

**2009 BENEFIT SUMMARY  
FOR ALL USHER TRANSPORT EMPLOYEES**

*ALL Insurance Benefits are effective after 60 calendar days from date of hire starting on the 1<sup>st</sup> day of the following month.*

**HEALTH INSURANCE**

**Anthem/Lumenos Health Reimbursement Account (HRA) Option 19**

Cost to **ALL Employees:**

Employee	\$ 27.75 /week	Employee/child(ren)	\$ 52.84 /week
Family	\$ 93.94 /week	Employee/Spouse	\$ 61.65 /week

**Anthem PPO Blue Access Option 1 with Rx Option K**

Cost to **ALL Employees:**

Employee	\$ 42.65 /week	Employee/child(ren)	\$ 76.76 /week
Employee/Spouse	\$ 89.56 /week	Family	\$136.47/week

**DENTAL INSURANCE (Guardian)**

*No cost for employee coverage.* Family coverage available for **\$9.80 per week**

**GROUP LIFE INSURANCE (Guardian)**

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

**VISION INSURANCE (Avesis)**

*No cost for employee coverage.*

Employee +1	\$ 1.05/week
Family	\$ 2.22/week

**PAID VACATIONS**

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

**6 Paid Holidays per year and 2 PERSONAL DAYS** *Eligible after one year employment (non-exempt employees only)*

*\*excludes salary paid employees (exempt employees)*

**401K RETIREMENT PLAN**

Eligible after one year of employment. Open-enrollments are Jan 1 and July 1 each year

Usher will match half of your deferral up to 3% of your pay.

**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.

**Flexible Health and Dependent Care Spending Accounts (eligible after one year of employment)**

**Cafeteria Plan (Section 125 Pre-tax Plan)**

**Pay percentage is based on seniority as follows:**

Up to 1 year	23.5%
After 1 year	24.0%
2 years	24.5%
5 years	25.0%
10 years	26.0%