



Benefit Programs Overview

OCI offers a comprehensive, flexible benefits package to its employees. This overview provides a high level summary of benefits for you to consider.



About this summary: *This document provides highlights of the OCI benefit programs. Full details are contained in the official plan documents. If a description in this document or any oral representation differs from the plan documents, the plan documents prevail.*

Eligibility: Newly-hired, full-time employees are eligible for coverage on the first of the month following their date of hire or coinciding with their date of hire if hired on the 1st of the month. Employees may also enroll their eligible dependents into coverage during initial eligibility or during annual enrollment. Eligible dependents include an employee's spouse or qualified domestic partner, children (biological, step-children, court-appointed & legally adopted) up to age 26, and unmarried children of any age who are handicapped.

Medical Plan Options

We offer two medical plan options through Blue Cross Blue Shield of TX. Employees may choose between a PPO plan or HSA plan. The cost of coverage is shared between OCI and the employee.

	Blue Cross Blue Shield of TX (PPO)	*Blue Cross Blue Shield of TX (HSA)
Annual Deductible		
<i>In-Network</i>	\$1,500 (Ind) / \$4,500 (Fam)	\$3,000 (Ind) / \$6,000 (Fam)
<i>Out-of-Network</i>	\$3,000 (Ind) / \$9,000 (Fam)	\$6,000 (Ind) / \$12,000 (Fam)
Out-of-Pocket Max		
<i>In-Network</i>	\$5,000 (Ind) / \$13,700 (Fam)	\$6,500 (Ind) / \$13,000 (Fam)
<i>Out-of-Network</i>	\$11,000 (Ind) / \$22,000 (Fam)	\$13,000 (Ind) / \$26,000 (Fam)
Office Visit Copay		
<i>In-Network</i>	\$20 (PCP) / \$50 (SPC)	20%, after deductible
<i>Out-of-Network</i>	50% Coinsurance	50%, after deductible
Preventative Services		
<i>In-Network</i>	No Charge	20%, deductible waived
<i>Out-of-Network</i>	50% Coinsurance	50%, after deductible
Inpatient Hospital		
<i>In-Network</i>	20%, after deductible	20%, after deductible
<i>Out-of-Network</i>	50%, after deductible	50%, after deductible
Coinsurance		
<i>In-Network</i>	20%, after deductible	20%, after deductible
<i>Out-of-Network</i>	40%, after deductible	50%, after deductible
Prescription Drugs		
<i>Generic</i>	\$10 Copay	20% Coinsurance, after deductible
<i>Preferred Brand</i>	\$25 Copay	
<i>Non-preferred brand</i>	\$50 Copay	
<i>Non-preferred Spclty</i>	\$50 Copay (No mail order avail)	
<i>Specialty</i>	\$200 Copay	
Premiums (Per pay period)	PPO	HSA
Employee	\$41.99	\$20.08
Employee + Spouse	\$113.82	\$63.50
Employee + Child(ren)	\$100.62	\$56.14
Employee + Family	\$191.39	\$113.32

*Employees enrolled in the medical HSA plan will be automatically enrolled in the Health Savings Account. OCI contributes up to \$1,000 into the HSA account. See the Health Savings Account section for more details.

Dental Plan

We offer dental coverage through MetLife. The cost of coverage is shared between OCI and the employee.

MetLife Dental		
Annual Deductible		
In-Network	\$50 (Ind) / \$150 (Fam)	
Out-of-Network	\$50 (Ind) / \$150 (Fam)	
Annual Maximum Benefit <i>(Per Individual)</i>		
In-Network	\$1,500	
Out-of-Network	\$1,500	
Coverage Type	In-Network (% of Negotiated Fee)	Out-of-Network (% of R&C Fee)
Preventative	100%	100%
Basic Restorative	80%	80%
Major Restorative	50%	50%
Orthodontia	50%	50%
Orthodontia Lifetime Maximum <i>(applies to adults & children)</i>	\$1,500 per person <i>(Up to dependent age limit)</i>	
Premium <i>(per pay period)</i>		
Employee	\$2.95	
Employee + Spouse	\$7.39	
Employee + Child(ren)	\$8.81	
Employee + Family	\$15.91	

Vision Plan

We offer vision coverage through Avesis. The cost of coverage is 100% employee-paid.

Avesis Vision	
Benefit Frequency	
Vision Exam	Every 12 Months
Spectacle Lenses	Every 12 Months
Frames	Every 12 Months
Contact Lenses	Every 12 Months
Co-Pays	
Vision Examination	\$10
Materials	None
Out-of-Network Reimbursements	

	Benefit	Up to:
	Eye Exam	\$45
	Standard Single Vision	\$40
	Standard Bi-focal	\$60
	Standard Trifocal	\$80
	Standard Lenticular	\$80
	Progressive	\$80
	Frame	\$50
	Contact Lenses (Elective)	\$130
	Contact Lenses (Medically Nec)	\$250
	LASIK Surgery	\$150
Premium <i>(per pay period)</i>		
Employee		\$3.33
Employee + Spouse		\$5.82
Employee + Child(ren)		\$6.48
Employee + Family		\$9.15

Health Savings Account (HSA) & Flexible Spending Account (FSA) - Both the HSA and FSA are administered by Discovery Benefits.

HSA: Employees that elect the Medical HSA plan will be automatically enrolled in the Health Savings Account. The HSA is a savings account designed to help you pay for qualified health care expenses with significant tax savings. The HSA works along-side an eligible high-deductible plan.

Who will fund the HSA? Both OCI & the Employee

How much does OCI fund? OCI will fund up to \$500 for those enrolled in employee-only coverage AND up to \$1,000 for those enrolled in family coverage. OCI will pro-rate the contributions for new hires based on their month of hire.

How much can I put into the HSA each year?

Coverage Level	2016 Maximum Contribution <i>(Employee + OCI Contributions)</i>
Individual	\$3,350
Family <i>(spouse, child(ren) or family coverage levels)</i>	\$6,750
Catch-up Contributions <i>(Employees age 55 and older can make an additional catch-up contribution)</i>	\$1,000

FSA: Allows employees an opportunity to save taxes on the money they would spend on qualified healthcare expenses and dependent care expenses. By electing to set aside a portion of pay in

advance to pay for eligible expenses, employee pay no federal income or FICA taxes on the amounts that they contribute. Participation in these accounts is voluntary.

What kinds of accounts are available?

Health Care: Reimburses for out-of-pocket health care expenses

Limited Purpose: Available only to those enrolled in the medical HSA plan. Similar to Health Care FSA; however, expenses are limited to dental and vision up until employee meets their deductible

Dependent Care: Reimburses for day care expenses for eligible dependents so that you can work. Eligible dependents include children under the age of 13, or a child, spouse or other dependent over the age of 13 who is physically or mentally incapable of self-care and spends at least 8-hours a day in our home.

Who will fund the FSA? The Employee

How much can I put into the FSA each year?

Plan	2016 Annual Maximum
Health Care FSA	\$2,550
Limited Purpose Health Care FSA <i>(for those enrolled in the medical HSA plan)</i>	\$2,550
Dependent Care FSA	\$5,000

Life Insurance

Basic Life / AD&D			
Coverage Amount	1 x Salary, minimum of \$50K		
Plan Maximum	\$500,000		
Age Reduction Formula	Reduces by 35% at age 65, and to 50% of the original amount at age 70		
Who Pays?	OCI pays 100%		
Supplemental Life / AD&D			
Coverage Amount	Increments	Guaranteed Issue	Overall Benefit Max
Employee	\$10,000	\$150,000	Lesser of 5 x Salary, or \$500,000
Spouse	\$5,000	\$50,000	\$100,000
Child(ren)	Flat Amt: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000	\$10,000	\$10,000
Plan Maximum	\$500,000		
Who Pays?	Employee Pays 100%		
Cost	Premium based on employee's age		

Employer-Paid Disability Programs

OCI provides disability insurance to employees through MetLife. The cost of coverage is paid 100% by OCI.

	Short Term Disability	Long Term Disability
Benefit Percentage	60% of Weekly Earnings	60% of Monthly Earnings
Maximum Benefit	\$2,000 / Week	\$13,000 / Month
Minimum Benefit	\$20 / Week	\$100 / Month
Elimination Period	7 - days	180-days or until the end of the STD maximum benefit period
Benefit Duration	25 Weeks	Depends on age at disability

Other Employer Provided Benefits

Benefit	Summary	
Employee Assistance Program	Employees and their household family members have access to an Employee Assistance Program thru MetLife. The EAP helps with everyday challenges of life that may affect your health, family life and desire to excel at work	
Business Travel Accident	While traveling on business, employees are provided a variety of services for pre-trip planning, traveling assistance and emergency assistance.	
Tuition Reimbursement	Eligible employees can take advantage of the Company's Educational Assistance Program. The program reimburses: <ul style="list-style-type: none"> Up to \$5,000 per calendar year for a program of study leading up to a Bachelor's, Master's or Executive MBA program Up to \$2,500 per calendar year for a program of study leading up to an Associate's degree, certificate program or continuing education classes 	
Time Away from the Office		
OCI Enterprises & OCI Solar Employees	Years of Service	Vacation Benefits
	1 – 4 Years	10 days / 80 hours
	5 – 9 Years	15 days / 120 hours
	10 – 19 Years	20 days / 160 hours
	20 + Years	25 days / 200 hours
	Sick Time	
	40 hours per year	
	Personal Choice Holidays	
	Company provides two (2) personal choice holidays per year.	
	Paid Time Off	
Jury duty, Bereavement and Military Duty		

Mission Solar Energy Employees	Years of Service	PTO Days	Per pay period accrual
	0 to 1 year	12 days	3.69
	2 to 3 years	14 days	4.31
	4 to 5 years	15 days	4.61
	6 to 7 years	16 days	4.92
	8 to 9 years	17 days	5.23
	10 to 11 years	18 days	5.54
	12 to 13 years	19 days	5.85
	14 to 15 years	20 days	6.15
	16 to 17 years	21 days	6.46
	18 to 19 years	22 days	6.77
	20 to 21 years	23 days	7.08
	22 to 23 years	24 days	7.38
24 to 25 years	25 days	7.70	
Other Paid Time Off			
Jury Duty, Bereavement			
Company-paid Holidays	OCI Employees	Mission Solar Energy	
	New Year's Day	New Year's Day	
	Spring Holiday	Memorial Day	
	Fiesta Holiday	Independence Day	
	Memorial Day	Labor Day	
	Independence Day	Thanksgiving	
	Labor Day	Day after Thanksgiving	
	Thanksgiving	Christmas Eve	
	Day after Thanksgiving	Christmas Day	
	Christmas Eve	Employee's Birthday	
	Christmas Day		

Voluntary Benefits (100% Employee-Paid)

Carrier	Benefit	Coverage
Aflac	Voluntary STD	Provides employees the opportunity to supplement the MetLife STD benefit increasing their disability income from 60% to up to 100%.
Allstate	Accident	Pays benefits for covered on and off the job accidental injuries
Allstate	Critical Illness	Pays lump sum benefit to employees diagnosed with covered illnesses.

Retirement Program

	OCI Employee	Mission Solar Employee
Vendor	Merrill Lynch / Bank of America	Empower Retirement Plan Services
Eligibility	Date of Hire	First of the month following date of hire
Automatic Enrollment Feature	3% of eligible compensation after 45-days	None
Employee Contribution Max	15% of eligible compensations	100% of compensation
Employer Match	50% of the first 6% of employee contribution	50% of the first 6% of employee contribution
Vesting	4-year vesting schedule	3-year vesting schedule
Contribution Types	Pre-tax Post-tax	Pre-Tax ROTH
Loans Allowed	Yes, 50% of available balance; minimum \$1,000	Yes, 50% of available balance; minimum \$1,000