

# Safe-Guard Products International

## Benefits Overview



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## Medical

### UnitedHealthcare (UHC) Choice POS Plan

- Open access preferred provider option (PPO) coverage.
- No referral required to see a specialist.
- In-network benefits:
  - \$25 copay for primary care physician visits.
  - \$50 copay for specialist physician visits.
  - Preventive visits: No copay.
  - Teledoc: \$20 copay.
  - Urgent care facility: \$75 copay.
  - Emergency room: \$200 copay; waived if admitted to a hospital.
  - Deductible and coinsurance applies to all non-preventive, non-copay-based services.
  - The deductible is \$1500 per person/\$4500 per family.
  - After satisfying the deductible, member responsibility is 0 percent (no coinsurance) with an out-of-pocket maximum of \$5,500 per person/\$11,000 per family.
- Out-of-network benefits:
  - Deductible and coinsurance applies to all services (excluding
  - \$200 copay for Emergency Room visit, waived if admitted).
  - The deductible is \$2,500 per person/\$7,500 per family.
  - After satisfying the deductible, member responsibility is 30 percent coinsurance with an out-of-pocket maximum of \$8,500 per person/\$20,000 per family.

### Prescription Drug Plan

- Retail 30-day supply.
  - Generic: \$10 copay.
  - Formulary brand: \$35 Copay per prescription (retail); \$70 Copay per prescription (mail order).
  - Non-formulary brand: \$70 Copay per prescription (retail); \$140 Copay per prescription (mail order).
  - Specialty drugs: 10% Copay up to a Maximum of \$500 per prescription

### High Deductible + HSA Plan

- Plan with a health savings account (HSA) feature which has two main components: High deductible health plan with UHC network plus a health savings account with Fidelity.
- Deductible applies to all non-preventive medical and non-preventive prescription drug expenses.
- The deductible is \$2,500 per person/\$4,000 per family.
- After satisfying the deductible, member responsibility is 0 percent. No coinsurance with an annual out-of-pocket maximum of:
  - \$2,500 for employee-only coverage
  - \$4,000 for family coverage.(The maximum in-network out-of-pocket exposure for any single individual under family coverage is limited to \$4,000.)
- Combined out-of-pocket maximum for both medical and prescription drugs.
- Allows you to establish an HSA, a tax-favored account that can be used to pay for current and future health expenses.  
HSA contribution limits vary year after year per IRS guidelines.

## Dental

### UMR Dental Plan

- Open access preferred provider plan administered by UMR.
  - Can use any licensed in-network UMR dental provider.
- Preventive services covered at 100 percent in the HIGH Option plan, no deductible.
- Basic services covered at 80 percent in-network and 80 percent out-of-network.
- Major services covered at 50 percent in-network and 50 percent out-of-network.
- \$1,500 annual maximum benefit per individual.
- Orthodontia for dependents under age 18 covered at 50 percent with a lifetime maximum benefit of 1,500.

## Vision

### Spectera Vision Care

- In-network services include an annual eye exam, lenses, and frames (copays, coinsurance and annual limits apply).

## Life/AD&D

### Basic Life/AD&D

- Company-paid coverage equal to your annual base salary up to a maximum of \$250,000.

### Optional Life/AD&D

- You may elect in \$10,000 increments of coverage up to a maximum of 5x your basic annual earnings or \$500,000.

### Spouse Life/AD&D

- You may elect in 5,000 increments of coverage up to a maximum of \$125,000. May not exceed 50% of employee amount.

### Child Life

- From birth to six months, the benefit level is limited to \$1,000
- 6 months+: Options of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000 not to exceed the spouse's benefit amount.

## Paid Time Off (PTO)

- PTO can be used for vacation, personal illness, illness of spouse, domestic partner or dependent, celebration of holiday not designated as company holiday, children's school events or other personal business.
- PTO schedule for full-time employees

Years of service	Annual PTO days	Holiday days	Total PTO and Holidays
0-3**	15	9	24
4-8	20	9	29
8+	25	9	34

\* PTO is prorated for new employees.

## 401(k) Savings Plan

- Eligible after 60 days of service.
- You can contribute on either a pre-tax basis, an after-tax basis through the Roth 401(k) option or a combination of both up to the maximum allowed under tax laws
- Employer match is dollar for dollar on the first 3 percent, and 50 percent on the next 2 percent of your eligible base pay.
- Employer match is paid on every payroll.
- Vesting period: immediately.
- Opportunity to roll over eligible savings from a previous employer or from a traditional IRA.

## Disability

### Short-Term Disability

- Company-paid benefit with a maximum of 12 weeks of disability leave. Benefit begin after 7-day elimination period.
  - First twelve weeks = 60 percent of base salary up to a maximum of \$1500 weekly.

### Long-Term Disability

- Company-paid benefit for employees
- Benefit provides 60 percent of base pay up to maximum of \$7,500 per month.
- Benefit begins on the 13th week of disability.

## Flexible Spending Accounts

- Pre-tax Health Care Spending Account and Dependent Care Spending Account are available.
  - Maximum for Health Care Spending per IRS guidelines.
  - Maximum for Dependent Care Spending per IRS guidelines.

## Work-Life Benefits

### Educational Assistance Program

- Safe-Guard reimburses employees for eligible tuition expenses related to approve undergraduate or graduate degrees.
- Eligibility requires one year of service

### Employee Assistance Program: Family Connection

- Free resources, referral services and confidential counseling services are available to you and your dependents.