

SNYDER BENEFIT PROGRAM FOR ACTIVE EMPLOYEES

Hourly

1/1/2017

BENEFITS	DESCRIPTIONS	CONTRIBUTION	ELIGIBILITY																								
GROUP LIFE & AD&D INSURANCE	1x ANNUAL SALARY FOR GROUP LIFE AND 1X ANNUAL SALARY FOR AD&D	EMPLOYER PAID; FULLY INSURED	90 DAY WAITING PERIOD																								
MEDICAL INSURANCE	<table border="0"> <tr> <td>PPO 80/20 CO-INS <i>Plan A</i> \$600/\$1200 Deductible \$1800/\$3600 Out of Pocket (S/F) <i>Plan B</i> \$1400/\$2800 Deductible \$2400/\$4800 Out of Pocket (S/F)</td> <td>NON-PPO 65/35 CO-INS <i>Plan A</i> \$800/\$1600 Deductible \$2200/\$4400 Out of Pocket (SF) <i>Plan B</i> \$1800/\$3600 Deductible 3200/\$6400 Out of Pocket (S/F)</td> </tr> <tr> <td>PPO 80/20 CO-INS <i>Plan C-HDHP</i> (High Deductible Health Plan) \$1800/\$3600 Deductible \$2800/\$5600 Out of Pocket (S/F) (SF)</td> <td>NON-PPO 65/35 CO-INS \$3600/\$7200 Deductible \$5600/\$11200 Out of Pocket (SF)</td> </tr> </table> <p><i>The HDHP with Health Savings Account (HSA) is a combined deductible medical and prescription drug expense plan that provides the same care as Plan A and Plan B PPO plans but offers the option to fund an HSA to pay for qualified medical expenses on a tax-free basis. Family deductible of \$3600 must be met by an individual electing this coverage.</i></p> <p>HSA Single Annual Maximum contribution - \$3400 HSA Family Annual Maximum contribution - \$6750</p>	PPO 80/20 CO-INS <i>Plan A</i> \$600/\$1200 Deductible \$1800/\$3600 Out of Pocket (S/F) <i>Plan B</i> \$1400/\$2800 Deductible \$2400/\$4800 Out of Pocket (S/F)	NON-PPO 65/35 CO-INS <i>Plan A</i> \$800/\$1600 Deductible \$2200/\$4400 Out of Pocket (SF) <i>Plan B</i> \$1800/\$3600 Deductible 3200/\$6400 Out of Pocket (S/F)	PPO 80/20 CO-INS <i>Plan C-HDHP</i> (High Deductible Health Plan) \$1800/\$3600 Deductible \$2800/\$5600 Out of Pocket (S/F) (SF)	NON-PPO 65/35 CO-INS \$3600/\$7200 Deductible \$5600/\$11200 Out of Pocket (SF)	<p>BI-WEEKLY SHARED ARRANGEMENT FOR EMPLOYEE AND DEPENDENT COVERAGE AS A PRE-TAX CONTRIBUTION: SELF-FUNDED</p> <table border="0"> <tr> <td></td> <td>Plan A/\$600</td> <td>Plan B/\$1400</td> </tr> <tr> <td>Employee</td> <td>\$80.06</td> <td>\$40.62</td> </tr> <tr> <td>Employee +1</td> <td>\$199.15</td> <td>\$114.33</td> </tr> <tr> <td>Family</td> <td>\$294.36</td> <td>\$172.07</td> </tr> </table> <table border="0"> <tr> <td></td> <td>Plan C/\$1800</td> </tr> <tr> <td>Employee</td> <td>\$26.82</td> </tr> <tr> <td>Employee +1</td> <td>\$87.83</td> </tr> <tr> <td>Family</td> <td>\$132.32</td> </tr> </table>		Plan A/\$600	Plan B/\$1400	Employee	\$80.06	\$40.62	Employee +1	\$199.15	\$114.33	Family	\$294.36	\$172.07		Plan C/\$1800	Employee	\$26.82	Employee +1	\$87.83	Family	\$132.32	90 DAY WAITING PERIOD
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VISION	A VOLUNTARY EMPLOYEE PAID BENEFIT THRU EYE MED VISION CARE THAT PROVIDES GREAT SAVINGS ON EYE EXAMS, FRAMES, LENSES AND CONTACTS WITH CO-PAYS RANGING FROM \$0 -\$25 THRU A NETWORK OF PRACTITIONERS AND RENOWNED OPTICAL RETAILERS.	BI-WEEKLY CONTRIBUTION FOR EMPLOYEE & DEPENDENT COVERAGE ON A PRE-TAX BASIS; Employee \$2.53 Employee +1 \$4.81 Family \$7.06	90 DAY WAITING PERIOD																								
WEEKLY INCOME DISABILITY	COMPENSATION TO EMPLOYEE WHEN SICK OR INJURED AND NOT ABLE TO WORK; 60% OF SALARY; 13 WEEKS MAXIMUM	EMPLOYER PAID SELF-FUNDED	90 DAY WAITING PERIOD																								
401(K) PLAN	DEFINED CONTRIBUTION SAVINGS PLAN	EMPLOYEE CONTRIBUTES FROM 1% - 100% OF GROSS COMPENSATION UP TO A MAXIMUM DEFERRAL OF \$18,000 PER YEAR. EMPLOYER MATCH OF 100% OF FIRST 3% & 50% UP TO THE NEXT 2%; EMPLOYEE VESTED 100% AFTER 2 YEARS; AFTER TAX ROTH 401(K) PLAN AVAILABLE	ON THE FIRST DAY OF THE MONTH ON OR AFTER YOU HAVE 3 MONTHS OF SERVICE																								

VACATION	UP TO 5 DAYS – END OF 1 ST YEAR; 10 DAYS 2 ND YEAR; 15 DAYS 5 TH YEAR	EMPLOYER PAID	UPON COMPLETION OF 1 ST YEAR OF EMPLOYMENT
HOLIDAYS	10 COMPANY PAID HOLIDAYS	EMPLOYER PAID	30 DAY WAITING PERIOD
EDUCATIONAL ASSISTANCE	JOB RELATED COURSES. ACCREDITED INSTITUTION. REIMBURSEMENT OF 50% @ ENROLLMENT & BALANCE UPON ATTAINING A PASSING GRADE	EMPLOYER PAID IF CONDITIONS MET	90 DAY WAITING PERIOD
EAP EMPLOYEE ASSISTANCE PROGRAM	COUNSELLING PROGRAM FOR EMPLOYEES & DEPENDENTS EXPERIENCING SERIOUS PERSONAL PROBLEMS AND NEEDING ASSISTANCE	EMPLOYER PAID	DATE OF HIRE
FLEXIBLE SPENDING ACCOUNT	PLAN ALLOWS EMPLOYEES TO SET ASIDE PRE-TAX DOLLARS TO PAY FOR CERTAIN OUT-OF-POCKET HEALTHCARE EXPENSES & WORK RELATED DEPENDENT CARE EXPENSES	EMPLOYEE CONTRIBUTIONS HEALTH CARE SPENDING ACCT–UP TO \$2600 DEPENDENT CARE ACCOUNT – UP TO \$5000	90 DAY WAITING PERIOD OR ANNUALLY ON JANUARY 1 ST
PRESCRIPTION DRUG PLAN	\$100 PER PERSON DEDUCTIBLE; \$2000 OUT OF POCKET MAX PER PERSON; GENERIC & BRAND FORMULARY PAID AT 75%; NON-FORMULARY PAID AT 50%	NO ADDITIONAL CONTRIBUTION PART OF MEDICAL PLAN A AND PLAN B OPTIONS ONLY	90 DAY WAITING PERIOD
VOLUNTARY TERM LIFE INSURANCE & AD&D	EMPLOYEE BENEFIT: INCREMENTS OF \$10000 TO A MAX OF \$500000 OR 5X ANNUAL EARNINGS; GUARANTEED ISSUE: \$200000 WHEN FIRST ELIGIBLE ; SPOUSE BENEFIT: GUARANTEED ISSUE: \$40000 WHEN FIRST ELIGIBLE; SPOUSE COVERAGE MAY BE EQUAL TO THE AMOUNT ELECTED BY THE EMPLOYEE TO A MAXIMUM OF \$500000: CHILD COVERAGE \$5000-\$20000, TO AGE 20 OR AGE 26 IF FT STUDENT	EMPLOYEE CONTRIBUTIONS MONTHLY RATES PER \$1000 BENEFIT BASED ON AGE	90 DAY WAITING PERIOD
BUSINESS TRAVEL ACCIDENT INSURANCE (BTA)	PROVIDES ACCIDENT PROTECTION FOR EMPLOYEES WHO TRAVEL ON COMPANY BUSINESS AND FAMILY MEMBERS WHO ACCOMPANY THEM; BENEFIT IS 5 X ANNUAL SALARY TO A MAX OF \$1,000,000; \$25,000 FOR SPOUSE; \$10,000 FOR ELIGIBLE CHILD	EMPLOYER PAID; FULLY INSURED	90 DAY WAITING PERIOD
VOLUNTARY ACCIDENT AND CRITICAL ILLNESS INSURANCE	PROVIDES CASH BENEFITS ASSOCIATED WITH OFF-THE-JOB ACCIDENTS AND COVERED ILLNESSES THAT WILL HELP OFFSET OUT-OF-POCKET EXPENSES; ACCIDENT: OPTION OF LOW OR HIGH PLAN; PHYSICIAN'S RIDER BENEFIT: \$75 – LOW PLAN; \$100 – HIGH PLAN; CRITICAL ILLNESS: \$10,000 OR \$20,000 BENEFIT; \$50.00 WELLNESS BENEFIT PER INSURED PER YEAR TO A MAX OF \$200 FOR A FAMILY OF FOUR.	EMPLOYEE CONTRIBUTIONS ACCIDENT: BIWKLY CONTRIBUTIONS: LOW PLAN: EE-\$5.66; EE+SP-\$8.20; EE+CHILD(REN)-\$11.48; FAMILY-\$14.34; HIGH PLAN: EE-\$8.56, EE+SP-\$12.44; EE+CHILD(REN)-\$17.30; FAMILY- \$21.64. CRITICAL ILLNESS: CONTRIBUTIONS ARE AGE AND TOBACCO OR NON-TOBACCO USER BASED FOR EITHER A \$10,000 OR \$20,000 BENEFIT ELECTION.	90 DAY WAITING PERIOD