

EMPLOYEE BENEFIT	PROVIDER	WHO PAYS	ELIGIBILITY REQUIREMENTS	DESCRIPTION OF BENEFITS	COST PER PAY
HEALTH INSURANCE CIGNA HEALTH PLANS	CIGNA PPO Value Plan (Meets ACA requirements)	Company and EE	FTE and 30 Hours/Week 30 Day Waiting Period	In Network Deductible \$7,350/\$14,700 In Network Co Insurance 100% Co-Pays: PRE/PCP/SCP/UC/ER \$0/\$35/\$75/\$35/\$250+DED Max. Out of Pocket \$9,100/\$18,200 Rx Plan \$25/\$50/\$70/Specialty DED/COINS Out-of Network Benefits Deductible \$14,700/\$29,400 Co-Insurance 50% Co-Insurance Max. OOP \$18,200/\$36,400	Employee \$ 97.50 Husband/Wife \$ 624.83 Parent & Child \$ 660.95 Parent/Children \$ 660.95 Family \$ 1,130.46
	CIGNA PPO TRAD 5000	Company and EE	FTE and 30 Hours/Week 30 Day Waiting Period	In Network Deductible \$5,000/\$10,000 In Network Co Insurance 20% Co-Pays: PRE/PCP/SCP/UC/ER \$0/\$25/\$75/\$85/\$300+DED Max. Out of Pocket \$7,000/\$14,000 Rx Plan \$20/\$60/\$85/20% Out-of Network Benefits Deductible \$10,000/\$20,000 Co-Insurance 50% Co-Insurance Max. OOP \$14,000/\$28,000	Employee \$ 187.70 Husband/Wife \$ 563.10 Parent & Child \$ 600.64 Parent/Children \$ 600.64 Family \$ 1,088.66
	CIGNA PPO TRAD 3000 (Most similar to the current PPO and HMO plans)	Company and EE	FTE and 30 Hours/Week 30 Day Waiting Period	In Network Deductible \$3,000/\$6,000 In Network Co Insurance 20% Co-Pays: PRE/PCP/SCP/UC/ER \$0/\$20/\$50/\$75/\$250+DED Max. Out of Pocket \$5,000/\$10,000 Rx Plan \$20/\$30/\$100/50% Out-of Network Benefits Deductible \$6,000/\$12,000 Co-Insurance 50% Co-Insurance Max. OOP \$10,000/\$20,000	Employee \$ 203.91 Husband/Wife \$ 627.96 Parent & Child \$ 668.74 Parent/Children \$ 668.74 Family \$ 1,198.92
DENTAL	UNITED HEALTHCARE	50% of employee portion paid by Company	FTE and 30 Hours/Week 30 Day Waiting Period	Diagnostic Services In- Network 100% Out of Network 100% Preventive Services In- Network 100% Out of Network 100% Basic Services In- Network 80% Out of Network 80% Major Services In- Network 50% Out of Network 50% Orthodontic Services In- Network 50% Out of Network 50% Eligibility Child Only (Up to Age 19) Deductible \$50/\$150 Deductible applies to Preventive & Diag. Annual Max \$1,500 Ortho Max \$1,500 Out of Network Basis UCR 80th	Employee \$ 7.36 Husband/Wife \$ 21.48 Parent & Child (ren) \$ 21.29 Family \$ 35.71
VISION	UNITED HEALTHCARE	100% EMPLOYEE PAID	FTE and 30 Hours/Week 30 Day Waiting Period	Exam (s) Co-pay \$10 Material Co-pay \$25 Service Frequency Exams/Lenses/Frames/Contacts 12/12/24/12 Eye Exams Network 100% Out of Network up to \$40 Lenses Network 100% Out of Network up to \$40 - \$80 Frames Retail Frame Allowance Network up to \$130 Out of Network up to \$45 Discount on Frame Overage Network 30% Out of Network N/A Elective Contact Lenses Varies Laser Vision Discount	Employee \$ 2.35 Husband/Wife \$ 4.46 Parent & Child (ren) \$ 5.22 Family \$ 7.36



EMPLOYEE BENEFITS SUMMARY - Effective 1/1/2024

EMPLOYEE BENEFIT	PROVIDER	WHO PAYS	ELIGIBILITY REQUIREMENTS	DESCRIPTION OF BENEFITS	COST PER PAY
GROUP TERM LIFE INSURANCE & AD&D	MUTUAL OF OMAHA	100% EMPLOYER PAID	FTE and 36 Hours/Week 90 Day Waiting Period	\$10,000 Life Insurance Policy Includes AD&D Coverage Reduction Schedule: 65% at 65, 50% at 70 No portability but convertible	
SUPPLEMENTAL TERM LIFE INSURANCE & AD&D	MUTUAL OF OMAHA	100% EMPLOYEE PAID	FTE and 36 Hours/Week 90 Day Waiting Period	Employee Benefit Employee Maximum Employee Reduction Schedule Spouse Benefit Spouse maximum Spouse Guarantee Child Benefit Child Maximum Portability Conversion AD&D Coverage Available \$10,000 Increments \$500,000 / 5X Salary 65% at 65, 50% at 70 \$5,000 Increments \$250,000 / 100% of EE \$30,000 / 100% of EE \$1,000 Increments \$10,000 Yes Yes Yes	Rates Based on Age (See MOO Tables)
GROUP VOLUNTARY SHORT-TERM DISABILITY	MUTUAL OF OMAHA	100% EMPLOYEE PAID	FTE and 36 Hours/Week 90 Day Waiting Period	Benefit Percentage Weekly Benefit Guarantee Issue Elimination Period (Accident/Sickness) Duration Pre-Existing Condition Limits 60% of Before Tax Weekly Earnings \$2,000 \$2,000 7 Days/7 Days 25 Weeks 3/6	Rates Based on Age (See MOO Tables)
GROUP VOLUNTARY LONG-TERM DISABILITY	MUTUAL OF OMAHA	100% EMPLOYEE PAID	FTE and 36 Hours/Week 90 Day Waiting Period	Elimination Period Benefit Percentage Max. Monthly Benefit Min. Monthly Benefit Benefits begin on the later of 180 calendar days after the onset of disability or the date your STD ends 60% of Before Tax Weekly Earnings \$7,500 \$100	Rates Based on Age (See MOO Tables)
RETIREMENT PLAN 401K Plan *	PENTEGRA RETIREMENT SERVICES www.pentegra.com <i>Matrix Trust</i>	100% EMPLOYEE CONTRIBUTIONS	Must be 21 Years of Age Worked 1,000 Hours and completed 1 year of Service Eligibility Requirements Met - Join <i>January 1, April 1, July 1, October 1</i>	<div style="background-color: #0070C0; color: white; padding: 2px; text-align: center;">PRE- TAX CONTRIBUTIONS</div> 0% - 100% MAXIMUM Yearly IRS Limits CATCH UP CONTRIBUTION >50 Years of Age, able to contribute a Catch Up Contribution VESTED 100%	
* A Summary Plan Description and Investment Fund Information can be provided by Human Resources					
HOLIDAY PAY		100% EMPLOYER PAID	REFER TO YOUR EMPLOYEE HANDBOOK ON POLICY FOR COMPANY PAID HOLIDAYS		
VACATION PAY / PAID TIME OFF (PTO) **		100% EMPLOYER PAID	**PLEASE REFERENCE EMPLOYEE HANDBOOK FOR ELIGIBILITY AND CALCULATION OF TIME GRANTED		