

SUMMARY OF EMPLOYEE BENEFITS



All full time employees are eligible for benefits beginning the first day of employment.

HEALTH BENEFITS

Medical Insurance	Provider • Anthem
In-Network Benefits Include:	\$1,500 Individual Deductible • \$4,500 Family Deductible
	\$25 co-payment for each Primary Care office visit
	Plan pays 80%, member pays 20% after deductible is met
Dental Insurance	Provider • Anthem
In-Network Benefits Include:	Routine Exam • 100% with no co-payment
	\$50 deductible per member, up to 3 deductibles
	\$1,000 annual maximum benefit per insured person
Vision	Provider • Anthem
In-Network Benefits Include:	Exam — \$15 co-payment • Lenses — \$25 co-payment • Frames — \$130 allowance, 20% off any remaining balance Contacts — \$130 allowance, 15% off any remaining balance

EMPLOYEE COSTS PER PAY PERIOD

Tier	Medical/POS	Dental	Vision
Employee	\$96.92	\$5.80	\$3.05
Employee + Child(ren)	\$211.88	\$14.01	\$5.79
Employee + Spouse	\$227.69	\$12.51	\$5.33
Family	\$263.43	\$20.05	\$8.83

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OTHER BENEFITS																									
Life Insurance	Provider • Mutual of Omaha																								
	Each eligible employee is covered with \$50,000 group life— at no cost to employee																								
Voluntary Benefits																									
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401K	Provider • BB&T			
	Enrollment on the first of the quarter following 3 months of service			
	Employee's service with an acquired project applied to waiting period			
	Employee may contribute up to the maximum allowed by law—currently \$19,000			
	Pre-tax and ROTH contribution options			
	ESG contributes 3% of the employee's gross earnings, regardless of the employee's level of participation			
	ESG contributions are 100% vested			
Time Off with Pay (TOWP)				
	Years of Completed Service	Annual Accrual	Earned Per Pay Period	Maximum Accrual
	0 to 4 Years	14 days vacation	4.3 hours	112 hours
	5 to 9 Years	19 days vacation	5.84 hours	152 hours
	10+ Years	24 days vacation	7.38 hours	192 hours
	Once per calendar year, employees may sell one week of vacation (TOWP) when they take one week of vacation (TOWP).			
Sick Leave				
	3.69 hours per pay period, maximum of 480 hours			
Paid Holidays				
	9 Total Paid Holidays or Holidays as Designated by the Client			
	New Year's Day	Labor Day		
	Martin Luther King, Jr. Day	Thanksgiving Day		
	Presidents' Day	Day after Thanksgiving		
	Memorial Day	Christmas Day		
	Independence Day			

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Annual Physical Incentive	
	\$130 bonus for receiving an annual physical
Safety Boots	
	\$150.00 allowance per year
Uniforms	
	Service provided by the company.
Flex Spending Accounts (FSA)	
	Employees may contribute to their Medical FSA and Dependent Care FSA to pay for qualifying out-of-pocket costs with pre-tax dollars
	Medical FSA maximum is \$2,700 per year, up to \$500 can "roll over" to the next plan year
	Dependent Care FSA maximum is \$5,000 per year
Employee Assistance Program (EAP)	Provider • MUTUAL OF OMAHA
	Strictly Confidential
	Employees may contact the EAP 24/7 by phone at 1-800-316-2796
	Up to 3 counseling sessions per eligible person, per year at no cost to the employee