



2023/2024 Benefit Highlights for Full-Time Employees

Plan	Employee Cost Per Pay Period	Highlights		
Health Benefits - Eligible on the first of the month following 30 days of employment				
Medical	EE Only: \$0 EE + Spouse: \$268.26 EE + Child(ren): \$148.98 EE + Family: \$444.58	Office Visits	In Network	Out of Network
		Preventative Care	20% after deductible covered at 100%	50% after deductible 30% after deductible
		Plan Year Deductible (individual/family)	\$3,000/\$6,000	\$6,000/\$12,000
		Out of Pocket Max (individual/family)	\$6,000/\$12,000	\$12,000/\$24,000
		Coinsurance	20%	50%
		Emergency Room	20% after deductible	20% after deductible
		Rx 30 Day Supply (tier 1/tiers 2, 3, 4, 5)	\$10 copay/0% after deductible	\$10 copay/0% after deductible
		Rx Mail Order 60-90 Day Supply (tier 1/tiers 2, 3,	\$30 copay/0% after deductible	\$30 copay/0% after deductible
Dental Insurance - Eligible on the first of the month following 30 days of employment				
Dental	Base/Buy-Up EE Only: \$0/\$2.75 EE + Spouse: \$14.77/\$20.07 EE + Child(ren): \$18.31/\$26.25 EE + Family: \$33.08/\$43.55	Calendar Year Deductible (individual/	Base Plan	Buy-Up Plan
		Calendar Year Maximum (individual/	\$50/\$150	\$50/\$150
		Preventative Care (2 routine exams, x-rays 1 in 2 yrs, cleaning, etc.)	\$2,000	\$2,000
		Basic Services (fillings, restorative composites,	covered at 100%	covered at 100%
		Major Services	80% after deductible	80% after deductible
		Orthodontia	50% after deductible	50% after deductible
		Orthodontia Lifetime Maximum	not covered	covered
	N/A	50% up to \$1,000		
Vision Insurance - Eligible on the first of the month following 30 days of employment				
Vision	EE Only: \$0 EE + Spouse: \$2.74 EE + Child(ren): \$3.50 EE + Family: \$6.89	Eye Exam (once every 12 months)	In-Network	
		Lenses (once every 12 months)	\$10 copay	
		Frames (once every 12 months)	\$25 copay	
		Contact Lenses (once every 12 months: allowance/separate fitting allowance)	\$190 allowance + 20% off	
			\$190 allowance + 10% off/\$40 copay	

Life/Disability Insurance - Eligible on the first of the month following 30 days of employment

Basic Life and AD&D	Company-paid	<p align="center">1.5x Annual Earnings to max \$175,000</p> <p><u>You:</u> In increments of \$10,000 up to \$500,000 (5x Annual earnings to max)</p> <p><u>Your spouse:</u> In increments of \$5,000 up to \$250,000 (Not exceed 100% of EE's amount)</p> <p><u>Your child(ren):</u> In increments of \$2,000 up to \$10,000 up to age 19 (26 full-time student)</p> <p align="center">You receive 50% of your income up to \$5,000 per month</p> <p align="center">Benefits begin after 30 calendar days when short-term disability benefits end and continue until you reach the Social Security Normal Retirement Age</p>
Voluntary Life and AD&D	Employee-paid (age banded)	
Long Term Disability	Company-paid	

Additional Benefits

			Full-Time Employees	Part-Time Employees
PTO	N/A	for employees to use for vacation, illness or injury, and personal business	1 – 4.9 Years of Service = 4 weeks 5 – 9.9 Years of Service = 5 weeks 10 – 14.9 Years of Service = 6 weeks 15 – 19.9 Years of Service = 7 weeks 20+ Years of Service = 8 weeks	One-half the full time rate
Critical Illness	Employee-paid (age banded)	<p align="center">Critical Illness with Cancer Option – Pays you a lump sum payment upon diagnosis of a covered condition</p> <p align="center">Employee Coverage - \$10,000 or \$20,000</p> <p align="center">Spouse Coverage -50% of employee level - \$5,000 or \$10,000</p> <p align="center">Child Coverage – Automatically covered at 50% of employee benefit</p>		
Accident Insurance	EE Only: \$4.60 EE + Spouse: \$7.45 EE + Child(ren): \$8.77 EE + Family: \$13.74	<p align="center">Accident Insurance – Pays you money based on injury sustained and/or treatment received due to a covered, off-job accident and includes a \$100 Wellness benefit</p> <p align="center">Hospital Admission - \$2,000</p> <p align="center">Emergency Room - \$500</p> <p align="center">Accidental Death & Dismemberment (EE/Spouse/Child(ren)) - \$150,000/\$75,000/\$37,500</p>		
Hospital Indemnity Insurance	EE Only: \$6.09 EE + Spouse: \$10.46 EE + Child(ren): \$8.59 EE + Family: \$15.31	<p align="center">Hospital Indemnity Insurance – Pays you money based if you are confined to the hospital regardless of illness or injury and includes a \$50 Wellness benefit</p> <p align="center">Hospital Admission - \$1,000</p> <p align="center">Hospital Stay - \$100/day up to 15 days</p> <p align="center">ICU Stay—\$200/day up to 15 days</p> <p align="center">Pregnancy—no waiting period</p>		