

2024 BENEFIT PLAN SUMMARY RATE SHEET

MEDICAL PLANS	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
<u>Option 1</u> – The American Worker MEC plan	\$17.50	\$62.50	\$50.00	\$100.00
<u>Option 2</u> – Cigna Performance \$5,000 Deductible Plan LocalPlus Network with Garner	\$59.50	\$220.50	\$158.00	\$336.00
<u>Option 3</u> – Cigna Broad \$5,000 Deductible Plan OAP (Open Access Plus) Network with Garner	\$68.50	\$252.50	\$181.00	\$386.00
<u>Option 4</u> – Cigna Performance \$3,500 Deductible Plan LocalPlus Network	\$64.00	\$232.50	\$166.50	\$349.00
<u>Option 5</u> – Cigna Broad \$3,500 Deductible Plan OAP (Open Access Plus) Network	\$73.00	\$267.00	\$191.00	\$402.50

Premium rates listed are Employee Paid and deducted from wages on a per Pay-Period basis (24 pay periods)

HRA HEALTH REIMBURSEMENT ACCOUNT

- Employer funds the following amounts for these High Deductible medical plan options:
 - o **Individual: \$3,000; Family: \$6,000** Garner HRA available when you have searched for and sought care from Garner top providers
 - Option 2 Cigna Performance \$5,000 Deductible Plan LocalPlus Network with Garner
 - Option 3 Cigna Broad \$5,000 Deductible Plan OAP (Open Access Plus) Network with Garner
 - o **Individual: \$800; Family: \$1,600** Traditional HRA offered through Cigna for covered expenses
 - Option 4 Cigna Performance \$3,500 Deductible LocalPlus Network
 - Option 5 Cigna Broad \$3,500 Deductible OAP (Open Access Plus) Network
- Option 2 & 3 – Unused Garner funds do **NOT** rollover into the next plan year
- Option 4 & 5 – Cigna HRA funds that are unused in 2024 may be rolled over to 2025 (up to your individual deductible amount).

DENTAL PLANS	AMERITAS Low Plan	AMERITAS Middle Plan	AMERITAS High Plan
Employee Only	\$6.21	\$13.23	\$15.89
Employee + Spouse	\$13.44	\$23.92	\$26.87
Employee + Child(ren)	\$19.06	\$29.93	\$34.81
Employee + Family	\$25.27	\$40.62	\$46.81

Premium rates listed are Employee Paid and deducted from wages on a per Pay-Period basis (24 pay periods)

VISION PLAN	VSP Vision Plan
Employee Only	\$2.85
Employee + Spouse	\$5.71
Employee + Child(ren)	\$6.11
Employee + Family	\$9.77

Premium rates listed are Employee Paid and deducted from wages on a per Pay-Period basis (24 pay periods)

UNUM Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	UNUM Life and AD&D
Employee Only	<ul style="list-style-type: none"> - 100% Employer Paid - This benefit is effective 1st of the month following 60 days of employment

UNUM Voluntary Life and AD&D Insurance	<u>Monthly Rates for each \$10,000 of Team member & Spouse Life/AD&D Insurance Coverage</u>												
Age Band	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
Life and AD&D	\$0.90	\$0.90	\$1.00	\$1.40	\$2.20	\$3.30	\$6.00	\$9.10	\$12.30	\$20.40	\$36.10	\$60.90	\$97.90
Dependent Child(ren)/Life Only													
<ul style="list-style-type: none"> - You may purchase Child Life Insurance for a flat \$10,000 in coverage - The cost is \$0.50 per month per family unit 													

UNUM Voluntary Short-Term Disability	<u>Monthly Rates per \$10 of Weekly Benefit</u>											
Age Band	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
Monthly Rates per \$10 of Weekly Benefit	\$0.33	\$0.33	\$0.34	\$0.34	\$0.35	\$0.36	\$0.42	\$0.54	\$0.66	\$0.73	\$0.73	
<p style="text-align: center;">*Rates increase as you age. Rates are based on your age as of 1/1/2024.</p> <p style="text-align: center;">The cost of this voluntary disability insurance is deducted from wages on a per pay period basis (24 pay periods)</p>												
<ul style="list-style-type: none"> - 100% Employee Paid - You have the choice of either a 40% benefit replacement or a 60% benefit replacement - The weekly benefit maximum is \$1,500 - This benefit is effective 1st of the month following 60 days of employment 												

Assurity Voluntary Accident Insurance	Monthly Premium Rates	Per Pay-Period Cost
Employee Only	\$14.06	\$7.03
Employee + Spouse	\$24.37	\$12.19
Employee + Child(ren)	\$30.27	\$15.14
Employee + Family	\$44.38	\$22.19

Assurity Voluntary Hospital Indemnity	Monthly Premium Rates	Per Pay-Period Cost
Employee Only	\$20.50	\$10.25
Employee + Spouse	\$41.45	\$20.73
Employee + Child(ren)	\$39.68	\$19.84
Employee + Family	\$57.72	\$28.86

Assurity Voluntary Critical Illness Insurance			Monthly Premium Rates for EMPLOYEE ONLY or EMPLOYEE <i>plus</i> CHILD(REN) Coverage									
\$10,000 Benefit Amount												
Attained Ages	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
Unismoke	\$2.57	\$3.28	\$4.25	\$5.83	\$7.94	\$11.24	\$16.74	\$26.52	\$31.97	\$40.34	\$88.99	
\$20,000 Benefit Amount												
Attained Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
Unismoke	\$4.43	\$5.66	\$7.47	\$10.33	\$14.19	\$20.54	\$31.17	\$50.25	\$61.51	\$78.48	\$174.46	
\$30,000 Benefit Amount												
Attained Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
Unismoke	\$6.27	\$8.02	\$10.67	\$14.82	\$20.43	\$29.83	\$45.62	\$74.00	\$91.05	\$116.62	\$259.90	
Assurity Voluntary Critical Illness Insurance			Monthly Premium Rates for EMPLOYEE <i>plus</i> SPOUSE OR FAMILY Coverage									
\$10,000 Benefit Amount												
Attained Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
Unismoke	\$4.04	\$5.02	\$6.57	\$9.09	\$12.42	\$17.57	\$26.08	\$41.04	\$49.13	\$61.59	\$135.27	
\$20,000 Benefit Amount												
Attained Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
Unismoke	\$6.73	\$8.46	\$11.27	\$15.70	\$21.66	\$31.42	\$47.65	\$76.62	\$93.41	\$118.81	\$263.44	
\$30,000 Benefit Amount												
Attained Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
Unismoke	\$9.43	\$11.89	\$15.96	\$22.32	\$30.91	\$45.25	\$69.23	\$112.18	\$137.70	\$176.01	\$391.61	

Critical Illness: Spouse coverage is automatically 50% of the employee's elected benefit and the child(ren) coverage is automatically 25% of the employee's elected benefit. In order to have Spouse and/or Child(ren) Critical Illness coverage, the team member must enroll in the Critical Illness benefit.

FSA BENEFIT												
HEALTHCARE FLEXIBLE SPENDING ACCOUNT												
<ul style="list-style-type: none"> - You DO NOT need to elect a medical plan to participate with the FSA Account. - Your FSA Account can be used for eligible medical, dental and vision expenses. - The 2024 annual contribution limit is \$3,000 for FSA Healthcare expenses. - An employee's plan year contribution is divided by 24 pay periods, if enrolled as of January 1, or the amount of pay periods left within the plan year if enrollment date is after the start of the plan year. 												

DCA BENEFIT												
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT												
<ul style="list-style-type: none"> - You DO NOT need to elect a medical plan to participate with the DCA Account. - This account is used to pay for Dependent Care expenses. - The 2024 annual contribution limit is \$5,000 for Dependent Care expenses. - An employee's plan year contribution is divided by 24 pay periods, if enrolled as of January 1, or the amount of pay periods left within the plan year if enrollment date is after the start of the plan year. 												