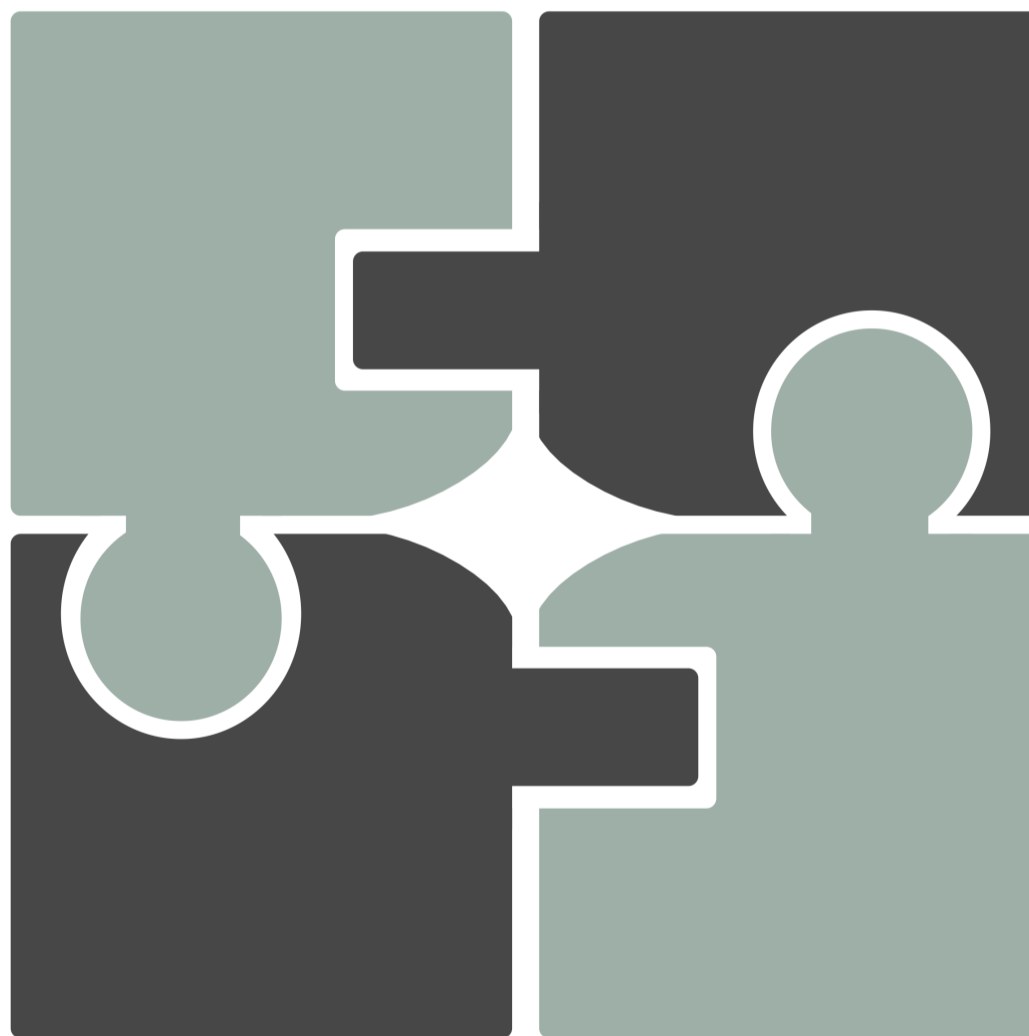


BEAUTIFULAUTISM

BENEFITS



HEALTH INSURANCE

Beautiful Autism, LLC (BA) makes group health benefits available to eligible employees and their family members. Eligible employees are full time employees who have worked for 30 or more hours a week for at least one month. At this time part time employees are not eligible for health care benefits.

Health benefits will be paid in part by BA, and the remaining costs will be the employees responsibility. Your portion will be deducted from your bi-weekly paychecks.

You will become eligible for open enrollment beginning July 1st 2020

For additional help with your plan feel free to contact the ONE DIGITAL Customer Advocate Center (CAC) Monday through Friday 8am to 8pm (EST). The CAC provides education on benefits and how to navigate within the health care system - Like information on eligibility, billing issues and claims.

- ◆Email: Service@onedigital.com
- ◆Phone: 866-736-6640
- ◆Fax: 866-736-6647
- ◆Online Chat: www.onedigital.com

HEALTH & DENTAL PLAN OPTIONS

Health

Option 12 - Regence Silver 3000

- ◆ **Silver 3000 Preferred Network:** \$40 Prim/\$60 Spec Copay, \$3,000.00 Ded, 30% Coins, \$8,150.00 OOPM
- ◆ **Pharmacy:** Pref Generic/Generic \$15/25%, Brand \$60/50%, Specialty 20%/50%, Generic & Brand Ded Waived
- ◆ **Adult Choice Vision**
- ◆ **EAP - 4 visits**
- ◆ **Employee Deductions 25% - Dependent and Spouse 40%**
 - Age 0-18: \$224.60, Age 19-20: \$229.84, Age 21 and Over \$354.06

Option 7 - Regence Gold 1000

- ◆ **Gold 1000 Preferred Network:** \$30 Prim/\$50 Spec Copay, \$1,000.00 Ded, 30% Coins, \$6,750.00 OOPM,
- ◆ **Pharmacy:** Pref Generic \$10/25%, Pref Brand \$50/50%, Pref Specialty 20%/50%, Ded Waived
- ◆ **Adult Choice Vision**
- ◆ **EAP - 4 visits**
- ◆ **Employee Deductions 30% - Dependent & Spouse 45%**
 - Age 0-18: \$288.94, Age 19-20: \$294.18, Age 21 and Over \$453.69

Option 6 - Regence Gold 500

- ◆ **Gold 500 Preferred Network:** \$30 Prim/\$50 Spec Copay, \$500 Ded, 30% Coins, \$7,900 OOPM
- ◆ **Pharmacy:** Pref Generic \$10/25%, Pref Brand \$50/50%, Pref Specialty 20%/50%, Ded Waived
- ◆ **Adult Choice Vision**
- ◆ **EAP - 4 visits**
- ◆ **Employee Deductions 35% - Dependent & Spouse 45%**
 - Age 0-18: \$296.13, Age 19-20: \$301.37, Age 21 and Over \$464.82

Delta Dental - Class I-III

Diagnostic & Preventative (Class I)	100
Basic Service (Class II)	80
Major Service (Class III)	50
Out of Netowrk	80/70/40
PPO Plan Selections	Delta Dental PPO
Deductible (Individual/Family)	\$25/\$75
Annual Maximum	\$2000
Posterior Composite Coverage	YES
Orthodontics	NO
Ortho Plan	N/A
Ortho Lifetime Max	N/A
Deductible Waived for Class I	YES
Class I Exempt from Annual Maximum	YES
Periodontic Maintenance	Class I
Endo/Perio	Class II
Implants	Class III
Waiting Period	YES
TMJ-B	YES
Sealants for Posterior Teeth	YES
Athletic Mouth Guard Coverage	Class II
Athletic Mouth Guard Coverage	See underwriting requirements
Dependent Age Limits	Through Age 25 w/no student verification
(Employee Cost 45%)	Deductions
Employee	\$61.55 (Your Cost 13.85)
Employee & Spouse	\$127.9 (Your Cost 28.78)
Employee & Children	\$136.1 (Your Cost 30.63)
Employee & Family	\$202.5 (Your Cost 45.62)

CALCULATING COSTS

Health Plans	Employee Cost Per Pay period			
	Age 0-18	Age 19-20	Age 21 and Over	
Silver 3000				
Employee	28.08	28.73	44.26	
Dependent	44.92	45.97	70.81	
Spouse	44.92	45.97	70.81	
Gold 1000				
Employee	43.34	44.13	68.05	
Dependent	65.01	66.19	102.08	
Spouse	65.01	66.19	102.08	
Gold 500				
Employee	51.82	52.74	81.34	
Dependent	66.63	67.81	104.58	
Spouse	66.63	67.81	104.58	
Delta Dental	Employee	+ Spouse	+ Children	+ Family
	13.85	28.78	30.63	45.62

Plan Type _____ Employee Cost _____

Multiply the Number of Dependents by the plan price per age group:

❖ Age 0-18 _____ X _____ = _____

❖ Age 19-20 _____ X _____ = _____

❖ Age 21 & Over _____ X _____ = _____

❖ Total = _____

Next add the Employee cost _____ + total dependent cost _____ + Dental Cost and you have the total Deducted amount for health care from each paycheck. _____

RETIREMENT PLANS

Starting August 1st 2020 Beautiful Autism (BA) is now offering a 401K retirement plan through ADP. You will be able to contribute as little or as much as you want - up to a maximum of 5,500.00 for the year. Additionally, BA will be matching 3% of your total monthly contributions. All W2 Employees will be eligible regardless if you are part time or full time status.

To get started:

- Please visit www.beautifulautism.com/staff for more details on how to get started.

SICK PAY & PTO

SICK PAY:

Beautiful Autism, LLC (BA) offers Sick Pay to all W2 employees. Sick Pay is calculated by multiplying 0.025 by your total hours worked in a given pay period - In other words for every 40 hours worked you earn 1 hour towards your Sick Bank.

Payed Time Off (PTO):

Beautiful Autism, LLC (BA) offers PTO to all Full Time (30 to 40 hours per week) W2 employees. PTO is calculated by multiplying 0.038 by your total hours worked in a given pay period - In other words for every 40 hours worked you earn 1.52 hours. With a maximum of 80 hours. However, if you are a Salaried Employee you are automatically given the 80 hours of PTO. At this time, PTO can not be used for more than 5 consecutive work days at a time due to Beautiful Autisms limited resources. *We are working to change this in the future.*

Beautiful Autism has a long term, sustainable vision for meeting the needs of families and individuals in our community. In order to accomplish this vision, we need a firm foundation on which to build. You as an employee are a cornerstone of that foundation. As we collectively steward our resources towards sustainable growth, we will be able to strengthen our cornerstones with added and improved benefits, as well as further our impact on the community. We thank you all for the continued patience and perseverance as we build this foundation. It is your partnership in this vision and commitment to our clients that makes Beautiful Autism truly beautiful.