eligible employees
Voluntary Life / AD&D	Purchase for you, your spouse, and/or your child(ren)

VOLUNTARY BENEFITS		METLIFE	
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Supplement your existing benefits with one or more of these plans. Each pays benefits directly to you to help provide financial support for you and your family.			
• Accident	• Critical Illness	• Hospital Indemnity	

OTHER BENEFITS	
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	<u>LifeMart</u>
Discount Website	Discountmember.lifecare.com; code: WFCLIENT

	<u>Tuition Funding Sources</u>
Scholarships and Tuition Funding Website	www.tuitionfundingsources.com

EMPLOYEE MONTHLY CONTRIBUTIONS		Tier 1					Tier 2				
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	<u>Kaiser HMO</u>	<u>Kaiser HDHP</u>	<u>Dental Base</u>	<u>Dental Buy-up</u>	<u>Vision</u>	<u>Kaiser HMO</u>	<u>Kaiser HDHP</u>	<u>Dental Base</u>	<u>Dental Buy-up</u>	<u>Vision</u>
EE	\$0.00	\$0.00	\$0.00	\$8.70	\$6.79	\$193.56	\$157.34	\$9.98	\$18.68	\$6.79
EE & Spouse	\$929.10	\$755.24	\$36.07	\$52.52	\$13.60	\$1,122.66	\$912.58	\$46.06	\$62.50	\$13.60
EE & Child(ren)	\$387.13	\$314.69	\$27.75	\$59.94	\$11.88	\$677.47	\$550.70	\$44.67	\$76.86	\$11.88
EE & (Family)	\$1,161.37	\$944.06	\$71.08	\$113.80	\$18.66	\$1,451.71	\$1,180.07	\$88.00	\$130.72	\$18.66

IMPORTANT CONTACTS		
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USI Benefit Resource Center (BRC) (888) 336-7463 BRCCA@usi.com	Kaiser Permanente (800) 464-4000 www.kp.org ThrivePass (866) 855-2844 www.thrivepass.com	MetLife Customer Service: (800) 438-6388 www.metlife.com MetLife EAP: (888) 319-7919 www.metlifeeap.lifeworks.com
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DISCLAIMER	
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The above benefits assume Participating Providers are used. Benefits may be reduced or denied if you do not access the appropriate network. Exclusions and Limitations may also apply. Please refer to your policy for complete information.