



**Weaver 401(K) Savings and Investment**

Company's matching contribution is \$1.00 on each \$1.00 you contribute up to 10% of your annual earnings

**Degree Premium**

\$1.00 will be added to your hourly base rate upon successful verification of an Associate's degree or higher

**Weaver Educational Assistance Plan**

Reimburses you 100% of tuition, books, and required fees at the time of completion for approved courses – up to \$15,000 per calendar year!

**Weaver Scholarships**

Available to help finance undergraduate/vocational education of your children

**Basic Life & Accidental Death & Dismemberment Coverage**

\$25,000 Life and AD&D Benefit - Associate	\$15,000 Life Benefit - Spouse	\$15,000 Life Benefit - per child from age 6 months to age 21 years	\$500 Life Benefit - per newborn
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**Medical Plan Bi-weekly Contributions (Pre-tax)**

Coverage Tier	Core	Buy Up
Employee	\$ 34.23	\$ 71.38
Employee + Spouse	\$ 165.68	\$ 271.44
Employee + Child(ren)	\$ 92.94	\$ 166.11
Family	\$ 199.49	\$ 339.56

**2021 Dental Plan Bi-weekly Contributions (Pre-tax)**


Coverage Tier	
Employee	\$ 14.15
Employee + Spouse	\$ 28.30
Employee + Child(ren)	\$ 35.76
Family	\$ 52.79

**2021 Vision Plan Bi-weekly Contributions (Pre-tax)**

Coverage Tier	
Employee	\$ 2.61
Employee + Spouse	\$ 4.97
Employee + Child(ren)	\$ 5.82
Family	\$ 8.20


•Benefits begin after a 14 day elimination period for injury or sickness and pay for up to 11 weeks

•Pays benefit of 66 2/3% of weekly earnings up to \$1,200 per week.

**Short Term Disability** 

•Benefits begin after a 90-day elimination period for injury or sickness

•Pays benefit of 50% of monthly earnings up to \$3,000 per month

**Long Term Disability** 





2021 MEDICAL PLAN DESIGNS

Plan Feature	Core Plan	Buy Up Plan
Preventive Care Services	Covered in Full	Covered in Full
Office Visit		
Primary care	Deductible & Coinsurance	Deductible & Coinsurance
Specialist	Deductible & Coinsurance	Deductible & Coinsurance
Deductible:		
- Individual (In Network/Out)	\$6,000 / \$12,000	\$2,800 / \$8,400
- Family (In Network/Out)	\$12,000 / \$24,000	\$5,600 / \$16,800
Coinsurance (In Network/Out)	20% / 50%	20% / 50%
Out-of-Pocket (Includes Deductible):		
- Individual (In Network/Out)	\$7,000 / \$24,000	\$5,600 / \$16,800
- Family (In Network/Out)	\$14,000 / \$48,000	\$11,200 / \$33,600
Telehealth Services	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Home Health Care	Deductible & Coinsurance	Deductible & Coinsurance
X-Ray and Laboratory Services	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health & Substance Abuse Services	Deductible & Coinsurance	Deductible & Coinsurance
Plan Feature	<b>Retail and Mail Order</b>	
Tier 1	Preventive Medications (see list) Covered in Full	
Tier 2	All other Medications	
Tier 3	Deductible & Coinsurance	
Tier 4	Deductible & Coinsurance	

## Dental Plan- United Healthcare/PPO Plan Benefits

Plan Feature	Benefits
<b>Calendar Year Deductible</b>	\$50/\$150
<b>Annual Dental Maximum</b>	\$1,200
<b>Preventive Dental Services</b>	Covered %100
<b>Basic Dental Services</b>	80%, after deductible
<b>Major Dental Services</b>	50%, after deductible
<b>Orthodontia Services</b>	50% to Lifetime Max of \$1,200

## Vision Plan

### In Network Benefits Displayed Below

Vision Benefit	Frequency of Benefit	Copay
<b>Vision Exam</b>	Once every 12 months	\$10
<b>Single Vision Lenses</b>	Once every 12 months	\$25
<b>Glasses &amp; Frames</b>	Once every 24 months	Up to \$130 Allowance
<b>Contact Lenses (in place of glasses)</b> -Medically necessary -Non-Formulary contact lenses	Once every 12 months	\$25 No Copay \$130 Allowance

Vision Network – Spectra Eyecare  
Website – [www.myuhcvision.com](http://www.myuhcvision.com)



