

| Vision Plan Benefit Summary – Non-Union | | | |
|---|---|---|--|
| United Healthcare | | | |
| | IN-NETWORK ONLY BENEFITS | | |
| Vision Exams | Covered at 100% once in a calendar | year | |
| Single Vision Lenses | Covered at 100% once in a calendar year | | |
| Bifocal Lenses | Covered at 100% once in a calendar year | | |
| Trifocal Lenses | Covered at 100% once in a calendar year | | |
| Lenticular Lenses | Covered at 100% once in a calendar | year | |
| Additional Services | Sunglasses / Tints Polycarbonate Lenses Edge Coating Photochromatic Coating Scratch Resistant Coating | UV Coating Anti-Reflective Coating Transition Coating Progressive Lenses | |
| Eyeglass Frames | Covered up to 100% once in a calend Applicable allowance depending on w an independent or retail provider. | lar year hether the frames are acquired through | |
| Contact Lenses, in lieu of glasses | Covered up to the following once in a calendar year: <u>Select Contacts</u> Covered at 100%. Includes 4 boxes of disposable contact lenses, evaluation, fitting, and 2 follow-up visits for "select" contacts <u>Non-Select Contacts</u> Covered at 100% up to \$105 reimbursement. Examples of Non-Select contacts are toric, gas permeable, and bifocal | | |
| Lasik Eye Surgery | Available at a discount | | |
| Miscellaneous | No claim forms are required There is no outlay of cash for covered services up to the maximum benefit There is no balance billing | | |

| Basic Life/AD&D Benefit Summary – Non-Union Unum | | |
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| Item | Benefit | |
| Benefit Amount / Life | 1 times salary to a maximum of \$50,000 | |
| Reduction Schedule | Basic Life: None Basic AD&D: None | |

This Benefit Summary is only a brief summary of your benefits. We have tried to ensure its accuracy, but if there is any discrepancy between the benefits shown above and the official plan documents and agreements, the official documents will rule.



| Voluntary Short Term Disability Coverage – Non-Union Unum | | |
|--|---|--|
| Item | Benefit | |
| Elimination Period (period of disability before Short Term Disability benefits are payable) | Accident, Hospital Confinement or outpatient surgery – 14 days of disability Sickness - 14 days | |
| Benefit Amount | benefits are payable on the 15th day 60% of earnings | |
| Weekly Benefit Maximum | \$600 | |
| Duration of Benefit Period | 24 weeks | |
| Benefit Offsets | State disability benefits, No-fault motor vehicle disability income, Family social security benefits | |

| Long Term Disability – Non-Union MESSA | | |
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| Item | Benefit | |
| Eligibility | Each regular full-time employee | |
| Elimination Period | 180 days (or greater of accrued sick leave) | |
| Maximum Benefit Period | To age 65 or 3 years, whichever comes first | |
| Benefit Amount | 60% of covered earnings to a maximum of \$1,350 per month | |
| Benefit Offsets | 60% of covered earnings to a maximum of \$1,350 per month Benefits may be offset by the following: Canada and Quebec Pension Plans Railroad Retirement Act Government disability or retirement plan Sick leave or salary continuation plan of the Employer No-fault auto insurance Workers' compensation Occupational disease Unemployment compensation law or similar state or federal law Social Security disability or retirement benefits Retirement Plan benefits funded by the Employer Franchise or group insurance or similar plan | |

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| Flexible Spending Accounts – Non-Union Employee Benefit Concepts | | |
|--|-------------------------|--|
| Item | Benefit | |
| Health Care Reimbursement Account (HCRA) (Available only to those opting out of the medical plans) | Annual Maximum: \$2,650 | |
| Dependent Care Reimbursement Account (DCRA) | Annual Maximum: \$5,000 | |