

# 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 1<sup>st</sup> 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) Benefit depends on degree of disability
100% Employer Paid	\$25,000*	\$25,000*	

\* 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 Base / Buy Up</u>	<u>Tobacco Base / Buy Up</u>	Benefits are effective as of the first of the month following 60 days of employment.
Employee	\$40 / \$115	\$56 / \$140	
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 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
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Calendar Year Deductible</b> Individual Family	\$1000 \$2000	\$2000 \$4000
<b>Calendar Year Out-of-Pocket Maximum</b> (including deductibles and excluding co-pays)  Individual Family	  \$2,000 \$4,000	  \$5000 \$10000
<b>Hospital Services</b>  Inpatient Outpatient	  70% after deductible	  50 % after deductible
<b>Emergency Room Services</b>  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
<b>Urgent Care Facility</b>	\$35 co-pay then 70%	50% after deductible
<b>Physicians Office Visits Wellness Care</b>  <b>Specialist</b>	\$25 co-pay then 100%  \$50 copay	50% after deductible
<b>Eye Examinations</b>	\$25 co-pay then 100%	50% after deductible
<b>Pharmacy co-pays</b>	\$10/50/75	\$10/50/75

### Buy Up Plan

DESCRIPTION OF MEDICAL BENEFITS Effective January 1, 2011	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Calendar Year Deductible</b> Individual Family	\$500 \$1000	\$1000 \$2000
<b>Calendar Year Out-of-Pocket Maximum</b> (including deductibles and excluding co-pays)  Individual Family	  \$2000 \$4000	  \$5000 \$10000
<b>Hospital Services</b>  Inpatient Outpatient	  90% after deductible	  60% after deductible
<b>Emergency Room Services</b>  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
<b>Urgent Care Facility</b>	\$35 co-pay then 90%	60% after deductible
<b>Physicians Office Visits Wellness Care</b>  <b>Specialist</b>	\$25 co-pay then 100%  \$50 copay	60% after deductible
<b>Eye Examinations</b>	\$25 co-pay then 100%	60% after deductible
<b>Pharmacy co-pays</b>	\$10/50/75	\$10/50/75



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