

2024 Benefits Summary

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2024 Benefit Changes

EFFECTIVE JANUARY 1, 2024

Medical Plan Changes

- Moving to UMR (UHC)
- \$1,000 PPO Plan
 - **Coinsurance 80/20**
 - **PCP - \$30 copay**
 - **SPC - \$60 copay**
- \$3,000 PPO Plan
 - **No changes**
- \$5,000 HDHP/HSA Plan
 - **Coinsurance 0% after deductible**

Health Savings Account:

Increased Employer Contributions

(Eligible to those enrolled in the \$5000 HSA Plan)

Employee	\$750
Employee + Spouse	\$750
Employee + Child(ren)	\$1,250
Family	\$1,250

Ancillary Plan Changes

- Dental - Principal
- Vision - Principal
- Voluntary Accident - Principal
- Life & Vol. Life - Reliance Matrix
- Disability - Reliance Matrix
 - STD - **Now Employer Paid**



2024 Medical

Benefits	\$1,000 PPO Plan In-Network Benefits	\$3,000 PPO Plan In-Network Benefits	\$5,000 HDHP/HSA Plan In-Network Benefits
Network Used	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus
Annual Deductible	Calendar Year	Calendar Year	Calendar Year
Individual	\$1,000	\$3,000	\$5,000
Family	\$2,000	\$6,000	\$10,000
Coinsurance (Member Pays)	20% after deductible	20% after deductible	0% after deductible
Out-of-Pocket Maximum	Calendar year	Calendar year	Calendar year
Individual	\$4,000	\$6,000	\$5,000
Family	\$8,000	\$12,000	\$10,000
Office Visits			
Preventative	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care	\$30 copay	\$30 copay	0% after deductible
Specialist	\$60 copay	\$60 copay	0% after deductible
Hospital and Emergency Services			
Outpatient	20% after deductible	20% after deductible	0% after deductible
Inpatient	20% after deductible	20% after deductible	0% after deductible
Urgent Care	\$75 copay	\$75 copay	0% after deductible
Emergency Room (waived if admitted)	20% after deductible	20% after deductible	0% after deductible
Other Services			
Diagnostic X-Rays / Labs	20% after deductible	20% after deductible	0% after deductible
Major Diagnostic (CT, MRI, etc.)	20% after deductible	20% after deductible	0% after deductible
Chiropractor Services (office visit)	50% after deductible	50% after deductible	0% after deductible
Therapy performed in an office setting	\$30 / \$60 copay	\$30 / \$60 copay	0% after deductible
Prescription Drugs (30 day Supply)			
Generic (Tier 1)	\$10 copay	\$10 copay	0% after deductible
Preferred (Tier 2)	\$40 copay	\$40 copay	0% after deductible
Brand Name (Tier 3)	\$75 copay	\$75 copay	0% after deductible



BENEFITS CLASSROOM



Emily is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

\$1000 Ded Plan

▪ The Plan's Overall Deductible	\$1,000.00
▪ The Plan's Max Out-of-pocket	\$4,000.00
▪ Primary Copayment	\$30.00
▪ Specialist Copayment	\$60.00
▪ Hospital (facility) Coinsurance	20%

This EXAMPLE event includes services like:

Specialist office visits (pre-natal care)
 Childbirth/Delivery Professional & Facility Services
 Diagnostic Tests (ultrasounds and blood work)
 Specialist visits (anesthesia)

Total Example Cost	\$12,700
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In this example, Emily would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,000.00
Copayments	\$60.00
Coinsurance	\$2,316.00

<i>What isn't covered</i>	
Limits or exclusions	\$60.00
The Total that Emily would pay	\$3,346.00

Per Paycheck Premium	\$177.91
Annual Premium	\$4,625.66
Actual Total Annual Cost	\$7,971.66

\$3000 Ded Plan

▪ The Plan's Overall Deductible	\$3,000.00
▪ The Plan's Max Out-of-pocket	\$6,000.00
▪ Primary Copayment	\$30.00
▪ Specialist Copayment	\$60.00
▪ Hospital (facility) Coinsurance	20%

This EXAMPLE event includes services like:

Specialist office visits (pre-natal care)
 Childbirth/Delivery Professional & Facility Services
 Diagnostic Tests (ultrasounds and blood work)
 Specialist visits (anesthesia)

Total Example Cost	\$12,700
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In this example, Emily would pay:

<i>Cost Sharing</i>	
Deductibles	\$3,000.00
Copayments	\$60.00
Coinsurance	\$1,916.00

<i>What isn't covered</i>	
Limits or exclusions	\$60.00
The Total that Emily would pay	\$5,036.00

Per Paycheck Premium	\$82.14
Annual Premium	\$2,135.64
Actual Total Annual Cost	\$7,171.64

\$5000 Ded Plan (HSA)

▪ The Plan's Overall Deductible	\$5,000.00
▪ The Plan's Max Out-of-pocket	\$5,000.00
▪ Primary Copayment	N/A
▪ Specialist Copayment	N/A
▪ Hospital (facility) Coinsurance	N/A

This EXAMPLE event includes services like:

Specialist office visits (pre-natal care)
 Childbirth/Delivery Professional & Facility Services
 Diagnostic Tests (ultrasounds and blood work)
 Specialist visits (anesthesia)


Total Example Cost	\$12,700
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In this example, Emily would pay:

<i>Cost Sharing</i>	
Deductibles	\$5,000.00
Copayments	\$0.00
Coinsurance	\$0.00

<i>What isn't covered</i>	
Limits or exclusions	\$60.00
The Total that Emily would pay	\$5,060.00

Per Paycheck Premium	\$31.09
Annual Premium	\$808.34
etrailer Annual HSA Contribution	(\$750.00)
Actual Total Annual Cost	\$5,118.34

 **This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans.

Managing Joe's Chronic Condition

(a year of routine in-network care of a well-controlled condition)

\$1000 Ded Plan

▪ The Plan's Overall Deductible	\$1,000.00
▪ The Plan's Max Out-of-pocket	\$4,000.00
▪ Primary Copayment	\$30.00
▪ Specialist Copayment	\$60.00
▪ Hospital (facility) Coinsurance	20%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0.00
Copayments	\$1,500.00
Coinsurance	\$0.00

<i>What isn't covered</i>	
Limits or exclusions	\$20.00
The Total that Joe would pay	\$1,520.00

Per Paycheck Premium	\$177.91
Annual Premium	\$4,625.66
Actual Total Annual Cost	\$6,145.66

\$3000 Ded Plan

▪ The Plan's Overall Deductible	\$3,000.00
▪ The Plan's Max Out-of-pocket	\$6,000.00
▪ Primary Copayment	\$30.00
▪ Specialist Copayment	\$60.00
▪ Hospital (facility) Coinsurance	20%

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0.00
Copayments	\$1,500.00
Coinsurance	\$0.00

<i>What isn't covered</i>	
Limits or exclusions	\$20.00
The Total that Joe would pay	\$1,520.00

Per Paycheck Premium	\$82.14
Annual Premium	\$2,135.64
Actual Total Annual Cost	\$3,655.64

\$5000 Ded Plan (HSA)

▪ The Plan's Overall Deductible	\$5,000.00
▪ The Plan's Max Out-of-pocket	\$5,000.00
▪ Primary Copayment	N/A
▪ Specialist Copayment	N/A
▪ Hospital (facility) Coinsurance	N/A

This EXAMPLE event includes services like:

Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)


Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$5,000.00
Copayments	\$0.00
Coinsurance	\$0.00

<i>What isn't covered</i>	
Limits or exclusions	\$20.00
The Total that Joe would pay	\$5,020.00

Per Paycheck Premium	\$31.09
Annual Premium	\$808.34
retailer Annual HSA Contribution	(\$750.00)
Actual Total Annual Cost	\$5,078.34

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Mia's Accident

(in-network emergency room visit and follow up care)

\$1000 Ded Plan

▪ The Plan's Overall Deductible	\$1,000.00
▪ The Plan's Max Out-of-pocket	\$4,000.00
▪ Primary Copayment	\$30.00
▪ Specialist Copayment	\$60.00
▪ Hospital (facility) Coinsurance	20%

This EXAMPLE event includes services like:

Emergency room care (including disease education)

Diagnostic test (blood work)

Durable medical equipment (crutches)

Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
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Deductibles	\$1,000.00
Copayments	\$0.00
Coinsurance	\$360.00

What isn't covered	
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Limits or exclusions	\$0.00
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The Total that Mia would pay	\$1,360.00
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Per Paycheck Premium	\$177.91
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Annual Premium	\$4,625.66
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Actual Total Annual Cost	\$5,985.66
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\$3000 Ded Plan

▪ The Plan's Overall Deductible	\$3,000.00
▪ The Plan's Max Out-of-pocket	\$6,000.00
▪ Primary Copayment	\$30.00
▪ Specialist Copayment	\$60.00
▪ Hospital (facility) Coinsurance	20%

This EXAMPLE event includes services like:

Emergency room care (including disease education)

Diagnostic test (blood work)

Durable medical equipment (crutches)

Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
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Deductibles	\$2,800.00
Copayments	\$0.00
Coinsurance	\$0.00

What isn't covered	
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Limits or exclusions	\$0.00
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The Total that Mia would pay	\$2,800.00
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Per Paycheck Premium	\$82.14
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Annual Premium	\$2,135.64
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Actual Total Annual Cost	\$4,935.64
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\$5000 Ded Plan (HSA)

▪ The Plan's Overall Deductible	\$5,000.00
▪ The Plan's Max Out-of-pocket	\$5,000.00
▪ Primary Copayment	N/A
▪ Specialist Copayment	N/A
▪ Hospital (facility) Coinsurance	N/A

This EXAMPLE event includes services like:

Emergency room care (including disease education)

Diagnostic test (blood work)

Durable medical equipment (crutches)

Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
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Deductibles	\$2,800
Copayments	\$0.00
Coinsurance	\$0.00

What isn't covered	
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Limits or exclusions	\$0.00
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The Total that Mia would pay	\$2,800.00
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Per Paycheck Premium	\$31.09
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Annual Premium	\$808.34
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etrailer Annual HSA Contribution	(\$750.00)
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Actual Total Annual Cost	\$2,858.34
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Craig's Normal Healthy Calendar Year

(regular physician check up visits, occasional prescriptions, and no major incidents)

\$1000 Ded Plan

▪ The Plan's Overall Deductible	\$1,000.00
▪ The Plan's Max Out-of-pocket	\$4,000.00
▪ Primary Copayment	\$30.00
▪ Specialist Copayment	\$60.00
▪ Hospital (facility) Coinsurance	20%

This EXAMPLE event includes services like:

Preventive Doctor Visits

Urgent Care Visit

Antibiotic Generic Prescription

Total Example Cost	\$360
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In this example, Craig would pay:

<i>Cost Sharing</i>	
Deductibles	\$0.00
Copayments	\$85.00
Coinsurance	\$0.00

What isn't covered

Limits or exclusions	\$0.00
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The Total that Craig would pay	\$85.00
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Per Paycheck Premium	\$177.91
Annual Premium	\$4,625.66
Actual Total Annual Cost	\$4,710.66

\$3000 Ded Plan

▪ The Plan's Overall Deductible	\$3,000.00
▪ The Plan's Max Out-of-pocket	\$6,000.00
▪ Primary Copayment	\$30.00
▪ Specialist Copayment	\$60.00
▪ Hospital (facility) Coinsurance	20%

This EXAMPLE event includes services like:

Preventive Doctor Visits

Urgent Care Visit

Antibiotic Generic Prescription

Total Example Cost	\$360
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In this example, Craig would pay:

<i>Cost Sharing</i>	
Deductibles	\$0.00
Copayments	\$85.00
Coinsurance	\$0.00

What isn't covered

Limits or exclusions	\$0.00
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The Total that Craig would pay	\$85.00
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Per Paycheck Premium	\$82.14
Annual Premium	\$2,135.64
Actual Total Annual Cost	\$2,280.64

\$5000 Ded Plan (HSA)

▪ The Plan's Overall Deductible	\$5,000.00
▪ The Plan's Max Out-of-pocket	\$5,000.00
▪ Primary Copayment	N/A
▪ Specialist Copayment	N/A
▪ Hospital (facility) Coinsurance	N/A

This EXAMPLE event includes services like:

Preventive Doctor Visits

Urgent Care Visit

Antibiotic Generic Prescription

Total Example Cost	\$360
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In this example, Craig would pay:


<i>Cost Sharing</i>	
Deductibles	\$360.00
Copayments	\$0.00
Coinsurance	\$0.00

What isn't covered

Limits or exclusions	\$0.00
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The Total that Craig would pay	\$360.00
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Per Paycheck Premium	\$31.09
Annual Premium	\$808.34
etrailer Annual HSA Contribution	(\$750.00)
Actual Total Annual Cost	\$418.34

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The Martins Calendar Year

(family of 4 – Joe manages chronic condition, Mia has accident, Craig has a healthy year)

\$1000 Ded Plan

- The Plan's Overall Family Deductible \$2,000.00
- The Plan's Family Max Out-of-pocket \$8,000.00
- Primary Copayment \$30.00
- Specialist Copayment \$60.00
- Coinsurance 20%

Joe's Chronic Condition

Total Example Cost	\$5,600
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In this example, The Martins would pay:

<i>Cost Sharing</i>	
Deductibles	\$0.00
Copayments	\$1,500.00
Coinsurance	\$0.00
<i>What isn't covered</i>	
Limits or exclusions	\$20.00
The Total that the Martins would pay	\$1,520.00

Per Paycheck Premium For <u>Family</u>	\$868.20
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Mia's Accident

Total Example Cost	\$2,800
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In this example, The Martins would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,000.00
Copayments	\$0.00
Coinsurance	\$360.00
<i>What isn't covered</i>	
Limits or exclusions	\$0.00
The Total that the Martins would pay	\$1,360.00
Total Family Out-of-pocket Cost	\$2,965.00

Annual Premium	\$22,573.20
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Craig's Healthy Year

Total Example Cost	\$360
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In this example, The Martins would pay:

<i>Cost Sharing</i>	
Deductibles	\$0.00
Copayments	\$85.00
Coinsurance	\$0.00
<i>What isn't covered</i>	
Limits or exclusions	\$0.00
The Total that the Martins would pay	\$85.00

Actual Total Annual Cost	\$25,538.20
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The Martins Calendar Year

(family of 4 – Joe manages chronic condition, Mia has accident, Craig has a healthy year)

\$3000 Ded Plan

- The Plan's Overall Family Deductible \$6,000.00
- The Plan's Family Max Out-of-pocket \$12,000.00
- Primary Copayment \$30.00
- Specialist Copayment \$60.00
- Coinsurance 20%

Joe's Chronic Condition

Total Example Cost	\$5,600
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In this example, The Martins would pay:

<i>Cost Sharing</i>	
Deductibles	\$0.00
Copayments	\$1,500.00
Coinsurance	\$0.00
<i>What isn't covered</i>	
Limits or exclusions	\$20.00
The Total that The Martins would pay	\$1,520.00

Per Paycheck Premium For <u>Family</u>	\$668.09
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Mia's Accident

Total Example Cost	\$2,800
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In this example, The Martins would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,800.00
Copayments	\$0.00
Coinsurance	\$0.00
<i>What isn't covered</i>	
Limits or exclusions	\$0.00
The Total that The Martins would pay	\$2,800.00
Total Family Out-of-pocket Cost	\$4,405.00

Annual Premium	\$17,370.34
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Craig's Healthy Year

Total Example Cost	\$360
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In this example, The Martins would pay:

<i>Cost Sharing</i>	
Deductibles	\$0.00
Copayments	\$85.00
Coinsurance	\$0.00
<i>What isn't covered</i>	
Limits or exclusions	\$0.00
The Total that The Martins would pay	\$85.00

Actual Total Annual Cost	\$21,775.34
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The Martins Calendar Year

(family of 4 – Joe manages chronic condition, Mia has accident, Craig has a healthy year)

\$5000 Ded Plan (HSA)

- The Plan's Overall Family Deductible \$10,000.00
- The Plan's Family Max Out-of-pocket \$10,000.00
- Primary Copayment N/A
- Specialist Copayment N/A
- Coinsurance 0% once deductible is met

Joe's Chronic Condition

Total Example Cost	\$5,600
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In this example, The Martins would pay:

Cost Sharing

Deductibles	\$5,000.00
Copayments	\$0.00
Coinsurance	\$0.00

What isn't covered

Limits or exclusions	\$20.00
The Total that The Martins would pay	\$5,020.00

Per Paycheck Premium For <u>Family</u>	\$442.51
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Mia's Accident

Total Example Cost	\$2,800
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In this example, The Martins would pay:

Cost Sharing

Deductibles	\$2,800.00
Copayments	\$0.00
Coinsurance	\$0.00

What isn't covered

Limits or exclusions	\$0.00
The Total that The Martins would pay	\$2,800.00

Total Family Out-of-pocket Cost	\$8,180.00
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Annual Premium	\$11,505.26
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Craig's Healthy Year

Total Example Cost	\$360
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In this example, The Martins would pay:

Cost Sharing


Deductibles	\$360.00
Copayments	\$0.00
Coinsurance	\$0.00

What isn't covered

Limits or exclusions	\$0.00
The Total that The Martins would pay	\$360.00

etrailer Annual HSA Contribution	(1,250.00)
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Actual Total Annual Cost	\$18,435.26
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 **This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and excluded services under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#).

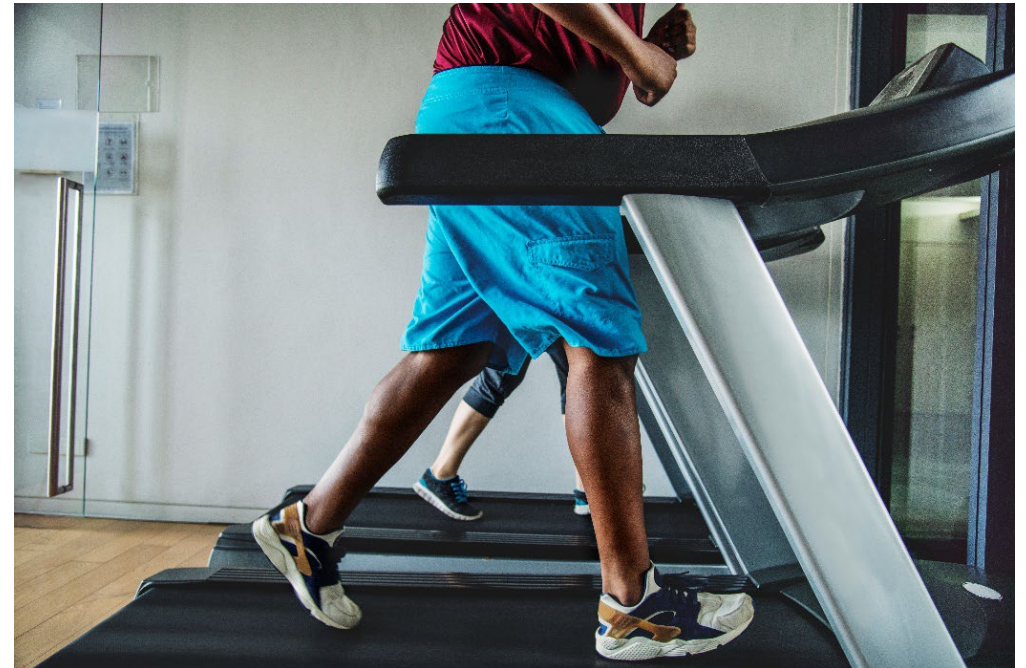
Where To Go:

	Telemedicine	Doctors Office	Urgent Care	Emergency Room
When to Go	When you have a non-emergent health condition and don't want to leave your home or office, a virtual doctors visit is an option/. Telemedicine lets you visit with a board-certified doctor at your convenience on your phone, tablet or computer.	When you have any medical concern, your primary doctor knows you best. Your doctor oversees your care and can provide routine services and preventative exams. Your doctor can help you manage your medication and refer you to a specialist if needed.	When you need care quickly, but it is not an emergency and your primary doctor may not be available. Urgent care centers offer treatment for non-life-threatening injuries or illness.	When you need immediate treatment of a very serious or critical condition. The ER is for the treatment of a life-threatening or a very serious condition that requires immediate medical attention.
Type of Care	<ul style="list-style-type: none"> • Cold/Flu • Fever • Rash • Sinus Infection • Pink Eye • Ear Infection 	<ul style="list-style-type: none"> • Preventative services • Immunizations • Routine check ups • Manage your overall health • Ongoing health issue 	<ul style="list-style-type: none"> • Common Infections (Strep Throat) • Minor skin conditions (Poison Ivy) • Flu or Fever (below 104) • Ear Ache/Sore Throat 	<ul style="list-style-type: none"> • Heavy bleeding • Shortness of breath • Chest pain • Large open wounds • Major burns • Severe head injury • Broken bone
Cost & Wait Times	<p>Low Cost/Free</p> <ul style="list-style-type: none"> • Often requires a copay/coinsurance • Usually available 24/7 with very little wait time 	<p>Low Cost</p> <ul style="list-style-type: none"> • Often requires a copay/coinsurance • Requires appointment • Little wait time with a scheduled appointment 	<p>Medium Cost</p> <ul style="list-style-type: none"> • Often requires a copay/coinsurance that is higher than a regular office visit • Walk-in patients are welcome, but waiting periods may be longer as patients with more urgent needs will be treated first. 	<p>High Cost</p> <ul style="list-style-type: none"> • Often requires a much higher copay/coinsurance • Open 24/7, but waiting periods may be longer as patients with life-threatening emergencies will be treated first.

Additional benefits that you might not know about

All the stuff that you pay for but might not know is there

- Employee Assistance Program (EAP)
- Teladoc Health
- CancerCare+
- Husk Nutrition
- KISx Card



Employee Assistance Program (EAP)

- Our EAP provides emotional wellbeing solution services offering support for everyday life available 24/7/365
- Call anytime to speak with an Emotional Wellbeing Specialist who'll listen to your needs and connect you with resources that can help.
- All household members, including children living away from home, receive 6 counseling visits (either in person or virtual) per issue for \$0
- All conversations are 100% confidential

855-205-9185

liveandworkwell.com
Access Code: etrailer



Teladoc Health

Teladoc is a virtual medical service that is covered at 100% and is available to all members, 24/7 throughout the US.

24/7 Access to Care

Connects members to a network of physicians who can diagnose, treat and prescribe medications, when needed.

Saves Time and Money

Replaces office waits for routine ailments, such as cold and flu symptoms, pink eye and respiratory infections.

Access online at UMR.com by viewing Benefits and Coverage > Benefits > Click “I need to...”

Visit teladochealth.com to register and sign in. Then download the Teladoc Health mobile app or call 1-800-TELADOC to schedule a visit.

CancerCare+

The CancerCare+ Program is a free, fully integrated cancer solution included within your health plan that supports you and coordinates care for teammates with new or existing cancer diagnosis.

Registration is required – Register online at CancerCAREprogram.com or over the phone at 1-877-640-9610

Once registered, your CancerCARE+ Care Coordinator will:

- Ensure your diagnosis is confirmed and properly staged
- Help you navigate all aspects of care
- Ensure the most evidence-based and cost-effective treatment protocol is implemented quickly
- Connect you to the Cancer Centers of Excellence Network for complex treatment needs

Husk Nutrition

HUSK is an online platform that provides access to discounts and exclusive offers for fitness, nutrition, and wellness programs including:

- Gym and Fitness Center Membership Discounts
- Virtual Individualized Nutrition Programs
- Home Equipment Deals
- On-Demand Fitness Classes
- Mental Health

YOUR LANDING PAGE:

Marketplace.huskwellness.com/paretohealth

To register: Click on Activate Benefit and enter the Eligibility ID: **HS00652**

Have questions? Reach out to their Customer Support team at customerservices@huskwellness.com or call 800-294-1500

KISx Card

Many of the most common surgical and imaging procedures are often unnecessarily expensive. It can be tough to identify high quality and high value providers which leads to unnecessary expenses.

When you learn you will need orthopedic surgery, general surgery, a colonoscopy, an MRI, a CT scan, or a PET scan, a KISx Card nurse will introduce you to the highest quality, closest, and most affordable facility for your procedure.

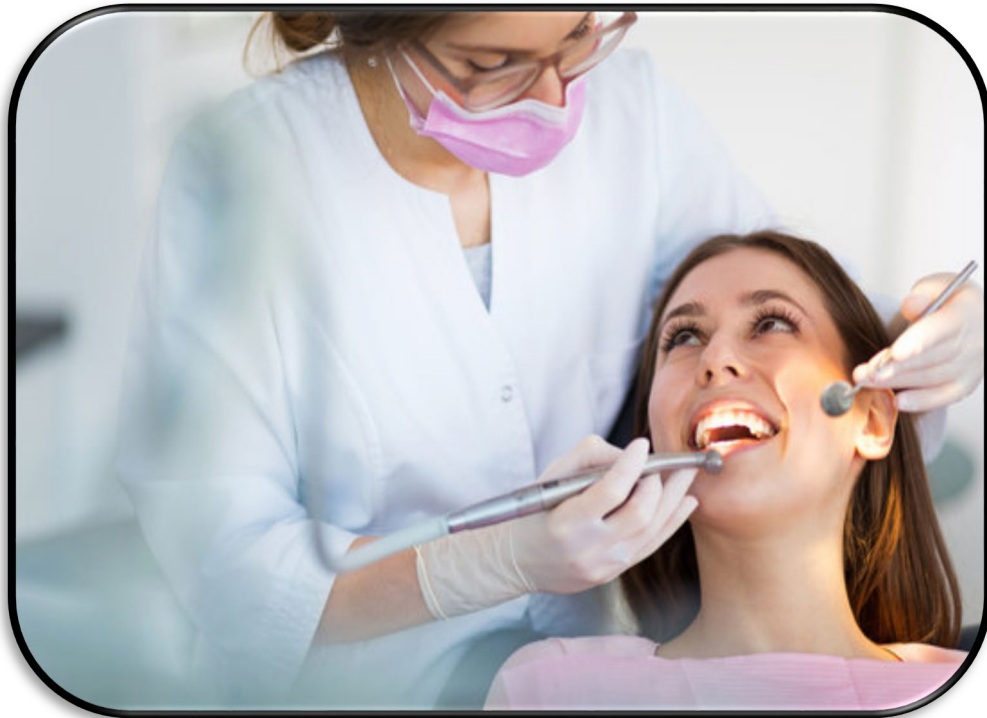
Should you choose to go with a KISx Card provider within KISx's direct provider "non" network, you will be rewarded with a cash incentive and voucher to cover every out-of-pocket expense associated with the procedure.



2024 Dental Vision and Accident

Dental Plan

PRINCIPAL



Dental Plan		
Deductible		
Single	\$50	
Family	\$150	
Waived for Preventative		
Co-Insurance	In-Network	Out of Network
Preventative	100%	100%
Basic	100%	80%
Endodontic	100%	80%
Periodontal		
Non-Surgical	100%	80%
Surgical	100%	80%
Oral Surgery	100%	80%
Major	70%	50%
Annual Maximum (Per Individual)	\$1,500	
Orthodontic (Children thru Age 19)	\$1,500; 50%	
Maximum Roll Over Available	Yes	
Customary for Out of Network	90 th Percentile	

Vision Plan

PRINCIPAL



Vision Plan		
VSP Network	In Network	Frequency
Routine Eye Exam	\$10 copay	Once every 12 months
Eyeglass Frames (instead of contacts)		
	\$150 allowance; 20% off amount over allowance	1 set per 24 months
Eyeglass Lenses (instead of contacts)		
Single Vision	\$25 copay	1 pair per 12 months
Bifocal	\$25 copay	
Trifocal	\$25 copay	
Lenticular	\$25 copay	
Contact Lenses (instead of lens and frames)		
Elective Conventional	Up to \$60 copay (F&E); \$150 allowance	1 per 12 months
Elective Disposable	Up to \$60 copay(F&E); \$150 allowance	
Non-Elective (medically necessary)	\$25 copay (F&E); covered in full	

Accident Insurance

PRINCIPAL

Off-the-job accident insurance will reimburse expenses you incur from an accident or injury. Whether it is a simple sprain or something more serious, such as an injury from a car accident. The money is paid directly to you, and you decide how to spend it.

HIGHLY recommended when enrolled in the HSA Plan!

Accident Plan	
Feature	Description
Burn	Up to \$5,000
Coma	\$15,000
Concussion	\$500
Dislocations Schedule	Up to \$7,500
Fractures Schedule	Up to \$10,000
Injuries not specifically listed	\$100 per injury
Internal Injury	\$1,500
Hospital/ICU Confinement Benefit	Included in benefit



2024 Life and Disability

Life Insurance

Employer Paid Life Insurance:

- \$25,000 employer paid life insurance and accidental death and dismemberment.

Voluntary Life Insurance:

- You can purchase up to \$500,000 employee, \$150,000 spouse, and \$10,000 child coverage.
- The Guaranteed Issue (GI) for newly eligible teammates is \$150,000 for employee coverage and \$50,000 for spouse coverage.



Short-Term Disability

Employer Paid!

RELIANCE MATRIX

Short-Term Disability Benefit Schedule	
Feature	Description
Benefit Amount	60% of weekly earnings
Maximum weekly benefit	\$2,000
Minimum Benefit	15% of weekly benefit, \$50 min
Benefits begin	8 th day- sickness 8 th day- injury
Maximum benefit duration	12 weeks
Definition of disability	Partial Disability, with zero day residual
Are occupational disabilities covered	No
Pre-Existing Conditions	None

Replaces a portion of your pre-disability income during the initial weeks of a non-work related illness or injury



Voluntary Long-Term Disability

RELIANCE MATRIX

Voluntary Long-Term Disability Benefit Schedule	
Feature	Description
Benefit Amount	60% of monthly earnings
Maximum weekly benefit	\$7,000
Benefits begin	90 days
Maximum benefit duration	Extended-ADEA-B
Workplace modification benefit	Up to \$2,000
Definition of disability	2 year own occupation
Pre-Existing Con	3/12
Are occupational disabilities covered	No

Replaces a portion of your pre-disability income during long-term recovery from a non-work related illness or injury





Gallagher



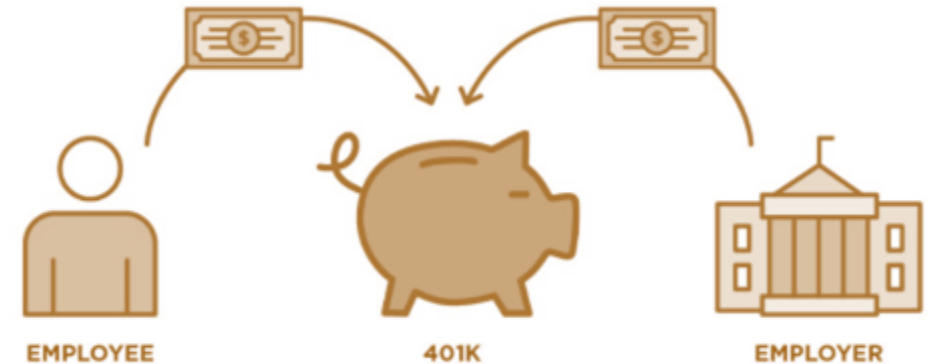
EMPOWER
RETIREMENT™

2024
Retirement

Retirement Plan Highlights

Why participate in your employer's plan?

- Your employer handles the administration and general expenses
- Saving is easy - your deferral is automatically withheld and deposited to your plan account
- Your employer may help you save by matching a portion of your contribution
- Even if you change jobs, your savings and compounded interest are yours to keep
- Tax benefits are available



Retirement Plan Highlights

Plan features to know:

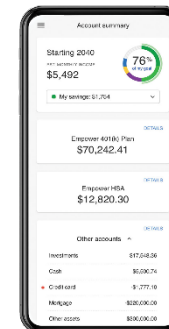
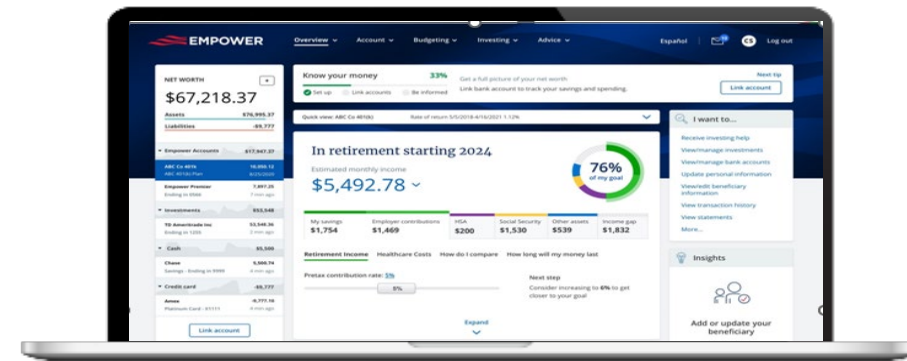
Vendor Website	www.empowermyretirement.com or 800-338-4015
Primary Contact	Michelle Lamacchio / 248-646-1126 / Michelle_Lamacchio@ajg.com *Contact for any assistance with general plan questions or investment advice.
Eligibility Requirement	12 months of full-time employment
Employer Match	100% match on the first 3% contribution plus 50% match on the next 2%. Max of 4%
Vesting Schedule	Immediate
Making Changes	Teammates may modify their investment contribution at any time.

Maintaining Your Retirement Strategy

Conduct your annual retirement check-up

- Enroll in your employer's retirement plan
- Check your balances & update passwords
- Revisit your investment selections
- Select/update your beneficiaries
- Calculate your retirement income
- Save more when you can
- Evaluate potential rollover options

Gallagher investment advisors will be onsite Thursday, December 7th from 11-4 to meet 1-on-1 to assist with enrollment or answer questions.



www.empowermyretirement.com

800-338-4015

Weekdays 8 a.m. to 10 p.m. ET
Saturdays 9 a.m. to 5:30 p.m. ET

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**2024
Premiums**

Premiums (Per Check)

Tier	Medical \$1,000 PPO	Medical \$3,000 PPO	Medical \$5,000 HDHP *	Dental	Vision	Voluntary Accident
Employee Only	\$177.91	\$82.14	\$31.09	\$15.03	\$2.62	\$3.21
Employee + Spouse	\$597.78	\$460.00	\$304.68	\$29.75	\$5.46	\$5.15
Employee + Child(ren)	\$451.00	\$347.05	\$232.40	\$41.52	\$5.64	\$6.29
Family	\$868.20	\$668.09	\$442.51	\$56.23	\$9.09	\$9.75

Employer HSA Contributions (Per Pay Check)			
EE	EE+SP	EE+Child(ren)	Family
\$28.85	\$28.85	\$48.08	\$48.08

Premiums (Per Check)

Supplemental Group Term Life, Accidental Death and Dismemberment, Dependent Life Rates		
Coverage	Age Bands	Per Paycheck Rate per \$1,000
Supplemental Life/AD&D Employee and Spouse (based on employee age)	Under 25	\$0.048
	25-29	\$0.048
	30-34	\$0.060
	35-39	\$0.072
	40-44	\$0.096
	45-49	\$0.156
	50-54	\$0.276
	55-59	\$0.492
	60-64	\$0.744
	65-69	\$1.212
	70-74	\$1.212
	Over 74	\$1.212
	Supplemental Dependent Child(ren)	\$0.100

Long Term Disability Per Paycheck Rates	
Age	Rate per \$100 of covered payroll
Under 25	\$0.092
25-29	\$0.092
30-34	\$0.092
35-39	\$0.272
40-44	\$0.374
45-49	\$0.503
50-54	\$0.688
55-59	\$0.826
60-64	\$0.757
65-69	\$0.757
70-74	\$0.757
Over 74	\$0.757

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**2024
Additional
Information**

2024 Payroll Calendar

Start of Pay Period	End of Pay Period	Pay Date
December 17, 2023	December 30, 2023	January 5, 2024
December 31, 2023	January 13, 2024	January 19, 2024
January 14, 2024	January 27, 2024	February 2, 2024
January 28, 2024	February 10, 2024	February 16, 2024
February 11, 2024	February 24, 2024	March 1, 2024
February 25, 2024	March 9, 2024	March 15, 2024
March 10, 2024	March 23, 2024	March 29, 2024
March 24, 2024	April 6, 2024	April 12, 2024
April 7, 2024	April 20, 2024	April 26, 2024
April 21, 2024	May 4, 2024	May 10, 2024
May 5, 2024	May 18, 2024	May 24, 2024
May 19, 2024	June 1, 2024	June 7, 2024
June 2, 2024	June 15, 2024	June 21, 2024
June 16, 2024	June 29, 2024	July 5, 2024
June 30, 2024	July 13, 2024	July 19, 2024
July 14, 2024	July 27, 2024	August 2, 2024
July 28, 2024	August 10, 2024	August 16, 2024
August 11, 2024	August 24, 2024	August 30, 2024
August 25, 2024	September 7, 2024	September 13, 2024
September 8, 2024	September 21, 2024	September 27, 2024
September 22, 2024	October 5, 2024	October 11, 2024
October 6, 2024	October 19, 2024	October 25, 2024
October 20, 2024	November 2, 2024	November 8, 2024
November 3, 2024	November 16, 2024	November 22, 2024
November 17, 2024	November 30, 2024	December 6, 2024
December 1, 2024	December 14, 2024	December 20, 2024
December 15, 2024	December 28, 2024	January 3, 2025

New Years Day

(paid holiday – office closed)

Memorial Day

(paid holiday – office open)

4th of July

(paid holiday – office open)

Labor Day

(paid holiday – office open)

Veteran's Day

(paid holiday for Military and Veterans)

Thanksgiving Day

(paid holiday – office closed)

Christmas Eve

(unpaid holiday - office closed)

Christmas Day

(paid holiday office closed)

Contacts

LOC	Carrier	Phone Number	Website
Medical	UMR	800-826-9781	https://member.umar.com/tpa-ap-web/
Dental	Principal	800-247-4695	www.principal.com
Vision	Principal	800-986-3343	www.principal.com
Accident	Principal	800-245-1522	www.principal.com
Life	Reliance Matrix	800-351-7500	https://www.reliancematrix.com/
Disability	Reliance Matrix	800-351-7500	https://www.reliancematrix.com/

Health Insurance Marketplace

Under 65 You may have options on The Exchange.

Healthcare.gov is the marketplace for individual health coverage.

Over 65...You may have less expensive options available.



UMR Health App

Use the UMR | Health app to look up in-network health care providers, view your member ID card, see how much you've paid toward your deductible, find out if there is a co-pay for your upcoming appointment, view recent medical claims, and more.

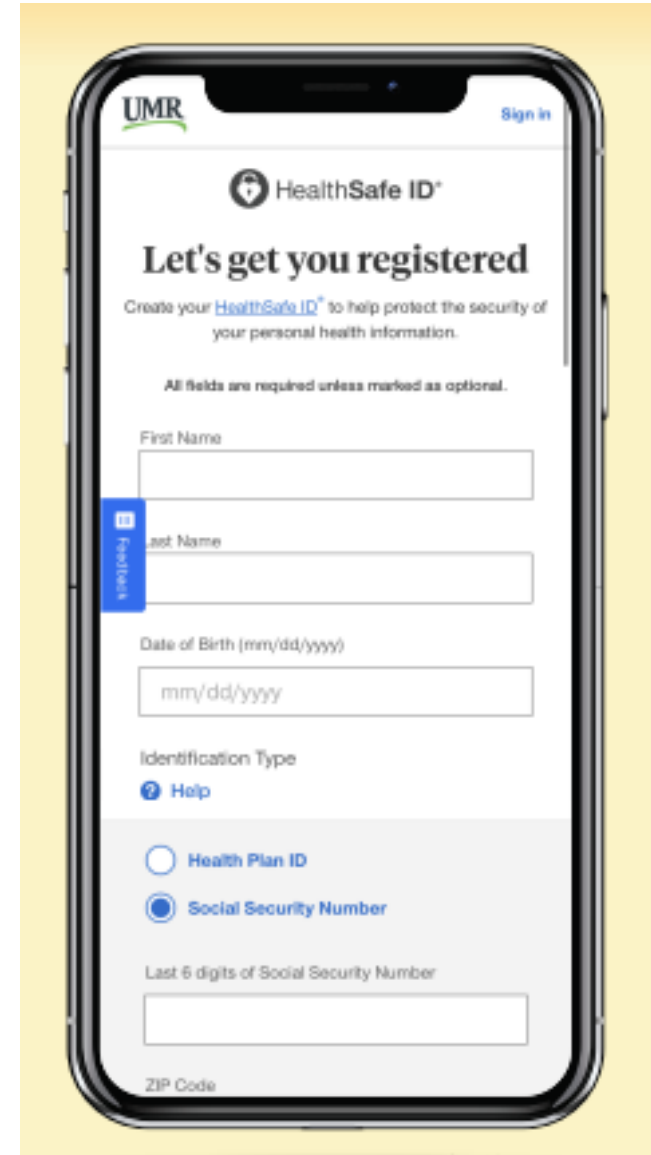
Ready to get started? Here's how:

1. Scan the QR below to download the app, or search for "UMR Health" in the app store.
2. Download and open the app, then tap the "Register Now" button.
3. Enter your legal name and date of birth. You'll have the option to enter the last six digits of your SSN and either your zipcode or the etrailer group number: **76416894**



P.S. Don't want another app? You can access the same info at UMR.com. Click on "Create your account" and register as a "Member."

← SCAN TO GET THE APP



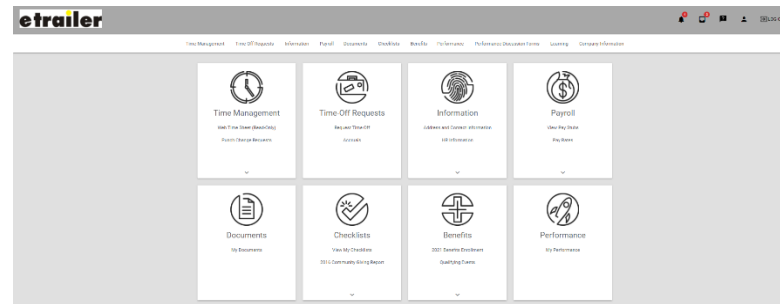
The screenshot shows the UMR Health app registration interface. At the top, there is the UMR logo and a "Sign in" link. Below that is the "HealthSafe ID" logo. The main heading is "Let's get you registered". A sub-heading says "Create your HealthSafe ID to help protect the security of your personal health information." A note states "All fields are required unless marked as optional." The form includes fields for "First Name", "Last Name", and "Date of Birth (mm/dd/yyyy)". Below these is the "Identification Type" section with two radio button options: "Health Plan ID" and "Social Security Number". The "Social Security Number" option is selected. Below this is a field for "Last 6 digits of Social Security Number" and a "ZIP Code" field at the bottom. A blue "Feedback" button is visible on the left side of the screen.



Making Benefit Elections

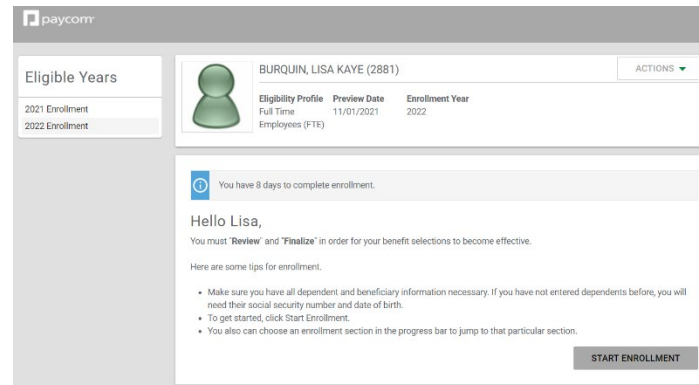
1 Log into Paycom through a Laptop, I-pad, or PC.

2 Go to the **Benefits** Tab



3 Click **2024 Benefits Enrollment**

4 Click **Start Enrollment**



5 Follow prompts and make individual selections.

6 Sign and finalize your enrollment.

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Thank you!