



# ADVISOR IREP BENEFITS

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# AdvisoriREP

# Access to quality business services and benefits are now available.

AdvisoriREP, a subsidiary of AdvisorHR in North Carolina, is a Professional Employer Organization (PEO) that works with the furniture industry with independent reps, owners of manufacturing and retail stores. AdvisoriREP provides comprehensive HR outsourcing to help manage human resources, employee benefits, regulatory compliance, and payroll services. A PEO works through a co-employment arrangement, which means the PEO contractually shares certain employer responsibilities with the company allowing owners to focus on their business and not the administration.

This co-employment arrangement helps consolidate many areas of the business allowing the business to focus on the main goals of the company. No matter the size of the company AdvisoriREP is there to help you leverage your business with employee administration.

# As a client of AdvisoriREP you receive the following access to these benefits offered:

- Two Medical Plan Options
- Dental Plan / Vision Plan
  - Voluntary Life Plan
    - Accident Plan
- COBRA Administration
- HSAs & FSAs Accounts
- Multi- Employer 401(k)

Review the entire booklet for all your benefits offered and schedule a call with one of our client services reps to learn how to take advantage of the entire program.

# AdvisoriREP

# Complete business services for individual reps, retailers, and manufacturers in the furniture industry.

Our entire approach is to help your business focus on what you do best. This allows our team to help in many areas of your business such as payroll, HR, compliance, and benefits.

The AdvisorHR team has over 20 years' experience in the Professional Employment Organization industry and has worked with over 3,000 small business owners with over 65,000 employees. Our team has developed the most hands on (or off) approach for our AdvisorHR clients and we have contracted with BlueCross BlueShield to bring the Furniture Industry a specialized business service program for everyone involved in the industry.

We welcome any size business from individual reps to retailers and manufacturers up to hundreds of employees.

#### Retailers and Manufacturers

#### HR ADMINISTRATION

Your business will have the guidance and leadership from your HR specialist. You are guided through all areas of human resource management. The personal attention your business receives is invaluable and one that small businesses typically never experience unless working with HR professionals.

 Government and Compliance - Government Compliance helps you to reduce exposure to violations, audits and penalties with tools to help you comply with the employment laws impacting your business. Our HR specialist will help keep your employee data consistent and reporting capabilities quick and comprehensive for better accuracy and real-time insight.

#### PAYROLL PROCESSING

It has never been easier than with AdvisorHR's online portal. Our Payroll team is ready to assist you anytime in any of these key areas:

- Online Payroll Processing
- New Hire Reporting
- Time & Attendance
- Garnishment Management
- Labor Distribution Management

- ACA
- Termination Reporting
- Payroll Portal for Employees
- Payroll Tax

ManagementSave time on local, state, and federal compliance. Manage employees time off and track everything related to your employee.

#### **WORK COMP**

 AdvisorHR provides a pay as you go multi-employer plan that provides savings in your work comp plan. Other savings come from NO additional fees typically charged by work comp agencies such as terrorism fees, agency fees, agency commissions, expense constant fee, and increased limits. All of these extra fees add up and can change the net rate of each classification significantly.

#### **SUTA (STATE UNEMPLOYMENT TAX ADMINISTRATION)**

 Many companies are paying thousands of dollars in unnecessary SUTA expense, of which owners are not aware. AdvisorHR may help lower these rates and help you develop a sound plan.

#### **BENEFIT ADMINISTRATION**

- AdvisorHR provides special benefit plans specifically designed and priced for the Furniture Industry companies and employees. Benefits offered are only provided to AdvisorHR Clients in the Furniture Industry.
- PPO & HSA Plans –This is a Group plan only offered to, our furniture industry family.
- Dental Plan
- Vision Plan
- Deductible Assist Plan
- Slavic 401(k) Retirement Plans (pre-tax investments)
- Retirement Planning Life Insurance
- Cash Value Whole Life L-95 Plan
- Cash Value Whole Life L99 Plan
- Guardian Level Term Estate Planning

#### REQUIRMENTS TO PARTICIPATE

Contact Advisor HR by filling out online form or call: 704.626.5960 FILL OUT FORM FOR MORE INFORMATION CLICK HERE

## **Independent Reps of the Furniture Industry**

As an Independent Rep in the furniture industry, you can have the same benefits as large companies with AdvisorHR Business Services.

As an individual rep, you will need to become a client of AdvisorHR to receive the same benefits as retailers and manufacturers.

#### REQUIRMENTS TO PARTICIPATE

- Be registered as an C-Corp, S-Corp or LLC filing taxes as an S-Corp
- Become a client of Advisor HR
- Pay AdvisorHR monthly fee of \$79.00
- Work Comp monthly fee of \$38.00 (\$1-million-dollar policy)
- Minimum monthly (1 time) payroll processed of your income minimum \$1500.00 with no maximum
- If you select HSA Health Coverage, then select any amount to contribute in to your health savings account monthly up to \$3450.00 single and \$6,900.00 family in 2018. Limits change each year.

#### NOTE:

Retailers, Manufacturers, and Individual Reps: AdvisorHR manages the payroll component utilizing the single EIN of AdvisorHR, assuring the business services and rates from BCBS. This allows furniture companies and reps to become a client and take advantage of all business services allowing the benefits offered. In addition, the underwriting process is expedited with no minimum number of employee requirement.

#### ABOUT:

AdvisoriREP, a subsidiary of AdvisorHR in North Carolina, a PEO (Professional Employer Organization) that works with the furniture industry to support independent reps and owners of manufacturing and retail stores.

AdvisoriREP provides comprehensive HR outsourcing to help manage human resources, employee benefits, regulatory compliance, and payroll services.

This co-employment arrangement helps consolidate many areas of the business allowing the business to focus on the main goals of the company. No matter the size of the company, AdvisoriREP is there to help you leverage your business with employee administration.

Questions please call: AdvisorHR at: 704.626.5960



Inside this book, you will find information regarding the benefits offered to you. If you need more information on any of the benefits provided, please contact Advisor HR.

#### Benefits Eligibility

-All full-time employees working 30+ hours per week are eligible for benefits following 60 days of service. Benefits will begin the first month following 60 days.

-Payroll deductions for any elected coverage will be taken out of your check following eligibility.

-Benefit elections made during the initial new hire waiting period or open enrollment cannot be changed until the next enrollment period, unless you have a qualifying status change (marriage, divorce, birth, adoption or change in spouse's insurance)

-Eligible dependents may include your spouse or your children up to age 26.

Certain limitations apply



# Medical Plan Options

Dian Cummany	Blue Options PPO	Blue Options HSA In-Network Benefits	
Plan Summary	In-Network Benefits		
Deductible (Individual/Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	
Coinsurance	50% / 30%	40%	
Out of Pocket Max (Individual/Family)	\$6,850 / \$13,700	\$6,550 / \$13,100	
Preventive Care	Covered 100% Deductible does not apply	Covered 100% Deductible does not apply	
Primary Care Copay	\$35 Copay	40% after Deductible	
Specialist Copay	50% after Deductible	40% after Deductible	
Urgent Care/Emergency Room	50% after Deductible	40% after Deductible	
Prescriptions Copays	\$10 Generic Copay / Brand up to \$100 Copay	40% after Deductible	
In-Patient Services	30% after Deductible & \$250 Copay	40% after Deductible	
Out-Patient Services	50% after Deductible	40% after Deductible	
Coverage Level:	Monthly Premiums	Monthly Premiums	
Employee Only	\$600.45	\$464.77	
Employee/Spouse	\$1,267.32	\$980.92	
Employee/Child(ren)	\$1,060.68	\$821.00	
Family	\$1,690.50	\$1,308.46	



## **Voluntary Benefits**

The benefits on the following pages are 100% voluntary. You can choose from any of the plans available.

The premiums will be payroll deducted on each paycheck.



# Dental

GENERAL PROVISIONS				
Deductible	Deductible \$50 deductible per member per calendar year; \$150 aggregate family maximum			
Maximum	\$1,000 per member each year			
Waiting Periods	None			
	DIAGNOSTIC AND PREVENTIVE			
Precertification	Precertification is required for some outpatient hospital benefits and physician-administered drugs; please see your benefit booklet. If precertification is not obtained, no benefits are available.			
<ul> <li>Dental exams up to twice per benefit period</li> <li>Full mouth x-rays</li> <li>Bitewing x-rays</li> <li>Routine cleanings, twice per benefit period</li> <li>Tooth sealants</li> <li>Fluoride treatment for children through age 19</li> <li>Space Maintainers</li> </ul>				
	BAS	SIC		
Covered at 80%, subject to the deductible.	<ul> <li>Routine Fillings</li> <li>Oral Surgery</li> <li>Simple Extractions</li> </ul>			
	MAJ	OR		
Covered at 50%, subject to the deductible.  Complete Dentures  Fixed Partial Dentures  (12 month wait on major services)				
MONTHLY PREMIUMS				
E	Employee Only: \$34.75	Employee & Spouse: \$69.51		
Employee & Children: \$84.94 Family: \$130.09		Family: \$130.09		



# Vision

	PLAN HIG	HLIGHTS	
Exam Services	\$25 Copay		
Lens Benefits	Glass or plastic:	Single vision Lined bifocal Lined trifocal Lenticular	\$10 \$10 \$10 \$10
<ul> <li>Frames covered in full up to the retail allowance of \$100</li> <li>Discount for any amount above the retail allowance</li> </ul>			
Elective Contact Lenses	<ul> <li>Prescription contact lens materials covered-in-full up to the retail allowance of \$100 (in lieu of frame &amp; lenses)</li> <li>Members can choose from any available prescription contact lens materials</li> </ul>		
Additional Glasses	40% off additional pairs of prescription glasses if purchased within 12 months of exam		
Eye Exams – Calendar Year  Lenses Benefit – Calendar Year  Contact Lenses – Calendar Year  Frames – Every Other Calendar Year			
	MONTHLY	PREMIUMS	
Employ	ee Only: \$6.71	Emplo	yee & Spouse: \$12.75
Employee & Children: \$13.42			Family: \$19.73



## Supplemental Life

	PLAN HIGHLIGHTS
Employee Coverage	Benefits available in \$10,000 increments from a minimum of \$10,000 to a maximum of \$500,000
Spouse	Benefits available in \$5,000 increments to a maximum of \$100,000 or 50% of Employee amount
Child	\$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
Portability	Included
	EMPLOYEE - \$50,000
Guarantee Issue	SPOUSE - \$25,000
Amount	CHILD - \$10,000
Rates	Spouse rate is determined by the age of the employee

During Annual Re-Enrollment, named insureds with existing coverage can increase coverage without evidence of insurability up to the Guarantee Issue Amount.

If employees do not apply for GTL coverage during the initial enrollment, they may do so during a subsequent enrollment. However, they do not qualify for Guarantee Issue and must complete the Evidence of Insurability Form.

	BENEFIT AMOUNT – Monthly Premiums						
Age	\$10,000	\$20,000	\$40,000	\$50,000	\$75,000	\$100,000	\$150,000
<30	\$0.60	\$1.20	\$2.40	\$3.00	\$4.50	\$6.00	\$9.00
30-34	\$0.80	\$1.60	\$3.20	\$4.00	\$6.00	\$8.00	\$12.00
35-39	\$0.90	\$1.80	\$3.60	\$4.50	\$6.75	\$9.00	\$13.50
40-44	\$1.07	\$2.14	\$4.28	\$5.35	\$8.03	\$10.70	\$16.05
45-49	\$1.69	\$3.38	\$6.76	\$8.45	\$12.68	\$16.90	\$25.35
50-54	\$2.67	\$5.34	\$10.68	\$13.35	\$20.03	\$26.70	\$40.05
55-59	\$4.30	\$8.60	\$17.20	\$21.50	\$32.25	\$43.00	\$64.50
60-64	\$6.60	\$13.20	\$26.40	\$33.00	\$49.50	\$66.00	\$99.00
	AD&D						
Child	\$1,000 - \$0.29	\$2,000 - \$0.58	\$4,000	- \$1.15	\$5,000 - \$1.4	4 \$10	,000 - \$2.88
	Employee, Spouse AD&D - \$0.017 per \$1,000 of Child AD&D - \$0.048 per \$1,000 of coverage coverage						



## Accident

Accident Treatment	BASIC	SELECT	ULTRA
Physician Office Visit (per visit, up to 2)	\$125	\$150	\$225
Emergency Treatment	\$125	\$150	\$225
Emergency Dental (crown)	\$250	\$300	\$450
Major Diagnostic Exam	\$200	\$240	\$360
Lacerations	\$450	\$540	\$810
Burns	Up to \$2,500	Up to \$3,000	Up to \$4,500
Eye Injury (surgical repair)	\$200	\$240	\$360
Brain Injury	\$500	\$600	\$900
Dislocation (examples, open)	Ψ Ψ Ψ Ψ	4000	Ψ Ψ Ψ Ψ
Hip	\$2,750	\$3,300	\$4,950
Knee or Shoulder	\$600	\$720	\$1,080
Toe or Finger	\$125	\$150	\$225
Fractures (examples, open)	¥ :	7.55	¥
Hip	\$2,750	\$3,300	\$4,950
Leg	\$1,200	\$1,440	\$2,160
Nose, Heel, or Finger(s)	\$600	\$720	\$1,080
Hospital Care	BASIC	SELECT	ULTRA
Initial Hospitalization	\$1,000	\$1,200	\$1,600
Hospital Confinement (per day, up to			
365)	\$250	\$250	\$250
Hospital ICU (per day, up to 15 days)	\$500	\$500	\$500
Surgery	\$1,250	\$1,500	\$2,000
Ambulance (air/ground)	\$1,250/\$200	\$1,500/\$240	\$2,000/\$320
Blood, Plasma, Platelets	\$200	\$240	\$320
Follow-Up	BASIC	SELECT	ULTRA
Follow-Up Physician Follow-up (per visit, up to 6)	BASIC \$50	SELECT \$70	ULTRA \$80
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6)	BASIC	SELECT	ULTRA
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30	\$50 \$100	\$ELECT \$70 \$140	ULTRA \$80 \$160
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days)	\$50 \$100 \$125	\$ELECT \$70 \$140 \$175	\$80 \$160 \$200
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance	\$50 \$100 \$125 \$100	\$FLECT \$70 \$140 \$175 \$140	\$80 \$160 \$200 \$160
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance Prosthetic Device (per device, up to 2)	\$50 \$100 \$125 \$100 \$375	\$ELECT \$70 \$140 \$175 \$140 \$525	\$80 \$160 \$200 \$160 \$600
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance Prosthetic Device (per device, up to 2) Family Lodging	\$50 \$100 \$125 \$100 \$375 \$100	\$ELECT \$70 \$140 \$175 \$140 \$525 \$150	\$80 \$160 \$200 \$160 \$600 \$175
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance Prosthetic Device (per device, up to 2) Family Lodging Transportation	\$50 \$100 \$125 \$100 \$375 \$100 \$400	\$FLECT \$70 \$140 \$175 \$140 \$525 \$150 \$600	\$80 \$160 \$200 \$160 \$600 \$175 \$700
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance Prosthetic Device (per device, up to 2) Family Lodging Transportation Post Transportation	\$50 \$100 \$125 \$100 \$375 \$100 \$400 \$200	\$ELECT \$70 \$140 \$175 \$140 \$525 \$150 \$600 \$300	\$80 \$160 \$200 \$160 \$160 \$600 \$175 \$700 \$350
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance Prosthetic Device (per device, up to 2) Family Lodging Transportation Post Transportation Surgery	\$50 \$100 \$125 \$100 \$375 \$100 \$400 \$200 BASIC	\$FLECT \$70 \$140 \$175 \$140 \$525 \$150 \$600 \$300 \$ELECT	\$80 \$160 \$200 \$160 \$160 \$600 \$175 \$700 \$350 ULTRA
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance Prosthetic Device (per device, up to 2) Family Lodging Transportation Post Transportation Surgery Tendon/Ligament	\$50 \$100 \$125 \$100 \$375 \$100 \$400 \$200 BASIC \$500	\$FLECT \$70 \$140 \$175 \$140 \$525 \$150 \$600 \$300 \$ELECT \$600	\$80 \$160 \$200 \$160 \$160 \$600 \$175 \$700 \$350 ULTRA \$800
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance Prosthetic Device (per device, up to 2) Family Lodging Transportation Post Transportation Surgery Tendon/Ligament Torn Knee (surgical repair)	\$50 \$100 \$125 \$100 \$375 \$100 \$400 \$200 \$ASIC \$500 \$500	\$ELECT \$70 \$140 \$175 \$140 \$525 \$150 \$600 \$300 \$ELECT \$600 \$600	\$80 \$160 \$200 \$160 \$600 \$175 \$700 \$350 ULTRA \$800 \$800
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance Prosthetic Device (per device, up to 2) Family Lodging Transportation Post Transportation Surgery Tendon/Ligament Torn Knee (surgical repair) Ruptured Disc	\$50 \$100 \$125 \$100 \$375 \$100 \$400 \$200 <b>BASIC</b> \$500 \$500	\$ELECT \$70 \$140 \$175 \$140 \$525 \$150 \$600 \$300 \$ELECT \$600 \$600 \$600	\$80 \$160 \$200 \$160 \$160 \$600 \$175 \$700 \$350 ULTRA \$800 \$800 \$800
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance Prosthetic Device (per device, up to 2) Family Lodging Transportation Post Transportation Surgery Tendon/Ligament Torn Knee (surgical repair) Ruptured Disc Torn Rotator Cuff	\$50 \$100 \$125 \$100 \$375 \$100 \$400 \$200 <b>BASIC</b> \$500 \$500 \$500	\$FLECT \$70 \$140 \$175 \$140 \$525 \$150 \$600 \$300 \$ELECT \$600 \$600 \$600 \$600	\$80 \$160 \$200 \$160 \$160 \$600 \$175 \$700 \$350 ULTRA \$800 \$800 \$800
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance Prosthetic Device (per device, up to 2) Family Lodging Transportation Post Transportation Surgery Tendon/Ligament Torn Knee (surgical repair) Ruptured Disc Torn Rotator Cuff Wellness Benefit	\$50 \$100 \$125 \$100 \$375 \$100 \$400 \$200 <b>BASIC</b> \$500 \$500 \$500 \$500 BASIC	\$FLECT \$70 \$140 \$175 \$140 \$525 \$150 \$600 \$300 \$ELECT \$600 \$600 \$600 \$500 \$500 \$500 \$500	\$80 \$160 \$200 \$160 \$600 \$175 \$700 \$350 ULTRA \$800 \$800 \$800 \$800 ULTRA
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance Prosthetic Device (per device, up to 2) Family Lodging Transportation Post Transportation Surgery Tendon/Ligament Torn Knee (surgical repair) Ruptured Disc Torn Rotator Cuff Wellness Benefit Annual benefit amount	\$50 \$100 \$125 \$100 \$375 \$100 \$400 \$200 \$ASIC \$500 \$500 \$500 \$500 \$500 \$500 \$500	\$ELECT \$70 \$140 \$175 \$140 \$525 \$150 \$600 \$300 \$ELECT \$600 \$600 \$600 \$600 \$500 \$ELECT \$75	\$80 \$160 \$200 \$160 \$160 \$600 \$175 \$700 \$350 ULTRA \$800 \$800 \$800 \$800 ULTRA \$105
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Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance Prosthetic Device (per device, up to 2) Family Lodging Transportation Post Transportation Surgery Tendon/Ligament Torn Knee (surgical repair) Ruptured Disc Torn Rotator Cuff Wellness Benefit Annual benefit amount Monthly Premium Employee Only	\$50 \$100 \$125 \$100 \$375 \$100 \$400 \$200 <b>BASIC</b> \$500 \$500 \$500 \$500 <b>BASIC</b> \$60 <b>BASIC</b>	\$ELECT \$70 \$140 \$175 \$140 \$525 \$150 \$600 \$300 \$ELECT \$600 \$600 \$600 \$500 \$ELECT \$75 \$ELECT \$13.85	## ST
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance Prosthetic Device (per device, up to 2) Family Lodging Transportation Post Transportation Surgery Tendon/Ligament Torn Knee (surgical repair) Ruptured Disc Torn Rotator Cuff Wellness Benefit Annual benefit amount Monthly Premium Employee Only Employee/Spouse	\$50 \$100 \$125 \$100 \$375 \$100 \$400 \$200 \$ASIC \$500 \$500 \$500 \$500 \$500 \$510 \$500 \$500	\$ELECT \$70 \$140 \$175 \$140 \$525 \$150 \$600 \$300 \$ELECT \$600 \$600 \$600 \$500 \$ELECT \$75 \$ELECT \$13.85 \$26.42	\$80 \$160 \$200 \$160 \$600 \$175 \$700 \$350 ULTRA \$800 \$800 \$800 \$105 ULTRA \$105 ULTRA \$105 ULTRA \$17.39 \$33.23
Follow-Up Physician Follow-up (per visit, up to 6) Physical Therapy (per visit, up to 6) Rehabilitation Unit (per day, up to 30 days) Appliance Prosthetic Device (per device, up to 2) Family Lodging Transportation Post Transportation Surgery Tendon/Ligament Torn Knee (surgical repair) Ruptured Disc Torn Rotator Cuff Wellness Benefit Annual benefit amount Monthly Premium Employee Only	\$50 \$100 \$125 \$100 \$375 \$100 \$400 \$200 <b>BASIC</b> \$500 \$500 \$500 \$500 <b>BASIC</b> \$60 <b>BASIC</b>	\$ELECT \$70 \$140 \$175 \$140 \$525 \$150 \$600 \$300 \$ELECT \$600 \$600 \$600 \$500 \$ELECT \$75 \$ELECT \$13.85	## ST





Investment Options				
-No-load mutual funds "open architecture" family of funds	-Vanguard -Fidelity -American Funds	-T Rowe Price -DFA -SSGA		
-Highly rated by Morningstar -Daily valuation and online access -Participant account balances emailed every Friday	-Performance and prospectuse -Speak to an advisor for invest -Pre-allocated portfolios to mak For 0.25%	ment advice		

#### Absolute Fee Transparency

The participant fees are disclosed as a line item on the participant's statement. Fees are not "hidden" in the investment returns. 12b-1 fees paid to Slavic401k.com are credited back to the individual participants that own the fund. This ensures absolute objectivity in fund recommendations.

Participant Costs				
Non-prorated Administration	\$39 annually (\$9.75 deducted from the account each quarter)			
One-time loan set up fee	\$150 plus \$50 annual loan maintenance			
Distributions	\$40			
Plan Limitations				
401(k) Deferral 2020	\$19,500			
Catch-up Contribution for age 50+ 2020	\$6,500			
*Plan administered by Slavic 401K				

#### **Contact Information**



We have a team of people here to help you. For any questions, please contact us:

# **Corporate Phone:**

704-626-5960

**Corporate Address:** 

8712 Lindholm Dr, Ste 210 Huntersville, NC 28078

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### Benefit Cost Calculator

	Monthly Cost
1. Medical Plan	\$
2. Dental Plan	\$
3. Vision Plan	\$
4. Supplemental Life	\$
5. Limited Medical Plan	\$
6. 401K	\$
Total Monthly Deduction	\$

To calculate your cost per Pay Period:

Bi-Weekly – Divide the Total Monthly Deduction by 26 Pay Periods (Paid Every other Week)

Semi-Monthly - Divide the Total Monthly Deduction by 24 Pay Periods (Paid Two dates per Month)

#### **IREP MEMBERS RECEIVE MONTHLY**

Monthly - Total Monthly Deduction by 12 Pay Periods (Paid one date per month)



