


















2024 SUMMARY OF BENEFITS FULL-TIME EMPLOYEES

<p style="text-align: center;">Medical Insurance</p> 	<p>Blue Cross Blue Shield of Illinois PPO</p> <ul style="list-style-type: none"> For plan details see Summary of Benefits and Coverage Bi-weekly contributions as of January 1, 2024 <table style="margin-left: 20px;"> <tr><td>Employee</td><td>\$150.00</td></tr> <tr><td>EE + Spouse</td><td>\$265.38</td></tr> <tr><td>EE + Child(ren)</td><td>\$230.77</td></tr> <tr><td>Family</td><td>\$346.15</td></tr> </table> 	Employee	\$150.00	EE + Spouse	\$265.38	EE + Child(ren)	\$230.77	Family	\$346.15
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<p style="text-align: center;">HSA Insurance</p> 	<p>Blue Cross Blue Shield of Illinois HSA/PPO</p> <ul style="list-style-type: none"> For plan details see Summary of Benefits and Coverage \$3,200 / \$6,400 Embedded Deductible In-Network Deductible, then 20% Bi-weekly contributions as of January 1, 2024 <table style="margin-left: 20px;"> <tr><td>Employee</td><td>\$99.23</td></tr> <tr><td>EE + Spouse</td><td>\$198.46</td></tr> <tr><td>EE + Child(ren)</td><td>\$188.31</td></tr> <tr><td>Family</td><td>\$249.23</td></tr> </table> 	Employee	\$99.23	EE + Spouse	\$198.46	EE + Child(ren)	\$188.31	Family	\$249.23
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<p style="text-align: center;">Wellness Program Nicotine Free Discount</p>	<ul style="list-style-type: none"> Participation in the program provides a discount off your Medical Insurance contribution when submitting certification that you are Nicotine Free Bi-weekly discount as of January 1, 2024 <table style="margin-left: 20px;"> <tr><td>Employee</td><td>\$17.00</td></tr> <tr><td>Spouse</td><td>\$17.00</td></tr> </table> 	Employee	\$17.00	Spouse	\$17.00				
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<p style="text-align: center;">HealthJoy</p> 	<ul style="list-style-type: none"> Virtual Care, Anywhere – 24/7 <ul style="list-style-type: none"> FREE consultations Doctor visit without leaving your home Prescriptions called in to pharmacy of your choice Telemedicine services offered to all covered health insurance members 								
<p style="text-align: center;">Dental Insurance</p> 	<ul style="list-style-type: none"> Deductibles: Individual-\$50/Family-\$150 (aggregate) Preventive Services are 100% covered (2 Cleanings per Benefit Period) Basic Services covered- 80% / • Major Services covered- 50% \$1,500 annual maximum benefit per person Orthodontia covered – 50% (children and adults) Up to \$1,000 Lifetime Maximum Bi-weekly contributions as of January 1, 2024 <table style="margin-left: 20px;"> <tr><td>Employee</td><td>\$13.00</td></tr> <tr><td>EE + Spouse</td><td>\$17.50</td></tr> <tr><td>EE + Child(ren)</td><td>\$22.00</td></tr> <tr><td>Family</td><td>\$29.00</td></tr> </table> 	Employee	\$13.00	EE + Spouse	\$17.50	EE + Child(ren)	\$22.00	Family	\$29.00
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<p style="text-align: center;">Vision Insurance</p> 	<ul style="list-style-type: none"> Benefit Frequency: <ul style="list-style-type: none"> Vision Exam: Every 12 months Spectacle Lenses: Every 12 months Frames: <u>Every 24 months</u> up to \$130 allowance Contact Lenses: Every 12 months (\$110 Allowance) Freedom Pass: Choice of any frame at Target Co-Pays <ul style="list-style-type: none"> Vision Examination: \$10.00 Materials: starting at \$10.00 Bi-Weekly Rates: <ul style="list-style-type: none"> Employee Only: \$3.02 Employee + One: \$4.38 Employee + Family: \$7.85 								
<p style="text-align: center;">Critical Illness Insurance</p> 	<ul style="list-style-type: none"> Provides a specific cash benefit for critical illnesses or hospital admissions Types of conditions include Invasive Cancer, Heart Attack, Stroke, Kidney Failure, Addison’s Disease, Alzheimer’s, Parkinson’s, coma, and MS Rates based on age and coverage amount 								
<p style="text-align: center;">Cancer Select Plus Insurance</p> 	<ul style="list-style-type: none"> Benefit Coverage Includes – Surgery/Cancer Maintenance Therapy/Cancer Screenings/Radiation & Chemotherapy Wellness Benefit Rider: <ul style="list-style-type: none"> Benefit of \$150 is payable per calendar year for one annual cancer screening test on benefit list for employee and spouse. 								

<p>Off-the-Job Accident Insurance</p> 	<ul style="list-style-type: none"> • Two different plans are offered – Value and Advantage • Value and Advantage Plan Benefits Include: <ul style="list-style-type: none"> o Accident Emergency Treatment o Follow-Up Visits and Physical Therapy o Initial Accident Hospitalization o 20% organized sport benefit • Advantage Benefits Include: <ul style="list-style-type: none"> o Accident Only Expanded Benefits Rider to include burns, lacerations, eye injury, emergency dental work, brain concussion, coma paralysis, tendons, ligaments, rotator cuffs, etc. • Wellness Benefit Rider: <ul style="list-style-type: none"> o Benefit is payable of \$150 per calendar year for one annual health screening test on benefit list for employee and spouse. o On the Advantage Plan only \$50 is payable per calendar year for one annual health screening test on benefit list for each child covered by the plan • For details on rates, see the Employee Benefit Guide
<p>Employee Assistance Program (EAP)</p> 	<p><u>Company Sponsored Benefit</u></p> <p>We all experience personal stress at some point in our lives. For those times when you might need a little extra support and guidance. Your EAP is just a phone call away.</p> <ul style="list-style-type: none"> • Assessment Process • Short-Term Counseling • Referral • Work-Life Solutions • Legal-Financial Solutions • On-Line Solutions
<p>Company Sponsored Life and AD&D Insurance</p> 	<p><u>Company Sponsored Benefit (no cost to employee)</u></p> <ul style="list-style-type: none"> • 1x Annual Base Salary* Life and AD&D policy (*up to a maximum of \$250,000)
<p>Voluntary Life and AD&D Insurance</p> 	<ul style="list-style-type: none"> • Minimum of \$10,000, up to a max. of \$500,000- or 5-times base wages • Guarantee Issue at time of hire (no evidence of insurability required) <ul style="list-style-type: none"> o Employee (Under Age 70) \$100,000 o Spouse-\$30,000 o Child(ren)-\$10,000 • Rates based on age and coverage amount
<p>Short Term Disability</p> 	<p><u>Company Sponsored Benefit (no cost to employee)</u></p> <ul style="list-style-type: none"> o Coverage is available at 60% of base wages • Eligibility Requirements <ul style="list-style-type: none"> o Must be a regular full-time employee for a minimum of 1 year
<p>Voluntary Long-Term Disability Insurance</p> 	<ul style="list-style-type: none"> • Coverage is available at 60% of base wages • Coverage is available with a minimum of \$500/month and a maximum of \$5,000/month • Rates based on base wages and employee's age
<p>Flexible Spending Account</p> 	<ul style="list-style-type: none"> • Medical Spending Account – maximum \$3,200 Annual • Dependent Day Care Account – maximum \$5,000 Annual • Debit cards are available for employees and adult dependents
<p>Retirement Savings Plan</p> 	<ul style="list-style-type: none"> • Pretax 401(k) <ul style="list-style-type: none"> o All employees will automatically be enrolled at 6% unless they choose to waive or alter the benefit o There will be a 1% increase at the beginning of each new calendar year Unless the employee chooses to waive or alter the benefit • Post Tax Roth 401(k) • 401k Match: Discretionary Match provided to employees who participate in the 401k plan, up to \$1,000