

# **2017 Benefits Overview**

Midwest Trust Company is committed to providing a comprehensive benefits package to our employees. Benefits are effective the first of the month after hire, unless otherwise noted. Eligible employees are those regularly scheduled to work 30 or more hours per week. Below is an overview of our benefits **effective January 1, 2017.** Complete information is available in the official plan documents. If there is a discrepancy or conflict between the plan documents and the information presented here, the plan documents will prevail. Contact Human Resources at <u>hr@midwesttrust.com</u> for more information.

### **Medical Insurance**

CIGNA, Medical Plan Feature	F	POS Copay Plan, In-Network	HDHP w/ HSA, In-Network			
Deductible, Single / Family		\$750 / \$1,500	\$2,500 / \$5,000			
Coinsurance After Deductible		10%	0%			
Out-of-Pocket Max, Single / Famil	у	\$3,500 / \$7,000	\$2,500 / \$5,000			
Lifetime Maximum		Unlimited	Unlimited			
Office Visits	\$	25 / \$50 specialist	0% after deductible			
Preventive Care	0°	% (100% covered)	0% (100% covered)			
Inpatient Facility/Surgical	\$250	) + deductible + 10%	0% after deductible			
Outpatient Facility/Surgical	\$125	5 + deductible + 10%	0% after deductible			
Urgent Care	\$75, no	charge after deductible	0% after deductible			
Emergency Room	\$300, no	o charge after deductible	0% after deductible			
Prescription Drugs, Retail		\$20 / \$35 / \$50	0% after deductible			
Prescription Drugs, Mail		\$40 / \$70 / \$100	0% after deductible			
Health Savings Account Annual Employer Contribution						
Single Coverage \$1,250 (ma	ade monthly)	Family Coverage	\$2,500 (made monthly)			
Pre-Tax Employee Deductions per Semi-Monthly Pay Period*						
Employee Only or Employee/Child		\$0	\$0			
Employee/Spouse or Family		\$195.00	\$165.00			

\*Deductions assume wellness program participation. Non-wellness premiums are \$25 more per period.

# **Dental Insurance**

CIGNA, Dental Plan Feature				In-Network
Annual Benefit Maximum				\$1,500
Deductible			\$50 individual, \$150 family	
Preventive Services: Oral exams, cleanings, x-rays			Plan pa	ays 100%, no deductible
Basic Services: Periodontics, oral surgery, fillings, root canal			Plan pa	ays 80% after deductible
Major Services: Crowns, bridges, dentures			Plan pays 50% after deductible	
Orthodontia (For dependents to age 19)			Plan pays 50% after deductible	
Orthodontic Lifetime Benefit			\$1,000	
Pre-Tax Employee Deductions per Semi-Monthly Pay Period				
Employee Only	Employee + Spouse	Employee + Child(ren)		Family
\$0	\$14.60	\$22.58 \$42.90		\$42.90



### Voluntary Vision Insurance

VSP, Vision Plan Feature		In-Network			
Eye exam		12 months; \$10 copay			
Lenses or contact lenses		12 months			
Single vision, bifocal, trifocal lenses		\$25 copay			
Progressive: standard/premium/custom		\$55 / \$95-\$105 / \$150-175			
Contact lenses		Up to \$60 copay for fitting and eval; \$150 allowance for contacts			
Frames		24 months; \$150 allowance, then \$25 copay + 20% off copay			
Additional pairs of glasses		20% off additional glasses and prescription sunglasses			
Laser vision correction		Average 15% off regular price or 5% off promotional price			
Pre-Tax Employee Deductions per Semi-Monthly Pay Period					
Employee Only	Employee + One		Employee + Child(ren)	Family	
\$4.61	\$7.37		\$7.53	\$12.14	

# Life Insurance

Basic group life and accidental death and dismemberment (AD&D) insurance in the amount of \$100,000 is provided at no cost to the employee. Additional insurance may be purchased on a voluntary basis.

# Voluntary Long-Term Disability

Long-term disability insurance pays 60% of your salary up to the maximum benefit in the event of a serious health condition, non-work-related injury, or disability lasting more than 90 days. Semi-monthly deduction is \$.44 per \$100 of semi-monthly base salary.

# **Other Voluntary Benefits**

- Voluntary long-term care insurance
- Voluntary accident and critical illness insurance

# **Dependent Care Account**

Redirect a portion of gross pay to a pre-tax dependent care spending account. The maximum contribution is \$5,000 if single or married filing jointly. A debit card is available.

# 401(k) Profit Sharing Plan

All employees age 21 or older are eligible to participate in the 401(k) plan immediately upon hire regardless of scheduled hours per week. Employer match is 100% of the employee's first 3%, then 50% of the employee's next 2%; immediate 100% vesting. Profit sharing eligibility is the first of the quarter after one year of service.

# Time Off

• Paid time off (PTO) is earned each pay period beginning at hire

Length of Service on 1/1	Annual PTO - Vice President and Up	Annual PTO - All Others	
Up to 3 years	4 weeks (pro-rated for new hires)	3 weeks (pro-rated for new hires)	
3 years but less than 7	5 weeks	4 weeks	
7 or more years	5 weeks	5 weeks	

• Paid holidays, jury duty, bereavement

• Extended sick leave is available the first of the month after 90 days of employment