

# Employee Benefits

Employees must work past a 60-day period to be eligible to sign up for Benefits.

There are different insurance plans, rates vary and are based on age, age of spouse, and age of children (if applicable).

## Health Insurance

- Carrier – Blue Cross Blue Shield
- 50% premium coverage by Delta is offered for all employees

## Dental Insurance

- Carrier – Blue Cross Blue Shield
- 50% premium coverage by Delta is offered for all employees

## Vision Insurance

- Carrier – VSP Vision Care
- 50% premium coverage by Delta is offered for all employees

## Life Insurance

- 100% premium coverage by Delta
- Only required to fill out a form stating who the beneficiary will be. The insurance policy benefit is \$30,000.00.

## 401K Matching

- DE&C recognizes the importance of saving for retirement and offers eligible employees a 401(k) plan.
- Eligibility, vesting, and all other matters relating to these plans are explained in the SPD and that can be obtained from Human Resources.
- Usually with 401k plans, you choose to place a percentage of your paycheck into an account. We match at a max of 4%

## **PTO**

- Vacation/Sick days/Personal reason
- Employee must work a full year (to the date)
- Submit a written notice of vacation request (form is in trello)
- All requests will be considered; If granted, employees will be notified within 2-3 days of request.

## **Paid Holidays**

- Employees must work 2 months to be eligible for paid holidays.
- Employees must work the day before the holiday to be eligible for holiday pay.

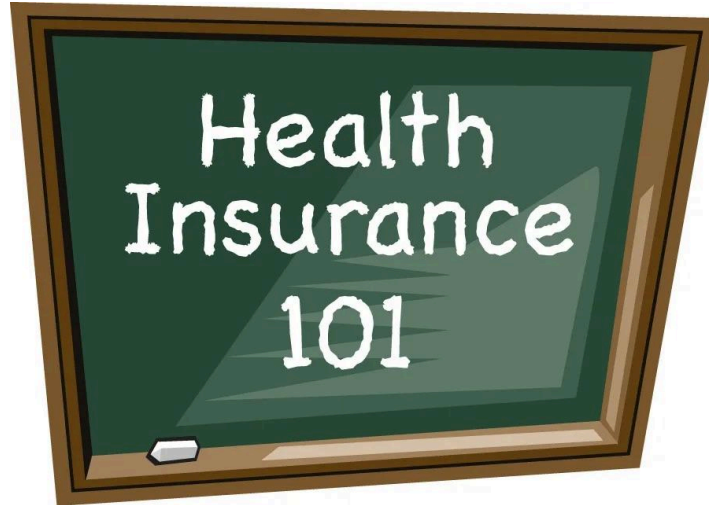
### Holidays include :

- New Year's Day - Jan 1
- Memorial Day - May 29
- Independence Day - July 4
- Labor Day - Sept 4
- Thanksgiving Day - Nov 24
- Christmas Day - Dec 25

- **Workers Compensation**

- All employees are covered under WC. Workers' compensation is an insurance program that provides benefits to employees who suffer job-related injuries and illnesses.

**(Benefits and plan rates are explained below)**



Delta Electrical & Controls offers our employees the benefit of paying your premium at 50% for health plans, dental, and vision, with the remaining 50% being employee responsibility.

The rate for health insurance is determined based on your age, while the dental insurance and vision insurance are at a fixed rate. They will be divided per paycheck, per week.

Two PPO options, with one HMO option. There is one Dental Option, which is low cost, but high value. There is one Vision Option, with great coverage.

When looking at the premium amounts, divide the number by 50% or 2, to get your balance responsibility. This will be divided amongst your weekly checks as a deduction. All premiums are based on age, please refer to the chart. If you have any dependents, you will refer to their age for the premium.

**\*\*According to our insurance broker, the **Blue Advantage Gold HMO 817(G664ADT)** is the most valuable option. The only thing that must be considered with an HMO plan is that you will have to pre-select your Primary Care Physician(PCP) from a list of BCBSTX contracted doctors, who will refer you to our specialists if you need to see one. The HMO option does have a lower monthly premium, while the PPO option has more flexibility\*\***

**HMO: Blue Advantage Gold HMO 817(G664ADT)\*\***

Deductible In Network \$2000 Deductible Out of Network Not Covered Office Visit \$30/\$60  
Specialist Coinsurance In Network/Out of Network 90%/Not Covered Out of Pocket Max In  
Network/Out of Network \$4000/Not Covered ER Copay/ER Coinsurance \$300/90%

**PPO 820: Blue Choice Gold PPO 820(G652CHC)**

Deductible In Network \$1500 Deductible Out of Network \$3000 Office Visit \$30/\$60 Specialist  
Coinsurance In Network/Out of Network 80%/60% Out of Pocket Max In Network/Out of

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Network \$5000/ Unlimited ER Copay/ER Coinsurance \$400/80% Preferred RX  
\$0/\$10/\$50/\$100/\$150/\$25%

**PPO 824:Blue Choice Silver PPO 824(S661CHC)**

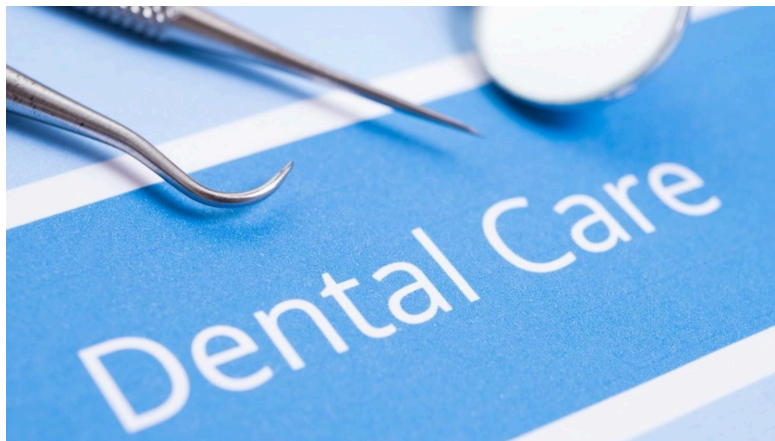
Deductible In Network \$3000 Deductible Out of Network \$6000 Office Visit \$50/\$80 Specialist  
Coinsurance In Network/Out of Network 70%/50% Out of Pocket Max In Network/Out of  
Network \$8150/Unlimited ER Copay/ER Coinsurance \$500/70% Preferred RX  
\$0/\$10/\$50/\$100/\$150/\$250

Reference last page for charts:

***Blue Choice Silver PPO 824(S661CHC) photo 1***

***Blue Advantage Gold HMO 817(G664ADT) photo 2***

***Blue Choice Gold PPO 820(G652CHC) photo 3***



To take part in the Dental option, you do not have to be enrolled in any of the healthcare plans. The premium is 50% of Delta Electrical & Control's responsibility, while the employee responsibility would be the remaining 50%. Cost per person's dental premium, regardless of age is \$58 a month. Employee's responsibility is \$29 per month

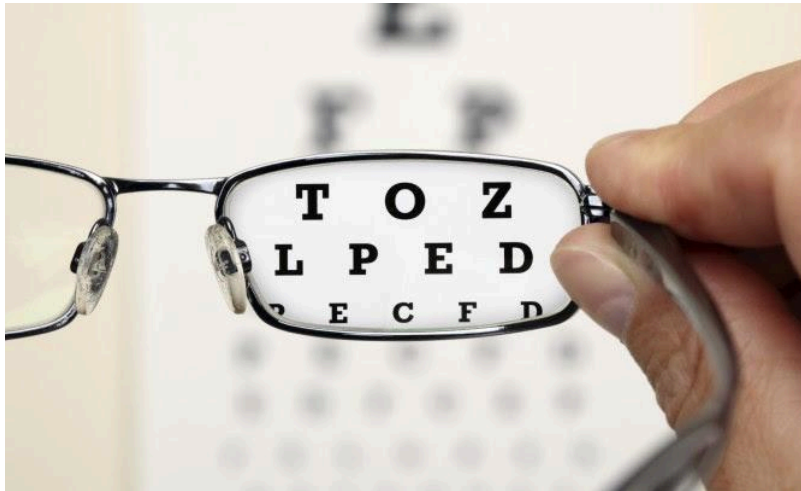
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Dental: **Blue Cross Dental**

Diagnostic and Preventative 100% Basic Restorative 80%

Major Restorative 50%

Annual Maximum Allowance is \$2000



**Vision Option**

To take part in the Vision option, you do not have to be enrolled in any of the healthcare or dental plans. The premium is 50% of Delta Electrical & Control's responsibility, while the employee's responsibility would be the remaining 50%.

**VSP**

Member Only \$13.60

Member + One \$ 21.75

Member + Children \$22.19

Member + Family \$35.77

Copay is \$10, Well Vision Exam Every 12 months

Allowance of \$120 that can be used towards glasses or contacts

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## Group Life Policy

As a benefit to all full time and eligible employees, Delta Electrical & Controls offers a free policy. We want you to feel peace of mind working and believe that you are a key part of the company. Financial security for you and your family is something that we want to provide to our employees. Should the unthinkable happen, life insurance provides a payment, known as a death benefit, to your chosen beneficiary. The policy amount that Delta provides to all employees is \$30,000. We provide this benefit through Dearborn National and have fully committed to providing this at no cost to our employees. To enroll, you will need to fill out a beneficiary designation form so that we can provide this information to Dearborn National.

You can find this form by using this link:

<https://www.bcbstx.com/pdf/forms/anc-ben-designation-tx.pdf>



## 401k option

Usually with 401k plans, you choose to place a percentage of your paycheck into an account. This is a great option for anyone who is looking to save for retirement, or has a big purchase coming up in the future. The great, and exciting thing, about an employer provided 401k plan is that the amount you put in, we match at a max of 4%!

Age	Total Premium	Employee Responsibility	Age	Total Premium	Employee Responsibility	Age	Total Premium	Employee Responsibility	Age	Total Premium	Employee Responsibility
0-14	\$321.90	\$160.95	40	\$537.76	\$268.88	0-14	\$247.83	\$123.92	40	\$414.02	\$207.01
15	\$350.51	\$175.26	41	\$547.86	\$273.93	15	\$269.86	\$134.93	41	\$421.79	\$210.90
16	\$361.45	\$180.73	42	\$557.54	\$278.77	16	\$278.28	\$139.14	42	\$429.24	\$214.62
17	\$372.39	\$186.20	43	\$571.00	\$285.50	17	\$286.70	\$143.35	43	\$439.61	\$219.81
18	\$384.17	\$192.09	44	\$587.83	\$293.92	18	\$295.77	\$147.89	44	\$452.57	\$226.29
19	\$395.96	\$197.98	45	\$607.61	\$303.81	19	\$304.84	\$152.42	45	\$467.80	\$233.90
20	\$408.16	\$204.08	46	\$631.17	\$315.59	20	\$314.24	\$157.12	46	\$485.94	\$242.97
21	\$420.78	\$210.39	47	\$657.68	\$328.84	21	\$323.96	\$161.98	47	\$506.35	\$253.18
22	\$420.78	\$210.39	48	\$687.98	\$343.99	22	\$323.96	\$161.98	48	\$529.67	\$264.84
23	\$420.78	\$210.39	49	\$717.85	\$358.93	23	\$323.96	\$161.98	49	\$552.67	\$276.34
24	\$420.78	\$210.39	50	\$751.52	\$375.76	24	\$323.96	\$161.98	50	\$578.59	\$289.30
25	\$422.46	\$211.23	51	\$784.76	\$392.38	25	\$325.25	\$162.63	51	\$604.18	\$302.09
26	\$430.88	\$215.44	52	\$821.37	\$410.69	26	\$331.73	\$165.87	52	\$632.37	\$316.19
27	\$440.98	\$220.49	53	\$858.39	\$429.20	27	\$339.51	\$169.76	53	\$660.87	\$330.44
28	\$457.39	\$228.70	54	\$898.37	\$449.19	28	\$352.14	\$176.07	54	\$691.65	\$345.83
29	\$470.85	\$235.43	55	\$938.34	\$469.17	29	\$362.51	\$181.26	55	\$722.43	\$361.22
30	\$477.59	\$238.80	56	\$981.68	\$490.84	30	\$367.69	\$183.85	56	\$755.79	\$377.90
31	\$487.69	\$243.85	57	\$1,025.44	\$512.72	31	\$375.41	\$187.71	57	\$789.49	\$394.75
32	\$497.78	\$248.89	58	\$1,072.15	\$536.08	32	\$383.24	\$191.62	58	\$825.44	\$412.72
33	\$504.10	\$252.05	59	\$1,095.29	\$547.65	33	\$388.10	\$194.05	59	\$843.26	\$421.63
34	\$510.83	\$255.42	60	\$1,142.00	\$571.00	34	\$393.28	\$196.64	60	\$879.22	\$439.61
35	\$514.19	\$257.10	61	\$1,182.40	\$591.20	35	\$395.88	\$197.94	61	\$910.32	\$455.16
36	\$517.56	\$258.78	62	\$1,208.91	\$604.46	36	\$398.47	\$199.24	62	\$930.72	\$465.36
37	\$520.93	\$260.47	63	\$1,242.15	\$621.08	37	\$401.06	\$200.53	63	\$956.32	\$478.16
38	\$524.29	\$262.15	64-120	\$1,262.34	\$631.17	38	\$403.65	\$201.83	64-120	\$971.88	\$485.94
39	\$531.03	\$265.52				39	\$408.83	\$204.42			

Last Updated: 9/27/23

Effect Period:  [Print Product Rates](#)

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
0-14	\$374.31	15	\$407.59	16	\$420.31	17	\$433.03	18	\$446.73	19	\$460.43
20	\$474.62	21	\$489.30	22	\$489.30	23	\$489.30	24	\$489.30	25	\$491.26
26	\$501.04	27	\$512.79	28	\$531.87	29	\$547.53	30	\$555.36	31	\$567.10
32	\$578.84	33	\$586.18	34	\$594.01	35	\$597.93	36	\$601.84	37	\$605.75
38	\$609.67	39	\$617.50	40	\$625.33	41	\$637.07	42	\$648.32	43	\$663.98
44	\$683.55	45	\$706.55	46	\$733.95	47	\$764.78	48	\$800.01	49	\$834.75
50	\$873.89	51	\$912.55	52	\$955.11	53	\$998.17	54	\$1,044.66	55	\$1,091.14
56	\$1,141.54	57	\$1,192.43	58	\$1,246.74	59	\$1,273.65	60	\$1,327.96	61	\$1,374.93
62	\$1,405.76	63	\$1,444.42	64-120	\$1,467.90						

[For more information about our dental rates](#)

**[Blue Choice Silver PPO 824\(S661CHC\) photo 1](#)**

**[Blue Advantage Gold HMO 817\(G664ADT\) photo 2](#)**

**[Blue Choice Gold PPO 820\(G652CHC\) photo 3](#)**

[Link to Vacation/Time off form](#)