

2022 Benefits at a Glance | Employee

Medical Plan Options Group Resources *Eligibility: 90 days*

Benefits	PPO		HDHP	
	You Pay (In-Network)	You Pay (Out-of-Network)	*You Pay (In-Network)	*You Pay (Out-of-Network)
Deductible	\$2,000 Individual \$4,000 Family	\$5,000 Individual \$10,000 Family	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$15,000 Family
Out-of-Pocket Maximum (includes deductible)	\$4,000 Individual \$8,000 Family	Unlimited	\$3,500/\$7,000	Unlimited
Co-insurance	20%	60%	0%	60%

**Embedded Deductible Rules Apply*

Bi-Weekly Employee Premiums

PPO				HDHP				Group Resources
Employee	Employee + Spouse	Employee + Child(ren)	Family	Employee	Employee + Spouse	Employee + Children	Family	
\$44.04	\$259.29	\$207.21	\$341.68	\$29.74	\$198.09	\$181.73	\$294.33	

Health Savings Account (HSA) Contributions

THA Group contributes a \$400 match into your HSA, in increments of \$100 at the end of each quarter. Must be active employee at time of payout.

Basic and Voluntary Life Insurance Lincoln *Eligibility: 90 days*

Basic and Voluntary Life Insurance	Benefit	Lincoln
Company Paid Employee Basic Life	\$50,000	
Employee Voluntary Life Insurance	Increments of \$10,000 not to exceed 5 times salary	

Vision Plan EyeMed *Eligibility: 90 days*

Vision Plan Coverage		Vision Plan Bi-Weekly Premium		eyemed
Eye Exam	\$10 copay	Employee	\$2.77	
Contact Lenses - Conv	Up to \$130 Allowance	Employee + Spouse	\$5.27	
Contact Lenses - Disp	Up to \$130 Allowance	Employee + Child(ren)	\$5.55	
Eyeglass Frames	Up to \$130 Allowance	Employee + Family	\$8.16	
Eyeglass Lenses	\$25 copay			

Ability to use frame and contact lens allowance in same year. Eye360 features \$0 eye exam and additional dollars for frames at PLUS Providers.

Dental Plan 1 Principal *Eligibility: 90 days*

Preventative Services (In-Network)	You Pay 0%	Low Plan		Principal
Basic Services (In-Network)	You Pay 20% after deductible	Employee	\$16.52	
Major Services (In-Network)	You Pay 50% after deductible	Employee + Spouse	\$32.82	
Annual Program Maximum	\$1,500 (\$1,000 Lifetime Ortho)	Employee + Child(ren)	\$36.33	
		Employee + Family	\$56.29	

This is not a binding contract and is not intended as a complete description of the insurance coverage offered. Please refer to the certificate of coverage for full details. Should there be a difference between the summary and the contract the contract will govern.

2022 Benefits at a Glance | Employee (Cont'd)

Dental Plan 2

Principal

Eligibility: 90 days

Preventative Services (In-Network)	You Pay 0%	High Plan	
Basic Services (In-Network) Major	You Pay 20% after deductible	Employee	\$17.89
Major Services (In-Network)	You Pay 50% after deductible	Employee + Spouse	\$35.51
Annual Program Maximum	\$2,000 (\$1,000 Lifetime Ortho)	Employee + Child(ren)	\$41.04
		Employee + Family	\$62.94



Retirement 401K

Fidelity Investments

Eligibility: 6 months /1000 hours

THA Group's 401K plan enables you to save for retirement and enjoy a tax break at the same time. Your contribution may be on a pre-tax basis through payroll deduction. THA Group has a discretionary match of up to 3% determined annually. We also accept rollover contributions from previous employer plans.



Disability

	Benefit Begins	Benefit Duration	You will receive	Up to a Max of
Voluntary Short-term disability	15th day of injury or sickness	13 weeks	60% of weekly earnings	\$500 weekly benefit
Employer Paid Long-Term disability	90 days of injury or sickness	Until Social Security Normal Retirement Age for Any Occupation 2 Years for Own Occupation	60% of monthly earnings	\$6,000 monthly

Paid Time Off Immediate Accrual | Eligibility For Use: 90 days At THA Group we offer paid and unpaid time off to meet the diverse needs of our employees.

PTO Accrual for Employees with an Average Work Week of at Least 24 Hours (.6)

Completed Years of Service	Additional Days	Full-Time	.8 FTE	.6 FTE
Less than 2 years		17 days	13.6 days	10.2 days
2 years	+1	18 days	14.4 days	10.8 days
3 years	+1	19 days	15.2 days	11.4 days
4 years	+3	22 days	17.6 days	13.2 days
5 years	+1	23 days	18.4 days	13.8 days
6 years	+1	24 days	19.2 days	14.4 days
7 years	+1	25 days	20 days	15 days
8 years	+1	26 days	20.8 days	15.6 days
9 years	+1	27 days	21.6 days	16.2 days

Company Paid Holidays

New Year's Day Memorial Day Independence Day Labor Day Thanksgiving Christmas Day

Additional Benefits

Bereavement Leave and Jury Duty Pay
AFLAC Supplemental Insurance

Verizon Discount (22%)
Employee Assistance Program (EAP)

Purple Perks
Continuing Education Unit (CEU) Reimbursement

This is not a binding contract and is not intended as a complete description of the insurance coverage offered. Please refer to the certificate of coverage for full details. Should there be a difference between the summary and the contract the contract will govern.