

Benefits at a Glance

2017 Benefits for Full-Time JX Employees

Benefits eligible after 30 days of employment

Medical

Plan 1:

Deductible:

Single - \$1,000

Family - \$2,000

Paycheck Deduction:

Single - \$41.16

+ Child(ren) - \$82.32

+Spouse - \$90.55

Family - \$131.71

Plan 2:

Deductible:

Single - \$1750

Family - \$3,500

Paycheck Deduction:

Single - \$19.51

+ Child(ren) - \$39.02

+Spouse - \$42.92

Family - \$62.43

Dental

Plan 1:

Annual Maximum:

\$1,250 per person

Paycheck Deductions:

Single - \$5.87

+Child(ren) - \$14.63

+Spouse - \$11.74

Family - \$22.68

Plan 2:

Annual Maximum:

\$2,000 per person

Paycheck Deductions:

Single - \$8.98

+Child(ren) - \$22.37

+Spouse - \$17.95

Family - \$34.68

Other Benefits include but are not limited to:

- ▶ 401k with Company Match
- ▶ Uniforms provided
- ▶ Shoe and Safety Glasses Reimbursement
- ▶ Paid Time Off
- ▶ Holiday Pay
- ▶ Tool Insurance
- ▶ Employee Engagement Events
- ▶ Training Programs
- ▶ Opportunity for Growth
- ▶ Community Involvement
- ▶ Life Insurance
- ▶ Short and Long Term Disability
- ▶ Employee Assistance Programs

Vision

Well/Vision Exam: \$10 Co-Pay

Prescription Glasses:

\$25 Co-Pay, \$130 Allowance

Contacts (In lieu) of Glasses

Up to \$60 Co-Pay, \$130 Allowance

Paycheck Deductions:

Single: \$2.22 +One:\$3.55 +Children \$3.62

Family: \$4.77



262-361-3605

www.jxe.com

Illinois - Indiana - Michigan - Wisconsin