



Benefits Summary

December 1, 2014 – November 30, 2015

(Benefits subject to change at the Company's discretion)

PAID TIME OFF: (PTO Accrual increases based upon time with CaVU)

12 days per year for Non-Exempt Employees
15 days per year for Exempt Employees

PAID HOLIDAYS – 10 FEDERAL HOLIDAYS

MEDICAL BENEFITS: HMO, PPO AND EMPLOYEE BUY-UP OPTION

See attached benefits descriptions

100% employer paid premium for employee and dependents

Aetna CA Silver MC 1000 75/50
\$30 Office Co-pay / \$30 Specialists
\$1,000 individual deductible (per calendar year)
Aetna CA Gold HMO Copay Plan
No Deductible
\$30 Office Co-pay / \$50 Specialists

Employee buy-up option – employee pays difference in premium between CaVU paid premium

Aetna CA Platinum MC Copay Plan
No deductible
\$20 Office Co-pay / \$40 Specialist

DENTAL BENEFITS: HMO OR PPO

See attached benefits description

100% employer paid premium for employee and dependents

Aetna DMO Co-Pay Plan 56
Limit Dentist network with low Co-pays and no deductible/yearly max
Includes orthodontics
Aetna PPO 2000 Active
Larger Dentist network with both in and out of network benefits
\$50 deductible (\$150 Family) and \$2,000 Annual Maximum



EMPLOYER PAID AETNA TERM LIFE INSURANCE: \$50,000

401(K) PLAN – American Funds

Traditional 401 (K) or Roth 401 (K)

Company Matched Contributions: \$0.50 for every \$1 up to 3% of salary
(Match subject to 4 year vesting schedule)

VOLUNTARY VISION INSURANCE PLAN: UNITED HEALTHCARE

In-network Benefits:

Eye Exam	\$15 copay (every 12 months)
Lenses (single vision)	\$30 copay (every 12 months)
Lenses (bifocal)	\$30 copay (every 12 months)
Frames	\$30 copay, up to \$150 retail allowance (every 24 months)
Contact Lenses (conventional)	\$30 copay (every 12 months)

EMPLOYEE PER MONTH RATE

- Employee Rate \$8.00 per month
- Employee/Spouse \$15.20 per month
- Employee/Child(ren) \$17.76 per month
- Family \$25.04 per month

<https://www.myuhcvision.com/members/index.jsp>



GROUP VOLUNTARY TERM LIFE INSURANCE BUY-UP (for Employee and Spouse)

\$50,000 Guaranteed

Maximum \$300,000 (anything above \$50,000 requires health certification)

EMPLOYEE AND/OR SPOUSE PER MONTH RATE

EMPLOYEE OR SPOUSE	MONTHLY RATE EITHER EMPLOYEE OR SPOUSE	AD&D RATE EITHER EMPLOYEE OR SPOUSE	BI-WEEKLY RATE FOR \$50,000 OF ADDITIONAL TERM LIFE COVERAGE EMPLOYEE ONLY	BI-WEEKLY RATE FOR \$50,000 OF ADDITIONAL TERM LIFE COVERAGE SPOUSE ONLY
29 & UNDER	\$0.079 PER \$1,000	\$0.021	\$2.31	\$2.31
30 - 34	\$0.087 PER \$1,000	\$0.021	\$2.49	\$2.49
35 - 39	\$0.131 PER \$1,000	\$0.021	\$3.51	\$3.51
40 - 44	\$0.212 PER \$1,000	\$0.021	\$5.38	\$5.38
	\$0.326 PER \$1,000	\$0.021	\$8.01	\$8.01
50 - 54	\$0.532 PER \$1,000	\$0.021	\$12.76	\$12.76
55 - 59	\$0.835 PER \$1,000	\$0.021	\$19.75	\$19.75
60 - 64	\$1.159 PER \$1,000	\$0.021	\$27.23	\$27.23
65 - 69	\$2.140 PER \$1,000	\$0.021	NO RATE \$50K COVERAGE	NO RATE \$50K COVERAGE
70 & OVER	\$3.521 PER \$1,000	\$0.021	\$81.74	\$81.74

Benefit reduction schedule 35% at age 65 and 15% at age 70 for a total 50% reduction