

# benefits *highlights*

for HOURLY EMPLOYEES

## Welcome.

*Solomon Page offers a comprehensive benefits program for all hourly employees scheduled to work at least 30 hours per week.*

### Medical

Solomon Page offers you and your dependents an affordable health plan providing coverage that is fully compliant with the Affordable Care Act.

#### **BRONZE PLAN (HDHP)** *(UnitedHealthcare Provider Network)*

The Bronze Plan is a high-deductible health plan (HDHP) offering discounted in-network service through UnitedHealthcare. This plan is compatible with a Healthcare Savings Account (HSA), which allows you to save pre-tax dollars to pay for medical expenses. To open an HSA, you must go through a banking institution of your choice; Solomon Page cannot open one for you.

**PREMIUMS** *Based on compensation; weekly premiums are calculated based on a 40-hour work week.*

HOURLY COMPENSATION	WEEKLY		BIWEEKLY	
	SINGLE	FAMILY	SINGLE	FAMILY
≥ \$22.60	\$168.62	\$418.20	\$337.25	\$836.40
\$18.23 to \$22.59	\$79.62	\$207.00	\$159.23	\$414.00
≤ \$18.22	\$63.69	\$165.60	\$127.38	\$331.20

#### **IN-NETWORK PLAN DESIGN** *(out-of-network coverage not available)*

PLAN FEATURES	SINGLE	FAMILY
Annual Deductible	\$4,000	\$8,000
Out-of-Pocket Maximum	\$6,400	\$12,800
Preventive Care	100%	100%

Co-Insurance After the deductible has been met, the Plan pays 70% and Members pay 30%.

#### Prescription Drug

Options of coverage for generic, preferred, and non-preferred drugs.  
Visit <https://portal.myempirxhealth.com> to see if your providers participate.

#### AVAILABLE IMMEDIATELY



##### **Direct Deposit**

Paychecks can be automatically deposited into your checking or savings account.



##### **Ongoing Support**

Take advantage of valuable career advice from our recruiting teams of industry experts.



##### **Referral Bonus**

Refer a freelance candidate to us and receive a referral bonus once they are placed.

#### AVAILABLE IN 3 MONTHS\*



##### **Medical Coverage**

You and your dependents have access to quality medical insurance.



##### **Dental Coverage**

We offer dental insurance to you and your dependents.



##### **Vision Coverage**

We offer vision insurance to you and your dependents.



##### **Commuter Benefits**

Set aside pre-tax money to pay for public transportation.

#### AVAILABLE IN 12 MONTHS\*\*



##### **401(k) Plan**

After twelve months of employment and 1000 hours you are eligible to participate in the 401(k) Plan.



##### **Employee Stock Ownership Plan**



Solomon Page offers you and your dependents dental insurance through United Healthcare.

#### SUMMARY OF BENEFITS

PLAN TYPE	GOLD NETWORK	GOLD NON-NETWORK
<b>NON ORTHODONTICS</b>		
Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$1,500 per person per Calendar Year	\$1,500 per person per Calendar Year
Individual Annual Deductible	\$50	\$50
Family Annual Deductible	\$100	\$100
<b>ORTHODONTICS</b>		
Individual Annual Deductible	\$0	\$0
Family Annual Deductible	\$0	\$0
Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$1,000 per person per Lifetime	\$1,000 per person per Lifetime
<b>NON ORTHODONTICS</b>		
Periodic Oral Evaluation	100%	100%
Radiographs	100%	100%
Prophylaxis (Cleaning)	100%	100%
Oral Surgery (incl. surgical extractions)	70%	60%

#### EMPLOYEE CONTRIBUTION

PLAN TYPE	WEEKLY	BI-WEEKLY
Single	\$10.05	\$20.09
Single +1	\$19.73	\$39.47
Family	\$34.16	\$68.32

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

## Vision

Solomon Page offers you and your dependents vision insurance through United Healthcare.

### SUMMARY OF BENEFITS

Comprehensive Exam(s)	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 24 months
Contact Lenses in Lieu of Eyeglasses	Once every 24 months

### COPAYS

Exam(s)	\$20.00
Materials	\$10.00

### FRAME BENEFIT

*(for frames that exceed the allowance, an additional 30% discount may be applied to the overage)<sup>1</sup> Accepted by Warby Parker*

Private Practice Provider	\$130.00 retail frame allowance
Retail Chain Provider	\$130.00 retail frame allowance

### CONTACT LENS BENEFIT<sup>2</sup>

Necessary contact lenses <sup>3</sup>	Covered in full after copay (if applicable)
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### EMPLOYEE CONTRIBUTION

PLAN TYPE	WEEKLY	BI-WEEKLY
Single	\$1.25	\$2.50
Single +1	\$2.28	\$4.56
Family	\$3.96	\$7.91

Visit [myuhcvision.com](https://myuhcvision.com) to see if your providers participate.

## **Commuter Benefits** (New York only)

If you work at least 30 hours per week in New York City, New Jersey, the San Francisco Bay Area, Berkeley, CA, Richmond, CA, Seattle, WA, Washington, DC, Chicago, IL and the surrounding metro area, Philadelphia, PA, or Hawaii you are eligible to join our Commuter Benefits Program in partnership with HealthEquity (formerly WageWorks). This program allows employees to set aside up to \$325 pre-tax per month to pay for public transportation (subway, rail, bus, and ferry). These funds will be available in the form of a Visa card, pre-loaded with your elected amount each month.

## **401(k) Plan**

Employees are eligible to participate in the company sponsored 401(k) Plan, administered through Principal, after completion of 1 year AND 1,000 hours of service within the first twelve months of employment. Employees may contribute up to 100% of their annual pay, to a maximum of \$23,500, plus additional catch-up contributions for individuals over the age of 50. The company provides a discretionary\* match of 50% of the first 6% of contributions, to a maximum of \$1,500 per year.

*\*Match is subject to change.*

## **Employee Stock Ownership Plan**

ESOP contributions are available to employees who complete 1 year of service (remain employed for 12 months from hire date and complete 1,000 hours of service). If eligibility is not reached in the first year, hours will be recalculated each year thereafter.

Effective February 1, 2022, the Solomon Page 401(k) Plan contains an automatic arrangement that applies to new participants or re-hired participants as they enter the plan. If you are a new participant, you will be automatically enrolled in the retirement plan, meaning 4% of your pay will be deducted from paychecks and contributed to the retirement plan on your behalf unless you elect a different salary deferral percentage.

## **the DETAILS**

*\* Medical, Dental, and Commuter Benefits are available on the first of the month following two full months of employment. For example, if you were hired January 4, you would be eligible for benefits on April 1. If you were hired August 30, you would be eligible November 1.*

*\*\* Employees who have completed 12 months of service and worked 1,000 hours are eligible to participate in the 401(k) plan. Solomon Page offers quarterly entry into the plan.*

Employee contributions are primarily withheld on a pre-tax basis. Accordingly, the impact on your net after-tax income is approximately 20 to 25% on average, and your contributions are not subject to federal tax, Social Security tax, Medicare tax, or, in many instances, state income tax.

The benefits described in this document do not create a contract of employment.

This document is meant to be a summary of the benefits available through Solomon Page Group, LLC.

Please refer to the applicable Summary Plan Descriptions (SPD) for all benefit plan provisions and limitations. The SPDs govern all benefit plan determinations.

## **SOLOMON PAGE**

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