

It's Maid Day is proud to offer a robust benefits program for our full time employees.

In addition to these benefits outlined below, It's Maid Day provides all employees with a company paid life insurance benefit. It's Maid Day pays for this \$25,000, life insurance plan through The Hartford insurance company. This benefit along with rest of these benefits, go into effect the <u>first of the month following 60 days</u>.

It's Maid Day also provides a 401(k) plan with matching contributions that goes into effect after 90 days of employment.

### HOW TO ENROLL:

You were provided a beneficiary form for the company paid life insurance in your new employee packet, which included your employee paperwork and tax forms. Make sure to return this form to the office. We will submit this form for you.

You will receive an email from FrankCrum, our benefits provider, about a week after your first day of employment. This email will contain links and instructions on how you can enroll in the following benefits using an online enrollment portal.

Your enrollment in the 401(k) plan will also be through an online portal. Look for an email from PAI our 401(k) administrator.

## Dental - MetLife

Available to employees working 30 hours or more per week

- · Multiple plans to select from with various coverage levels
- · Plans with no waiting period are available

- · Employee deductions available on a pre-tax basis
- No employer participation or contribution required
- · Child and Adult Orthodontics included with High PPO Plan election

| Coverage Type | High F     | PPO Plan       | Low P      | PO Plan        | DHMO Plan     |
|---------------|------------|----------------|------------|----------------|---------------|
|               | In Network | Out of Network | In Network | Out of Network | In Network    |
| PREVENTATIVE  | 100%       | 100% of R&C*   | 100%       | 100% of PDP**  | No Copay      |
| BASIC         | 80%        | 80% of R&C*    | 80%        | 50% of PDP**   | No Copay      |
| MAJOR         | 50%        | 50% of R&C*    | 50%        | 20% of PDP**   | SPD for Copay |

The DHMO is available in CA, TX, and FL. TX, MA, MT, MS, and LA can only select the High PPO. All other states can choose High or Low PPO plans.

DEDUCTIBLE

| Individual     | \$50    | \$50    | \$50    | \$75    | None |
|----------------|---------|---------|---------|---------|------|
| Family         | \$150   | \$150   | \$150   | \$225   | None |
| ANNUAL MAXIMUM |         |         |         |         |      |
| Per Person     | \$5,000 | \$1,500 | \$1,000 | \$1,000 | NA   |
|                |         |         |         |         |      |

Orthodontics available in DHMO: \$1,000 copay for partial, \$1,850 for full benefits, covers 24 months of R&C Orthodontic treatment and 24 months of retention.

\*R&C-Reasonable & Customary-Rendered by a Non Participating Provider and based on the lowest of either the actual charge or the usual charge of most dentists in the same geographical area for the same service. \*\*Fees that MetLife Preferred Dentist Program Network Dentists have agreed to accept as payment in full.

| Monthly Rates     | PPO High | PPO Low | DHMO (FL) | DHMO (TX) | DHMO (CA) |
|-------------------|----------|---------|-----------|-----------|-----------|
| EMPLOYEE          | \$47.34  | \$26.75 | \$17.18   | \$15.17   | \$15.98   |
| EMPLOYEE + SPOUSE | \$95.15  | \$54.25 | \$29.80   | \$28.90   | \$29.93   |
| EMPLOYEE + CHILD  | \$102.21 | \$57.12 | \$30.59   | \$29.80   | \$31.12   |
| FAMILY            | \$152.54 | \$95.91 | \$47.24   | \$43.21   | \$42.34   |

# Vision - MetLife

- · Available to employees working 30 hours or more per week
- · No employer contribution or participation required
- Eye health exam, dilation, prescription and refraction for glasses covered with \$0 copay
- Frames \$150 allowance once every 24 months
- · Contact lenses (instead of eye glasses) once every 12 months
  - Contact fitting and evaluation: Covered in full with a maximum copay of \$60

- Elective lenses: \$150 allowance
- Necessary lenses: Covered in full after eyewear copay

#### Second Pair Benefit

This benefit gives you additional eyewear coverage. You can get:

- · Two pairs of prescription eyeglasses; or
- One pair of prescription eyeglasses and an allowance toward contact lenses; or
- Double your contact lens allowance
- Monthly Rates: Employee Only \$8.39 | Employee + One \$16.81 | Employee + Children \$17.98 | Family \$28.76

## Hospital Indemnity - MetLife

- · Pays cash directly to participant for hospital/ICU admission/confinement
- Monthly Rates: Employee Only \$31.52 | Employee + Spouse \$60.08 | Employee + Children \$56.00 | Family \$95.20

# Accident - MetLife

- Pays cash directly to participant for accidental events and other medical services including dislocations, fractures, concussions, burns, ambulance rides, medical testing and physical therapy
- Low Plan Monthly Rates: Employee Only \$5.68 | Employee + Spouse \$10.66 | Employee + Children \$11.59 | Family \$14.62
- High Plan Monthly Rates: Employee Only \$10.77 | Employee + Spouse \$19.96 | Employee + Children \$21.68 | Family \$27.40

## **Critical Illness - MetLife**

· Pays cash directly to the insured for cancer, heart attack, stroke, heart transplant and other conditions as defined in the policy

#### \$15,000 BENEFIT MONTHLY RATES:

| Employee Only | Employee + Spouse                    | Employee + Children                                                                                                    | Family                                                                                                                                                                              |
|---------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| \$3.60        | \$6.15                               | \$6.45                                                                                                                 | \$9.00                                                                                                                                                                              |
| \$3.90        | \$6.45                               | \$6.75                                                                                                                 | \$9.45                                                                                                                                                                              |
| \$5.55        | \$8.85                               | \$8.40                                                                                                                 | \$11.70                                                                                                                                                                             |
| \$7.95        | \$12.45                              | \$10.95                                                                                                                | \$15.30                                                                                                                                                                             |
| \$12.30       | \$18.75                              | \$15.30                                                                                                                | \$21.60                                                                                                                                                                             |
|               | \$3.60<br>\$3.90<br>\$5.55<br>\$7.95 | \$3.60         \$6.15           \$3.90         \$6.45           \$5.55         \$8.85           \$7.95         \$12.45 | \$3.60         \$6.15         \$6.45           \$3.90         \$6.45         \$6.75           \$5.55         \$8.85         \$8.40           \$7.95         \$12.45         \$10.95 |

### \$30,000 BENEFIT MONTHLY RATES:

| Age*  | Employee Only | Employee + Spouse | Employee + Children | Family  |
|-------|---------------|-------------------|---------------------|---------|
| <25   | \$7.20        | \$12.30           | \$12.90             | \$18.00 |
| 25-29 | \$7.80        | \$12.90           | \$13.50             | \$18.90 |
| 30-34 | \$11.10       | \$17.70           | \$16.80             | \$23.40 |
| 35-39 | \$15.90       | \$24.90           | \$21.90             | \$30.60 |
| 40-44 | \$24.60       | \$37.50           | \$30.60             | \$43.20 |

\*More rates by age bracket available upon request. \*Pre-existing condition exclusions apply.

# Term Life and AD&D - MetLife

- TOTAL AVAILABLE: Employee: \$10,000 increments to the lesser of 5 times your basic annual earnings or %500,000; EOI lesser of 3 times pay and \$100,000
  - Spouse/Domestic Partner: \$5,000 increments up to \$100,000, up to 50% of your coverage amount: EOI \$25,000 Children: \$10,000
- · GUARANTEE ISSUE: Up to three times annual pay or \$100,000, whichever is less
- · ELIGIBILITY: Available to employees working 30 hours or more per week
- SERVICES INCLUDED: Grief counseling, funeral discounts and planning, life settlement accounts, travel assistance, will
  preparation, estate resolution, access to willcenter.com and retirement planning

No employer participation or contribution is required.

#### VOLUNTARY TERM LIFE RATES:

| Age*     | Monthly Cost per \$1,000 of Employee Coverage | Monthly Cost per \$1,000 of Employee Coverage |
|----------|-----------------------------------------------|-----------------------------------------------|
| <30      | \$0.070                                       | \$0.070                                       |
| 30-34    | \$0.090                                       | \$0.090                                       |
| 35-39    | \$0.100                                       | \$0.100                                       |
| Employee | s's child(ren) cost \$0.138                   |                                               |

\*More rates by age bracket available upon request.

### Short Term Disability - MetLife

- BENEFIT DURATION: 26 weeks
- · ELIMINATION PERIOD: 14 days for injury or sickness including pregnancy
- · BENEFIT: 60% of weekly earnings up to a weekly benefit maximum of \$1,000.00
- · COST: \$0.65 per \$10 of weekly benefit

# Long Term Disability – MetLife

#### · BENEFIT DURATION:

| Age on Date of Disability | Benefit Duration    |
|---------------------------|---------------------|
| <60                       | To age 65           |
| 60-64                     | 5 Years (60 months) |
| 65-69                     | To age 70           |
| 70+                       | 12 months           |

· ELIMINATION PERIOD: 180 days

• BENEFIT: 60% of monthly earnings up to a monthly benefit maximum of \$5,000.00

### Employee Rate Per \$100 Covered Monthly Payroll

| Attained Age* | Premium Calculation |
|---------------|---------------------|
| < 34          | 0.260               |
| 35-39         | 0.350               |

"More rates by age bracket available upon request.

Short Term and Long Term Disability are available to employees working 30 hours or more per week. No employer participation or contribution required.

## Legal Services - MetLaw

- · Provides discounted legal services in the areas of real estate, family, traffic, consumer protection and more
- Monthly Cost (covers spouse and dependents) \$18.00
- · Available to employees regardless of hours worked

# Flexible Spending Account (FSA)

- · Available to employees working 30 hours or more per week
- No employer contribution or participation required
- Enrollment in FSA is based on calendar year (1/1 to 12/31)
- Medical Expense Reimbursement (MER) FSA
  - Can be used for qualified medical expenses including deductibles, copayments and coinsurance
- Limited-Purpose (LP) FSA
  - Can be used in conjunction with an HSA and allows pre-tax dollars for dental and vision expenses

For MER and LP FSA 2020 pre-tax contribution limit is \$2,750

- Dependent Care (DC) FSA
  - · Can be used for qualified dependent care expenses, including:
    - Daycare
    - Preschool
    - Elderly care or
    - Other dependent care
- For DC FSA 2020 pre-tax contribution limit is set at
- \$5,000 for a married couple filing jointly
- · \$2,500 for a married person filing separately
- \$5,000 for a single parent