

**SUMMARY OF CURRENT BENEFITS AND LABOR**

**ATTACHMENT 6**

**SECTION 1**

**Summary of Current Benefits for Union Employees ONLY**

<b>Benefit</b>	<b>Eligibility</b>	<b>Level of Coverage</b>	<b>Amount of Coverage</b>
<b>Medical (Group Health)</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee, Spouse and Dependents.</b>	<p><b>\$500 Deductable for Individual &amp; \$1500 family</b></p> <p><b>Max out of Pocket for Individual \$2,000 and \$4,000 family (In-Network)</b></p> <p><b>Non-Network is \$4,000 (Individual)\$8,000 (Family)</b></p> <p><b>Physician Office Visits:</b></p> <ul style="list-style-type: none"> <li>• In Network \$20 encounter Fee</li> <li>• Non-network 60%-deductible applies.</li> <li>• Co-insurance: In Network: 80%</li> <li>• Non-network: 60%</li> </ul> <p><b>Unlimited Lifetime Maximum</b></p> <p><b>Prescription Drug:</b></p> <p><b>\$10 Generic, \$35 Preferred brand name, \$60 Non-Preferred brand name</b></p>
<b>Dental</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee, Spouse and Dependents.</b>	<b>Deductable \$50/150 (Single/Fam. Per calendar yr.) Prev. Care – 80%, Major – 50% W/ \$1000 per calendar yr. max.</b>
<b>Vision</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee, Spouse and Dependents.</b>	<p><b>EXAM - \$15.00 In Network.</b></p> <p><b>MATERIALS - \$30</b></p> <p><b>\$130.00 Toward Frames &amp; \$105.00 Toward Contacts</b></p>
<b>Accidental Death and Dismemberment</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee Only</b>	<p><b>Employee Max. 100,000 Min. 10,000</b></p> <p><b>ELECTIVE AND PREMIUM IS PAID BY EMPLOYEE</b></p>

<b>Basic Life Insurance</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee, Spouse and Dependents.</b>	<b>ELECTIVE AND PREMIUM IS PAID BY EMPLOYEE</b>
<b>Short Term Disability</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee Only</b>	<b>ELECTIVE AND PREMIUM IS PAID BY EMPLOYEE</b>  <b>MAX DRAW 12 WKS</b>
<b>Long Term disability</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee Only</b>	<b>ELECTIVE AND PREMIUM IS PAID BY EMPLOYEE</b>  <b>\$100 MIN.</b> <b>\$5,000.00 MONTHLY MAX.</b>
<b>401k Retirement Savings Plan</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee Only</b>	<b>EMPLOYEE CONTRIBUTION ONLY.</b> <b>NO COMPANY MATCH</b>
<b>Military Leave</b>	<b>Regular full-time employee.</b>	<b>Employee Only</b>	<b>10 DAYS PER CALENDAR YEAR WITH PRIOR APPROVAL OF PRESIDENT</b>
<b>Jury duty</b>	<b>Regular full-time employee.</b>	<b>Employee Only</b>	<b>ES&amp;H - ( 5) CALENDAR DAYS EVERY (2) YRS.</b>
<b>Educational Assistance</b>	<b>Regular full-time employee after completion of 1 year service.</b>	<b>Employee Only</b>	<b>NOT OFFERED</b>

**Summary of Current Benefits SCA Employees**

<b>Benefit</b>	<b>Eligibility</b>	<b>Level of Coverage</b>	<b>Amount of Coverage</b>
<b>Medical (Group Health)</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee, Spouse and Dependents.</b>	<p><b>\$500 Deductable for Individual &amp; \$1500 family</b></p> <p><b>Max out of Pocket for Individual \$2,000 and \$4,000 family (In-Network)</b></p> <p><b>Non-Network is \$4,000 (Individual)\$8,000 (Family)</b></p> <p><b>Physician Office Visits:</b></p> <ul style="list-style-type: none"> <li>• In Network \$20 encounter Fee</li> <li>• Non-network 60%-deductible applies.</li> <li>• Co-insurance: In Network: 80%</li> <li>• Non-network: 60%</li> </ul> <p><b>Unlimited Lifetime Maximum</b></p> <p><b>Prescription Drug:</b></p> <p><b>\$10 Generic, \$35 Preferred brand name, \$60 Non-Preferred brand name</b></p>
<b>Dental</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee, Spouse and Dependents.</b>	<b>Deductable \$50/150 (Single/Fam. Per calendar yr.) Prev. Care – 80%, Major – 50% W/ \$1000 per calendar yr. max.</b>
<b>Vision</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee, Spouse and Dependents.</b>	<b>EXAM - \$15.00 In Network. MATERIALS - \$30 \$130.00 Toward Frames &amp; \$105.00 Toward Contacts</b>
<b>Accidental Death and Dismemberment</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee Only</b>	<p><b>Employee Max. 100,000 Min. 10,000</b></p> <p><b>ELECTIVE AND PREMIUM IS PAID BY EMPLOYEE</b></p>

<b>Basic Life Insurance</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee, Spouse and Dependents.</b>	<b>ELECTIVE AND PREMIUM IS PAID BY EMPLOYEE</b>
<b>Short Term Disability</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee Only</b>	<b>ELECTIVE AND PREMIUM IS PAID BY EMPLOYEE</b>  <b>MAX DRAW 12 WKS</b>
<b>Long Term disability</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee Only</b>	<b>ELECTIVE AND PREMIUM IS PAID BY EMPLOYEE</b>  <b>\$100 MIN.</b> <b>\$5,000.00 MONTHLY MAX.</b>
<b>401k Retirement Savings Plan</b>	<b>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</b>	<b>Employee Only</b>	<b>EMPLOYEE CONTRIBUTION ONLY.</b> <b>NO COMPANY MATCH</b>
<b>Military Leave</b>	<b>Regular full-time employee.</b>	<b>Employee Only</b>	<b>10 DAYS PER CALENDAR YEAR WITH PRIOR APPROVAL OF PRESIDENT</b>
<b>Jury duty</b>	<b>Regular full-time employee.</b>	<b>Employee Only</b>	<b>( 5) CALENDAR DAYS EVERY (2) YRS.</b>
<b>Educational Assistance</b>	<b>Regular full-time employee after completion of 1 year service.</b>	<b>Employee Only</b>	<b>NOT OFFERED</b>

<p>NOT OFFERED</p>	<p>Employee Only</p>	<p>Regular full-time employee. 1<sup>st</sup> of the month following date of employment</p>	<p>FSA (Flexible Spending Account)</p>
<p>ANNUALLY BASED ON CBA</p>	<p>Employee Only</p>	<p>Regular full-time employee.</p>	<p>Merit Increases</p>
<p>IMMEDIATE FAMILY ONLY 3 DAYS WITH PAY IF OVER 300 MILES AWAY 2 DAYS WITH PAY</p>	<p>Employee Only</p>	<p>Regular full-time employee.</p>	<p>Bereavement</p>
<p>Vacation Leave 1 - 5 YRS = 10 DAYS 6 - 10 YRS = 15 DAYS 11 - 25 YRS = 20 DAYS 25 OR MORE = 25 DAYS 80 HRS. VACATION MAY BE CARRIED OVER Sick Leave 1 1/2 DAYS PER MONTH Holidays 10 PAID</p>	<p>Employee Only</p>	<p>Regular full-time exempt employees accrue vacation from date of hire.</p>	<p>PTO (Paid Time Off - covering holidays, vacation sick and personal time)</p>

PTO (Paid Time Off – covering holidays, vacation sick and personal time)	Regular full-time exempt employees accrue vacation from date of hire.	Employee Only SCA -EMPLOYEE	Vacation Leave : SCA Accrual is 2.31 Hrs. of (PTO) per 40 Hr. week  80 HRS. VACATION MAY BE CARRIED OVER  Sick Leave NONE  Holidays 10 PAID
Bereavement	Regular full-time employee.	Employee Only	2 DAYS WITH PAY  3 DAYS WITH PAY IF OVER 300 MILES AWAY  IMMEDIATE FAMILY ONLY
Merit Increases	Regular full-time employee.	Employee Only	BASED ON SCA
FSA (Flexible spending Account)	Regular full-time employee. 1 <sup>st</sup> of the month following date of employment	Employee Only	NOT OFFERED

**\*SCA Employees - have a monthly medical benefit allowance of \$622.27. This translates to an annual benefit allowance of \$7,467.24, to be used for Medical, Dental and Vision etc. This translates to a weekly benefit allowance amount of \$143.60. The employee is responsible for any amount over the weekly benefit allowance. If the employee has any allowance remaining it will go to the employee.**

**CURRENT LABOR CATEGORIES WITH FTES, AVERAGE YEARS OF SERVICE, ANNUAL SALARY RANGE, AND AVERAGE HOURLY RATES FOR NON-KEY PERSONNEL**

<b>Job Title</b>	<b>E/N</b>	<b>Current FTEs</b>	<b>Average Years of Service</b>	<b>Annual Salary Range</b>	<b>Average Hourly Rate</b>
Supply Technician	N	1	5	\$37,000 - \$46,000	\$20.11

E - Exempt

N - Nonexempt