



JAY  PEAK

YOUR BENEFITS GUIDE

2019+20

TABLE OF CONTENTS

BENEFIT BASICS	3
401(k) RETIREMENT SAVINGS PLAN	5
MEDICAL PLANS	6
DENTAL PLANS	8
VISION PLANS	9
HEALTH SAVINGS ACCOUNT	10
FLEXIBLE SPENDING ACCOUNTS	11
LIFE INSURANCE	12
DISABILITY INSURANCE	13
EMPLOYEE ASSISTANCE PROGRAM	14
GLOSSARY	15
CONTACTS	16



BENEFIT BASICS

As an employee, you have access to a variety of benefits to provide financial wellness for you and your family. Read this guide to learn more about your benefits.

ELIGIBILITY

You are eligible for benefits described in this guide if you work at least 40 hours per week. Most of your benefits are effective on the first day of the month following your date of hire. Your dependents can also enroll for coverage, including:

- Your legal spouse
- Your children up to age 26.

Your benefits will take effect on June 1, 2019 and will remain in effect until May 31, 2020. You may only change coverage if you experience a qualifying life event, as described below.

QUALIFYING LIFE EVENTS

Generally, you may only make or change your existing benefit elections during the open enrollment window. However, you may change your benefit elections during the year if you experience an event such as:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse, domestic partner or dependent child
- Adoption of or placement for adoption of child
- Change in employment status of employee, spouse/domestic partner or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- New entitlement to Medicare or Medicaid

YOU MUST NOTIFY HUMAN RESOURCES WITHIN 30 DAYS OF A QUALIFYING LIFE EVENT.

Depending on the type of event, you may need to provide proof of the event, such as a marriage license. Human Resources will let you know what documentation you should provide. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next open enrollment window to make changes (unless you experience another qualifying life event).

**FOR MORE ABOUT
YOUR BENEFITS:**

802-327-2183

hr@jaypeakresort.com

BENEFIT COSTS

The company pays for some of your benefits and you share the cost for others, as shown:

BENEFIT	WHO PAYS	TAX TREATMENT
401(k) RETIREMENT SAVINGS PLAN	Company & You	Pretax/After-tax
MEDICAL COVERAGE	Company & You	Pretax
DENTAL COVERAGE	Company & You	Pretax
VISION COVERAGE	You	Pretax
BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE	Company	After-tax
VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE	You	After-tax
DISABILITY COVERAGE	Company	After-tax
EMPLOYEE ASSISTANCE PLAN	Company	After-tax



401(k) RETIREMENT SAVINGS PLAN

The 401(k) Retirement Savings Plan offers an easy way to save for your future through payroll deductions.

In an effort to provide all employees the support and flexibility to save for retirement, all employees are eligible to participate in our 401k plan provided by Voya.

THE COMPANY WILL CONTRIBUTE 50% OF THE FIRST 5% OF COMPENSATION CONTRIBUTED TO THE PLAN BY AN EMPLOYEE.

THERE ARE TWO WAYS TO ENROLL:

- Online: Visit voyaretirementplans.com/enrollmentcenter
 - Enter the following information:
 - Plan Number 811437
 - Verification Number 81143799
 - PIN: You may be asked to enter a four digit PIN; your PIN is your two digits month & two digit year of birth.
 - Once you are logged in, you can choose your election preferences.
- Phone: 888-311-9487

For assistance with enrollment, call or email Pat Dunn of Primerica at 407-925-7278 or vermontadvisor@gmail.com to assist you with enrollment. He can also help you with any other financial planning needs you may have. His services are provided by Voya at no cost to you.

Employees must be at least 21 years old or older to participate.

ALREADY ENROLLED?

Already enrolled but want access to your online account for the first time? Visit voyaretirementplans.com and use the info above to register.

MEDICAL PLANS

This chart compares the basic provisions of all three plans being offered by the company.

PLAN PROVISION	BUY-UP PLAN	BASE PLAN	HDHP
	In-Network	In-Network	In-Network
ANNUAL DEDUCTIBLE (Individual/family)	\$1,000/\$2,000	\$2,000/\$4,000	\$5,000/\$10,000
OUT-OF-POCKET MAXIMUM (Includes deductible)	\$4,000/\$8,000	\$6,500/\$13,000	\$5,000/\$10,000
LIFETIME MAXIMUM	Unlimited	Unlimited	Unlimited
PREVENTATIVE CARE	100%	100%	100%
PRIMARY PHYSICIAN OFFICE VISIT	\$25 Copay	\$25 Copay	100% after deductible
SPECIALIST OFFICE VISIT	\$50 Copay	\$50 Copay	100% after deductible
X-RAY AND LAB	20% after deductible	20% after deductible	100% after deductible
INPATIENT HOSPITAL SERVICES	20% after deductible	20% after deductible	100% after deductible
OUTPATIENT HOSPITAL SERVICES	20% after deductible	20% after deductible	100% after deductible
URGENT CARE	\$75 Copay	\$75 Copay	100% after deductible
EMERGENCY ROOM CARE	\$250 Copay	\$250 Copay	100% after deductible
TELEHEALTH CONNECT	\$25 Copay	\$25 Copay	\$45 to \$49
PRESCRIPTION DRUG DEDUCTIBLE (Individual/family)	\$100/\$200	\$100/\$200	Combined with Medical
RETAIL PRESCRIPTION DRUGS (30-day supply) <ul style="list-style-type: none"> • Generic • Brand preferred • Brand non-preferred 	<ul style="list-style-type: none"> \$15 Copay \$35 Copay \$60 Copay 	<ul style="list-style-type: none"> \$15 Copay \$35 Copay \$60 Copay 	*Preventive Generics covered 100%* 100% after deductible 100% after deductible 100% after deductible
MAIL ORDER PRESCRIPTION DRUGS (90-day supply) <ul style="list-style-type: none"> • Generic • Brand preferred • Brand non-preferred 	<ul style="list-style-type: none"> 2 Times Rx Copay 2 Times Rx Copay 2 Times Rx Copay 	<ul style="list-style-type: none"> 2 Times Rx Copay 2 Times Rx Copay 2 Times Rx Copay 	100% after deductible 100% after deductible 100% after deductible

MEDICAL RATES

(bi-weekly)

MEDICAL PLAN	BUY-UP PLAN	BASE PLAN	HDHP	HSA EMPLOYER CONTRIBUTION
EMPLOYEE ONLY	\$110.17	\$84.00	\$59.54	\$34.62
EMPLOYEE + 1	\$216.92	\$168.46	\$107.08	\$46.15
EMPLOYEE + FAMILY	\$288.46	\$228.46	\$154.62	\$69.23

TELEHEALTH CONNECT

Cigna Telehealth Connection lets you get the care you need - including most prescriptions - for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

AmwellforCigna.com | 855-667-9722

MDLIVEforCigna.com | 888-726-3171



DENTAL PLANS & RATES

Your dental plan provides coverage for routine exams and cleanings and pays for a portion of other services, as shown in the chart below. This year, there will be two plans offered.

The chart below details your dental benefits:

PROVISION	BASE PLAN	BUY-UP PLAN
ANNUAL DEDUCTIBLE (Individual/family)	\$100/\$300	\$100/\$300
ANNUAL MAXIMUM PER PERSON	\$1,000	\$1,500
DIAGNOSTIC AND PREVENTATIVE (to include cleanings, fluoride treatments, sealants and x-rays)	100%, no deductible	100%, no deductible
BASICS SERVICES (to include fillings, scaling and root planning, oral surgery)	80%*	80%*
MAJOR SERVICES (to include periodontics, endodontics, crowns, bridges, full and partial dentures)	50%*	50%*
ORTHODONTIA (Child only up to age 19)	N/A	50%*
ORTHODONTIA LIFETIME MAXIMUM	N/A	\$1,500

DENTAL PLAN	BASE PLAN	BUY-UP PLAN
EMPLOYEE ONLY	\$3.51	\$6.64
EMPLOYEE + SPOUSE	\$7.02	\$13.28
EMPLOYEE + CHILD(REN)	\$7.77	\$11.87
EMPLOYEE + FAMILY	\$11.60	\$17.72



It's important to have regular dental exams and cleanings so problems are detected before they become painful – and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease and is an important part of maintaining your medical health.

VISION PLAN & RATES

Your vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses.

Your vision plan is provided through Cigna. You can see in- or out-of-network providers; however, you always save money if you see in-network providers.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
EXAM (Once every 12 months)	\$10 copay	N/A
MATERIALS	\$20 copay	N/A
FRAMES (Once every 24 months) Allowance Remaining balance discount	\$130 20%	Up to \$71 N/A
LENSES (Once every 12 months) • Single vision lenses • Bifocal lenses • Trifocal lenses	Covered 100% Covered 100% Covered 100%	Up to \$32 Up to \$55 Up to \$65
MEDICALLY NECESSARY CONTACT LENSES	Covered 100%	Up to \$210
ELECTIVE CONTACT LENSES IN LIEU OF GLASSES	\$130 allowance 20% discount remaining balance	\$105 allowance

VISION PLAN	RATE
EMPLOYEE ONLY	\$3.12
EMPLOYEE + SPOUSE	\$6.24
EMPLOYEE + CHILD(REN)	\$6.31
FAMILY	\$10.07

HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a program that helps you pay for health care costs using tax free dollars.

If you enroll in the HDHP partnered with an HSA, you may elect to contribute funds to your Health Savings Account. You decide how much you would like to contribute annually, and then each pay period a deduction is made. Your contribution is deducted from your paycheck on a pretax basis and is put into your Health Savings Account. You can access the funds in your account to pay for eligible health care expenses.

There are contribution maximums depending on which level of coverage you are enrolled. You choose how much to set aside for health expenses up to IRS maximum:

- \$3,500 for single coverage
- \$7,000 for family coverage

From age 55 until you enroll in Medicare, you can contribute an additional \$1,000 annually.

ELIGIBLE EXPENSES *(not a complete listing)*

- Medical and dental deductible
- Coinsurance
- Prescription Medications
- Orthodontia
- Dental
- Vision
- COBRA Premiums
- Certain Long-Term Care Premiums
- Medicare Premiums (not Medigap)

COVERAGE LEVEL	COMPANY CONTRIBUTION
EMPLOYEE ONLY	\$34.62
EMPLOYEE + 1	\$46.15
EMPLOYEE + FAMILY	\$69.23



The HSA is owned by the employee. You will be responsible for setting up the account with Discovery Benefits. You will receive a debit card to use for eligible expenses. And, you will be prompted to provide a beneficiary for your account.

FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) is a program that helps you pay for health care and dependent care costs using tax free dollars.

If you enroll in an FSA or Dependent Care FSA, each pay period you decide how much money you would like to contribute to one or both accounts. Your contribution is deducted from your paycheck on a pre-tax basis and is put into the Health Care FSA, the Dependent Care FSA, or both. When you incur expenses, you can access the funds in your account to pay for eligible health care or dependent care expenses.

ACCOUNT TYPE	ELIGIBLE EXPENSES	ANNUAL CONTRIBUTION LIMITS	BENEFIT
MEDICAL FSA	Most medical, dental, and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Maximum contribution is \$2,700 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income.
DEPENDENT CARE FSA	Dependent Care expenses (such as day care, after school programs, or elder care programs) so you and your spouse can work or attend school full-time.	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income.

Your FSA elections will be in effect from June 1 through May 31, or the first of the month following date of hire through May 31st. Claims for reimbursement must be submitted by August 29th of the following year. Please plan your contributions carefully as you are unable to change your election throughout the year. Any money remaining in your account, over \$500, as of August 29th will be forfeited. This is known as the "use it or lose it" rule and it is governed by Internal Revenue Service regulations. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.

LIFE INSURANCE

What would your family do if your income was lost due to death or disability?

BASIC TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Life insurance is an important part of your financial security, especially if you support a family. The company provides basic life insurance to all eligible employees at **no cost**. Coverage is automatic.

ACCOUNT TYPE	BENEFIT
BASIC TERM LIFE AND AD&D	1 times your basic annual earnings to the nearest \$1,000 (to a maximum of \$150,000)

VOLUNTARY TERM LIFE INSURANCE

You have the option to elect coverage on yourself, your spouse and your children. You must elect coverage on yourself to cover your dependents. Premiums will be deducted on an after-tax basis.

ACCOUNT TYPE	BENEFIT	GUARANTEED ISSUE AMOUNT
EMPLOYEE COVERAGE	\$10,000 to the lesser of 5x salary or \$300,000	5x salary up to \$150,000
SPOUSE COVERAGE	50% of employee amount to maximum of \$150,000	\$30,000
CHILD(REN)	2 weeks to 6 months: \$500 6 months to age 26: \$10,000	\$10,000

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

You have the option to elect coverage on yourself and your spouse to help pay expenses if either of you are seriously injured or killed in a covered accident. Premiums will be deducted on an after-tax basis.

ACCOUNT TYPE	COVERAGE INCREMENTS	BENEFIT AMOUNT
EMPLOYEE COVERAGE	\$10,000	\$10,000-\$300,000
SPOUSE COVERAGE	\$5,000	\$5,000-\$150,000

DISABILITY INSURANCE

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury.

COVERAGE AND BENEFITS

SHORT-TERM DISABILITY

- 60% of your weekly earnings up to \$1,000 per week maximum
- Benefits begin on the 1st day of accident and 8th day due to illness.
- Benefits continue as long as disabled up to a maximum of 13 weeks.
- Pre-existing limitation – If you received treatment less than 3 months prior to your effective date of coverage, that condition will not be covered until you have been on the plan for 6 months.
- Pregnancy is treated as any other illness.

LONG-TERM DISABILITY

- Covers 60% of your monthly salary to \$7,000 maximum
- Benefit begin on the 91st day after accident or illness
- Benefits continue as long as you are disabled up to the Social Security Normal Retirement Age
- Pre-existing limitation – If you received treatment less than 3 months prior to your effective date of coverage, that condition will not be covered until you have been on the plan for 12 months.

EMPLOYEE ASSISTANCE PROGRAM

The company offers you and your family additional benefits provided in this program.

YOUR EMPLOYEE ASSISTANCE PROGRAM

If you find yourself in need of some professional support to deal with personal, work, financial or family issues, your Employee Assistance Program (EAP) can help. You and your immediate family (spouse or domestic partner, dependent children, parents and parents-in-law) can use the EAP for help with:

- Marriage and family problems
- Job-related issues
- Stress, anxiety and depression
- Parent and child relationships
- Legal and financial counseling
- Identity theft counseling
- Financial planning
- Various other related issues
- If you need help or guidance, visit or call:
 - St Johnsbury Office:
104 Federal Street
St. Johnsbury, VT 05818
802-748-3868 or 800-232-0131
 - Newport Office:
194 Main St, Suite 217
Newport, VT 05855
802-334-8547

TRAVEL ASSISTANCE SERVICES

This program provides tools and guidance to coordinate care during a hospital admission, emergency medical evaluation, care of a minor child and emergency trauma counseling.

CHILD AND ELDER CARE

Coordination for before and after school care, in-home care, cancer care centers and disease management programs.

WILL PREPARATION

Your EAP program can assist in will preparation, providing services in estate planning, advance directive or living will, power of attorney, and final arrangement memorandum.



GLOSSARY

Understand the medical terms that are used in your plan.

BRAND NAME DRUGS: Drugs that have trade names and are protected by patents. Brand name drugs are generally the most costly choice.

COINSURANCE: The percentage of a covered charge paid by the plan.

COPAYMENT (Copay): A flat dollar amount you pay for medical or prescription drug services regardless of the actual amount charged by your doctor or health care provider.

DEDUCTIBLE: The annual amount you and your family must pay each year before the plan pays benefits.

GENERIC DRUGS: Generic drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety and strength. The strength and purity of generic medications are strictly regulated by the Federal Food and Drug Administration.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP): A medical plan that may be used in conjunction with a health reimbursement account (HRA) or a health savings account (HSA).

HEALTH SAVINGS ACCOUNT (HSA): A fund you can use to help pay for eligible medical costs not covered by your medical plan. Both employers and employees may contribute to this fund; employees do so through pre-tax payroll deductions. Equity partners can have monthly contributions charged against their monthly draw account.

IN-NETWORK: Use of a health care provider that participates in the plan's network. When you use providers in the network, you lower your out-of-pocket expenses because the plan pays a higher percentage of covered expenses

OUT-OF-NETWORK: Use of a health care provider that does not participate in a plan's network.

MAIL ORDER PHARMACY: Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.

INPATIENT: Services provided to an individual during an overnight hospital stay.

OUTPATIENT: Services provided to an individual at a hospital facility without an overnight hospital stay.

OUT-OF-POCKET MAX: The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year, except for prescriptions under all medical plans except the HSA Plan.

PRIMARY CARE PHYSICAL (PCP): Physician (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions and refers patients to specialists as necessary.

SPECIALIST: A physician who has specialized training in a particular branch of medicine (e.g., a surgeon, gastroenterologist or neurologist).

CONTACTS

PLAN	PROVIDER	PHONE NUMBERS	WEBSITE
401(k) RETIREMENT SAVINGS PLAN	Voya Retirement Plan	407-925-7278	www.voyaretirementplans.com
MEDICAL, DENTAL & VISION	Cigna	800-244-6224	www.cigna.com
HEALTH SAVINGS ACCOUNT (HSA)	Discovery Benefits	866-451-3399	www.discoverybenefits.com
FLEXIBLE SPENDING ACCOUNT (FSA)	Discovery Benefits	800-224-6224	www.discoverybenefits.com
LIFE & DISABILITY	Cigna	800-842-4468	www.cigna.com
EMPLOYEE ASSISTANCE PROGRAM	WorkingWell EAP	802-748-3868 802-334-8547 800-232-0131	www.workingwelleap.com



NOTES:

This benefit summary provides selected highlights of the company's employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. The company reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.



2019+20
