

2024 BENEFIT SUMMARY — Owensboro Union EMPLOYEES



Benefit

Eligibility

Summary of Benefits

Full-time employee is an employee that is scheduled to work at least 30 hours per week.

Medical Insurance

Full-time employees

The election made will be valid for the entire plan year unless you experience a change in family status. Family status changes must be made within 30 days of event occurring.

If you do not elect coverage within 30 days of hire, you will have to wait until the next open enrollment to elect coverage.

Medical coverage is available through Blue Cross Blue Shield of North Carolina. You are offered three plan options: Plan I, Plan II, and Plan III

	<u>Plan I Weekly</u>	<u>Plan II Weekly</u>	<u>Plan III Weekly</u>
Employee	\$24.29	\$59.11	\$83.74
Employee + Child(ren)	\$34.48	\$68.97	\$93.60
Employee + Spouse	\$39.41	\$73.89	\$98.52
Employee + Family	\$49.26	\$83.74	\$108.38

	<u>Plan I</u>		<u>Plan II</u>		<u>Plan III</u>	
	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Deductible						
Individual	\$ 600	\$ 1,500	\$800	\$2,000	\$300	\$750
Family	\$1,800	\$ 4,500	\$2,400	\$6,000	\$900	\$2,250

Emergency room co-pays do not apply to deductibles or out-of-pocket coinsurance maximum. Doctor visit co-pays and Prescription co-pays apply towards the co-insurance out-of-pocket maximum.

Office Visits

	<u>Plan I In Network</u>	<u>Plan II In Network</u>	<u>Plan III In Network</u>
Primary Care Physician:	60%; after deductible	100% after \$25 co-pay	100% after \$15 co-pay
Specialist:	60%; no deductible	90%; no deductible	90%; no deductible
Routine & Preventive Care:	100%	100%	100%
Other Physician Charges:	60%; no deductible	90%; no deductible	90%; no deductible
Chiropractic Services:	60%; no deductible	80% of covered expenses, limited to 25 visits annually & \$1,000 annual maximum	80% of covered expenses, limited to 25 visits annually & \$1,000 annual maximum

Hospital Facility Charges - After Deductibles

	<u>Plan I</u>		<u>Plan II</u>		<u>Plan III</u>	
	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Inpatient	80%	50%	90%	70%	100%	70%
Outpatient Surgery	80%	50%	90%	70%	100%	70%
Outpatient X-Rays, Lab Diagnostic Testing	70%	50%	80%	70%	90%	70%
Emergency Room	80% after \$150 co-pay (co-pay waived if admitted)		100% after \$100 co-pay (co-pay waived if admitted)		100% after \$100 co-pay (co-pay waived if admitted)	

Co-Insurance out-of-pocket Maximum

<u>In-Network</u>	<u>Plan I</u>	<u>Plan II</u>	<u>Plan III</u>
Individual	\$ 1,500	\$ 2,000	\$1,000
Family	\$ 4,500	\$ 6,000	\$3,000

<u>Out of Network</u>	<u>Plan I</u>	<u>Plan II</u>	<u>Plan III</u>
Individual	\$ 3,500	\$4,000	\$3,000
Family	\$10,500	\$12,000	\$9,000

True out-of-pocket Maximum (includes Deductible & Co-insurance)

<u>In-Network</u>	<u>Plan I</u>	<u>Plan II</u>	<u>Plan III</u>
Individual	\$ 2,100	\$ 2,800	\$1,300
Family	\$ 6,300	\$ 8,400	\$3,900

<u>Out of Network</u>	<u>Plan I</u>	<u>Plan II</u>	<u>Plan III</u>
Individual	\$ 5,000	\$ 6,000	\$3,750
Family	\$15,000	\$18,000	\$11,250

Prescription Drugs (Prime Therapeutics)

	<u>Plan I (Retail)</u>	<u>Plan I (Mail)</u>	<u>Plan II (Retail)</u>	<u>Plan II (Mail)</u>	<u>Plan III (Retail)</u>	<u>Plan III (Mail)</u>
Generic	\$5 co-pay	\$0 co-pay	\$12 co-pay	\$18 co-pay	\$12 co-pay	\$20 co-pay
Preferred Brand	\$20 co-pay	\$20 co-pay	\$27 co-pay	\$33 co-pay	\$27 co-pay	\$35 co-pay
Non-Preferred Brand	\$35 co-pay	\$35 co-pay	\$42 co-pay	\$48 co-pay	\$42 co-pay	\$50 co-pay

Maximum annual co-pay per insured individual (employee & dependents) - \$1,000

No Maximum

No Maximum

Medical Insurance (continued)

Medical Insurance Opt-Out		<p>Daramic will provide compensation in the amount of up to \$100 per month for employees who opt-out of medical and prescription drug coverage for themselves and eligible dependents.</p> <p>You cannot opt-out for a spouse who is also a Daramic employee.</p> <table border="1" data-bbox="483 226 979 405"> <thead> <tr> <th colspan="2">Opt Out Program</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$75 per month</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$100 per month</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$75 per month</td> </tr> <tr> <td>Family</td> <td>\$100 per month</td> </tr> <tr> <td>Spouse Opt Out</td> <td>\$75 per month</td> </tr> </tbody> </table>	Opt Out Program		Employee	\$75 per month	Employee + Spouse	\$100 per month	Employee + Child(ren)	\$75 per month	Family	\$100 per month	Spouse Opt Out	\$75 per month																																																
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Dental Insurance	<p>Full-time employees and their eligible dependents.</p>	<p>Dental coverage offered through Delta Dental of North Carolina and Delta Dental Premier Networks. In-Network visits eliminate the need for participants to deal with claims filing issues or worry about "routine and customary" charges. Network providers are required to file claims for you. You may visit an Out-of-Network provider, but you will file the claim with Delta Dental. You may pay higher out-of-pocket charges.</p> <table border="1" data-bbox="483 562 1372 892"> <thead> <tr> <th></th> <th>Plan I Weekly</th> <th>Plan II Weekly</th> <th>Plan III Weekly</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$ 0.72</td> <td>\$ 1.72</td> <td>\$2.44</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$ 1.00</td> <td>\$ 2.00</td> <td>\$2.72</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$ 1.15</td> <td>\$ 2.15</td> <td>\$2.87</td> </tr> <tr> <td>Employee + Family</td> <td>\$ 1.43</td> <td>\$ 2.44</td> <td>\$3.15</td> </tr> </tbody> </table> <table border="1" data-bbox="483 693 1323 892"> <thead> <tr> <th></th> <th>Plan I</th> <th>Plan II</th> <th>Plan III</th> </tr> </thead> <tbody> <tr> <td>Deductible</td> <td>\$50</td> <td>No Deductible</td> <td>No Deductible</td> </tr> <tr> <td>Class A Services</td> <td>80%</td> <td>80%</td> <td>100%</td> </tr> <tr> <td>Class B Services</td> <td>60%</td> <td>60%</td> <td>80%</td> </tr> <tr> <td>Class C Services</td> <td>60%</td> <td>60%</td> <td>80%</td> </tr> <tr> <td>Annual Maximum per Individual</td> <td>\$ 1,000</td> <td>\$1,000</td> <td>\$1,000</td> </tr> <tr> <td>Orthodontic Services (up to age 20)</td> <td>Not Covered</td> <td>50%</td> <td>50%</td> </tr> <tr> <td>Orthodontic <u>Lifetime</u> Maximum</td> <td>N/A</td> <td>\$1,000</td> <td>\$1,000</td> </tr> </tbody> </table>		Plan I Weekly	Plan II Weekly	Plan III Weekly	Employee	\$ 0.72	\$ 1.72	\$2.44	Employee + Child(ren)	\$ 1.00	\$ 2.00	\$2.72	Employee + Spouse	\$ 1.15	\$ 2.15	\$2.87	Employee + Family	\$ 1.43	\$ 2.44	\$3.15		Plan I	Plan II	Plan III	Deductible	\$50	No Deductible	No Deductible	Class A Services	80%	80%	100%	Class B Services	60%	60%	80%	Class C Services	60%	60%	80%	Annual Maximum per Individual	\$ 1,000	\$1,000	\$1,000	Orthodontic Services (up to age 20)	Not Covered	50%	50%	Orthodontic <u>Lifetime</u> Maximum	N/A	\$1,000	\$1,000								
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Vision Care Benefit	<p>Full-time employees and their eligible dependents.</p>	<p>Flores & Associates administers the Vision plan.</p> <p>Submit claims to Flores & Associates (PO Box 31397, Charlotte, NC 28231-1397). If your eye doctor will not file claims for you, you will need to complete a claim form and submit to Flores.</p> <table border="1" data-bbox="483 1045 1437 1417"> <thead> <tr> <th></th> <th>Plan I Weekly</th> <th>Plan II Weekly</th> <th>Plan III Weekly</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$0.10</td> <td>\$0.20</td> <td>\$0.28</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$0.12</td> <td>\$0.24</td> <td>\$0.30</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$0.15</td> <td>\$0.26</td> <td>\$0.34</td> </tr> <tr> <td>Family</td> <td>\$0.17</td> <td>\$0.28</td> <td>\$0.38</td> </tr> </tbody> </table> <table border="1" data-bbox="483 1176 1388 1249"> <thead> <tr> <th>Annual Eye Exam Reimbursement*</th> <th>Plan I</th> <th>Plan II</th> <th>Plan III</th> </tr> </thead> <tbody> <tr> <td>Optometrist</td> <td>\$25.00</td> <td>\$50.00</td> <td>\$85.00</td> </tr> <tr> <td>Ophthalmologist</td> <td>\$25.00</td> <td>\$50.00</td> <td>\$85.00</td> </tr> </tbody> </table> <table border="1" data-bbox="483 1260 1404 1375"> <thead> <tr> <th>Lenses*</th> <th>Plan I</th> <th>Plan II</th> <th>Plan III</th> </tr> </thead> <tbody> <tr> <td>Single Vision</td> <td>\$18.00</td> <td>\$35.00</td> <td>\$53.00</td> </tr> <tr> <td>Bi-focal</td> <td>\$23.00</td> <td>\$45.00</td> <td>\$68.00</td> </tr> <tr> <td>Tri-focal</td> <td>\$28.00</td> <td>\$55.00</td> <td>\$83.00</td> </tr> <tr> <td>Contacts</td> <td>\$75.00</td> <td>\$100.00</td> <td>\$125.00</td> </tr> </tbody> </table> <table border="1" data-bbox="483 1386 1404 1417"> <thead> <tr> <th>Frames*</th> <th>Plan I</th> <th>Plan II</th> <th>Plan III</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$50.00</td> <td>\$75.00</td> <td>\$100.00</td> </tr> </tbody> </table> <p>*once per insured employee or dependent every 12 months</p>		Plan I Weekly	Plan II Weekly	Plan III Weekly	Employee	\$0.10	\$0.20	\$0.28	Employee + Child(ren)	\$0.12	\$0.24	\$0.30	Employee + Spouse	\$0.15	\$0.26	\$0.34	Family	\$0.17	\$0.28	\$0.38	Annual Eye Exam Reimbursement*	Plan I	Plan II	Plan III	Optometrist	\$25.00	\$50.00	\$85.00	Ophthalmologist	\$25.00	\$50.00	\$85.00	Lenses*	Plan I	Plan II	Plan III	Single Vision	\$18.00	\$35.00	\$53.00	Bi-focal	\$23.00	\$45.00	\$68.00	Tri-focal	\$28.00	\$55.00	\$83.00	Contacts	\$75.00	\$100.00	\$125.00	Frames*	Plan I	Plan II	Plan III		\$50.00	\$75.00	\$100.00
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Employee Assistance Program	<p>Company Paid Full-time employees</p>	<p>Employee Assistance Program (EAP) services are administered by Health Advocate. Confidential counseling and referral services provided free of charge on a range of issues, including emotional, financial, stress, family, legal, marital, and other personal or professional concerns. To access EAP services, make a CONFIDENTIAL call to #877-240-6863.</p>																																																												
Basic Life & AD&D	<p>Company Paid Full-time employees</p>	<p>The Company automatically provides and pays the cost of basic life insurance and accidental death and dismemberment (AD&D) coverage equal to \$30,000. There are benefit reductions at ages 70 and 75 (ages 65 and 70 for spouses).</p>																																																												

Short-Term Disability	Company Paid Full-time employees	<p>The Company provides Short Term Disability (STD) coverage, which is administered by Lincoln Financial Group. STD provides income replacement benefits to help offset the loss of income resulting from pregnancy or a non- occupational injury or illness.</p> <ul style="list-style-type: none"> - You are eligible for salary continuation on your date of hire. You must be disabled due to illness for three (3) consecutive calendar days before benefits will begin. However, if your disability is due to an accidental injury, benefits will begin on the first day of absence. - Your salary continuation benefit will equal 60% of your base hourly rate, based on a 40-hour work week. - Benefits can continue for up to 26 weeks. - The company reviews and approves claims. - Payments are taxable wages and paid by the company on your normal payroll schedule. All deductions will continue to be taken from your STD payments and the Company will maintain your health insurance and other elected coverage on the same basis as if you were actively at work. All payroll deductions will still apply and will be taken from your Short Term Disability benefit checks.
Long-Term Disability	Company Paid Full-time employees	<p>The Company also provides Long Term Disability (LTD) coverage. LTD benefits are designed to replace a portion of your income in the event you are disabled for an extended period of time.</p> <ul style="list-style-type: none"> - You must be disabled for 180 calendar days before LTD benefits begin. - If you remain disabled, benefits are payable at age 65 or to normal retirement age, based on year of birth. - The benefit replaces 60% of your base wage rate times 40 hours per week to a monthly maximum benefit of \$5,000 and a monthly minimum benefit of \$100. - Lincoln Financial Group reviews and approves claims. - Lincoln Financial Group administers the payment of benefits. - Benefits may be offset by other income benefits including Worker's Compensation, Unemployment, Social Security, and other earnings. See carrier certificate for details
Voluntary Life*	Employee Paid Full-time employees	<p>You may choose to purchase Lincoln's supplemental term life coverage in \$25k increments up to a maximum of \$150k. The cost of this coverage is \$0.295 per \$1,000 per month.</p> <p>You may also choose to purchase Lincoln's dependent life insurance for your spouse in \$25k increments up to a maximum of \$100k. The cost of this coverage is \$0.255 per \$1,000 per month. You are automatically the beneficiary of this coverage.</p> <p>You may also choose to purchase Lincoln's dependent life insurance for your child(ren). You can choose Option 1 or Option 2. Option 1 provides coverage of \$5k at \$0.45 per month. Option 2 provides coverage of \$10k at \$0.90 per month. Both options cover all of your dependent children between the ages of 1 through 25.</p> <p>*Evidence of insurability may be required if you elect not to enroll within 30 days of hire and attempt to enroll at a later eligibility date</p>
Voluntary AD&D	Employee Paid Full-time employees	<p>You may choose to purchase Lincoln's supplemental AD&D coverage. You may elect coverage for only yourself or for your entire family.</p> <p>Coverage is available in \$10k increments from \$10k up to \$500k with a maximum election of 10 times your base earnings. Your children may be covered through age 25. If you elect family coverage, your benefits will be as follows:</p> <ul style="list-style-type: none"> - A spouse only: 50% of your coverage - A spouse and child(ren): 40% of your coverage on your spouse, 10% of your coverage on each child - Child(ren) only: 15% of your coverage up to \$20k on each child
Flex Account	Employee Paid Available to Full-time employees	<p>The Flexible Spending Account (FSA) benefit allows you to use tax-free earnings to help pay for health care and Dependent Care Flexible Spending Account (DCFSA) allows you to pay for dependent care out-of-pocket expenses. The last day to file a claim against a 2023 Medical FSA is April 15, 2024. The last day to file a claim against a 2023 DCFSA is March 31, 2024. A debit card is provided with the medical FSA.</p> <p>The IRS maximum contribution limits for 2024 are as follows: \$3,050 for the FSA (indexed annually) and \$5,000 for the DCFSA.</p>

This document is intended as a brief summary of the benefits available. Available benefits may change at the discretion of the Company. In the event of a conflict between this summary and the Plans Documents, the Plan Documents govern.