

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

CONTRIBUTION RATE OF \$4.80 AND ABOVE EFFECTIVE 1/1/20

| | 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 | \$1,000.00 | \$2,000.00 | \$3,500.00 | \$5,000.00 |
| Employee AD&D | \$1,000.00 | \$2,000.00 | \$3,500.00 | \$5,000.00 |
| Employee Weekly A&S | \$40.00 | \$60.00 | \$80.00 | \$100.00 |
| Employee's Survivor Death Benefit Provisions | \$100.00 x 3 months | \$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 |
|---|---|--|---|--|
| INDIVIDUAL CALENDAR YEAR DEDUCTIBLE | \$550 | \$550 | \$500 | \$500 |
| FAMILY CALENDAR YEAR DEDUCTIBLE | \$1,100 | \$1,100 | \$1,000 | \$1,000 |
| EMERGENCY ROOM (COPAY) waived if admitted to hospital | \$300 | \$300 | \$300 | \$300 |
| FUND PAYS In-Network (PPO) after deductible is met | 70% | 70% | 70% | 70% |
| PARTICIPANT PAYS In-Network (PPO) | 30% | 30% | 30% | 30% |
| 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 | \$4,000 | \$4,000 | \$4,000 | \$4,000 |
| FAMILY OUT OF POCKET MAXIMUM | \$8,000 | \$8,000 | \$8,000 | \$8,000 |
| | | | | |
| INDIVIDUAL PHARMACY OUT OF POCKET MAXIMUM | \$2,000 | \$2,000 | \$2,000 | \$2,000 |
| FAMILY PHARMACY OUT OF POCKET MAXIMUM | \$4,000 | \$4,000 | \$4,000 | \$4,000 |
| | | | | |
| PHARMACY – FUND PAYS | 70% | 70% | 70% | 70% |
| PARTICIPANT PAYS | 30% | 30% | 30% | 30% |
| | | | | |
| DENTAL BENEFIT EMPLOYEE | \$600 | \$800 | \$1,000 | \$1,200 |
| DENTAL BENEFIT DEPENDENT | \$300 | \$400 | \$500 | \$600 |
| INDIVIDUAL DENTAL DEDUCTIBLE | \$150 | \$125 | \$100 | \$75 |
| | | | | |
| VISION BENEFIT EMPLOYEE (every 24 months) | \$200 | \$250 | \$300 | \$350 |
| VISION BENEFIT DEPENDENT (every 24 months) | \$100 | \$125 | \$150 | \$175 |

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 70% 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 pays 70% of the covered charges up to the calendar year maximum. Prosthetic devices and services have a 12-month waiting period and are paid at 45% 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.

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