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# 2025 BENEFITS SUMMARY

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We appreciate your commitment – to our company and the people we serve, as well as to the overall success of Inframark.



# MEDICAL/PRESCRIPTION BENEFITS



- National network through Aetna Premier Care Network (Medical) and Express Scripts (prescription)
- Use any physician, even non-participating; No referrals required (You will pay more for using non-participating providers.)
- 3 PPO (Preferred Provider Organization) options and 1 qualified HDHP (High Deductible Health Plan) to choose from

Benefit Descriptions	Enhanced PPO Plan	Basic PPO Plan	Value Care PPO Plan	HDHP w/HSA
	In-Network*	In-Network*	In-Network*	In-Network*
Annual Deductible Individual / Family	\$1,500 / \$4,500	\$3,500 / \$10,500	\$5,000 / \$12,500	\$4,000 / \$8,000
Out-of-Pocket Maximum Individual / Family	\$4,500 / \$9,000	\$8,150 / \$16,300	\$8,150 / \$16,300	\$6,900 / \$13,800
Coinsurance	20%	30%	30%	30%
Office Visits Primary Care / Specialist	\$25 / \$50	\$25 / \$50	\$20 / ded./coins.	ded./coins. / ded./coins.
Emergency Care Urgent Care Facility	\$100	\$100	\$75	ded./coins.
Emergency Room	\$350	\$350	ded./coins.	ded./coins.
Teladoc Telemedicine Consult	Free	Free	Free	\$56, applied to ded./coins.
Retail Rx	Generic Drug \$5 / Brand Formulary Drug \$40 / Brand Non-Formulary Drug \$100 / Specialty Drug \$250 copay			\$5 copay preventative medications; ded./coins. for all others
Mail Order Rx	Generic Drug \$10 / Brand Formulary Drug \$80 / Brand Non-Formulary Drug \$200 / Specialty Drug \$500 copay			\$10 copay preventative medications; ded./coins. for all others

\* Out-of-network services are available at higher costs.

- All in-network preventative care (e.g., routine physicals, well-child care, mammograms, colonoscopies) is covered at 100% by the plans.
- Spousal Surcharge: If your spouse has access to group medical insurance through his/her employer and you choose to cover him/her under the Inframark plan, you will pay a Spousal Surcharge of \$69.23 per pay.
- If you or a covered spouse/domestic partner use tobacco regularly, you will pay an additional \$57.69 per pay for Inframark medical coverage. If it is unreasonably difficult or medically inadvisable for you to attempt to achieve these standards because of a health condition, contact the Health Advocate at 1-855-424-6400.
- Dependents added to the medical insurance plan will be required to submit certification of dependent status.

## Employer Funded Account For HDHP w/HSA

- HDHP w/HSA Plan enrollees receive a company contribution of \$500 (individual coverage) or \$1,000 (all other coverage levels) into their HSA. Employees can also make contributions into the account on a tax-free basis up to the IRS annual maximums. Funds in this type of account accumulate and rollover if they are not used for eligible healthcare expenses.

Medical / Rx Employee Memorial Herman Weekly Costs				
Plan Options:	Employee Only	Employee + Spouse	Employee + Children	Family
MH Enhanced PPO	\$46.43	\$109.23	\$93.70	\$172.83
MH Basic PPO Plan	\$28.54	\$73.73	\$59.16	\$112.40
MH Value Care PPO Plan	\$27.96	\$74.99	\$59.49	\$105.84
MH HDHP w/HSA	\$26.50	\$67.00	\$55.87	\$100.33



Have a minor health concern? Use our Teladoc benefit - You can skip the wait at your doctor's office or urgent care waiting room and get quick, cost effective treatment for minor health concerns via phone or video chat 24/7! Simply call Teladoc at 1-855-TELADOC (835-2362) or visit [www.teladoc.com/aetna](http://www.teladoc.com/aetna). All physicians are board certified and can write prescriptions and Behavioral Health (mental health) care is also available. A Teladoc consultation is FREE for PPO Plan enrollees (\$56 charge under the HDHP).

# DENTAL AND VISION BENEFITS

## DENTAL BENEFITS

• There are 2 dental plans available through United Concordia Dental: the Low Plan and the High Plan. Highlights of each plan are listed below.

Benefit Descriptions	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible - Individual/Family	\$50/\$150	\$100/\$300	\$50/\$150	
Annual Maximum	\$1,500		\$2,000	
Diagnostic & Preventive Services	100%	80%	100%	
Basic Services	80%	60%	80%	
Major Services	50%	30%	50%	
Orthodontia Coverage	No		Yes (including adult)	
Orthodontic Services	N/A		50%	
Orthodontic Lifetime Maximum	N/A		\$2,000	

## VISION BENEFITS

• There are 2 vision plans available through VSP: the Base Plan and the Easy Option Plan. Highlights of each plan are listed below.

Benefit Descriptions	Base Plan	Easy Option Plan
Eye Exams	Covered 100%	Covered 100%
Eyeglasses/Contacts	\$15 copay	\$15 copay
Lenses	Covered 100%	Covered 100%
Progressive Lenses	Not Covered	Easy Option
Frames Allowance	Up to \$150	Easy Option (Up to \$250)
Contacts Allowance	Up to \$150	Easy Option (Up to \$250)
Frequency - Lenses/Frames	12/24 (months)	12/12 (months)

Both plans provide similar vision coverage, however, the Easy Option features a more frequent frames allowance and each family member can choose one of the following upgrades at the time of service:

- \$250 Frame Allowance
- \$250 Contact Allowance
- Covered-in-full photochromic, anti-reflective or progressive lenses

Please note that out-of-network coverage is available at reduced benefit levels.

## COSTS

Dental Employee Weekly Costs		
Coverage Level	Low Plan	High Plan
Employee Only	\$3.11	\$4.18
Employee + Spouse	\$6.07	\$8.02
Employee + Child(ren)	\$6.37	\$8.42
Employee + Family	\$10.25	\$13.78

Vision Employee Weekly Costs		
Coverage Level	Base Plan	Easy Option Plan
Employee Only	\$0.95	\$2.72
Employee + Spouse	\$1.60	\$4.57
Employee + Child(ren)	\$1.68	\$4.80
Employee + Family	\$2.36	\$6.73



# FLEXIBLE SPENDING ACCOUNTS

## TAX-ADVANTAGED BENEFITS

- A Dependent Care FSA - used to pay for out-of-pocket, work-related dependent care costs, which include before and after school care, as well as summer camp expenses.
- A Health Care FSA - pays for out-of-pocket medical, prescription, dental and vision expenses for you and your dependents.
- A Limited Purpose FSA is available for employees who enroll in an HSA, but wish to participate in a Health Care FSA (for vision and dental expenses only)
- Plans offer convenient claim submission options (online/fax/mail)
- Automatic reimbursements with the flex debit card; weekly processing for submitted claims with direct deposit or check payments options
- Account management/online tools available through <https://www.businessolver.com/mychoice-accounts/>



FSA Employee Contribution Amounts
<b>Health Care FSA</b> Employees can contribute up to \$3,300 in pre-tax dollars per calendar year (roll over up to \$660 each year).
<b>Dependent Care FSA</b> Employees can contribute up to \$5,000 in pre-tax dollars per calendar year.

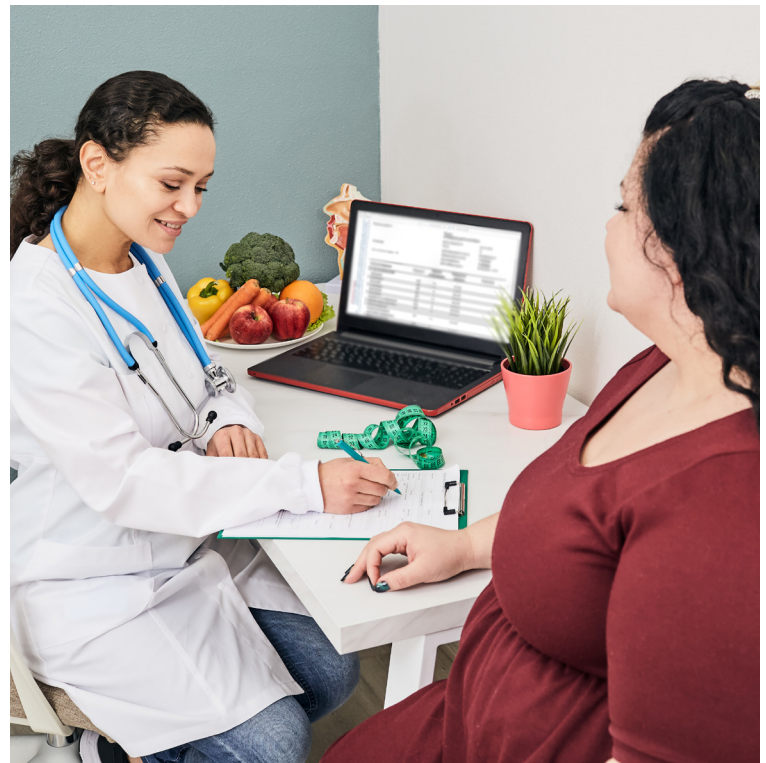


# HEALTH ADVOCATE EMPOWERED HEALTH

## HEALTH RESOURCES

**24/7 SUPPORT** 1-855-424-6400  
[HealthAdvocate.com/inframark](https://HealthAdvocate.com/inframark)

- Confidential assistance by a Personal Health Advocate to help resolve health issues such as locating physicians, care coordination, claims and paperwork, fee negotiations, prescription drug questions and much more
- Unlimited telephonic support: Health Coaches/health professionals available to provide ongoing support for all your health care needs, as well as access to a 24-hour Nurse Line
- Healthy lifestyle programs, such as weight management, exercise, nutrition, stress management and help to manage chronic health conditions, such as diabetes, asthma, or depression
- Rewards for participating in healthy activities



# LIFE INSURANCE AND DISABILITY

## COMPANY-PAID BENEFITS



### BASIC LIFE/AD&D INSURANCE

- Equal to 1 times salary, to a maximum of \$200,000 (benefit doubled in case of accidental death)
- Company Paid

### ADDITIONAL VOLUNTARY TERM LIFE INSURANCE

- This insurance is available at group rates through payroll deduction for:
  - Employee Coverage: up to 5x salary or \$500,000
  - Spouse Coverage: lets you purchase coverage in \$10,000 increments to a maximum of \$200,000
  - Child(ren) Coverage: lets you purchase coverage for \$5,000 up to \$20,000

### SHORT-TERM DISABILITY

- Benefit covers you from your 15th through 90th days of disability
- Provides 65% of compensation for employees with less than 5 years of service or 80% of compensation for employees with 5 or more years of service
- Can be supplemented with sick, vacation, and floating holiday time
- Company Paid

### LONG-TERM DISABILITY

- Covers you from your 91st day of disability at 60% of monthly earnings up to \$10,000 monthly maximum
- Company Paid (you will be taxed on the premium amount, unless you opt out)

# 401(k) SAVINGS PLAN

## FINANCIAL BENEFITS



- Administered by Empower Retirement
- 50% company matching on employee contributions up to 6% (net 3% match)
- 100% vesting after 5 years; broad array of funds available to diversify your investments
- You will automatically be enrolled at 6% after 90 days of employment unless you opt out or connect with Empower to enroll sooner
- An auto-escalation feature which automatically increases your contribution 1% each year (up to 10%), unless you opt-out

# LEGAL INSURANCE AND FINANCIAL SERVICES

## VOLUNTARY BENEFITS



- Services include unlimited toll-free advice about personal legal matters; simple document preparation or review; standard will preparation; letters and phone calls made on your behalf; access to in-office visits with network attorneys; online legal services such as do-it-yourself legal documents and attorney search; financial and tax planning services via telephone and interactive website; identity theft protection services
- Provided by MetLaw Legal Plans (a MetLife company)
- \$7.38 per pay cost

## ADDITIONAL BENEFITS

- Home & Auto/RV, and Pet Insurance – Discounted group rates for: Homeowners insurance, Auto and recreational vehicles (e.g. boats, jet skis, RVs, mobile homes) and Pet Insurance

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

- Confidential counseling and referral service to help you and your eligible dependents successfully manage life's problems
- Service provided by an independent organization, Health Advocate
- 24/7 access to support via telephone and internet

## PAID TIME OFF

	Non-Exempt (Hourly) Employees		Exempt (Salaried) Employees
VACATION	Years of Service	Annual Accrual	Flexible paid time off is available, as needed, with the understanding that work requirements are being met and time off is not impacting the workload of others that depend on you.
	At least 6 months, but less than 5 years	80 hours (10 days)	
	At least 5 years, but less than 10 years	120 hours (15 days)	
	At least 10 years	160 hours (20 days)	
Vacation maximum carryover = 120 hours			
SICK	8 Days Per Year; 70 Days Maximum Accrual		
HOLIDAYS	8* company paid holidays, 2** Floating Holidays		
PAID PARENTAL LEAVE	Up to two weeks of paid parental leave to use for family bonding.		

\* Some worksites may follow different holiday schedules by project or collective bargaining agreement.

\*\*Any employee hired between January 1 and June 30, 2024 will be eligible for two floating holidays. Any employee hired after July 1 and before October 1 is eligible for one floating holidays during the current calendar year. If the employee is hired after October 1, they will not be eligible for any floating holidays until the next calendar year. If any project sites exceed 10 holidays, no floating holidays will be available.

## AETNA CRITICAL ILLNESS INSURANCE

Critical Illness Insurance can help safeguard your finances in the event of an unexpected illness such as a heart attack, stroke or cancer by providing you with a lump-sum payment. The payment you receive can be spent as you see fit and is in addition to any other insurance you may have. You can purchase \$5,000 up to \$30,000 worth of coverage.

## AETNA ACCIDENT INSURANCE

Accidents can happen at any time and when you least expect them. Today's active lifestyles may make you more susceptible, too. Even the best medical plans may leave you with extra expenses to pay out of your own pocket. Accident insurance can help you be better prepared by providing you with a payment to use as you see fit if you experience a covered event. You have two options for levels of coverage; the High Plan or the Low Plan.

# IDENTITY THEFT & ONLINE PRIVACY PROTECTION

NortonLifeLock helps provide you peace of mind with comprehensive protection for your identity, connected devices, and online privacy with SafeCam. Choose between two levels of protection:

NortonLifeLock - Benefit Essential: Includes identity monitoring, One Bureau Credit Application Alerts, data breach notifications, and online monitoring.

NortonLifeLock - Benefit Premier: The most complete identity and online protection. You'll get everything Benefit Essential has to offer as well as credit score report and 50 GB cloud backup.

Coverage Level	LifeLock Employee Bi-Weekly Costs	
	Benefit Essential	Benefit Premier
Employee Only	\$3.92	\$6.92
Employee + Family	\$7.85	\$13.84

## KASHABLE

Kashable is a socially responsible financing solution for employees offered as a voluntary benefit program. Kashable provides low-cost term loans that are taken online and repaid in equal installments through payroll deductions when the need for credit arises. Kashable loans are a more affordable alternative to high-interest credit cards and other types of payday loans, and a smarter alternative to borrowing out of your retirement plan.

## SMARTDOLLAR

SmartDollar is a step-by-step approach to handling money with the number-one authority in personal finance, Dave Ramsey. More than 4.5 million people have started on Dave's plan and taken control of their money, and you can too! SmartDollar will equip you to get out of debt, on a budget, and on your way to a strong financial foundation.



About This Benefits Summary: This Benefits Summary describes the highlights of our benefits in non-technical language and is not designed to address every possible coverage scenario, benefit payment or out-of-pocket charge that you may incur. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this Benefits Summary. If there is any discrepancy between the description of the programs as contained in this Benefits Summary and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Any of these benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Inframark.