





The cost to the employee for medical, dental, and vision insurance is taken out on a per paycheck basis as follows:

Weekly Contributions:	You Pay
Employee Only	\$18.00
Employee & 1 Dependent	\$60.00
Employee & 2+ Dependents	\$65.00



Medical Insurance | BlueCross BlueShield

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. It has a large nationwide network of contracted providers, hospitals, and facilities.

There is no deductible on this plan as long as you stay in network. With that, coinsurance (the cost share between you and BCBS) will kick in right away. Coinsurance is paid when you have services like inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). If you go to the doctor, see a specialist, utilize the ER or take a prescription drug, you'll pay a copay for those specific services. Copays do not accumulate towards your deductible but they do accumulate towards your overall out-of-pocket maximum.

You will save money on prescription medications when filling your Rx at a preferred pharmacy. Preferred pharmacies are Walgreens, Walmart, and Albertson's (Osco). Please note CVS / Target and independent pharmacies will be considered out of network.

Ian Details: PPO In-Network / Out-of-Network		
Naturalis		
Network		PPO
Deductible Individual Family	\$0 \$0	\$200 \$600
Coinsurance	90%	70%
Out-of-Pocket Max Individual Family	(Includes Deductible) \$1,000 \$3,000	(Includes Deductible) \$2,200 \$6,600
Physician Services Well Adult / Well Child Virtual Visits Physician Office Specialist Visit X-Rays / Lab Diagnostics	100% \$5 copay \$10 copay \$10 copay 90%	Deductible then 70% N/A Deductible then 70% Deductible then 70% Deductible then 70%
Outpatient Services	90%	Deductible then 70%
Inpatient Hospitalization	90%	\$300 copay, deductible then 70%
Emergency Room	\$150 copay then 90%	\$150 copay then 90%
Urgent Care	90%	Deductible then 70%
Prescription Drugs Preferred Retail Pharmacy (30 Days) Non-Preferred Retail Pharmacy (30 Days) Preferred Retail Pharmacy (90 Days) Non-Preferred Retail Pharmacy (90 Days) Preferred Mail Order (90 Days)	Copays: \$5 / \$15 / \$30 \$15 / \$35 / \$50 \$15 / \$45 / \$90 \$25 / \$65 / \$110 \$10 / \$30 / \$60	Copays: N/A \$5 / \$15 / \$30 + Additional 25% N/A N/A N/A
Prescription Out-of-Pocket Max Individual / Family	\$500 / \$1,500	\$500 / \$1,500
Drug Listing Pharmacy Network	Basic Drug List Elite	Basic Drug List Elite



BlueCross BlueShield | Value Added Benefits

Preventive/Wellness Exams Covered at 100%

- No out-of-pocket costs apply these exams are fully covered for each enrolled member as long as your physician codes them as preventive
- Females get an annual well-woman exam covered at 100% in addition to their annual physical exam

Virtual Visits—MDLIVE

MDLIVE's telehealth program provides enrolled members with access to non-emergency medical care without even leaving the couch. Visit a doctor virtually 24 hours a day, 7 days a week for a variety of different ailments and symptoms ranging from allergies, asthma, aches, infections, cold/flu, and more. Log on to MDLIVE.com/bcbsil or call 888.676.4204 today to find out additional info on this convenient benefit.

Fitness Program

Mix and match fitness locations through BCBS' fitness program. You'll have unlimited access to a nationwide network of more than 9,500 participating fitness locations. There is no contract and no obligation. Just log in to BlueAccess for Members at www.bcbsil.com and click "Fitness Program" under Quick Links to reach the enrollment page.

Identity Theft Protection

If you enroll into the BCBS medical and/or dental benefits, you are eligible to register for Identity Theft Protection at no additional cost. To register for this free credit monitoring and protection service, log into your BlueAccess for Members portal www.bcbsil.com and click on "Identity Protection" under Quick Links.

Member Rewards

Through Member Rewards you can earn money back for saving money on healthcare. Simply use the Provider Finder to locate a healthcare service provider and select a provider eligible for Member Rewards. You can also search procedures and services eligible for Member Rewards through the BCBS Treatment Cost Estimator on your BlueAccess for Members portal. You'll receive a check in the mail 4-6 weeks after receiving the service.

Naturally Slim

Naturally Slim is a high-value, behavior modification program proven to deliver sustainable weight loss and reverse obesity, pre-diabetes, and Metabolic Syndrome.

It is an online based program that helps you lose weight and reduce the risks associated with MetS through mindful eating. It starts with 10 weeks of skill building focused on behavior modification, not dieting. After the first 10 weeks, participants receive ongoing counseling and support for one full year to reinforce skills to ensure long-term results.

BlueAccess for Members: www.bcbsil.com

A secure member website that gives you immediate access to health care benefit information. Here you can check claim status, find in-network providers, use the hospital comparison tool, and much more.

24/7 Nurseline: 800.299.0274

General health info and guidance for specific conditions from fevers to bee stings from a registered nurse.

Maternity Care Program: 888.421.7781

Personalized support provided by Obstetrical nurses.

Mail Order Prescriptions: 800.423.1973

Through BCBS and Walgreens, mail order prescriptions may save time and money.

Prior Authorization (PA)

Before medications included in the PA program can be covered under your insurance, your doctor will need to get approval through BCBS.

Step Therapy

You or your pharmacist will be asked to contact your doctor to see if a generic brand is offered before trying a more costly brand name alternative.

Member Pay the Difference

When a generic equivalent is available, but a member chooses to take the brand name medication instead, the member will be responsible for the copay plus the difference between the allowable cost of the generic equivalent and the brand name drug.

Specialty Pharmacy Program

Members may be required to get their specialty medications through Prime Specialty Pharmacy or other BCBSIL preferred specialty pharmacies. If you do not use these pharmacies, you may pay higher out-of-pocket costs.

Blue365 Discounts

Access special program discounts by logging into Blue Access for Members via www.bcbsil.com under My Coverage then Discounts under Member Advantages.

Well on Target Member Wellness Program

Access health and wellness resources that can help you manage your health.

BlueAccess Mobile™

Access your BlueAccess for Members account from a mobile device. Download the app for immediate access.

This dental PPO plan allows the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

Plan Details:	DPPO In-Network / Out-of-Network	
Network Name	BlueCare Dental PPO	
Individual Deductible	\$50 per person	
Office Visit Copay	None	
Preventive Coinsurance	100% / 100%	
Basic Coinsurance	80% / 80%	
Major Coinsurance	80% / 80%	
Annual Plan Maximum	\$2,500 / \$2,500	
Orthodontia Coinsurance	50% / 50%	
Orthodontia Lifetime Maximum	\$2,500 / \$2,500	



Vision Insurance | VSP

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will merely offer you an allowance towards your vision services.

Plan Details:	Frequency	In-Network	Out-of-Network	
Network		VSP Signature		
Eye Exam	Every 12 months	100% covered	\$50 max allowance	
Basic Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 months	\$20 copay	Allowance varies	
Frames	Every 24 months	\$20 copay, then \$130 allowance + 20% off balance	\$70 max allowance	
Elective Contacts	Every 12 months*	\$130 allowance	\$105 max allowance	

^{*} You cannot get contacts and glasses in the same calendar year



Vacation

- After one year of employment, an employee is eligible for two weeks of vacation.
- After five years of employment, an employee is eligible for three weeks of vacation.
- After twelve years of employment, an employee is eligible for four weeks of vacation.

Sick Days

Employees are eligible for five sick days per year after being employed for a minimum of 90 days. Sick days are prorated per month and the time is accrued.

Designated Holidays

In 2019 there are 11 designated holidays which are paid for eligible employees.

Designated Paid Holidays		
New Year's Day	One Day	
Good Friday	One Day	
Memorial Day	One Day	
Independence Day	Two Days	
Labor Day	One Day	
Thanksgiving	Two Days	
Christmas	Three Days	



The 401(k) Plan is an employer sponsored retirement plan that allows employees to save and invest for the purpose of building savings for retirement. Saving through a 401(k) Plan is an easy way to set aside money for your future. Some things to consider:

Contributions to your account:

- An employee is eligible after 90 days of employment
- Open enrollment for this benefit is in January and July
- The company contributes 50% of the first 6% you contribute
- There is a vesting schedule on the company's matching funds



Tuition Reimbursement

Eligibility for this benefit begins after 6 months of employment and requires a manager's approval prior to enrollment in any class, and are required to fulfill a 24-month service obligation with the company.

Tuition Reimbursement will be based on the final grade received at accredited educational institutions. (As = 100% of tuition / Bs = 80% of tuition / Cs = 60% of tuition). Undergraduate programs will be reimbursed up to the IRS limits. Graduate programs will be reimbursed up to \$10,000.

Basic Life Insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. In addition, Accidental Death and Dismemberment (AD&D) provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident. Always make sure your beneficiaries are updated. The cost of the benefit is 100% paid for by the company.

	Basic Life / Accidental Death & Dismemberment
Benefit Amount	1x salary to a max of \$200,000 - Life 1x salary to a max of \$200,000 - AD&D



Voluntary Term Life and AD&D Insurance

Voluntary Term Life/AD&D allows you to purchase additional coverage at your own financial expense to ease your loved ones' financial burden if something should happen to you. Costs are determined on group discounted rates. Always make sure your beneficiary information is updated.

A spouse's maximum election cannot exceed 100% of what the employee takes out on themselves.

	Employee	Spouse	Child(ren)
Coverage Increments	\$20,000	\$10,000	\$1,000
Maximum Benefit Amount	\$500,000	\$100,000	\$10,000
Guaranteed Issue Amount*	\$140,000	\$10,000	N/A

^{*} Guarantee issue applies to new hires only

The cost of the benefit is 100% paid for by you. Your age and the amount of insurance you elect determines the premium you'll pay. Costs will go up as you age. See your plan documents for more detail.



Short & Long-Term Disability

If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time.

Disability Coverage	Short -Term	Voluntary Long -Term
Waiting Period	Begins on the 1st day of an injury and the 8th day of an illness	Begins on the 91st day of continuous injury or illness
Benefit Amount	70% of pre-disability weekly earnings	60% of pre-disability monthly earnings
Maximum Benefit	\$500 (hourly employees) and \$1,500 (salaried employees) per week	\$6,000 per month
Length of Payment Period	13 weeks	SSNRA
Premium Contribution	Company paid	Employee paid

Magellan Healthcare | www.MagellanHealth.com/member | 800.356.7089

The EAP service offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are **confidential** - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. In addition to online and telephonic services, the EAP also offers up to 5 face-to-face visits with trained counselors for each issue you may have. There is **no cost**, it's just there for you when you need it.



Medical PPO		
Carrier	BlueCross BlueShield of IL	
Website	www.bcbsil.com	
Phone Number	800-828-3116	
Network	PPO	
Policy Number	P42614	

Basic Life and AD&D Insurance		
Carrier	Principal	
Website	www.principal.com	
Phone Number	800-843-1371	
Group Number	1051056	

Dental PPO		
Carrier	BlueCross BlueShield of IL	
Website	www.bcbsil.com	
Phone Number	866-639-2952	
Network	Blue Care Dental PPO	
Policy Number	P42614	

Voluntary Term Life and AD&D Insurance		
Carrier	Principal	
Website	www.principal.com	
Phone Number	800-843-1371	
Group Number	1051056	

Vision	
Carrier	VSP
Website	www.vsp.com
Phone Number	800-216-6248
Network	VSP Signature
Policy Number	12064459

Short & Long-Term Disability Insurance	
Carrier	Principal
Website	www.principal.com
Phone Number	800-843-1371
Group Number	1051056

Human Resources Contact Information	
Contact	Mary Cataldo
Email Address	mcataldo@peerless-av.com
Phone Number	630-375-5166

Brought to you by:



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein.