Lampton Love Companies Benefits
2023 Benefit Year

1. Life Insurance

Effective 1st of Month following 30 days of full time Service – Company pays premiums

A. Employee:
   Two times annual salary based on a 40 hour week with a
   Maximum benefit of $400,000
B. AD&D:
   Additional two times annual salary based on same criteria as above.
C. Spouse: $2,000.00
D. Dependent: $500.00

2. Long Term Disability

Effective 1st of month following 90 days of full time Service – Company pays premiums

A. Benefit: 60% of monthly salary with a maximum monthly benefit of $9,000
B. Qualifying Disability Period – 3 months

3. Medical Benefits

Effective 30 days from date of hire for employees working at least 30+ hours per week
Health insurance ends on the last day of the month in which an employee terminates.

A. Medical Charges:
   1. $500 deductible per calendar year, per covered person
   2. Out of Pocket Limit - $2,000 per calendar year, per covered person
   3. Lifetime Maximum - $2,000,000.00 per covered person
   4. Premium Cost –
      a. Employee Only - $100 per month ($46.15, per bi-weekly pay period)
      b. Tobacco User (Employee Only) - $200 per month
      c. Each Covered Dependent - $100 per month
B. Prescription Drug Benefits:
   1. $100 deductible per calendar year, per covered person
   2. Co-Pays

Category One Drugs:	$15.00
Category Two Drugs:	$35.00
Category Three Drugs:	$75.00
Category Four Drugs:	$100.00

   3. If absolute generic is available, plan will not pay for brand name.
   4. 90 day prescriptions are available – you pay two month co-pay instead of 3 month when filled for 90 day.
   5. Deductible: $100 per covered person, per calendar year
C. Well Care Benefit: 100% paid by plan – not subject to deductible

4. Dental Benefits

Effective 1st of Month following 30 days of full time Service

Rates (paid by employee if chosen)

Employee Only:	$22.66 per month ($10.46/pay check)
EE with One Dependent:	$43.00 per month ($19.85/pay check)
EE with Two or More Dependents:	$70.18 per month ($32.39/pay check)

5. Flexible Spending Account (FSA) Full time employees only

A. Medical FSA: Min. Contribution $250.00 – Max. Contribution $3,050.00
B. Dependent Care: Min. Contribution $250.00 – Max. Contribution $5,000.00
C. Carryover Benefit of $610 for Medical FSA – Check for more details

6. PAID TIME OFF (PTO) Full time employees only

A. Paid on calendar year basis (January thru December)
B. No PTO is granted during the first 90 days of employment but is accrued
C. Up to 5 years of service – earned at the rate of 11.33 hours per month (17 days)
D. Over 5 years of service – earned at the rate of 14.67 hours per month (22 days)
E. PTO is not carried over into the next year – starts over every January 1st
F. Accrued unused PTO is paid out upon leaving employment
G. Used unaccrued PTO is deducted from final check upon leaving employment

7. Short Term Disability and FMLA

Effective 1st of month following One year of full time Service

A. One week pay per completed year of service, up to 12 weeks, will be paid at regular salary
B. To qualify, the illness must be an FMLA eligible event
C. An FMLA event will first use PTO and then Short Term Disability will begin.

8. Profit Sharing Plan

A. Paid in full by company – funds deposited into 401k account each year
B. Enrollment: the first Jan 1/July 1 after 1 year and 1,000 hours worked
C. Eligibility: Once enrolled, must work a min of 1,000 hours during the year and be employed on Jun 30.
D. Historically, company has contributed 6% of employee's salary (not guaranteed)
E. 100% vested from start of contribution

9. 401(k)

A. Employees may contribute up to 75% of their earnings – Max of $20,500
B. Employees over 50 years of age – Max of $27,000 ($6,500 catch-up)
C. Currently, a 2% corporate match after waiting period satisfied
D. Eligible for company match January 1st or July 1st following one year anniversary date

10. Holidays

New Year's Day	Labor Day
Good Friday	Columbus Day
Memorial Day	Thanksgiving Day (Corp office is also closed Nov 25)
Independence Day	Christmas Day (Corp office is closed Dec 23 and Dec 26)

11. Credit Union

Savings and borrowing provisions available through association with Statewide Federal Credit Union **1-800-682-6426**.

12. Bereavement Pay

A. 5 days – spouse, child, step-child
B. 3 days – parent, step-parent, sibling, grandparent, grandchild, father-in-law, mother-in-law, son-in-law, or daughter-in-law
C. 1 day – brother-in-law, sister-in-law, aunt, uncle, niece, or nephew
D. Time off without pay may be granted for other relatives or friends.