

2019 BENEFIT SUMMARY

COVERAGE	INSURANCE CARRIER	COVERAGE LEVEL	FT Employee Cost 26 Pay Periods	FT Employee Cost 22 Pay Periods
HEALTH INSURANCE High Deductible Plan Out of Pocket Maximum	Aetna \$6,250 Single / \$12,500 Family \$6,550 Single / \$13,100 Family	Single Employee + Spouse Employee + Children Family	<i>Bi-Weekly Premium cost is based on annual salary See Attached Rate Sheets</i>	
MEDICAL DEDUCTIBLE REIMBURSEMENT Well Care Incentive Biometric Program	Aetna Deductible Reimbursement Amount Up to 80%		Employer Funded	Employer Funded
EMPLOYEE ASSISTANCE PROGRAM	Empire		Employer Paid	Employer Paid
FLEXIBLE SPENDING ACCOUNT Medical FSA Dependent Care FSA	Flexible Benefit Systems \$2,550 Maximum \$5,000 Maximum		Employee Funded	Employee Funded
DENTAL INSURANCE	Empire Dental: High Option \$1500 Annual Coverage per person Preventive: 100% , Basic 90% Major: 60% Children's Ortho: 50% Empire Dental: Low Option \$1500 Annual Coverage per person Preventive: 100% , Basic 80% Major-N/A Children's Ortho - N/A	Single (High) Family (High) Single (Low) Family (Low)	\$7.24 \$22.98 \$1.50 \$6.00	\$8.56 \$27.16 \$1.77 \$7.09

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VISION INSURANCE	Empire Exam \$10 per 12 months Contact Lenses \$10; Eye Glass Frames & Lenses up to coverage up to \$130 per 24 months	Single Employee + Spouse	\$1.10 \$3.31	\$4.43 \$7.46
		Employee + Children Family	\$2.87 \$5.52	\$7.60 \$12.04
GROUP TERM LIFE INSURANCE / AD&D	Business Council of NYS; 1x annual base salary Maximum of \$100,000		Employer Paid	Employer Paid
GROUP LONG TERM DISABILITY INSURANCE	Business Council of NYS		Employer Paid	Employer Paid
403(B) Supplemental Short Term Disability Whole Life Insurance Specified Disease and Accident Insurance	VOYA Retirement Account Guardian Transamerica Transamerica		Employee Paid Employee Paid Employee Paid Employee Paid	Employee Paid Employee Pad Employee Pad Employee Pad

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Health Insurance Premium Employee Costs

26 Pays

	<i>Under \$30,000</i>	<i>\$30,001 To \$50,000</i>	<i>\$50,001 To \$75,000</i>	<i>\$75,001 To \$100,000</i>	<i>Over \$100,000</i>
Single	\$30.00	\$40.00	\$55.00	\$65.00	\$75.00
2 Adults	\$215.00	\$225.00	\$240.00	\$250.00	\$260.00
One Adult + Child(ren)	\$70.00	\$85.00	\$100.00	\$110.00	\$120.00
Two Adults + Child(ren)	\$225.00	\$240.00	\$255.00	\$265.00	\$275.00

22 Pays (Pre-School Employees)

	<i>Under \$30,000</i>	<i>\$30,001 To \$50,000</i>	<i>\$50,001 To \$75,000</i>	<i>\$75,001 To \$100,000</i>	<i>Over \$100,000</i>
Single	\$35.45	\$47.27	\$65.00	\$76.82	\$88.64
2 Adults	\$254.09	\$265.91	\$283.64	\$295.45	\$307.27
One Adult + Child(ren)	\$82.73	\$100.45	\$118.18	\$130.00	\$141.82
Two Adults + Child(ren)	\$265.91	\$283.64	\$301.36	\$313.18	\$325.00