

TIDEWATER TRANSIT CO., INC.

OVERVIEW OF BENEFITS FOR APPLICANTS 2021

HEALTH					
Blue Cross Blue Shield of North Carolina					
Eligible 1st of the month after 60 days (full time employees)			Preventative Care covered at 100% (complete list at www.bcbsnc.com)		
Once deductible is met, BCBS pays 80% until out of pocket max is met			Company pays portion of premium		
			HSA is portable		
Blue Options HSA					
	Per Month	Per Pay Period	Deductible	Out of Pocket Max	Prescriptions
Employee	\$97.00	\$48.50	\$3,000	\$5,000	Prescriptions apply to deductible and out of pocket max
Employee & Spouse	\$485.00	\$242.50	\$6,000	\$10,000	
Employee & Children	\$224.00	\$112.00	\$6,000	\$10,000	
Family	\$618.00	\$309.00	\$6,000	\$10,000	Paid at BCBS price by employee
HSA Employer Contributions	\$250 annually (\$62.50 per quarter)			Prorated based on enrollment date	

DENTAL						
CIGNA						
Eligible 1st of the month after 60 days (full time employees)				\$50 deductible per policy year - individual		
Yearly Benefit Max \$1500.00 per policy year, per person				\$150 deductible per policy year - family		
				Deductible waived for Type 1 services		
	Low	High		Low	High	
	Per Pay Period	Per Pay Period	Services	Covered at:	Covered at:	
Employee	free	\$6.82	Preventative	Type 1	100%	100%
Employee & Spouse	\$7.81	\$20.31	Basic Dental	Type 2	80%	80%
Employee & Child(ren)	\$8.12	\$16.51	Major Dental	Type 3	not covered	50%
Family	\$15.93	\$30.00				
Examples of :	Class 1 services*	Oral Exams, Cleanings, Routine X-rays, Flouride Application, Sealants, Space Maintainer (non-orthodontic), Non-Routine X-rays, Emergency care to relieve pain				
	Class 2 Services*	Fillings, Oral Surgery - simple extractions, Brush Biopsy				
	Class 3 Services*	Endodontics (includes root canal therapy), complex oral surgery, major gum disease, anesthetics initial placement, replacement and maintenance of inlays, onlays, crowns, bridges, and dentures				
*These are examples of coverages for each type of service. This is not an all inclusive list, nor does it guarantee coverage of a particular service.						

Life Insurance/Disability		
HARTFORD		
Eligible 1st of the month after 60 days (full time employees)		
Company Life Insurance	1x gross annual salary (No cost to employee)	Paid by Company
	Amount of Insurance reduces by 35% at age 65 and 50 % at age 70	
Optional Life	up to 5x gross annual salary - rates vary based on amount requested and age	100% employee funded
	\$20,000 guarantee issue on spouse with initial enrollment	100% employee funded
	(must have at least the same amount of coverage on self to enroll spouse)	
	Coverage also available on children up to \$10,000	100% employee funded
Optional AD & D	up to 5x gross annual salary - rates vary based on amount requested and age	100% employee funded
Long Term Disability	Based on gross annual salary - initial cost is \$27.24 per month based on \$38,000	100% employee funded
Short Term Disability	Based on gross annual salary - initial cost is \$41.22 per month based on \$38,000	100% employee funded

401K/Profit Sharing	
Principal	
An account is opened for all employees upon hire	
Eligible to participate on the 1st of the month after 60 days	
Changes to deferrals (employee contributions) are made quarterly	
Company matches \$.50 for every \$1.00 up to 2% of Employee's Gross Salary	
Vesting Schedule: 2 years 20%, 3 years 30%, 4 years 60%, 5 years 80%, 6 years 100%	
Eligible for match & profit sharing after one full year of service and worked at least 1000 hours during plan year	

Vision				
Community Eye Care				
Eligible 1st of the month after 60 days (full time employees)				
	Comprehensive		Eyewear	
Employee	\$2.93	per pay period	\$2.43	\$150 annual eyewear allowance (\$25.00 copay)
Employee & Spouse	\$5.73	per pay period	\$4.84	Comprehensive plan covers eye exam once per year with \$10.00 copay
Employee & Children	\$5.76	per pay period	\$4.86	
Employee & Family	\$8.84	per pay period	\$7.54	

We also offer AFLAC. It is administered by AFLAC. Representative information will be provided upon request.

Benefits are subject to change