

## SUPPLEMENTAL INSURANCE

### AFLAC

You have the opportunity to purchase supplemental policies to help you and your family in the event of a sickness or accident. The benefits are paid directly to you and are portable if you ever leave Imperial, Inc.

Premiums are paid by you the employee.

## FLEXIBLE SPENDING ACCOUNT

### Flexible Spending Account

Imperial, Inc offers a Flexible Spending Account to employees. You have the option of electing to have a portion of your salary redirected into the Un-reimbursed Medical Account or Dependent Care Account.

Most premiums paid by employees will be deducted on a pretax basis.

## 401K

### Principal

- All employees are eligible after 1 year of employment.
- Employer matches 50% (max of \$1,500/year)
- Quarterly enrollment: January, April, July, October
- Company Vests: 20% after 2 years  
40% after 3 years  
60% after 4 years  
80% after 5 years  
100% after 6 years  
(per years of employment)

## SICK PAY SCHEDULE

After 1 year of employment. Schedule of Eligible Sick Pay:

1 year = 2 days
2 years = 3 days
3 years = 4 days
4 years = 4 days
5 years = 5 days

## HOLIDAYS

New Year's Day  
Memorial Day  
4th of July  
Labor Day  
Thanksgiving Day & day after  
Christmas Eve or Floating Holiday  
(depending on what day the holiday falls)  
Christmas Day

## VACATION SCHEDULE

After 1 year of employment. Schedule of Eligible Vacation:

1 year = 5 days
2 years = 10 days
3 years = 11 days
4 years = 12 days
5 years = 13 days
6 years = 14 days
7 years = 15 days
15 years = 20 days

## CARRIER CONTACT INFORMATION

ResourceOne Administrators: - Medical Admin  
www.roatpa.com  
(800) 485-0190

### PPO Networks:

OK Network: PCC - Preferred Community Choice  
(800) 884-4776 www.ccok.com

MO Network: PremierCare Northwest  
(800) 572-6579 www.pcnwa.com

AR Network: AMCO  
(800) 278-8470 www.amcoppo.com

TX Network: HealthSmart  
(800) 687-0500 www.healthsmart.net

Assurant - Dental  
(800) 442-7742 www.DHA.com

Reliance Standard - Short Term Disability  
(800) 351-7500 www.rlsi.com

Principal - 401K  
(800) 986-3343 www.principal.com

AFLAC - Supplemental Insurance  
Representative Ron Baxter: (918) 606-530  
www.aflac.com



**Employee  
Benefit  
Plans  
September 1, 2008**

Presented by

Summit Financial Group

www.yoursummit.com

## ELIGIBILITY

Employees are eligible for first of the month after 30 days after your hire date.

You may enroll in the benefits when you are first eligible. You are only eligible to make additions, terminations and changes to your enrollment during the plan year if you experience a Qualifying Event. Enrollment and any change in family status must be done within thirty days of the date of change.

## HEALTH INSURANCE BENEFITS

### ResourceOne Option \$1,500 Deductible Network:

<b>Deductible</b>	<u>Network</u>	<u>Non-Network</u>
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
<b>Coinsurance</b>	80%	60%
<b>Out-of-Pocket (Includes deductible)</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Office Visit Co-pay</b>	\$25	Ded/Coin
<b>Urgent Care</b>	\$35	Ded/Coin
<b>Inpatient Hospital</b>	Ded/Coin	Ded/Coin
(Out-of-Network Additional \$300/admission)		
<b>Emergency Room</b>	Ded/Coin	Ded/Coin
(Additional \$200 Copayment)		
<b>Maternity</b>	Ded/Coin	Ded/Coin
<b>Rx Co-pays (Network Only)</b>		
\$15 Generic Drugs		
\$30 Formulary Drugs		
\$60 Non-Formulary Drugs		
<b>Rx Mail Order</b>	2 Co-pays for 90 Day Supply	
<b>Life-Time Maximum</b>	\$1,000,000	
<b><u>Employee Cost Per Month</u></b>		
Employee	\$123.28	
Employee + Spouse	\$368.27	
Employee + Children	\$281.97	
Family	\$526.96	

After 5 years of service the Employee Only premium is paid at 100%.

## HEALTH INSURANCE BENEFITS

### ResourceOne Option \$500 Deductible Network:

<b>Deductible</b>	<u>Network</u>	<u>Non-Network</u>
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
<b>Coinsurance</b>	80%	60%
<b>Out-of-Pocket (Includes deductible)</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Office Visit Co-pay</b>	\$20	Ded/Coin
<b>Urgent Care</b>	Ded/Coin	Ded/Coin
<b>Inpatient Hospital</b>	Ded/Coin	Ded/Coin
(Out-of-Network Additional \$300/admission)		
<b>Emergency Room</b>	Ded/Coin	Ded/Coin
(Additional \$200 Co-payment)		
<b>Maternity</b>	Ded/Coin	Ded/Coin
<b>Rx Co-pays (Network Only)</b>		
\$15 Generic Drugs		
\$30 Formulary Drugs		
\$60 Non-Formulary Drugs		
<b>Rx Mail Order</b>	2 Co-pays for 90 Day Supply	
<b>Life-Time Maximum</b>	\$1,000,000	
<b><u>Employee Cost Per Month</u></b>		
Employee	\$193.72	
Employee + Spouse	\$487.71	
Employee + Children	\$384.15	
Family	\$678.14	

## SHORT TERM DISABILITY

### Reliance Standard

**Short-Term Disability** - If you become disabled due to illness or injury, the plan will pay a benefit of 60% of your current salary (wage) after the 3-day injury & illness elimination period has been satisfied. The plan will pay up to 13 weeks.

\* Effective after one year of employment.

## DENTAL

### Assurant Basic Dental

<b>Deductible</b>	Per Individual	\$ 50
<b>Coinsurance</b>	Preventative – Class I	100%
	Basic – Class II	80%
	Major – Class III	0%
<b>Calendar Maximum</b>		\$2,000
<b><u>Employee Cost Per Month</u></b>		
	Employee	\$ 23.35
	Employee + Spouse	\$ 44.61
	Employee + Children	\$ 62.55
	Family	\$ 83.79

### Assurant Advance Dental Plan

<b>Deductible</b>	Per Individual	\$ 50
<b>Coinsurance</b>	Preventative – Class I	100%
	Basic – Class II	80%
	Major – Class III	10% to 50%
(Depending on year of Plan)		
<b>Calendar Maximum</b>		\$2,000
<b><u>Employee Cost Per Month</u></b>		
	Employee	\$ 36.48
	Employee + Spouse	\$ 68.42
	Employee + Children	\$ 92.83
	Family	\$126.33

## VOLUNTARY LIFE AND AD&D

Employee: Policies are in the amounts of \$25,000 & up. Rates are age banded.

**This Benefits Tri-Fold is only a Summary, not a guarantee of benefits. Please see HR for more info about all plans**