



**Vision Plan Benefit Summary – Non-Union
United Healthcare**

IN-NETWORK ONLY BENEFITS											
Vision Exams	Covered at 100% once in a calendar year										
Single Vision Lenses	Covered at 100% once in a calendar year										
Bifocal Lenses	Covered at 100% once in a calendar year										
Trifocal Lenses	Covered at 100% once in a calendar year										
Lenticular Lenses	Covered at 100% once in a calendar year										
Additional Services	<table border="0"> <tr> <td>Sunglasses / Tints</td> <td>UV Coating</td> </tr> <tr> <td>Polycarbonate Lenses</td> <td>Anti-Reflective Coating</td> </tr> <tr> <td>Edge Coating</td> <td>Transition Coating</td> </tr> <tr> <td>Photochromatic Coating</td> <td>Progressive Lenses</td> </tr> <tr> <td>Scratch Resistant Coating</td> <td></td> </tr> </table>	Sunglasses / Tints	UV Coating	Polycarbonate Lenses	Anti-Reflective Coating	Edge Coating	Transition Coating	Photochromatic Coating	Progressive Lenses	Scratch Resistant Coating	
Sunglasses / Tints	UV Coating										
Polycarbonate Lenses	Anti-Reflective Coating										
Edge Coating	Transition Coating										
Photochromatic Coating	Progressive Lenses										
Scratch Resistant Coating											
Eyeglass Frames	Covered up to 100% once in a calendar year Applicable allowance depending on whether the frames are acquired through an independent or retail provider.										
Contact Lenses, in lieu of glasses	<p>Covered up to the following once in a calendar year:</p> <p><u>Select Contacts</u> Covered at 100%. Includes 4 boxes of disposable contact lenses, evaluation, fitting, and 2 follow-up visits for “select” contacts</p> <p><u>Non-Select Contacts</u> Covered at 100% up to \$105 reimbursement. Examples of Non-Select contacts are toric, gas permeable, and bifocal</p>										
Lasik Eye Surgery	Available at a discount										
Miscellaneous	No claim forms are required There is no outlay of cash for covered services up to the maximum benefit There is no balance billing										

**Basic Life/AD&D Benefit Summary – Non-Union
Unum**

Item	Benefit
Benefit Amount / Life	1 times salary to a maximum of \$50,000
Reduction Schedule	<p>Basic Life: None</p> <p>Basic AD&D: None</p>

This Benefit Summary is only a brief summary of your benefits. We have tried to ensure its accuracy, but if there is any discrepancy between the benefits shown above and the official plan documents and agreements, the official documents will rule.



Voluntary Short Term Disability Coverage – Non-Union	
Unum	
Item	Benefit
Elimination Period (period of disability before Short Term Disability benefits are payable)	Accident, Hospital Confinement or outpatient surgery – 14 days of disability Sickness - 14 days benefits are payable on the 15th day
Benefit Amount	60% of earnings
Weekly Benefit Maximum	\$600
Duration of Benefit Period	24 weeks
Benefit Offsets	State disability benefits, No-fault motor vehicle disability income, Family social security benefits

Long Term Disability – Non-Union	
MESSA	
Item	Benefit
Eligibility	Each regular full-time employee
Elimination Period	180 days (or greater of accrued sick leave)
Maximum Benefit Period	To age 65 or 3 years, whichever comes first
Benefit Amount	60% of covered earnings to a maximum of \$1,350 per month
Benefit Offsets	Benefits may be offset by the following: Canada and Quebec Pension Plans Railroad Retirement Act Government disability or retirement plan Sick leave or salary continuation plan of the Employer No-fault auto insurance Workers' compensation Occupational disease Unemployment compensation law or similar state or federal law Social Security disability or retirement benefits Retirement Plan benefits funded by the Employer Franchise or group insurance or similar plan

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September 2017

Flexible Spending Accounts – Non-Union Employee Benefit Concepts	
Item	Benefit
Health Care Reimbursement Account (HCRA) <i>(Available only to those opting out of the medical plans)</i>	Annual Maximum: \$2,600
Dependent Care Reimbursement Account (DCRA)	Annual Maximum: \$5,000

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