



KOGAN
&
DISALVO[®]
PERSONAL INJURY LAW

PRE-EMPLOYMENT
BENEFIT SUMMARY



Welcome!

We have worked very hard to provide competitive and impactful benefits that help you and your family in various ways.

All full-time employees are eligible for benefits after the various waiting periods as outlined.

We hope you find your employment with Kogan & DiSalvo to be professionally and personally rewarding.



Benefit Overview

This page provides you a summary of some of the benefits that are provided to you. Those listed here are provided to employees immediately or within 60 or 90 days.

EMPLOYER PROVIDED MEDICAL COVERAGE

Company pays 80% of the cost for you for [the option of] three medical benefit choices from Florida Blue; eligible first of month after 60 days.

PAID TIME OFF

3 weeks (120 hours) combined PTO, eligible to take time after 90 days; accrual of 4.62 hours per pay immediately upon hire.

EMPLOYER SPONSORED DENTAL COVERAGE

PPO dental at 100/80/50% co-insurance and \$1,500 annual benefits; eligible first of month after 60 days.

EMPLOYER SPONSORED VISION COVERAGE

Offers eye exams, co-pays and discounts on lenses and contacts and frames; eligible first of month after 60 days.

COMPANY PAID TERM LIFE INS

\$10,000 term life insurance provided to a designated beneficiary; eligible first of month after 60 days.

EMPLOYER SPONSORED AFLAC SUPPLEMENTAL BENEFITS

Accident, Critical Illness, Hospital, Cancer, and Short Term Disability; eligible first of month after 60 days.

HOLIDAY PAY

7 paid holidays: New Years, Memorial, Independence, Labor, Thanksgiving, Thanksgiving Friday, Christmas; no waiting period

COMPANY PAID LONG TERM DISABILITY

60% of pre-disability earnings up to \$10,000 per month; eligible first of month after 90 days.

Benefit Overview (cont)

This page provides you a summary of all the other great benefits offered to you with various eligibility dates.

401K WITH ROTH OPTION AND COMPANY MATCH

401K Retirement plan w/ 100% co. match of up to 3% and 50% match for 4% and 5% vested immediately; eligible to participate after one year of employment

EMPLOYEE ASSISTANCE PROGRAM

Confidential support to you and your family members to assist w/ day-to-day issues, improve your work/life balance; enhance your well being

DISCRETIONARY YEAR-END BONUS

Eligibility to receive a year-end bonus based solely on owners' discretion

BEREAVEMENT PAY

3 days of pay for death of immediate family members as outlined in handbook; no waiting period

ANNUAL PROFIT SHARING

Annual participation in company 1st Quarter Profit Sharing with minimum guarantee of 3% of your annual income; eligible after one year of employment.

PROFESSIONAL DEVELOPMENT / TUITION REIMBURSEMENT

Up to \$1,200 per year tuition and development assistance reimbursement with pre-approval

EMPLOYEE REFERRAL PROGRAM

Refer friends and family and give \$250 referral bonus after they have successfully completed 90 days of employment

PARENTAL AND OTHER LEAVES OF ABSENCES

Eligibility to receive FMLA leave of absence for new parents as well as other LOA availability as outlined in handbook.

Medical Coverage

Presented To: Kogan & Disablvo

Presented By: Levi & Associates Insurance, Inc.
Barry Levi / (561) 353-1234 ext 103
Proposed Effective Date: 02/01/2022

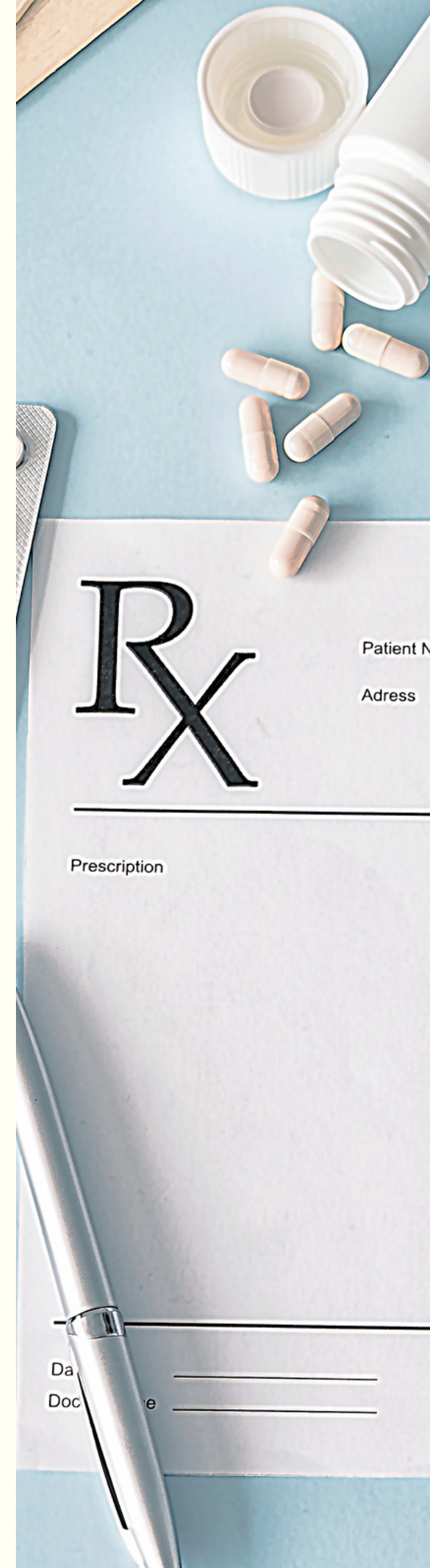
Benefit Analysis - In Network

Boynton Beach, FL (Palm Beach) 33436

	Florida Blue <u>2022 SimplyBlue All Copay 18753</u>	Florida Blue <u>2022 BlueCare All Copay 16253</u>	Florida Blue <u>2022 BlueOptions All Copay 14003</u>
Metallic Level:	Silver	Silver	Platinum
Benefit Year	Contract/Cal Option	Contract/Cal Option	Contract/Cal Option
Individual Deductible	\$2500	\$3400	\$500
Family Deductible	\$5000	\$6800	\$1500
Coinsurance	0%	0%	20%
Out-of-Pocket Maximum	\$7900	\$8200	\$2000
Family Out-of-Pocket Maximum	\$15,800	\$16,400	\$6000
Referrals	Not Required	Not Required	Not Required
PCP Office Visit	Office: \$30; Virtual: \$0	Office: \$25; Virtual: \$0	Office: \$10; Virtual: \$0
Specialist Office Visit	\$70	\$55	\$25
Preventative Adult Exams	\$0	\$0	\$0
Prescription Drugs	G: \$25; PB: \$55; Ded then, NPB: 50%; S: 50%	G: \$15; PB: \$75; NPB: \$150; S: \$300	G: \$10; PB: \$30; NPB: \$50; S: \$150
Mail Order Drug	2.5 x Retail; S: N/A	2 x Retail; S: N/A	2 x Retail; S: N/A
Inpatient Hospital	\$750/Day up to \$2250	\$1000 after Ded	Opt 1: \$250/Day up to \$750; Opt 2: \$350/Day up to \$1050
Emergency Room	\$600	\$300 after Ded	\$100
Ambulance	\$0 after Ded	\$0 after Ded	20% after Ded
Inpatient Mental Health	\$0	\$0	\$0
Outpatient Surgery	ASC: \$500; Hosp: \$1000	ASC: \$400; Hosp: \$500	ASC: \$100; Hosp: \$200/\$400
Outpatient Diagnostic Tests	Fac: Lab: \$50, X-ray: \$200; Hosp: \$1000	Fac: Lab: \$55, X-ray: \$150; Hosp: \$500	Fac: Lab: \$25, X-ray: \$35; Hosp: \$200/\$400
Outpatient Diagnostic Imaging	\$350	\$350	\$75
Outpatient Mental Health	\$0	\$0	\$0
Maternity Services	PCP: \$30, Spec: \$70; Initial Visit Only	PCP: \$25, Spec: \$55; Initial Visit Only	PCP: \$10, Spec: \$25; Initial Visit Only
Walk-in Urgent Care	\$75	\$60	\$30
Durable Medical Equipment	\$0	\$0	20% after Ded

The information is only a partial listing of the benefit components for the plans selected

Rates per pay period			
employee only	\$32.56	\$48.10	\$177.13
employee & spouse	\$257.51	\$288.58	\$546.66
employee & children	\$223.76	\$252.51	\$491.23
family	\$448.71	\$492.99	\$860.76



Dental Coverage

Your dental coverage

PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

Your Dental Plan	PPO	
Your Network is	DentalGuard Preferred	
Your Bi-weekly premium	\$13.45	
You and Spouse	\$27.31	
You and Child(ren)	\$31.31	
You, Spouse and Child(ren)	\$47.91	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	Not Covered (applies to all levels)	
Annual Maximum Benefit	\$1500	\$1500
Maximum Rollover	Yes	
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover In-network Amount	\$500	
Rollover Account Limit	\$1250	
Lifetime Orthodontia Maximum	Not Applicable	
Dependent Age Limits	26 *	

*Family coverage for spouse and children if the child is dependent upon the employee for support and is: (i) living in the employee's household; or (ii) a full-time or part-time student.

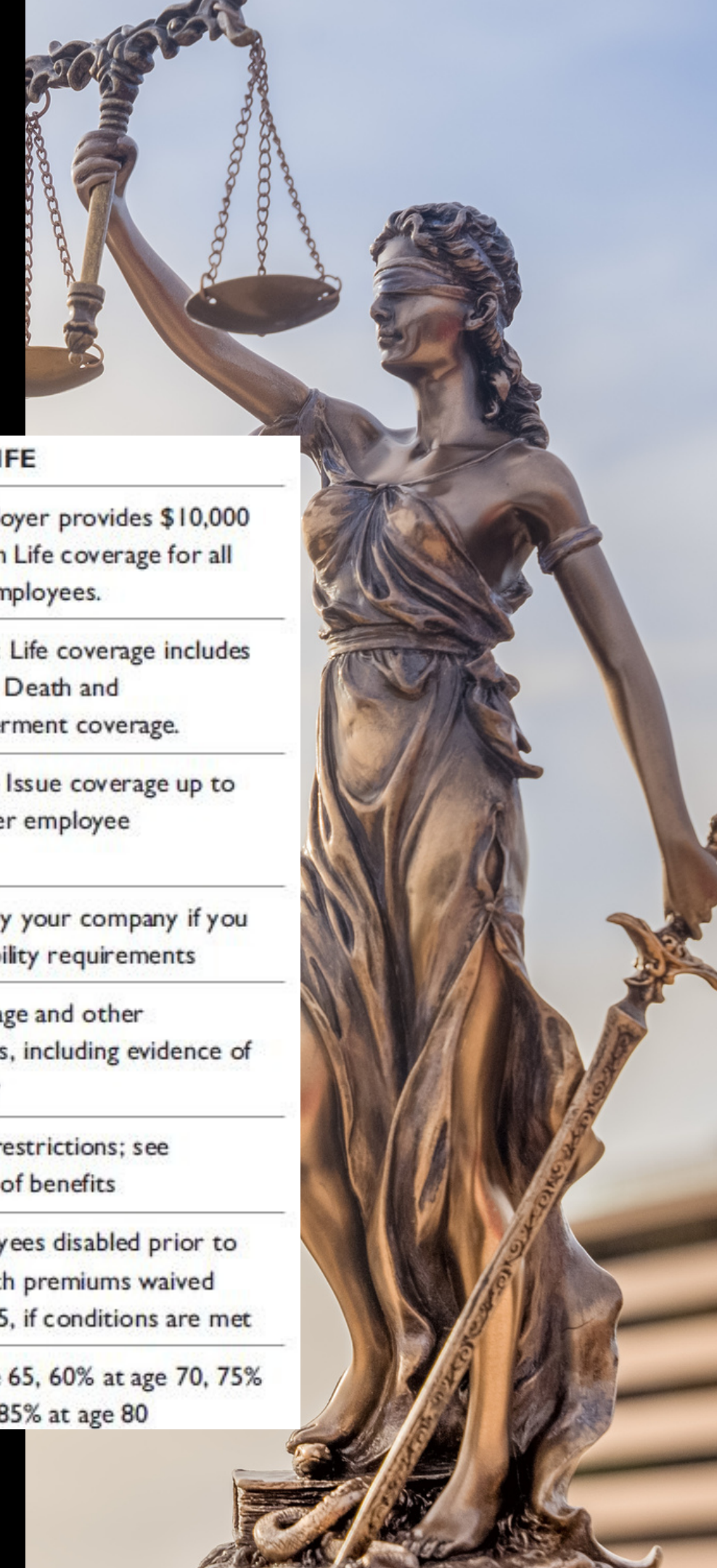
Vision Coverage

Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	Full Feature	
Your Network is	VSP Choice Network	
Your Bi-weekly premium	\$ 3.23	
You and Spouse	\$ 5.44	
You and Child(ren)	\$ 5.54	
You, Spouse and Child(ren)	\$ 8.77	
Copay		
Exams Copay	\$ 10	
Materials Copay <i>(waived for elective contact lenses)</i>	\$ 25	
Sample of Covered Services	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$130 ¹	Amount over \$46
Costco, Walmart and Sam's Club Frame Allowance	Amount over \$70	
Contact Lenses <i>(Elective)</i>	Amount over \$130	Amount over \$100
Contact Lenses <i>(Medically Necessary)</i>	\$0	Amount over \$210
Contact Lenses <i>(Evaluation and fitting)</i>	15% off UCR	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses <i>(Additional pair of frames and lenses)</i>	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses <i>(for glasses or contact lenses)</i> ‡‡	Every calendar year	
Frames	Every two calendar years‡‡‡	
Network discounts <i>(glasses and contact lens professional service)</i>	Limitless within 12 months of exam.	
Dependent Age Limits	26	
To Find a Provider:	Register at VSP.com to find a participating provider.	

Term Life



	BASIC LIFE
Employee Benefit	Your employer provides \$10,000 Basic Term Life coverage for all full time employees.
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$10,000 per employee
Premiums	Covered by your company if you meet eligibility requirements
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

Supplemental Benefits

Accident Plan



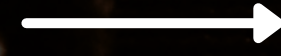
Wellness benefits payable for routine medical exams for early detection and prevention; benefits for fractures, dislocations, and other injuries from an accident. benefits payable for initial treatments, X-rays, etc.; benefits for physical, speech and occupational therapy; daily hospitalization benefits payable for hospital stays.

Cancer Protection



If diagnosed with a covered cancer, pays cash directly to you to cover things like deductibles, co-pays, lost work time, or even travel. Benefits payable for preventative care like mammograms, PSA blood tests, etc.; benefits payable if diagnosed and for every month that you are undergoing treatment.

Critical Care Protection



Helps provide financial peace of mind if you experience a serious health event, such as a heart attack or stroke. Benefits payable upon diagnosis of a covered event with additional benefits for hospital confinement, intensive care confinement, ambulance, lodging and therapy, and for specific surgeries, etc.

Hospital Plan



Cash benefits payable directly to you for covered hospital expenses for hospital confinement, rehabilitation facility, hospital emergency room visits, hospital short-stays. Choose from four levels of protection coverage for the plan that is right for you.

Short Term Disability



Cash benefits payable to you when you cannot go to work, including for maternity. There is no medical questionnaire and you are paid cash benefits for each day you are disabled.

Thank you.

**Additional Information
will be provided as part
of welcoming you to our
team; we can't wait for
you to be part of the
Kogan & DiSalvo family!**

