

The background of the page is a photograph of industrial machinery, likely a plastic injection molding machine. The machine is primarily white and grey, with various components like hoppers, pipes, and rollers visible. A blue control panel is also present. The lighting is bright and even, highlighting the metallic surfaces.

## EMPLOYEE ENROLLMENT GUIDE 2021-2022

This information is a summary of benefits and does not supersede the carrier-provided summary of benefits. Benefits and general provisions described herein are subject to the terms of the Summary Plan Description or Group Contract.

## Dental Benefit Overview

Insured by: Guardian | Network: DentalGuard Preferred

| Benefit Description                            | Adult Coverage  | Pediatric Coverage   |
|--|---|--|
| Deductible<br>(calendar year)                  | \$50 Individual<br>\$150 Family                         | \$100 Individual   |
| Maximum Annual Benefit                         | \$1,000 Plus Max Rollover                               | N/A  |
| Rollover Amount                                | Threshold: \$500<br>Rollover: \$250<br>Maximum: \$1,000 |  |
| Preventive                                     | 100%  | 100%; deductible waived  |
| Basic  | 80%   | 80%  |
| Major  | 50%   | 50%  |
| Orthodontia<br><i>medically necessary only</i> | Not covered   | Lifetime Maximum: None<br>Coinsurance: 50%<br>Age Limitation: under age 19 |

## Dental Premiums

|                       | Total Premium | Employer Paid Per Month | Employee Paid Per Month |
|-----------------------|---------------|-------------------------|-------------------------|
| Employee Only         | \$27.95       | \$27.95                 | \$0.00                  |
| Employee + Spouse     | \$56.70       | \$27.95                 | \$28.75                 |
| Employee + Child(ren) | \$80.69       | \$27.95                 | \$52.74                 |
| Employee + Family     | \$117.57      | \$27.95                 | \$89.62                 |

## Voluntary Vision Benefit Overview

Insured by: United Heritage | Network: VSP

| Benefit Description                                      | In-Network Coverage  | Frequency of Service              |
|--|----------------------|-----------------------------------|
| Exam   | \$10 co-pay          | 12 months                         |
| Materials  | \$25 co-pay          | Varies                            |
| Lenses<br><i>(single, bifocal, trifocal, lenticular)</i> | Covered after co-pay | 12 months                         |
| Frames   | \$130 allowance      | 24 months                         |
| Elective Contacts  | \$130 allowance      | 12 months<br>(in lieu of glasses) |

## Vision Premiums

|                       | Total Premium | Employer Paid Per Month | Employee Paid Per Month |
|-----------------------|---------------|-------------------------|-------------------------|
| Employee Only         | \$6.47        | \$6.47                  | \$0.00                  |
| Employee + Spouse     | \$12.93       | \$6.47                  | \$6.46                  |
| Employee + Child(ren) | \$13.87       | \$6.47                  | \$7.40                  |
| Employee + Family     | \$22.12       | \$6.47                  | \$15.65                 |

## Life and AD&D Benefit Overview

Insured by: United Heritage




| Benefit Description | Coverage                   |
|---------------------|----------------------------|
| Life Benefit        | \$10,000                   |
| AD&D Benefit        | \$10,000                   |
| Age Reduction       | Age 65: 65%<br>Age 70: 50% |

## Short Term Disability Benefit Overview

Insured by: United Heritage

| Benefit Description      | Coverage  |
|--------------------------|---|
| Benefit                  | 60% of weekly earnings to a maximum of \$600 per week |
| Maximum Benefit Duration | 13 weeks  |
| Elimination Period       | Injury: 0 days<br>Sickness: 7 days                    |

## Contact Information

|   |  |   |
|---|--|---|
|  | Dental   | <b>Guardian</b><br>(888) 482-7342<br><a href="http://www.GuardianLife.com">www.GuardianLife.com</a>   |
|  | Vision<br>Life and AD&D<br>Short Term Disability | <b>United Heritage</b><br>(800) 657-6351<br><a href="http://www.UnitedHeritage.com">www.UnitedHeritage.com</a>  |
|  | Vision Network                                   | <b>VSP</b><br>(800) 877-7195<br><a href="http://www.VSP.com">www.VSP.com</a>  |
|  | Benefit<br>Contacts                              | <b>PayneWest Insurance</b><br>Pat Harlin<br>Benefit Consultant<br>Ashley Willett<br>Account Manager<br>(406) 556-4623<br><a href="mailto:AWillett@PayneWest.com">AWillett@PayneWest.com</a> |

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