

2018

Benefits At-A-Glance



/ 2018 medical program: ppo

The percentage shown is what the participant pays.

Preventive Care¹ Routine physical examinations and related services	The plan covers this at 100% in-network; out-of-network subject to balance billing.	
Office Visits Non-preventive visits	In-Network 20% after deductible	Out-of-Network 40% after deductible
Vision Coverage	Routine eye exam covered at 100% per member per calendar year, in or out-of-network. Hardware not included.	
Annual Deductible (Employee/family) ²	In-Network ³ \$1,000/\$2,000	Out-of-Network ³ \$2,000/\$4,000
Co-Insurance	Pays 20% in-network and 40% out-of-network after the deductible has been fulfilled.	
Out-of-Pocket Maximum (Employee/family) ²	In-Network ⁴ \$4,000/\$8,000	Out-of-Network ⁴ \$8,000/\$16,000
Mental Health/Chemical Dependency (MHCD)	In-Network 20% after deductible	Out-of-Network 40% after deductible
Emergency Room Care	In-Network 20% after deductible	Out-of-Network 20% after deductible
Chiropractic Care 12 visits per calendar year	Subject to deductible and co-insurance, in or out-of-network.	
Teladoc	Subject to deductible and co-insurance, in or out-of-network. Maximum \$40 charge.	
Prescription Drugs Retail & Mail	Prescription drug co-pays apply toward the out-of-pocket maximum. Prescription drugs do not apply toward the deductible.	
Retail Pharmacy (30-day supply)⁵ 4-Tier Drug Formulary Benefit	In-Network	Out-of-Network
Tier 1: Generics	\$20 co-pay	40% after deductible
Tier 2: Formulary Brand Names	20% up to \$50 co-pay	40% after deductible
Tier 3: Non-formulary Brand Names	20% up to \$70 co-pay	40% after deductible
Tier 4: Specialty – First fill only at retail store.	\$100 co-pay	Not covered
Mail Order Pharmacy (90-day supply)⁵ 4-Tier Drug Formulary Benefit	In-Network	Out-of-Network
Tier 1: Generics	\$40 co-pay	Not Applicable
Tier 2: Formulary Brand Names	\$100 co-pay	Not Applicable
Tier 3: Non-formulary Brand Names	\$140 co-pay	Not Applicable
Tier 4: Specialty	\$100 co-pay	Not covered

1. To review a full list of Preventive Services log on to PlanSource.

2. Family is defined as an employee plus one or more dependents.

3. In-Network and Out-of-Network deductibles cross apply for eligible expenses.

4. In-Network and Out-of-Network maximums cross apply for eligible expenses.

5. Please note: Because preferred drug lists, precertification requirements and quantity limits may change on prescription drugs, please refer to the Aetna website for current information on your prescription medications.

PPO Rates per Pay Period¹

	Employee:	Employee + Spouse:	Employee + Child(ren):	Family:
Employees Earning \$0-\$49,999 Annually				
PPO	\$46.72	\$98.89	\$92.90	\$143.06
PPO + Spousal Surcharge ²	-	\$145.04	-	\$189.21
Employees earning \$50,000-\$109,999 Annually				
PPO	\$50.46	\$106.80	\$100.33	\$154.51
PPO + Spousal Surcharge ²	-	\$152.95	-	\$200.67
Employees earning \$110,000+ Annually				
PPO	\$63.07	\$133.50	\$125.41	\$193.13
PPO + Spousal Surcharge ²	-	\$179.65	-	\$239.28

1. If you are unable to earn the wellness reward because you are a tobacco user, you will pay a surcharge of \$23.08 per pay period.
2. Employees may elect to cover their spouse, however there will be a spousal surcharge if their spouse can elect coverage for themselves through their employer.

/ flexible spending account

FLEXIBLE SPENDING ACCOUNT

You may also choose to create a general purpose Flexible Spending Account (FSA), if you elect a PPO plan. The FSA plans allow you to be reimbursed for certain approved medical and dependent care expenses on a pre-tax basis. Any unused funds do not carry over to the next calendar year. This is a use-it or lose-it type of account.

If you are not enrolled in a HSA, you can enroll in the general purpose FSA that provides reimbursement for qualified medical, dental and vision expenses. No health insurance is required to open a flex account. If you are enrolled in a HSA you can not enroll in the FSA.

2018 SAVINGS ACCOUNTS LIMITS

Because of IRS regulations, you must update your FSA elections each year during the annual enrollment period. The 2018 limit is:

- › **Health FSA limit:** Up to \$2,650, minimum of \$78.



/ 2018 medical program: qualified high deductible

The percentage shown is what the participant pays.

Preventive Care¹ Routine physical examinations and related services	The plan covers this at 100% in-network; out-of-network subject to balance billing.	
Office Visits Non-preventive visits	In-Network 20% after deductible	Out-of-Network 40% after deductible
Vision Coverage	In-Network 20% after deductible	Out-of-Network 40% after deductible
Annual Deductible (Employee/family) ²	In-Network ³ \$2,700/\$5,400	Out-of-Network ³ \$5,400/\$10,800
Co-Insurance	Pays 20% in-network and 40% out-of-network after the deductible has been fulfilled.	
Out-of-Pocket Maximum (Employee/family) ²	In-Network ⁴ \$6,550/\$13,100	Out-of-Network ⁴ \$13,100/\$26,200
Mental Health/Chemical Dependency (MHCD)	In-Network 20% after deductible	Out-of-Network 40% after deductible
Emergency Room Care	In-Network 20% after deductible	Out-of-Network 40% after deductible
Chiropractic Care 12 visits per calendar year	Subject to deductible and co-insurance, in or out-of-network.	
Teladoc	Subject to deductible and co-insurance, in or out-of-network. Maximum \$40 charge.	
Prescription Drugs Retail & Mail	Prescription drug co-pays apply toward the out-of-pocket maximum. Prescription drugs do not apply toward the deductible.	
Retail Pharmacy (30-day supply)⁵ Step therapy required 4-Tier Drug Formulary Benefit	In-Network	Out-of-Network
Tier 1: Generics	20% after deductible	40% after deductible
Tier 2: Formulary Brand Names	20% after deductible	40% after deductible
Tier 3: Non-formulary Brand Names	20% after deductible	40% after deductible
Tier 4: Specialty – First fill only at retail store.	20% after deductible	Not covered
Mail Order Pharmacy (90-day supply)⁵ 4-Tier Drug Formulary Benefit	In-Network	Out-of-Network
Tier 1: Generics	20% after deductible	Not Applicable
Tier 2: Formulary Brand Names	20% after deductible	Not Applicable
Tier 3: Non-formulary Brand Names	20% after deductible	Not Applicable
Tier 4: Specialty	20% after deductible	Not covered

1. To review a full list of Preventive Services log on to PlanSource.

2. Family is defined as an employee plus one or more dependents.

3. In-Network and Out-of-Network deductibles cross apply for eligible expenses.

4. In-Network and Out-of-Network maximums cross apply for eligible expenses.

5. Please note: Because preferred drug lists, precertification requirements and quantity limits may change on prescription drugs, please refer to the Aetna website for current information on your prescription medications.

Qualified High Deductible Rates per Pay Period¹

	Employee:	Employee + Spouse:	Employee + Child(ren):	Family:
Employees Earning \$0-\$49,999 Annually				
High Deductible	\$31.53	\$66.75	\$62.70	\$96.56
High Deductible + Spousal Surcharge ²	-	\$112.91	-	\$142.72
Employees earning \$50,000-\$109,999 Annually				
High Deductible	\$37.84	\$80.10	\$75.25	\$115.89
High Deductible + Spousal Surcharge ²	-	\$126.25	-	\$162.04
Employees earning \$110,000+ Annually				
High Deductible	\$46.72	\$98.89	\$92.90	\$143.06
High Deductible + Spousal Surcharge ²	-	\$145.04	-	\$189.21

1. If you are unable to earn the wellness reward because you are a tobacco user, you will pay a surcharge of \$23.08 per pay period.
2. Employees may elect to cover their spouse, however there will be a spousal surcharge if their spouse can elect coverage for themselves through their employer.



/ health savings account

HEALTH SAVINGS ACCOUNT (HSA)

HSA stands for Health Savings Account. It is used to help pay for qualified medical expenses if you have a qualified high deductible health plan.

Anyone can contribute to your HSA. This includes you, your employer, your spouse or anyone else. You can then make tax-free withdrawals to pay for eligible medical expenses. This includes expenses for you, your spouse and your tax dependents.

Unlike a Flexible Spending Account (FSA), there is no “use-it-or-lose-it” rule with HSA’s. If you don’t use funds, they remain in your HSA each year. They also continue to earn tax-free interest.

/ 2018 dental program

Dental insurance will be provided through Aetna's Dental PPO Plan. You may elect dental coverage without enrolling in a medical program. Below is an overview of the co-payments and coverage levels for common procedures under the program.

The percentage shown is what the plan pays.

Benefit Period Maximum	\$1,500 per insured		
Orthodontia Appliance must be placed prior to age 20	\$1,000 ¹		
	In Network	Out-of-Network	Deductible
Diagnostic Services Includes exams, x-rays, cleanings, fluoride treatments and space maintainers	100%	The same covered percentage as in-network but applied to the usual and customary charge; subject to balance billing	Waived
Cavity Repair and Tooth Extractions Includes fillings, extractions, oral surgery, emergency treatment and sealants	80%		
Root Canals (Endodontic Services)	50%		
Gum and Bone Diseases (Periodontal Services) Non-surgical and maintenance procedures	80%		
Complex surgical procedures	50%		
High Cost (Cast) Restorations Crowns, inlays, onlays, posts and cores	50%		
Dentures and Bridges Bridges, dentures and adjustments	50%		
Repairs	80%	One time \$50 per person per year payment	

Dental Rates per Pay Period²

	Employee:	Employee + Spouse:	Employee + Child(ren):	Family:
Dental	\$5.33	\$17.73	\$22.24	\$34.37

¹ Lifetime maximum for each insured child.

² Dental rates are the same for all three salary brackets.

/ other programs

401(K) SAVINGS PLAN

The Enterprise 401(k) offers ease and convenience to help you start saving today for your future. The Enterprise provides a dollar-for-dollar match on contributions up to 6 percent of eligible compensation. The employer match is 100 percent vested. The plan, administered by The Vanguard Group, also allows for rollover contributions from previous employers.

LIFE INSURANCE

- › Basic Life – Company-paid insurance benefit
- › Supplemental Life – Employee-paid optional benefit

DISABILITY BENEFITS

- › Short-Term Disability – Employee-paid optional benefit
- › Long-Term Disability – Company-paid for full-time employees

WELLNESS REIMBURSEMENT

Employees may be reimbursed up to \$150 in a calendar year for the cost of participating in a health and wellness program or activity.

DISCOUNTED BENEFITS

As an add on to your traditional benefits, the company offers a few manufactured products to employees at a discounted rate. You can purchase the following Medico products at a 10% discount and pay for the premium through the convenience of payroll deduction:

- › Hospital Indemnity
- › Final Expense Whole Life Insurance
- › Short-Term Recovery Care
- › First Diagnosis Cancer

INSURANCE EDUCATION PROGRAM

American Enterprise encourages employees to continue their insurance education to expand their knowledge and earn professional industry designations. All programs are administered through Human Resources.

TUITION REIMBURSEMENT PROGRAM

American Enterprise has a long tradition of supporting continuous learning through the Tuition Reimbursement Program. Through this program, the Enterprise encourages you to further your education by taking college-level courses related to your current, or future, career goals within the company.

PARKING AT THE DES MOINES SITE

Employees working at the downtown Des Moines site are required to pay a parking fee if they drive a personal vehicle to work. Fees are \$7.00/paycheck for general parking and \$14.00/paycheck for reserved parking.

TRAVEL ACCIDENTAL DEATH & DISMEMBERMENT

This program is designed to provide you with accidental death or dismemberment insurance coverage in the event that you are injured while traveling on company business. The cost of this plan is paid entirely by the company, and no enrollment is required.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Enterprise offers services from the Employee Assistance Program (EAP) through Morneau Shepell. This is offered at no cost to you to help solve personal problems, assist with life changes and other issues before they begin to affect job performance or health.

PAID TIME OFF (PTO)

PTO is a benefit that combines traditional time-off accounts into one “time bank” from which employees use time for a variety of reasons – both scheduled and unscheduled time away from work.

Years of Service	Annual PTO
Less than 5	20 days (160 hours)
5 but less than 15	25 days (200 hours)
15 or more	28 days (224 hours)

PTO is accrued on a per-pay-period basis. There's a maximum accrual of 200 hours at any time. ARIS field employees may not be eligible for PTO.

HOLIDAYS

In addition to PTO, the Enterprise offers nine paid holidays:

- › New Year's Day
- › President's Day
- › Memorial Day
- › Independence Day
- › Labor Day
- › Thanksgiving Day
- › Day after Thanksgiving Day
- › Christmas Eve Day
- › Christmas Day

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