

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 PERMANENTE	
	HDHP HMO	
Benefits		
Annual Deductible (Ind / Ind fam / Fam)	\$5,500 / \$5,500 / \$11,000	
Annual Out-of-Pocket Max (Ind / Ind fam / Fam)	\$7,000 / \$7,000 / \$14,000	
Office Visit Copay	\$50 copay per visit after deductible	
X-rays / Lab tests	40% after deductible	
Emergency Room	40% after deductible (waived if admitted)	
Outpatient Surgery	40% after deductible	
Inpatient Hospital	40% after deductible	
Prescription Drugs Generic / Brand Specialty	<u>Plan Pharmacy</u> \$15 copay after ded. / 40% after ded.(not to exceed \$100) 40% (not to exceed \$250) after ded.	<u>Mail Order</u> \$30 copay after ded. / 40% after ded. (not to exceed \$100) Not covered
	Vision Material Benefit \$175 allowance for glasses or contacts (24 months)	

DENTAL	METLIFE			
	Base Plan		Buy-up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Benefits				
Deductible – <i>Exempt Tier 1</i> (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	SUPERIOR VISION BY 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						
		<u>HealthCare FSA</u>		<u>Dependent Care FSA</u>				
Maximum per year		\$3,200		\$5,000				
		<u>Commuter Parking</u>		<u>Commuter Transit</u>				
Maximum per month		\$315		\$315				
MERP		NONSTOP HEALTH						
		Lighthouse – Nonstop MERP Contribution						
Maximum per year		Up to \$5,500 individual / Up to \$11,000 for Entire Family						
EMPLOYEE ASSISTANCE PROGRAM (EAP)		METLIFE						
		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		VOLUNTARY BENEFITS						
	<u>METLIFE</u>		<u>METLIFE</u>					
Basic Life / AD&D	1x basic annual salary to \$50,000 Basic Life/AD&D is paid by Lighthouse for all eligible employees	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.						
Voluntary Life / AD&D	Purchase for you, your spouse, and/or your child(ren)	• Accident	• Critical Illness	• Hospital Indemnity				
OTHER BENEFITS								
		<u>LifeMart</u>						
Discount Website		www.Discountmember.lifecare.com; registration code: USI						
		<u>Tuition Funding Sources</u>						
Scholarships and Tuition Funding Website		www.tuitionfundingsources.com						
EMPLOYEE MONTHLY CONTRIBUTIONS		Tier 1		Tier 2				
	Medical HDHP HMO	Dental Base	Dental Buy-up	Voluntary Vision	Medical HDHP HMO	Dental Base	Dental Buy-up	Voluntary Vision
EE	\$0.00	\$0.00	\$8.70	\$6.79	\$183.87	\$9.98	\$18.68	\$6.79
EE & Spouse	\$786.54	\$36.07	\$52.52	\$13.60	\$970.40	\$46.05	\$62.50	\$13.60
EE & Child(ren)	\$335.86	\$27.75	\$59.94	\$11.88	\$603.69	\$44.67	\$76.86	\$11.88
EE & (Family)	\$1,078.57	\$71.08	\$113.80	\$18.66	\$1,346.40	\$88.00	\$130.72	\$18.66
IMPORTANT CONTACTS								
USI Benefit Resource Center (BRC) (888) 336-7463 BRCCA@usi.com Nonstop Health (877) 626-6057 www.nonstophealth.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		

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.