



## 2018 BENEFITS



Eligibility for the health benefits outlined below is the first day of the month following date of hire.

## Medical and Rx

	Gold (PPO)	Silver (QHD)* with HSA	Bronze (QHD)* with HSA
<b>Services provided In-Network</b>			
<b>Physician Visit</b>	\$20 co-pay	20% after deductible	20% after deductible
<b>Specialist Visit</b>	\$40 co-pay	20% after deductible	20% after deductible
<b>Deductible - Individual - Family</b>	\$250 individual \$500 family	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family
<b>Coinsurance</b>	80% after deductible	80% after deductible	80% after deductible
<b>Preventive Care</b>	100%	100%	100%
<b>Emergency Room</b>	\$200 co-pay Waived if admitted	20% after deductible	20% after deductible
<b>Out-of-Pocket Max - Individual - Family</b>	\$6,850 individual \$13,700 family	\$4,000 individual \$8,000 family	\$6,350 individual \$12,700 family
<b>Prescription Drugs - Tier 0/ Select Generic - Tier 1/ Generic - Tier 2/ Preferred - Tier 3/ Non-Preferred</b>	\$3 Co-pay \$20 Co-pay \$40 Co-pay \$60 Co-pay	20% After Deductible Max \$150 Retail/\$300 Mail Order	20% After Deductible Max \$150 Retail/\$300 Mail Order
<b>Employee Contributions: PA, IL</b>	<b>Weekly</b> <b>Bi-Weekly</b>	<b>Weekly</b> <b>Bi-Weekly</b>	<b>Weekly</b> <b>Bi-Weekly</b>
Single	\$42.97      \$85.94	\$19.58      \$39.16	\$15.21      \$30.43
Ee + Child	\$67.04      \$134.07	\$30.55      \$61.09	\$23.74      \$47.47
Ee + Children	\$94.54      \$189.07	\$43.08      \$86.16	\$33.48      \$66.96
Ee & Sp	\$96.25      \$192.51	\$43.86      \$87.72	\$34.09      \$68.17
Family	\$126.33      \$252.67	\$57.57      \$115.13	\$44.74      \$89.47
<b>Employee Contributions: OHIO</b>	<b>Weekly</b> <b>Bi-Weekly</b>	<b>See rates above</b>	
Single	\$41.39      \$82.78		
Ee + Child	\$64.57      \$129.14		
Ee + Children	\$91.06      \$182.12		
Ee & Sp	\$92.72      \$185.43		
Family	\$121.69      \$243.38		

**\*For Participants in the Silver and Bronze Plans:** AZEK will help you meet your deductible expenses by opening a Health Savings Account (HSA) in your name and contributing an amount equal to 50% of the deductible for the coverage you elect (prorated based on your benefits eligibility date). For full year participants, the contribution will be made in two installments – 1<sup>st</sup> one in January and 2<sup>nd</sup> one in July.



## Dental

	Base Plan		Buy-Up Plan with Orthodontia	
<b>Services</b>				
<b>Type A Services</b> (i.e. cleanings, examinations)	<b>100%</b>		<b>100%</b>	
<b>Type B Services</b> (i.e. fillings)	<b>80%</b>		<b>90%</b>	
<b>Type C Services</b> (i.e. bridges, dentures, TMJ)	<b>50%</b>		<b>60%</b>	
<b>Type D Services</b> (i.e. Orthodontia)	<b>Not Covered</b>		<b>50%</b>	
<b>Per Person Annual Maximum Benefit</b>	<b>\$1,200</b>		<b>\$1,700</b>	
<b>Deductible</b> Individual	<b>\$50</b>		<b>\$25</b>	
Family	<b>\$150</b>		<b>\$75</b>	
<b>Employee Contributions</b>	<b>Weekly</b>	<b>Bi-Weekly</b>	<b>Weekly</b>	<b>Bi-Weekly</b>
Single	\$2.90	\$5.79	\$5.20	\$10.39
Ee + Child	\$6.58	\$13.16	\$11.05	\$22.10
Ee + Children	\$7.10	\$14.21	\$11.58	\$23.16
Ee & Sp	\$6.58	\$13.16	\$11.12	\$22.24
Family	\$13.16	\$26.32	\$19.65	\$39.29



## Vision

	Service		In-Network Coverage
Service	In-Network Coverage		Frequency
<b>Frames</b>	<b>\$100 Allowance 20% off balance</b>		<b>Every 24 Months</b>
<b>Lenses</b> <b>Standard Plastic</b> Single Vision, Bifocal, Trifocal and Lenticular	<b>100%</b> (upgraded lenses and additional services subject to co-pay)		<b>Every 12 Months</b>
<b>Contact Lenses</b> In lieu of lenses for frames	<b>\$100 Allowance 15% off balance</b>		<b>Every 12 Months</b>
<b>Lasik</b>	<b>15% of Retail Price or 5% of Promotional</b>		<b>Per Eye Per Lifetime</b>
<b>Employee Contributions</b>	<b>Weekly</b>	<b>Bi-Weekly</b>	
	\$.21	\$.42	
	\$.40	\$.80	
	\$.59	\$1.18	
	\$.40	\$.80	
	\$.59	\$1.18	

## Basic Life and AD&D Insurance (Company-paid)

- Exempt - 2.5 times your annual base salary
- Non-exempt - \$30,000 or more annual base salary: 1 times your annual base salary
- Non-exempt - less than \$30,000 annual base salary: \$30,000

## Voluntary Life Insurance

Available for employee, spouse and child(ren) at additional cost through payroll deductions.

The chart below shows the price of supplemental life insurance per \$1,000 of coverage.

Example: An employee who is age 36 and elects a \$10,000 policy. Employee would pay \$1.40 per month to carry that insurance (.140 X 10 = 1.40). Additional rates are included in the Employee Handbook.

Age bands	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Employee	0.076	0.076	0.093	0.117	0.140	0.187	0.312	0.527	0.892	1.347	2.154	4.095	9.529
Spouse	0.026	0.042	0.042	0.066	0.088	0.146	0.187	0.374	0.619	0.874	1.523	2.309	7.400

## Disability Income Benefits

	Short-term Disability	Long-term Disability
Income Replacement	60% of Weekly Earnings after elimination period	60% of Monthly Earnings after elimination period
Maximum Benefit	\$1,000 per week	\$10,000 per Month
Elimination (Waiting) Period	13 Days	90 Days
Maximum Benefit Duration	11 Weeks	End of recovery or age 65 (whichever comes first)

## 401(k) Savings Plan

Plan Entry Date	Company Match	Vesting Schedule
1 <sup>st</sup> day of the month following 30 days of employment.	100% on the 1 <sup>st</sup> 1% contributed, then 50% on the next 5% contributed (total of 3.5% match)	100% after 2 years of employment

## Other Benefits

Additional benefits include Tuition Reimbursement, Travel Assistance, Employee Assistance Program (EAP), bonus and gainsharing plans, personal days, holidays, employee referral bonus, service awards, and a wide array of employee discount programs.

# THE AZEK COMPANY Benefits Contacts



## Highmark Blue Cross (Medical)

800-241-5704

[www.highmarkbcbs.com](http://www.highmarkbcbs.com)



## Express Scripts (Prescription)

800-282-2881

[www.expressscripts.com](http://www.expressscripts.com)



## MetLife (Dental)

800-942-0854

[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)



## EyeMed (Vision)

866-804-0982

[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)



## One America Retirement Services (401k)

800-858-3829

[www.oaretirement.com](http://www.oaretirement.com)



## Aetna (Life, STD & LTD Insurance)

800-872-3862

[www.aetna.com](http://www.aetna.com)



## TASC (Flexible Spending Accounts)

800-422-4661

[www.tasconline.com](http://www.tasconline.com)

Enter Participant ID# from card



## Employee Assistance Program (EAP)

877-327-5832

[www.mylifevalues.com](http://www.mylifevalues.com)

Username: EAP4LIFE

Password: EAP4LIFE



## Aetna Travel Assistance Program

U.S.: 877-935-3704

Outside U.S.: 312-935-3704

Email: [aetnatravelassistance@axa-assistance.us](mailto:aetnatravelassistance@axa-assistance.us)

[www.aetnatravelassistance.com](http://www.aetnatravelassistance.com)



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