



BILL DAVIS TRUCKING, INC.
HEALTH BENEFITS (01/01/2015)

BDTI employees are eligible to enroll for health benefits after they have been employed full time for 1 month. The company will pay a portion of the employee's insurance, which will increase after one year and again after two years. Spouse, Child, and Family plans are available at an additional cost to the employee. Employees will be charged weekly beginning the month prior to date coverage is to begin. Employees **MUST** return their completed insurance form within the first 30 days of their hire date. Coverage will begin the first day of the month following the 1 month waiting period. Example: If hired on 4/27/14, 5/27/14 is 30 days, so coverage will begin 6/01/14.

AFLAC Benefits are also available (employee funded) through payroll deduction. Let us know if you would like for an agent to contact you.

HEALTH INSURANCE:

EMPLOYEE ONLY: Total \$408.50

Charges to employee:

1st year- \$47.13 per week (We pay \$204.25 per month / you-\$204.25 per month)

1 year to 2 years- \$44.31 per week (We pay \$216.51 / you-\$191.99 per month)

After 2 years- \$33.00 per week (We pay \$265.52 per month / you-\$142.98 per month)

EMPLOYEE & SPOUSE: Total \$852.64

Charges to employee:

1st year- \$149.63 per week (We pay \$204.25 per month / you-\$648.38 per month)

1 year to 2 years- \$146.80 per week (We pay \$216.51 / you-\$636.13 per month)

After 2 years- \$135.49 per week (We pay \$265.52 per month / you-\$587.13 per month)

EMPLOYEE & CHILD: Total \$633.52

Charges to employee:

1st year- \$99.06 per week (We pay \$204.25 per month / you-\$429.27 per month)

1 year to 2 years- \$96.23 per week (We pay \$216.51 / you-\$417.01 per month)

After 2 years- \$84.92 per week (We pay \$265.52 per month / you-\$368.00per month)

FAMILY: Total \$1058.54

Charges to employee:

1st year- \$197.14 per week (We pay \$204.25 per month / you-\$854.29 per month)

1 year to 2 years- \$194.31 per week (We pay \$216.51 / you-\$842.03 per month)

After 2 years- \$183.00 per week (We pay \$265.52 per month / you-\$793.02 per month)

AR BLUE CROSS & BLUE SHIELD

Calendar Year Deductible	\$1800.00	Family Deductible- 3 family members
Primary Co-Pay	\$35.00	
Specialty Care Co-Pay	\$55.00	
Yearly Co-Insurance Maximum	\$2000.00	(Individual) Family- 3 family members
Prescription Drug Benefits		
1 st Tier (Generic) Co-Payment	\$20.00	
2 nd Tier Co-Payment	\$55.00	
3 rd Tier Co-Payment	\$80.00	
Wellness Benefit	100%	

OPTIONAL DENTAL: (Updated 08-01-14)

AR Blue Cross & Blue Shield
\$50 Deductible
\$1000 Maximum Per Year
100% Preventative Care
80% Basic Care (Fillings, extractions, etc.)
50% Major Care (Crowns, dentures, etc.)

RATES:	Monthly	Weekly	Yearly
Employee Only	\$37.30	\$8.61	\$447.60
Employee & Spouse	\$78.72	\$18.17	\$944.64
Employee & Children	\$58.77	\$13.56	\$705.24
Family	\$101.90	\$ 23.52	\$1222.80

OPTIONAL VISION: (Updated 01/01/2015)

Benefits Available Every 12 months:

Eye Examination
Spectacle Lens
Frame
Contact Lens (in lieu of glasses)
Contact Lens Evaluation & Follow-up Care

Copayments:

Eye Examination \$10
Spectacle Lens \$10
Contact Lens Eval \$10

RATES:	Monthly	Weekly	Yearly
Employee Only	\$12.88	\$2.97	\$154.44
Employee & Spouse	\$22.90	\$5.28	\$274.56
Employee & Children	\$24.77	\$5.72	\$297.44
Family	\$35.28	\$8.14	\$423.28