



# Benefit Booklet

**Gipe Auto Color Inc.**

**2018 Benefits Guide**

# Medova Healthy Value 2500

## Did You Know?

- You can learn about health information through Medova website [www.lifestylehealthbenefits.com](http://www.lifestylehealthbenefits.com)
- There is a DirectHealth program to cover all your lab expenses

**Group #LGA3014**

<b>Benefits</b>	<b>In Network</b>	<b>Out of Network</b>
Overall Deductible	\$2500/person \$5000/family	\$5000/person \$10,000/family
Services met before deductible	Yes	Yes
Additional deductible for specific services	No	No
Out-of-Pocket Maximum Per Plan Year	Individual - \$5500 Family - \$11,000	Individual - \$11,000 Family - \$22,000
<b>Covered Services</b>	<b>Amounts You Pay</b>	<b>Amounts You Pay</b>
In-Patient Services	Deductible/50% Coinsurance	70% coinsurance
Outpatient Services	Precert required, then deductible/50% coinsurance	70% coinsurance
Emergency Room	\$250 Copay per visit Plus 50% coinsurance	\$250 Copay per visit Plus 70% coinsurance
Immediate/Urgent Care Center	\$50 Copay then 100% to \$500 per visit	70% coinsurance
Primary Care Physician	\$30 Copay per visit	70% coinsurance
Specialist Office Visit	\$50 Copay per visit	70% coinsurance
Prescription Drug Tier 1 Tier 2 Preferred brand Non-preferred brand	\$1 Copay \$15 Copay \$50 Copay \$80 Copay	No Coverage
<b>Premiums</b>	After Company contributes 65% of individual premium	
<b>Employee Only</b>	110.07 per pay period	
<b>Employee &amp; Spouse</b>	482.18 per pay period	
<b>Employee &amp; Children</b>	278.18 per pay period	
<b>Family</b>	450.25 per pay period	

# Dental PPO Plus Premier

## Did You Know?

- Delta Dental's Website allows you to check eligibility, claims status, change your address, request an ID card and request a copy of an Explanation of Benefits.
- You can also download commonly used claim forms

Plan	In-Network	Out-of-Network
Deductible Single / Family	\$50 / \$150	\$50 / \$150
Type 1— Preventive / Diagnostic Services	100%	100%
Type 2— Basic Services	80%	80%
Type 3— Major Services	50%	50%
Age Limitations	Dependents covered up to age 19	
Annual Maximum	\$1,000	\$1,000
Type 4— Ortho Services	50%	50%
Ortho Lifetime Maximum (For dependents under the age 19 years)	\$1,000	

Group #C65572



Premiums	
Employee Only	14.15 Per pay period
Employee + Spouse	24.00 Per pay period
Employee + 1 Child	27.75 Per pay period
Family	43.92 Per pay period

# Group Life AD&D

## Did You Know?

- *Life Insurance creates an instant estate for remaining family members helping them pay for medical, food, clothing, education and final expenses.*

Benefit Amount Class 1—Officers Class 2—All other eligible employee's	\$150,000 \$50,000
AD&D Benefit Amount Class 1—Officers Class 2—All other eligible employee's	Same as Life Amount Same as Life Amount
Maximum Benefit Amount Class 1—Officers Class 2—All other eligible employee's	\$150,000 \$50,000
Guarantee Issue Amount Class 1—Officers Class 2—All other eligible employee's	\$150,000 \$50,000
Reduction Schedule	35% at age 65 50% at age 70 All benefits end at retirement
Conversion	Included



**Group #**

**AL00004411**

# Long Term Disability

## Did You Know?

- Men have a 43% chance of becoming disabled during their working years; women have a 54% chance.
- 30% of all Americans between the ages of 35 and 65 will become disabled for more than 90 days according to the American Council of Life Insurers.
- Most families could not pay their living expenses for very long if a breadwinner became sick or injured without some kind of income protection benefit.

Benefit Amount	60% of monthly earnings
Maximum Benefit Amount	\$5,000
Elimination Period	90 days
Benefit Duration	To Normal Social Security Retirement Age
Pre-existing	A pre-existing condition is an illness for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if the results from pre-existing condition.



**Group #**

**AL00004411**

# 401K Retirement

Did you know . . . .

The average number of 401k investments choices is **2.0**

The 12-month moving average age of the 401k participant is **46.0**

<b>Eligibility</b>	<b>1year F/T Employment</b>
<b>Plan Type</b>	<b>Safe Harbour 401k/Roth 401k</b>
<b>Matching</b>	100% of elective deferral up to 3% of compensation, and an additional 50% on deferrals for the next 2% of compensation for a year (see table below)

<b>Employee Contribution</b>	<b>Company Match</b>
<b>3%</b>	<b>3%</b>
<b>4%</b>	<b>3.5%</b>
<b>5%</b>	<b>4%</b>
<b>Over 5%</b>	<b>4%</b>

**EXCERPT FROM EMPLOYEE HANDBOOK VACATION POLICY REVISED DECEMBER 26,  
2017:**

**VACATION**

All full-time regular employees and part-time employees generally working at least thirty hours per week will accrue paid vacations according to the following schedule. Employees normally working less than full time will have their vacation accrual prorated to reflect the percentage of the full week that is worked.

<b>Employment Years Worked</b>	<b>Vacation Days Earned</b>
One to five	10
Six to ten	11
Eleven to fifteen	13
Sixteen to twenty	16
Twenty One and above	17

Vacation begins to accrue at the commencement of employment and accrues on a monthly basis. All vacation eligibility is determined on January 1<sup>st</sup> each year. For new employees accrual is 4 hours per month from date of hire until the following January 1<sup>st</sup> eligibility date on which they have at least 12 months of service.

Vacations provide a break beneficial to both the Company and the employee. Therefore, employees are encouraged to take vacations annually.

Employees are not paid wages in lieu of unused vacation time.

Scheduled Time Off: All scheduled time off requests must be submitted to your supervisor in writing on a vacation request form **no later than February 10th. No scheduled time off requests will be approved if received after October 1st.**

All requests submitted will be awarded by seniority. If there is a tie in seniority for a given date period the earliest submitted request will be given priority.

Any scheduled time off request submitted after February 10th must be submitted at least two weeks before the beginning day of the request period, unless the request is a single day only which must be submitted at least one week in advance. These requests will be awarded solely at the discretion of the company.

There must be a minimum of sixty calendar days between periods of scheduled time off that exceed three days and there can be no more than two scheduled time off periods in any thirty day period.

Each scheduled time off period must be in one Monday through Friday week. (example: you may not schedule a Friday and the following Monday)

Five day requests take precedence ahead of less than five day requests regardless of seniority unless the five day request is made after February 10th. Date of submission will determine which request is awarded in that instance.

There is a five day maximum scheduled time off for any given thirty day period.

If you are scheduled to work a Saturday at either end of a scheduled time off period you may request to exchange Saturday work time with another employee. That request must be submitted in writing to David Tanner. **You must pay back the Saturday exchange immediately.**

## Commonly Used Benefit Terminology

**Copayment:** A flat dollar amount that you pay for a certain medical service (such as an office visit) as your share of the cost. Copayments may apply in addition to deductibles and coinsurance.

**Deductible:** the amount of eligible expenses the participant may be required to pay each year before the plan begins to pay benefits for covered expenses.

**Coinsurance:** Coinsurance indicates how an insurer and an insured will share the costs of a bill that exceeds the insurance policy's deductible. Expressed as a percentage, generally with the insurer's portion stated first.

**Life Insurance Benefit:** If you die while insured, your Beneficiary will receive the amount of your Life Insurance in force when the carrier receives written notice and proof of claim.

**Open Enrollment:** Open enrollment is a period of time in which eligible employees can make election changes in our pre-tax benefit plans.

**Out-of-Pocket Maximum:** The most a participant will pay for covered medical expenses in copayments or coinsurance.

**Preferred Provider Network/In-Network Benefits:** The Medical Plan utilizes a Preferred Provider Network as a means to reduce Plan costs. The Network is comprised of Physicians, Hospitals and Pharmacies with whom the Company has contracted services and products. When you utilize the Networks, you will pay less for health care services under the Medical Plan. When you do not utilize the Networks, you will be subject to a higher out of network deductible.

**Qualifying Event:** This is an event that may allow you to make a mid-year election change in a pre-tax plan. These events include divorce, death, termination of employment, reduction of hours of employment, marriage, birth or adoption. You must make your election change within 30 days of the date of the qualifying event.

# NOTES

# Important Phone Numbers

## *Customer Service Phone Numbers*

<i>EM Ford</i>	<i>1-270-926-2806</i>
<i>Medova Health</i>	<i>1-866-827-6607</i>
<i>Anthem Life</i>	<i>1-866-524-2280</i>
<i>Delta Dental</i>	<i>1-800-955-2030</i>
<i>Independence Bank (Patty Ray)</i>	<i>1-270-689-9861</i>

This Guide is only intended to offer an outline of benefits. All details and contract obligations of plans are stated in the group contract/insurance documents, including any disclosures (whether regarding “grandfathering” of plans or others) required by the new health reform law, the Patient Protection and Affordable Care Act (PPACA). In the event of conflict between this guide and the group contract/insurance documents, the group contract/insurance documents will prevail. Please contact your Human Resources Department for further information.

***GIPE***  
***AUTO COLOR***