

KOHNER PROPERTIES, INC. 2014 INSURANCE BENEFITS

Kohner Properties, Inc. makes available health, dental, life and short term disability insurance to all regular full-time employees in order to provide financial security for you and your family in times of illness, injury or death. Also available are voluntary life and long term disability coverage, as well as a health and dependent care FSA programs, and 401k.

You will be eligible for these benefits as of the waiting periods listed below. Medical and Dental coverage will be in effect on the 1st of the month following your 60 day waiting period, upon timely submission of the required enrollment forms. These enrollment forms will be provided to you prior to your 60 day mark.

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

90 day waiting period

<u>Premiums</u>	<u>Standard Benefit</u>	<u>Accidental Death</u>	<u>Dismemberment</u> (loss of limb)
100% Employer Paid	\$25,000*	\$25,000*	Benefit depends on degree of disability

* Benefit Amounts are reduced by 35% at age 65, 70, and 75

MEDICAL & DENTAL INSURANCE

Per Payroll Contributions – 26 Pay Periods

<u>Coverage</u>	<u>Tobacco Free</u> <u>Base / Buy Up</u>	<u>Tobacco</u> <u>Base / Buy Up</u>	
Employee	\$40 / \$115	\$56 / \$140	Benefits are effective as of the first of the month following 60 days of employment.
Employee & Spouse	\$170 / \$275	\$192 / \$302	
Employee & Children	\$145 / \$235	\$166 / \$260	
Family	\$245 / \$385	\$270 / \$417	

SHORT TERM DISABILITY INSURANCE

1 YEAR WAITING PERIOD for eligibility

<u>Premiums</u>	<u>Waiting Period</u>	<u>Weekly Benefit</u>	<u>Benefit</u> <u>Duration</u>	<u>Partial Disability</u>
100% Employer Paid	14 days of medically certified absence due to non-work related injury or illness	60% of your base pay up to \$500 per week	Up to 11 Weeks	Partial payment made for shortened work hours

All deductions are made on a pre-tax basis, which means you do not pay Federal, State and FICA taxes on the income that pays for insurance benefits.

Medical and dental benefit summaries will be provided within your first 60 days of employment or upon request.



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The following information is a brief overview of information regarding Kohner Properties, Inc. health insurance benefit plan. Please refer to specific benefit sections in the Plan document, Schedule of Benefits or Summary Plan Description for more detailed lists of available benefits and explanations.

Base Plan

DESCRIPTION OF MEDICAL BENEFITS Effective January 1, 2011	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Deductible Individual Family	\$1000 \$2000	\$2000 \$4000
Calendar Year Out-of-Pocket Maximum (including deductibles and excluding co-pays) Individual Family	\$2,000 \$4,000	\$5000 \$10000
Hospital Services Inpatient Outpatient	70% after deductible	50 % after deductible
Emergency Room Services Co-pay is waived if a patient is admitted as inpatient, then inpatient benefits apply	\$200 co-pay then 70% non deductible applies to Network out-of-pocket	\$200 co-pay then 70% non deductible applies to Network out-of-pocket
Urgent Care Facility	\$35 co-pay then 70%	50% after deductible
Physicians Office Visits Wellness Care Specialist	\$25 co-pay then 100% \$50 copay	50% after deductible
Eye Examinations	\$25 co-pay then 100%	50% after deductible
Pharmacy co-pays	\$10/50/75	\$10/50/75

Buy Up Plan

DESCRIPTION OF MEDICAL BENEFITS Effective January 1, 2011	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Deductible Individual Family	\$500 \$1000	\$1000 \$2000
Calendar Year Out-of-Pocket Maximum (including deductibles and excluding co-pays) Individual Family	\$2000 \$4000	\$5000 \$10000
Hospital Services Inpatient Outpatient	90% after deductible	60% after deductible
Emergency Room Services Co-pay is waived if a patient is admitted as inpatient, then inpatient benefits apply	\$200 co-pay 90% no deductible Applies to Network out-of pocket	\$200 co-pay 90% no deductible Applies to Network out-of pocket
Urgent Care Facility	\$35 co-pay then 90%	60% after deductible
Physicians Office Visits Wellness Care Specialist	\$25 co-pay then 100% \$50 copay	60% after deductible
Eye Examinations	\$25 co-pay then 100%	60% after deductible
Pharmacy co-pays	\$10/50/75	\$10/50/75



