

Employee Benefit Package

All benefits are subject to a 90-day probationary period unless noted.

- **Paid Time Off (PTO)**
 - After the 90-day trial period, full time employees will be granted 32hrs PTO to use throughout the remainder of the calendar year. This PTO amount is prorated from the end of the 90-day probation to the end of the calendar year.
 - After 1 year of employment (prorated and calculated from start date), employees will be granted 64 hours of PTO to be used throughout the calendar year.
 - Each additional year of employment yields an additional 8hrs of PTO up to a max of 80 PTO hours.
 - EX. year 1st full year = 64hrs, 2nd full year = 72hrs, 3rd full year = 80 hours
 - PTO days can be used for sick days, vacation, etc.
- **Paid Holidays**
 - 7 Paid Holidays per year
- **No Weekends**
- **Employer sponsored health insurance**
 - BCBS
 - Pre-Tax deducted
 - Insure Oklahoma Subsidy Program
 - If approved:
 - Employee Premiums- Employee pays approx. 15% of monthly premium, employee pays 15% and Insure Ok picks up the rest
 - Family Premiums- Employee pays approx. 15% of monthly premium and Insure Ok picks up the rest
 - If not approved:
 - Employee Premiums- Employee pays 50% of monthly premium and employer pays 50%
 - Family Premiums- Employee pays full premiums for all family
 - Children premium is one price for all children
- **Dental**
 - Delta Dental
 - Employee pays full premium for self and any elected family member
- **Aflac**
 - Multiple plans offered
 - Hospitalization
 - Accident
 - Cancer Care
 - STD
 - LTD
 - Employee pays full premium for self an any elected family member
- **401k**
 - Eligible after 1-year full time employment
 - 3%-4% matching by employer
- **Employee Eye Care**
 - Complementary Eye Exam Annually
 - One complementary pair of glasses or a year supply of contacts annually
- **Immediate Family Eye Care**
 - Spouse and children in home
 - Complementary eye exam annually
 - At cost discount on materials
 - Various discounts for extended family members
 - All personal or family discounts require request form and manager/dr approval
- **Monthly Bonus Incentive**
- **Commission**
- **Uniform Allowance**
- **Certification Opportunities**
- **Continuing Education**