

EMPLOYEE & COVERED FAMILY MEMBER'S BENEFIT SCHEDULE

CONTRIBUTION RATE OF \$4.40 - \$4.99 EFFECTIVE 1/1/2026

Class Based on hours worked per week	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
Death and AD&D				
Employee Death Benefit	N/A	\$1,000	\$2,500	\$4,000
Employee AD&D	N/A	\$1,000	\$2,500	\$4,000
Dependent Death Benefit	N/A	\$500	\$1,250	\$2,000
Accident & Sickness (A&S)				
Employee Weekly A&S Benefit – 6 weeks	N/A	\$120	\$160	\$200
Survivor Income				
Employee's Survivor Death Benefit - 6 months	N/A	\$150	\$200	\$300
Medical				
Individual calendar year deductible	\$700	\$700	\$650	\$650
Family calendar year deductible	\$1,400	\$1,400	\$1,300	\$1,300
Emergency room (copay) waived if admitted	\$150	\$150	\$150	\$150
Fund pays in-network (PPO) after deductible	75%	75%	75%	75%
Participant pays in-network (PPO)	25%	25%	25%	25%
Fund pays (out of PPO network) after deductible	60%	60%	60%	60%
Participant pays (out of PPO network)	40%	40%	40%	40%
Individual out of pocket maximum	\$3,800	\$3,800	\$3,800	\$3,800
Family out of pocket maximum	\$7,600	\$7,600	\$7,600	\$7,600
Prescription drugs				
Deductible	N/A	N/A	N/A	N/A
Pharmacy – fund pays	80%	80%	80%	80%
Participant pays	20%	20%	20%	20%
Individual pharmacy out of pocket maximum	\$2,500	\$2,500	\$2,500	\$2,500
Family pharmacy out of pocket maximum	\$5,000	\$5,000	\$5,000	\$5,000
Dental				
Dental benefit employee	N/A	\$1,000	\$1,000	\$1,000
Dental benefit dependent	N/A	\$500	\$500	\$500
Individual dental deductible	N/A	\$125	\$125	\$125
Orthodontic benefit up to age 18	N/A	\$550	\$550	\$550
Vision				
Vision benefit employee	N/A	\$250	\$250	\$250
Vision benefit dependent	N/A	N/A	N/A	N/A

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

Death Benefit: Single Employees get an additional \$1,000.00 death benefit. Children age 10 days to 6 months: \$1,000 death benefit.

A&S: Payments begin on the 1st day for accidents, and the 4th day for sickness, for a maximum of 6 weeks.

Survivor Income: One benefit per month, six months duration.

Medical: One family member must meet the first Deductible and Out of Pocket Maximum (OOP), and combined family members must meet the second Deductible and OOP maximum. Fund pays 100% of medical expenses after deductibles and OOP are met

Maternity is treated as any other illness for female employees and spouses. Birth Control Rx and devices covered at 100%.

Dental: Participant pays the deductible. The fund pays 100% of the covered charges up to the calendar year maximum. Prosthodontics have a 12-month waiting period and are paid at 70% to the calendar year maximum. **Orthodontic:** One-time payment up to your scheduled maximum benefit