DO YOU KNOW ABOUT EMPLOYEE & COVERED FAMILY MEMBER'S BENEFITS

CONTRIBUTION RATE OF $5.00 - $5.49 EFFECTIVE 1/1/25

	I Less than 14 hours Per week	II 15 hours to Less than 24 hours Per week	III 25 hours to Less than 34 hours Per week	IV 35 hours or more Per week
Employee Death Benefit	N/A	$1,500.00	$3,000.00	$4,500.00
Employee AD&D	N/A	$1,500.00	$3,000.00	$4,500.00
Employee Weekly A&S	N/A	$60.00	$80.00	$100.00
Employee's Survivor Death Benefit Provisions	N/A	$150.00 x 3 months	$200.00 x 3 months	$300.00 x 3 months

Single Employees will have an additional $1,000.00 death benefit.

♦ **WEEKLY ACCIDENT AND SICKNESS (A & S) BENEFIT:** Payments are made to employees when they are disabled by a non-occupational accident or sickness. Payments begin 1st day for accident, 4th day for sickness, for a maximum of 6 weeks.

EMPLOYEE AND COVERED FAMILY MEMBER'S MEDICAL BENEFITS CLASSIFICATION

	I Less than 14 hours per week	II 15 hours to Less than 24 hours per week	III 25 hours to Less than 34 hours per week	IV 35 hours or more per week
INDIVIDUALCALENDAR YEAR DEDUCTIBLE	$650	$650	$600	$600
FAMILY CALENDAR YEAR DEDUCTIBLE	$1,300	$1,300	$1,200	$1,200
EMERGENCY ROOM (COPAY) **waived if admitted to hospital**	$300	$300	$300	$300
FUND PAYS In-Network (PPO) **after deductible is met**	75%	75%	75%	75%
PARTICIPANT PAYS In-Network (PPO)	25%	25%	25%	25%
FUND PAYS (Out of PPO Network) **after deductible is met**	60%	60%	60%	60%
PARTICIPANT PAYS (Out of PPO Network)	40%	40%	40%	40%
INDIVIDUAL OUT OF POCKET MAXIMUM	$4,500	$4,500	$4,500	$4,500
FAMILY OUT OF POCKET MAXUMUM	$9,000	$9,000	$9,000	$9,000
INDIVIDUAL PHARMACY OUT OF POCKET MAXIMUM	$2,550	$2,550	$2,550	$2,550
FAMILY PHARMACY OUT OF POCKET MAXIMUM	$5,100	$5,100	$5,100	$5,100
PHARMACY – FUND PAYS	80%	80%	80%	80%
PARTICIPANT PAYS	20%	20%	20%	20%
DENTAL BENEFIT EMPLOYEE	N/A	$600	$800	$1,000
DENTAL BENEFIT DEPENDENT	N/A	$300	$400	$500
INDIVIDUAL DENTAL DEDUCTIBLE	N/A	$150	$125	$100
VISION BENEFIT EMPLOYEE	N/A	$200	$250	$300
VISION BENEFIT DEPENDENT	N/A	$100	$125	$150

Primary Care Physician means: General Practitioner, Internist, Family Practice Physician, and Pediatrician

Any services performed in or outside the Physician's office are subject to the Calendar Year Deductible and then paid at 75% in-network or 60% out of network. One family member must meet the first Out of Pocket Maximum and combined family members must meet the second Out of Pocket Maximum. Fund pays 100% of medical expenses after deductibles and coinsurance have been met.

BIRTH CONTROL PRESCRIPTIONS & DEVICES: 100% of eligible charge for female employees and spouses.

DENTAL BENEFITS: Participant pays the deductible. The fund then pays 80% of the covered charges up to the calendar year maximum.
Prosthetic devices and services have a 12-month waiting period and are paid at 50% of covered charges up to the calendar year maximum.
Orthodontic services and supplies are not a covered benefit.

MATERNITY is treated as any other illness for female employees and spouses.

ELIGIBILTY PERIOD: Employees become eligible for the benefits outlined above after completion of 30 days employment.