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	**PPO** — 80/20 CO-INS ***Plan A*** $600/$1200 Deductible; $1800/$3600 Out of Pocket (S/F) ***Plan B*** $1400/$2800 Deductible; $2400/$4800 Out of Pocket (S/F) **NON-PPO** — 65/35 CO-INS ***Plan A*** $800/$1600 Deductible; $2200/$4400 Out of Pocket (SF) ***Plan B*** $1800/$3600 Deductible; 3200/$6400 Out of Pocket (S/F) **PPO** — 80/20 CO-INS **NON-PPO** — 65/35 CO-INS ***Plan C-HDHP*** (High Deductible Health Plan) $1800/$3600 Deductible; $2800/$5600 Out of Pocket (S/F) $3600/$7200 Deductible; $5600/$11200 Out of Pocket (SF) ***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.*** **HSA Single Annual Maximum contribution - $3400** **HSA Family Annual Maximum contribution - $6750**	BI-WEEKLY SHARED ARRANGEMENT FOR EMPLOYEE AND DEPENDENT COVERAGE AS A PRE-TAX CONTRIBUTION: SELF-FUNDED ***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
DENTAL	SERVICE PREVENTIVE – DED / CO PAY $0 / 100% BASIC-DED / CO PAY $25-75 / 80% MAJOR – DED / CO PAY $25-75 / 50% MAX PAYMENT $1200	BI-WEEKLY SHARED ARRANGEMENT FOR EMPLOYEE & DEPENDENT COVERAGE AS A PRE-TAX CONTRIBUTION; SELF INSURED SINGLE - $8.50 PP; FAMILY - $18.00 PP	90 DAY WAITING PERIOD
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 1ST YEAR; 10 DAYS 2ND YEAR; 15 DAYS 5TH YEAR	EMPLOYER PAID	UPON COMPLETION OF 1st 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 **EMLOYEE 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 1ST
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