

ABC Corporation
Employee Benefits Statement
As of 2/11/2011

Name: Rodriguez, Antonio
Address: 845 Acalanes Drive

Date of Birth: 6/24/1952
Social Security No.: 425-78-1808
Employee ID: 0003
Phone: (650) 651-4227

Hire Date: 7/6/2010
Category: Full-Time
Status: Active

Palo Alto, CA 94301-3119

Medical Insurance Benefits

The medical plan that you have selected is : Kaplan Medical Group.

Benefit Coverage

Hospital Room and Board	100%
Routine Physical	\$10 Copayment
Doctor's Office Visit	\$10 Copayment
Counseling/Psychiatric	\$20
Lab and X-ray Fees	100%
Chiropractic Services	Not Covered
Prescription Drugs	\$5*
Outpatient Surgery	100%
Inpatient Surgery	100%

You have coverage for

Employee plus family
for which you pay a monthly premium of \$80.00.
The annual cost to ABC Corporation to provide these benefits is \$5,280.00.

*Subject to annual deductible

Dental Insurance Benefits

The dental plan you have selected is : Best Dental Group.

Benefit Coverage

Annual Maximum per person	\$1,500
Annual Deductible	
Per person	\$30*
Per family	\$90*
Preventive and Diagnostic	100%
Basic Services	80%
Major Services	50%
Orthodontic Services	50%

You have coverage for

Employee plus family
for which you pay a monthly premium of \$30.00.
The annual cost to ABC Corporation to provide these benefits is \$2,520.00.

*Does not apply to preventive and diagnostic

Vision Insurance Benefits

The vision plan you have selected is : Vision Coverage Plan.

You have coverage for Employee plus family,
for which you pay a monthly premium of \$15.00.

The annual cost to ABC Corporation to provide these benefits is \$300.00.

Voluntary Insurance Benefits

The Voluntary Life Plans that you have selected is : Triple A Life Insurance.

Your per paycheck contribution is : \$5

Other Benefits

- Not Applicable -

Retirement Benefits

The 401(K) Plan that you have selected is : 401K Plan.

Your percent contribution is : 3%

Annualized company match: \$789.98.

Company Provided Benefits

	<u>Benefit Amount</u>	<u>Benefit Cost</u>	<u>Beneficiary</u>
Company Provided Life	\$158,000.00	\$36.00	
Company Provided AD&D	\$106,000.00	\$19.20	
Company Provided Disability	\$2,700.00	\$178.20	

Paid Vacation

ABC Corporation provides 10 days paid vacation for you. The annual value of this benefit is \$2,026.00.

Paid Sick Leave

Should you require time off from work due to illness, ABC Corporation will pay you for up to 6 days per year. The annual value of this benefit is \$1,215.00.

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Paid Holidays

ABC Corporation provides 10 paid holidays. The annual value of this benefit is \$2,025.60.

Social Security & Medicare

Both you and ABC Corporation pay 6.20% of your annual salary up to \$102,000.00 for social security benefits (limited retirement and disability protection) and 1.45% of salary for Medicare. Based on your current salary, ABC Corporation's annual contribution for these benefits is \$4,028.92.

Unemployment Compensation

This benefit is provided if you are unable to find work. ABC Corporation contributes 6.20% of your first \$7,000.00 per year. Based on your current annual salary, ABC Corporation will contribute \$434.00 annually.

Worker's Compensation Insurance

Benefits are provided for on-the-job injury or occupational disease. Medical and weekly compensation are set by state law. ABC Corporation pays the full annual cost of this benefit. The estimated annual cost per employee is \$500.00.

The total annual cost / value of the benefits provided by ABC Corporation is : \$19,352.90.

Your annual pay of \$52,665.60 plus the value of your benefits is : \$72,018.50.