



**2018 BENEFIT SUMMARY Effective June 3, 2018
FOR ALL USHER TRANSPORT EMPLOYEES**

All Insurance Benefits are effective the 1st day of the month following 30 days of employment

Cost to **ALL Employees:**

Deductible (Calendar Year) \$5,000 Single / \$10,000 Family

Out of Pocket Max \$7,000 Single / \$14,000 Family

Employee	\$28.39/week	Employee/child(ren)	\$74.18/week
Employee/Spouse	\$91.33/week	Employee/Family	\$99.50/week
Family (if covering spouse who has other employer coverage available to them) \$308.60/week			

GROUP LIFE INSURANCE PROVIDER: SYMETRA

\$15,000 coverage at *no cost to employee*

DENTAL INSURANCE PROVIDER: Delta Dental

Cost to **ALL EMPLOYEES:**

Employee	\$1.05 /week	Employee + 1	\$7.24 /week	Employee + Family	\$11.50 /week
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VISION INSURANCE PROVIDER: Anthem

Employee	\$0.25/week	Employee + 1	\$1.05 /week	Employee + Family	\$2.22 /week
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PAID VACATIONS

1 year employment	1 week vacation	5 years employment	3 weeks vacation
2 years employment	2 weeks vacation	10+ years employment	4 weeks vacation

For transport drivers vacation pay is calculated based on gross weekly average

Calculated as explained in the employee handbook

2 PERSONAL DAYS *Eligible after one year employment (non-exempt employees only)*

**excludes salary paid employees (exempt employees)*

Calculated as explained in employee handbook

401K RETIREMENT PLAN

Eligible after one year of employment. Open-enrollments are Jan 1 and July 1 each year as explained in the employee handbook

DIRECT DEPOSIT

Pay guaranteed by Friday of every week (only guaranteed if enrolled in direct deposit). Otherwise, mailed through U.S. Postal Service from Corporate office (Louisville) on Thursday each week.

6 Paid Holidays per year

Flexible Health and Dependent Care Spending Accounts (eligible after one year of employment during open enrollment)

Cafeteria Plan (Section 125 Pre-tax Plan)