

BENEFITS AT A GLANCE

CDHP AND DENTAL PLAN: BCBS

	Deductible	Co-Pay	Max OOP	Premium/ Cost per Week
Single	\$1,400	20%	\$2,250	\$20.19
2-Person	\$2,800	20%	\$4,500	\$40.38
Family	\$2,800	20%	\$4,500	\$50.00

VISION: VSP

	Premium/Cost per Week
Single	\$1.15
2-Person	\$2.31
Family	\$3.46

HEALTH SAVINGS ACCOUNT (HSA)

Quarterly Contribution

\$750 Single per year

\$1,500 2 Person/Family per year

Vacation

Years Employed	Vacation Days
120 Days	5
2 to 4	10
5 to 10	15
11	16
12	17
13	18
14	19
15 or more	20

For questions contact your HR Manager · **Casey Jobson** ·
hr@starofthewest.com · **Office (989) 652-7021** · **Cell**
(989) 385-0716

OTHER BENEFITS

401K

Company contribution after 1 year of employment and 1 year in the plan

SHORT/LONG TERM DISABILITY & LIFE INSURANCE

Short term: 6 weeks full pay; 6 month coverage
Long term: paid 66.67% through One America

PROFIT SHARING

Eligible after 1 full calendar year

WELLNESS PROGRAM

Earn your yearly premium back!

UNIFORMS!