



JKB, LLC



# BENEFITS

## 2018-2019

EFFECTIVE DECEMBER 1, 2018-NOVEMBER 30, 2019

This Benefit Summary is intended only to highlight the most frequently utilized services. Summary Plan Descriptions/Certificates of Coverage provide more complete descriptions of benefits and will be made available to those participations in the Company benefit plans.

# MEDICAL BENEFITS



[www.mycbcompass.com](http://www.mycbcompass.com)

**PLAN YEAR:** December 1 - November 30

**ELIGIBILITY:** Available to Regular employees working a minimum of 30 hours per week.

**COVERAGE IS EFFECTIVE:** First of the month following 30 days of employment.

**PLANS:** Employees are offered a choice of two H.S.A and a PPO medical plan through **Continental Benefits**. The PPO and H.S.A plans offer a choice of selecting in-network providers from **Aetna's** broad national provider network and both are available throughout the United States.

Plan names and brief benefit summaries can be found in the chart below. An insurance card will be mailed to the employee when the benefits become effective.

Continental Benefits adds even more value by offering the following additional benefits:

- No referrals are necessary to see in-network specialists
- MDLive, Virtual Healthcare Assistance

## Continental Benefits Plans

Benefits reset on a contract year December 1st - November 31st

	ABC PPO	ABC HSA 1	ABC HSA 2
<b>IN NETWORK</b>			
Doctor Co-Pay (PCP/Specialist)	\$30/\$30	Deductible	Deductible
Deductible (Individual/Family)	\$2,000/\$4,000	\$2,500 or \$5,000	\$5,000/\$10,000
Coinsurance (Insurance/Member)	100%/0%	100%/0%	80%/20%
Inpatient Hospitalization	Deductible + \$500 Copay	Deductible + \$250 Copay	Deductible + \$250 Copay
Outpatient Surgery (PCP/ Specialist)	Deductible + \$250 Copay	Deductible	Deductible
Physical Therapy	\$30 Copay/30 visits max (PT/OT/ST Combined)	Deductible/ 30 visits max (PT/OT/ST Combined)	Deductible/ 30 visits max (PT/OT/ST Combined)
Chiropractic	Combined with Therapy	Combined with Therapy	Combined with Therapy
Lab / X-Ray / Advanced Diagnostics	\$0/\$0/\$150 Copay	Deductible	Deductible
Urgent Care	\$75 Copay	Deductible	Deductible
Emergency Room	Deductible	Deductible + \$100 Copay	Deductible + \$100 Copay
Out-of-Pocket Maximum (Ind/Fam)	\$6,350/\$12,700	\$3,500/\$6,850	\$6,650/\$13,300
<b>OUT-OF-NETWORK</b>			
Deductible (Individual/Family)	\$4,000/\$8,000	-	-
Coinsurance (Insurance/Member)	80%/20%	-	-
Out-of-Pocket Maximum (Ind/Fam)	\$15,000/\$30,000	-	-
<b>COVERED PRESCRIPTIONS</b>			
Deductible	\$0	Combined with Medical	Combined with Medical
Retail (Tier 1/Tier 2/Tier 3)	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60
Mail-Order (Tier 1/Tier 2/Tier 3)	\$25/\$87.50/\$150	\$25/\$87.50/\$150	\$25/\$87.50/\$150
Tier 4 (Specialty)	N/A	N/A	N/A
<b>Semi-Monthly Deductions</b>			
Employee Only	\$197.83	\$144.90	\$107.36
Employee + Spouse	\$643.34	\$521.62	\$346.06
Employee + Child	\$489.12	\$391.21	\$288.25
Employee + Children	\$489.12	\$391.21	\$288.25
Employee + Family	\$813.42	\$665.43	\$490.30

# DENTAL BENEFITS



<https://dentalsearch.yourdentalplan.com/providersearch>

**PLAN YEAR:** December 1 - November 30

**ELIGIBILITY:** Available to Regular employees working a minimum of 30 hours per week.

**COVERAGE IS EFFECTIVE:** First of the month following 30 days of employment.

**PLANS:** Employees are offered two dental plan options through **UnitedHealthCare (UHC)**. The dental plans offer the choice of selecting an in-network or out-of-network provider. The per person plan year maximum is \$1,500. You will receive greater coverage under this plan if you stay within the vast UHC provider network.

An insurance card will be mailed to the employee when the benefits become effective.

## UnitedHealthcare Dental Plan

Benefits Reset on a calendar year January 1st - December 31st

IN NETWORK	UHC Passive PPO Low Plan	UHC Passive PPO High Plan
Deductible (Waived for preventive)	\$50/\$150	\$50/\$150
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia	50%	50%
Maximum Benefit (per member)	\$1,500	\$1,500
Orthodontia Lifetime Maximum Benefit (per member)	\$1,000 (Child only)	\$2,000 (Child only)
Waiting Period for Major Services	none	none
<b>OUT-OF-NETWORK</b>	MAC	UCR 80th
Deductible	\$50	\$50
Preventive	50%	100%
Basic	30%	80%
Major	25%	50%
Orthodontia	50%	50%
Deductible Waived for Preventive	Yes	Yes
Maximum Benefit (per member)	\$1,500	\$1,500
Orthodontia Lifetime Maximum Benefit (per member)	\$1,000 (Child only)	\$2,000 (Child only)
Waiting Period for Major Services	none	none
<b>ADDITIONAL COVERAGE INFO</b>		
Perio and Endo Services	Basic	Basic
Implants Covered	Yes	Yes
White Fillings Covered	Anterior Only	Anterior Only
Dependent Age/Student Age	26/26	26/26
<b>Semi-Monthly Deductions</b>		
Employee Only	\$12.70	\$18.49
Employee + Spouse	\$29.94	\$40.20
Employee + Child	\$25.40	\$48.83
Employee + Children	\$25.40	\$48.83
Employee + Family	\$42.64	\$69.03

# VISION BENEFITS



[www.myspectera.com](http://www.myspectera.com)

**PLAN YEAR:** December 1 - November 30

**ELIGIBILITY:** Available to Regular employees working a minimum of 30 hours per week.

**COVERAGE IS EFFECTIVE:** First of the month following 30 days of employment.

**PLANS:** Employees are offered vision benefits through **UnitedHealthCare (UHC)**. A member card will not be issued to you; you must go to [www.myspectera.com](http://www.myspectera.com) to sign up and access member services to locate a provider and for additional information on what the vision insurance covers.

## UnitedHealthcare Vision Plan

Benefits reset on a service year  
You are eligible to receive services as noted below

IN NETWORK	UHC Vision
Routine Eye Examination	\$15 Copay
Materials (Single/Bifocal/Trifocal Lenses)	\$25 Copay
Frames	Up to \$130
Elective Contact Lenses	Up to \$130
Standard Progressive Lenses	Varies
LASIK	15% off retail; 5% off promotions
<b>OUT-OF-NETWORK Maximum Reimbursement</b>	
Routine Eye Examination	Up to \$40
Frames	Up to \$45
Single Vision Lenses	Up to \$40
Bifocal Lenses	Up to \$60
Trifocal Lenses	Up to \$80
Elective Contact Lenses	Up to \$130
<b>SCHEDULE OF FREQUENCY</b>	
Eye Examination	12 months
Lenses	24 months
Frame	24 months
Contacts	24 months
Contacts are in lieu of glasses	Yes
<b>Semi-Monthly Deductions</b>	
Employee Only	\$1.42
Employee + Spouse	\$3.84
Employee + Child	\$3.77
Employee + Children	\$3.77
Employee + Family	\$6.82

# EMPLOYER PAID BENEFITS



## BASIC LIFE, ACCIDENTAL DEATH & DISMEMBERMENT

**ELIGIBILITY:** Available to Regular employees working a minimum of 30 hours per week. Coverage is effective first of the month following 30 days of employment. Employees are provided \$25,000 of Basic Life Insurance and \$25,000 of Basic Accidental Death and Dismemberment (AD&D) Insurance through **UnitedHealthcare (UHC)**.

## DISABILITY INSURANCE

**ELIGIBILITY:** Available to Regular employees working a minimum of 30 hours per week. Coverage is effective first of the month following 30 days of employment. Employees are provided with company-paid Short and Long-Term Disability insurance through **UnitedHealthcare (UHC)**. This serves as partial salary continuation and income protection during periods of disability due to an illness or accident.

### • SHORT-TERM DISABILITY INSURANCE (STD)

The weekly benefit for STD is 60% of your pre-disability weekly earnings up to a maximum of \$462 per week

### • LONG-TERM DISABILITY INSURANCE (LTD)

The monthly benefit for LTD is 60% of your pre-disability monthly earnings up to a maximum of \$2,000 per month

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

[www.liveandworkwell.com](http://www.liveandworkwell.com)

Life is stressful, and sometimes the constant challenges can become overwhelming. When you have unresolved problems, it can take a serious toll on both your work and home life. To help you through difficult times, we offer a Member Assistance program as part of our long-term disability plan. The program offers

members and their families personal and confidential support that's available 24 hours a day, 7 days a week. **The Member Assistance line is: 877-660-3806.** Consultation services are provided by experienced master's-level specialists who offer personal assistance and referrals to a network of licensed and certified clinicians for up to three face-to-face counseling sessions, if desired. We also offer access to attorneys for legal assistance or mediation, as well as consultation with financial professionals.

## PAID LEAVE

Your Paid Time Off is accrued each pay period in accordance with the following schedule:

Length of Service	Rate of Accrual Per Pay Period
1st year of employment	3.34 hours
2nd year of employment	3.66 hours
3rd year of employment	4.00 hours
4th year of employment	4.33 hours
5th year of employment	4.66 hours
6th year of employment & over	5.00 hours

## REGULAR & FLOATING HOLIDAYS

The Company observes six (6) paid federal holidays each year.

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

## BEREAVEMENT

Two (2) days immediate family members.

## JURY DUTY

Jury duty will be paid to full-time employees at their regular rate for up to 8 hours per day at any one time.



# EMPLOYEE PAID BENEFITS



## VOLUNTARY LIFE INSURANCE

**ELIGIBILITY:** Available to Regular employees working a minimum of 30 hours per week. Coverage is effective first of the month following 30 days of employment. For employees who want to increase their Life and Accidental Death & Dismemberment (AD&D) coverage, **UnitedHealthcare (UHC)** offers a voluntary policy that allows you to purchase additional coverage for yourself, your spouse and eligible children at your cost.

## HEALTH SAVINGS ACCOUNT (HSA)

<https://my.healthequity.com/HE.aspx>

**ELIGIBILITY:** Employees participating in the HSA1 or HSA2 medical plans. Coverage is effective first of the month following 30 days of employment. Employees will have access to their HSA through HealthEquity. A **Health Savings Account (HSA)** is a tax advantaged savings account that can be used for your health care expenses. Your contribution comes out of each paycheck and is deposited into the account for future use.

An HSA can help provide some security for your health care costs and limit out-of-pocket expenses. HSA funds can be used to pay for any “qualified medical expense” even if that expense is not normally covered by a medical plan. For example, most health insurance does not cover chiropractic or acupuncture, but HSAs can. For a full list of qualified expenses visit: [www.irs.gov/publications/p502/index.html](http://www.irs.gov/publications/p502/index.html)

## 401 (K) PLAN

[www.my401k.com](http://www.my401k.com)

**ELIGIBILITY:** Available to employees who have reached age 21. Coverage is effective first of the month following 30 days of employment. Eligible employees are automatically enrolled at 4%, unless they waive automatic enrollment. Employees may contribute from 1% to 90% of their pre-tax salary each year. The plan offers a diversified mix of investment choices and a web portal which enables participants to access and manage their account information online, 24/7.

# ANCILLARY BENEFITS



## PROFESSIONAL DEVELOPMENT

The Company encourages its employees to continue to grow and excel. Our Professional Development program offers several options:

**PROFESSIONAL MEMBERSHIPS:** The Company may sponsor one or more memberships for job-related professional organizations through payment of membership fees.

**CERTIFICATES OF CONTINUING EDUCATION:** The Company will reimburse employees for professional licenses required to perform their job.

**OUTSIDE TRAINING AND SEMINARS:** Full-time employees may be eligible for reimbursement for outside training and seminars.

## EMPLOYEE REFERRAL BONUS

A Referral/Recruitment bonus of \$200 is paid to full-time employees who refer an individual who is hired to meet the requirements of an open position. The referred employee must be a full-time employee for six (6) consecutive months before the referral bonus is paid to the referring employee.

## COMMUTER BENEFITS

A commuter benefit program offers a qualified transportation fringe benefit that allows employees to pay with pre-tax dollars for certain transportation expenses associated with travel to and from work. Redirecting a portion of your salary for this program means your taxable income will be calculated after the elected amounts are deducted from your salary—thereby reducing your total tax obligation (Federal Law limits the monthly pre-tax deferral).

The Company's **Voluntary Benefits & Services** program is designed exclusively for employees! It offers money-saving opportunities for the products and services used every day - from HDTV's, Computers, Cars, Travel, Fashion Accessories, Wellness & Beauty Products and so much more all at discounted prices! New products and services are added frequently.

### WORKING ADVANTAGE

[www.workingadvantage.com](http://www.workingadvantage.com)

**Member ID#** 270175635

### TICKETSATWORK

[www.ticketsatwork.com](http://www.ticketsatwork.com)

**Company Code:** ABCImaging

### LIFEMART

<https://wl.lifecare.com/group/lifemart/home>