# JBS United, Inc. Company Time Off

#### Company Holidays

• New Years Day

• Thanksgiving Day

• Memorial Day

- Christmas Day
- Independence Day
- Labor Day
- One Company-Designated Holiday

#### **Annual Vacation Accrual Schedule**

All vacation accrual rates are based on years of service.

0-2 years	80 hours
2-5 years	
5-10 years	120 hours
10-15 years	136 hours
15+ years	160 hours

- An employee's annual vacation allowance accrues at a rate of 1/26th per pay period (26 pays per year).
- An employee can rollover up to 40 hours of unused vacation from one calendar year to the next.
- Vacation accrual rates will change beginning the pay period following an employee's anniversary date.
- Full time employees may purchase up to 40 hours of additional vacation annually.

#### **Qualifying Events**

Changes to your medical, dental, vision and flexible spending plans may be only made when there is a qualifying event (birth of child, marriage, divorce, etc) or during the open enrollment period.

Notification must be made to Human Resources within 30 days of the qualifying event in order to make changes to your plans.

# Dedicated to the JBS United Team

A company's work culture reflects the shared values, practices, and behaviors of the leadership of the company and its employees. It is how the company expresses its personality.

We believe that our mission can best be achieved through devotion to the professional development of our people and attention to their personal well-being. We place importance on employee empowerment, plus the freedom to think creatively and problem solve. We value the tangible and intangible gifts that each employee offers and we treat one another with mutual respect, kindness, and fairness. YOU are valued!

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www.JBSUnited.com



#### **Questions or Concerns:**

Contact Human Resources to clarify any concern you may have regarding the JBS United Benefit Package.



Benefit eligibility begins the first day of the month following date of hire unless otherwise noted.

#### **Medical Insurance**

Cost to Employees (per pay):

Traditional Plan	Non-Wellness	<u>Wellness</u> *
Employee Only	\$81.00	\$67.00
Employee / Children	\$121.00	\$105.00
Employee / Spouse**	\$157.00	\$134.00
Family Coverage	\$230.00	\$195.00

Deductibles: \$1,000 individual / \$2,000 family (in-network) Coinsurance: 90% network / 60% non-network Max. Out of Pocket:

- In-network: \$4,000 individual / \$8,000 family
- Non-network: \$5,500 individual / \$11,000 family

<b>High Deductible Plan</b>	Non-Wellness	<u>Wellness</u> *
Employee Only	\$54.00	\$47.00
Employee / Children	\$84.00	\$73.00
Employee / Spouse**	\$109.00	\$93.00
Family Coverage	\$171.00	\$137.00

Deductibles: \$3,000 individual / \$6,000 family (in-network) Coinsurance: 90% network / 60% non-network Max. Out of Pocket:

- In-network: \$4,500 individual / \$9,000 family
- Non-network: \$9,000 individual / \$18,000 family

Dependent children may be eligible for medical coverage up to age 26.

- \* Both employee and covered spouse must meet wellness criteria.
- \*\* A working spouse is required to utilize his/her company's healthcare plan, if available.

# **Prescription**

#### **Traditional Plan**

- Local Pharmacy Cost: 30% of the cost of medication Generic co-pay: \$5 min/\$60 max (30-day supply) Brand Name co-pay: 100% of difference between generic and brand
- Mail Order Cost: 25% of the cost of medication Generic co-pay: \$10 min/\$120 max (90-day supply) Brand Name co-pay: 100% of difference between generic and brand
- Out of pocket max for Rx = \$3,000 / \$6,000

#### **High Deductible Plan**

 Employee pays 100% of cost of medication, but it counts towards overall medical deductible. Once deductible is met, medication is free for rest of calendar year

# Flexible Spending Accounts -

Healthcare or Dependent Care Expenses:

**Annual Limits:** 

Healthcare: \$2,550Dependent Care: \$5,000

### **Health Savings Account**

Eligibility: Employees who enroll in the High Deductible Medical Plan only.

Can contribute up to \$3,350 (Employee only) / \$6,750 (Family), minus company contributions of \$300 / \$600 / \$900, in a tax-free account to use for out-of-pocket medical expenses.

### **Dental Coverage**

Cost to Employees (per pay):

	Basic	<u>Detuxe</u>
Employee Only	\$14.00	\$23.00
Employee / Children	\$30.00	\$51.00
Employee / Spouse	\$28.00	\$46.00
Family Coverage	\$44.00	\$77.00

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Deductibles: \$50 individual / \$150 family

#### Coverages:

- Preventative (deductible waived): 100% Basic and Deluxe
- Minor restorative (after deductible): 50% Basic / 80% Deluxe
- Major restorative (after deductible): 25% Basic / 50% Deluxe
- Orthodontics:
   50% up to \$1,500 for dependents up to age 19 (Deluxe only)

Maximum Annual Benefit Per Family Member:

- \$1.250 Basic
- \$2,000 Deluxe

#### **Vision Coverage**

Cost to Employees (per pay):

Employee Only	\$5.00
Employee / Children	
Employee / Spouse	
Family Coverage	

Exam: 1 per 12 month period; \$10 co-pay \$20 co-pay for lens plus frames (1 per 24 months) Frame Coverage: Up to \$120 Contact Lenses: Up to \$105

#### **Medical Concierge**

JBS United has partnered with Compass as your personal medical concierge company. They can help you understand insurance benefits, compare costs, select doctors and act as your advocate.

Compass Contact Information: http://compassphs.com or 800-513-1667 x460 Bryanna.Foote@compassphs.com

#### **Short-Term Disability**

Cost to Employee: Company provided

Benefits Begin: Standard benefits will begin after the

5th consecutive work day of disability.

**Compensation:** 100% of base wages for first 26 weeks.

# **Long-Term Disability**

Cost to Employee: Company provided
Exclusion / Waiting Period: 6 months

**Compensation:** 66 2/3 % of wages (up to age 65)

#### Life Insurance

**Cost to Employee:** Company provided **Amount of Coverage:** \$40,000 term life

# **Voluntary Benefits**

Additional benefits available at a cost to employee:

- Supplemental term life insurance through Symetra
- Off the job accident insurance with UNUM
- Critical illness insurance with UNUM

# Accidental Death & Dismemberment

**Cost to Employee:** Company provided **Accidental Death Coverage:** \$40,000

Dismemberment Coverage: Prorated based on extent

#### 401k

Cost to Employee: Based on employee election

**Auto Enrollment:** 5% upon hire

Employer Match: 3% for the employee's first 1%, and

then 1%-for-1% for the next 4% **Options:** Pre-tax or Roth (post-tax)

### **Wellness Program**

- Wellness Exam covered 100%
- Fitness club subsidy (up to \$120 / year)
- Weight control program subsidy (up to \$125 / year)
- Tobacco cessation program
- · Contests with incentives
- Employee Assistance Program





