

**OMNISEC INTERNATIONAL SECURITY SERVICES, INC.**  
**BENEFITS COST SHEET - 2016**  
**FDIC – UNION EMPLOYEE**

**Employer Health & Welfare Contribution = \$4.27/hr paid (= \$341.60 per pay period for 80 hours paid) AHW**

| TYPE OF COVERAGE   | LEVEL OF COVERAGE                      | BI-WEEKLY PAYROLL DEDUCTION   |
|--|--|---|
| <b>MEDICAL: OPEN CHOICE PPO HDHP</b><br>(UnitedHealthcare)<br><a href="http://www.uhc.com">www.uhc.com</a>                             | Employee Only                          | \$172.48  |
|  | Employee + Children                    | \$307.97  |
|  | Employee + Spouse                      | \$393.07  |
|  | Employee + Family                      | \$507.06  |
| <b>MEDICAL: OPEN CHOICE PPO BUY UP</b><br>(UnitedHealthcare)<br><a href="http://www.uhc.com">www.uhc.com</a>                           | Employee Only                          | \$209.69  |
|  | Employee + Children                    | \$374.40  |
|  | Employee + Spouse                      | \$477.87  |
|  | Employee + Family                      | \$616.45  |
| <b>DENTAL: PPO</b><br>(UnitedHealthcare)<br><a href="http://www.uhc.com">www.uhc.com</a>   | Employee Only                          | \$16.37   |
|  | Employee + Children                    | \$31.71   |
|  | Employee + Spouse                      | \$24.49   |
|  | Employee + Family                      | \$53.21   |
| <b>VISION TRADITIONAL PLAN</b><br>(AMERITAS GROUP)<br><a href="http://www.ameritasgroup.com/member">www.ameritasgroup.com/member</a>   | Employee Only                          | \$3.18  |
|  | Employee + One                         | \$5.58  |
|  | Employee + Family                      | \$7.44  |
| <b>VISION REIMBURSEMENT PLAN</b><br>(AMERITAS GROUP)<br><a href="http://www.ameritasgroup.com/member">www.ameritasgroup.com/member</a> | Employee Only                          | \$3.77  |
|  | Employee + One                         | \$6.92  |
|  | Employee + Family                      | \$9.54  |
| <b>BASIC LIFE and AD&amp;D</b><br>(UnitedHealthcare)<br>\$50K BASIC LIFE<br>\$50K AD&D   | Employee Only                          | \$3.11  |
| <b>SHORT-TERM DISABILITY</b><br>(UnitedHealthcare)<br>(Pays 60% of salary from 8th day through 26 <sup>th</sup> week)                  | Employee Only                          | Weekly Salary x .60 = Weekly Benefit<br>Weekly Benefit x .582 = Monthly Premium<br>Mo. Premium / 10 x 12 / 26 = Payroll Deduction<br>(See ESS for cost)         |
| <b>LONG-TERM DISABILITY</b><br>(UnitedHealthcare)<br>(Pays 60% of salary after 26 Weeks)   | Employee Only                          | Monthly Salary x .0045 = Monthly Premium<br>Mo. Premium x 12 / 26 = Payroll Deduction<br>(See ESS for cost)   |
| <b>SUPPLEMENTAL LIFE FOR EMPLOYEE &amp; DEPENDENTS</b><br>(UnitedHealthcare)   | Employee Only<br>Spouse + Children     | Based on amount of insurance<br>(See ESS for cost)  |
| <b>SUPPLEMENTAL AD&amp;D FOR EMPLOYEE AND DEPENDENTS</b><br>(UnitedHealthcare)   | Employee Only<br>Spouse + Children     | Based on amount of insurance<br>(See ESS for cost)  |
| <b>ACCIDENT<br/>CANCER-Level 1<br/>CANCER-Level 2<br/>HOSPITAL INTENSIVE CARE</b><br>(AFLAC)   | Employee Only<br>Employee + Dependents | For information and/or an application, contact:<br><a href="mailto:Kathryn_anderson@us.aflac.com">Kathryn_anderson@us.aflac.com</a>                             |
| <b>EMPLOYEE ASSISTANCE PROGRAM – EAP</b><br>(UnitedHealthcare)   | Employee + Dependents                  | No cost to the employee or dependents.<br><a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a><br>or call 1-888-887-4114                        |
| <b>HSA-HEALTH SAVINGS ACCOUNT</b><br>(Optum Bank)<br><a href="https://www.optumbank.com/">https://www.optumbank.com/</a>               | Employee + Dependents                  | Employee Additional Voluntary Contributions<br>(See ESS for details)  |
| <b>FLEXIBLE SPENDING ACCOUNTS</b><br>(DISCOVERY)<br><a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>           | Employee + Dependents                  | \$5,000 annual pre-tax contribution Dependent Care  |
| <b>401(K) Pre-Tax SAVINGS PLAN<br/>ROTH After-Tax SAVINGS PLAN</b><br>(WELLS FARGO)  | Employee Only                          | A 401(k) packet will be mailed to your home address prior to your eligibility date and/or contact<br><a href="http://www.wellsfargo.com">www.wellsfargo.com</a> |

**Log onto Time & Expense with Employee Self Service (ESS) at <https://www.omniwebapps.com/te> within 30 days following your full-time employment status to complete enrollment and confirm your benefit elections.**