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## MyTherapyCompany Benefit Package

Full-time employees are eligible for health benefits the first of the month following hire date.

MyTherapyCompany pays \$300.00 towards the employee health plan, 100% of the employee SILVER dental, 100% of the employee vision, and 100% of life/accidental death & dismemberment.

### HEALTH INSURANCE:

#### BLUE SHIELD PPO SAVINGS PLUS 1500

- **Annual Deductible:** \$1500 individual, \$3000 family
- **Out of Pocket Maximum:** \$4500 individual, \$9000 family
- **Plan Maximum:** \$6,000,000
- **Office Visit:** Up to \$1500, then 20%
- **Prescriptions:** \$10 generic, \$25 brand, \$40 non-formulary after deductible has been met

#### BLUE SHIELD PPO SAVINGS PLUS 3000

- **Annual Deductible:** \$3000 individual, \$6000 family
- **Out of Pocket Maximum:** \$3000 individual, \$6000 family
- **Plan Maximum:** \$6,000,000
- **Office Visit:** No charge after deductible has been met
- **Prescriptions:** No charge after deductible has been met

#### BLUE SHIELD PPO 80/60

- **Annual Deductible:** \$250 individual, \$500 family
- **Out of Pocket Maximum:** \$3000 individual, \$6000 family
- **Plan Maximum:** \$6,000,000.00
- **Office Visit:** \$25 co-pay
- **Prescriptions:** \$150 name brand deductible, \$10 generic, \$20 brand, \$35 non-formulary

License Reimbursement  
Relocation Assistance  
Continuing Education Allowance  
CFY Mentors Provided  
Workman's Compensation  
Direct Deposit

#### BLUE SHIELD PPO 90/70

- **Annual Deductible:** \$250 individual, \$500 family
- **Out of Pocket Maximum:** \$1000 individual, \$2000 family
- **Plan Maximum:** \$6,000,000
- **Office Visit:** \$10.00
- **Prescriptions:** \$10 generic, \$20 brand, \$35 non-formulary

#### BLUE SHIELD HMO 15

- **Annual Deductible:** None
- **Out of Pocket Maximum:** \$2000 individual, \$4000 family
- **Plan Maximum:** Unlimited
- **Office Visit:** \$15 co-pay
- **Prescriptions:** \$150 name brand deductible, \$15 generic, \$25 brand

## KAISER PLAN 15 - HMO

- **Annual Deductible:** None
- **Out of Pocket Maximum:** \$1500 individual, \$3000 family
- **Plan Maximum:** Unlimited
- **Office Visit:** \$15.00 co-pay
- **Prescriptions:** \$10 generic, \$20 brand

## DENTAL INSURANCE:

### SILVER

- **Calendar Year Maximum:** \$1000
- **Deductible:** \$50.00
- **Preventative:** 100%
- **Basic:** 50%
- **Special Services** (6 month wait if no prior coverage): 50%
- **Major Services** (12 month wait if no prior coverage): 50%

### GOLD

- **Calendar Year Maximum:** \$1500
- **Deductible:** \$50.00
- **Preventative:** 100%
- **Basic:** 90%
- **Special Services** (6 month wait if no prior coverage): 90%
- **Major Services** (12 month wait if no prior coverage): 50%

### PLATINUM

- **Calendar Year Maximum:** \$2000
- **Deductible:** \$50.00
- **Preventative:** 100%, deductible waived
- **Basic:** 90%
- **Special Services** (6 month wait if no prior coverage): 90%
- **Major Services** (12 month wait if no prior coverage): 50%

## VISION INSURANCE:

- ESG Vision Plan
- One complete eye examination in any twelve consecutive month period
- Participants are **reimbursed** towards examination and glasses or contacts

## LIFE INSURANCE:

### BLUE SHIELD OF CA:

- \$50,000 worth of Life
- \$50,000 worth of Accident Death & Dismemberment.

## 401(K) PLAN:

- **Service Requirement:** Eligible first of the month following hire date
- **Elective Deferrals:** 1 – 99% of compensation
- **Discretionary Contribution:** Your employer may make a contribution on a discretionary basis on behalf of all eligible employees
- **Vesting:** 1 year 0%, 2 years 20%, 3 years 40%, 4 years 60%, 5 years 80%, 6 years 100%

## FLEX SPENDING ACCOUNT:

- **Health Savings Account:** \$6000/year pre-tax dollars
- **Dependent Savings Account:** \$5000/year pre-tax dollars
- **Over the Counter Medications:** Included

## ANCILLARY BENEFITS:

- Beyondwork.com
- 24-Hour Fitness
- Regal Entertainment Group (movie tickets)
- Hertz Rent-a-Car discounts
- Kern Schools Credit Union
- AAA Member Discount Rates