

# bergankDV

## 2019 BENEFITS-AT-A-GLANCE

The following summary is an overview of the benefit programs that BerganKDV has made available for our team members who work an average of 30 hours per week or more. Eligibility for most benefits is the first of the month following your date of hire, except where otherwise noted. Summary Plan Descriptions (SPD's) provide an in-depth look at the eligibility requirements and plan provisions for certain programs. If there is any inconsistency between this summary and the SPD's, the SPD's will govern.

### MEDICAL INSURANCE

Provided by Medica

	\$3,500 Deductible HDHP with HSA	\$1,500 Deductible Copay Plan*
Deductible	\$3,500 individual/\$7,000 family	\$1,500 individual/\$4,500 family
Out-of-Pocket Max	\$3,500 individual/\$7,000 family	\$3,500 individual/\$7,000 family
Health Savings Account Compliant	Yes	No
Preventive Care & Immunizations	Covered 100%	Covered 100%
Office Visit & Urgent Care	Deductible, then covered 100%	\$35 copay
Hospitalization & Surgical Services	Deductible, then covered 100%	Deductible, then 80/20% coinsurance
Prescription Drug Copay	Preventive: 100% Covered Non-Preventive: Deductible, then covered 100%	Generic - \$12 copay Preferred Brand - \$50 copay Non-Preferred Brand - \$90 copay Specialty - 20% up to \$200

\*2019 will be the final year offering the copay plan.

### Monthly Contributions

	\$3,500 HSA Plan	\$1,500 Copay Plan
Employee Only	\$50.89	\$78.16
Employee + Spouse	\$321.12	\$383.62
Employee + Child(ren)	\$292.99	\$360.03
Family	\$458.55	\$547.81

### HEALTH SAVINGS ACCOUNT (HSA)

BerganKDV will provide annual contributions on a per paycheck basis.

Annual Employer Contributions*	
Employee	\$500
Employee + Spouse	\$750
Employee + Child(ren)	\$750
Family	\$1,000

2019 IRS Contribution Limit (Employer + Employee)	
Employee	\$3,500
Family	\$7,000
Catch-Up Contribution (over age 55)	\$1,000

\*Only available if enrolled in BerganKDV health insurance plan.

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## FLEXIBLE SPENDING ACCOUNT (FSA)

2019 IRS Contribution Limit	
Health and Limited Purpose FSA	\$2,700
Dependent Care FSA	\$5,000 per family

## DENTAL INSURANCE

Provided by Delta Dental of Iowa

Benefit Levels	Dental Network Options	
	PPO Network <i>(offers greatest cost savings)</i>	Premier Network <i>(offers largest provider network)</i>
Deductible	\$15 per individual; \$45 per family	\$25 per individual; \$75 per family
Annual Maximum	\$1,500	\$1,000
Preventive	100%	100%
Basic	Deductible, then 90%	Deductible, then 80%
Major	Deductible, then 50%	Deductible, then 50%

Election	Monthly Contribution
Employee Only	\$32.60
Employee + Spouse	\$65.20
Employee + Child(ren)	\$73.35
Family	\$115.35

## VISION INSURANCE

Provided by EyeMed

Vision Plan Benefits	
Material Copay	\$25 (see benefit summary)
Frequency of Services	
Lenses	12 months
Frames	12 months
Maximum Allowances (in-network)	
Frames	\$150 allowance, plus 20% off amount over allowance
Contact Lenses	\$150 allowance, plus 15% off amount over allowance
Lasik	15% off retail

Election	Monthly Contribution
Employee Only	\$6.13
Employee + Spouse	\$11.65
Employee + Child(ren)	\$12.26
Family	\$18.02

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## OTHER BENEFITS

- **Voluntary Employee-Paid Short Term Disability**
- **Voluntary Employee-Paid Long Term Disability**
- **Voluntary Employee-Paid Life and AD&D Insurance for Employee, Spouse, and/or eligible Child(ren)**
- **Employer-Paid AICPA Life Insurance** (3x Annual Salary to a maximum of \$300,000. Eligible after 6 months of employment.)

## 401(k) PLAN

- Eligible employees can contribute immediately
- Defer up to \$19,000 annually, plus \$6,000 if age 50 or older
- Safe harbor match
  - Eligible for company match after 1 year of employment
  - 100% of the first 3%, and 50% of the next 2%. If you contribute at least 5%, you get 4% match
  - 100% vested immediately

## PAID TIME OFF (PTO) AND PAID HOLIDAYS

Years of Service Completed	Nebraska Non-Exempt	Nebraska Exempt	Other Offices	Holiday Schedule
0-3 Calendar Years	64 Hours (8 days)	Unlimited	128 Hours (16 days)	New Year's Day
4-5 Calendar Years	80 Hours (10 days)	Unlimited	152 Hours (19 days)	Memorial Day
6-9 Calendar Years	90 Hours (12 days)	Unlimited	168 Hours (21 days)	Independence Day
10+ Calendar Years	112 Hours (14 days)	Unlimited	208 Hours (26 days)	Labor Day
				Thanksgiving Day
				Day After Thanksgiving
				Christmas Day
				One Floating Holiday

## VOLUNTEER TIME

Full-time team members will be allowed 8 hours of paid volunteer time per calendar year to volunteer for non-firm or non-office sponsored volunteer opportunities. New team members are eligible for paid volunteer time after their first 90 days of employment.

## TEAM MEMBER DEVELOPMENT

At BerganKDV, we empower our team members with the ability to achieve professional achievement and credential advancement. We help you stay current on key regulations, technologies and best practices by providing onsite training or paying a portion of professional dues, certifications fees and/or continuing education costs.

## HEALTH AND WELLNESS

BerganKDV has a Wellness Committee, THRIVE, focused on sponsoring ways to refresh team members both physically and mentally while at work and during off hours. Team members can choose from a variety of activities that encompass career, community, financial, social, and physical well-being. Events include monthly lunch & learns, wellness challenges & competitions, food drives, organized physical events, and more.