

## INCOME PROTECTION

AngMar Companies offers disability coverage to protect you financially in the event you cannot work because of a debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.

### VOLUNTARY SHORT TERM DISABILITY (STD)

#### PLAN HIGHLIGHTS LEVEL OF COVERAGE

Percentage of Wage Replacement	60% of covered weekly earnings
Maximum per Week	\$1,500
Elimination Period	14 days
Maximum Benefit Period	11 weeks

### VOLUNTARY LONG TERM DISABILITY (LTD)

#### PLAN HIGHLIGHTS LEVEL OF COVERAGE

Percentage of Wage Replacement	60% of covered monthly earnings
Maximum per Month	\$6,000
Elimination Period	90 days
Maximum Benefit Period	Social Security Normal Retirement Age, as long as you meet the plan disability requirements

## DIRECTORY AND RESOURCES

Medical			
BCBSTX	PPO 328753 HDHP 328754	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
Health Savings Account			
OptumBank	752449	866-633-2446	<a href="http://www.optumbank.com">www.optumbank.com</a>
Dental			
BCBSTX	328755	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
Vision			
BCBSTX	F026988	855-556-8796	<a href="https://member.eyemedvisio.ncare.com/bcbstx/en">https://member.eyemedvisio.ncare.com/bcbstx/en</a>
Life and AD&D			
BCBSTX	F026988	877-442-4207	<a href="mailto:AncillaryQuestionsTX@bcbstx.com">AncillaryQuestionsTX@bcbstx.com</a>
Disability			
BCBSTX	F026988	877-442-4207	<a href="mailto:AncillaryQuestionsTX@bcbstx.com">AncillaryQuestionsTX@bcbstx.com</a>
Retirement			
Lincoln Financial Group		800-234-3500	<a href="http://www.LincolnFinancial.com/Retirement">www.LincolnFinancial.com/Retirement</a>
MEC & MEC w/ Fixed Indemnity			
American Worker	FR1642	855-495-1190	<a href="http://www.theamericanworker.com">www.theamericanworker.com</a>
New Benefits Bundle			
NewBenefits	LD809	800-800-7616	<a href="https://mybenefitswork.com/login">https://mybenefitswork.com/login</a>
Supplemental Health			
Symetra	12614000	877-377-6773	<a href="http://www.symetra.com">www.symetra.com</a>
MMA Benefits Service Center	Mon - Fri 8am - 6pm CST	855-472-5424 PIN: 1759	<a href="mailto:angmar@marshmma.com">angmar@marshmma.com</a>
Angmar Companies	Human Resources	817-469-6739	<a href="mailto:HR@angmarcompanies.com">HR@angmarcompanies.com</a>

This brochure is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the Company. It is not a legal Plan document and does not imply a guarantee of employment or a continuation of benefits. While this brochure is a tool to answer most of your questions, full details of the Plans are contained in the Summary Plan Descriptions (SPDs) which govern each Plan's operation. Whenever an interpretation of a Plan benefit is necessary, the actual Plan documents will be used.



## 2024 EMPLOYEE BENEFITS

*Your benefits made simple.*



## MEDICAL – BLUE CROSS BLUE SHIELD

PLAN HIGHLIGHTS	Buy Up PPO Plan	Base PPO Plan	HDHP PLAN
	In-Network	In-Network	In-Network
Calendar Year Deductible (Ded)			
Individual	\$2,500	\$5,000	\$3,200
Family	\$7,500	\$10,000	\$5,600
Coinsurance	You pay 20%	You pay 20%	You pay 20%
Calendar Year Out-of-Pocket Maximum			
Individual	\$7,150	\$8,100	\$6,350
Family	\$14,300	\$16,200	\$12,700
Physician Visit			
Primary Care Physician (PCP)	\$10 Copay	\$20 Copay	20% after Ded
Specialist	\$40 Copay	\$60 Copay	20% after Ded
Preventative Care	Covered in Full	Covered in Full	Covered in Full
Lab Work and Diagnostic Imaging			
Independent Lab i.e., blood work	\$40 Copay	\$60 Copay	20% after Ded
Advanced Services Includes MRI, PET, CT	20% after Ded	20% after Ded	20% after Ded
Hospital Services			
Inpatient Hospital	20% after Ded	20% after Ded	20% after Ded
Outpatient Surgery	20% after Ded	20% after Ded	20% after Ded
Emergency Medical Care			
Urgent Care	\$25 Copay	\$50 Copay	20% after Ded
Emergency Room (True emergency; copay waived if admitted)	\$300, then 20% after Ded	\$400, then 20% after Ded	20% after Ded
Prescription Drugs (30-day supply)			
Preferred Generic	\$15 Copay	\$15 Copay	Ded, then \$10 Copay
Preferred Brand Name	\$40 Copay	\$40 Copay	Ded, then \$35 Copay
Non-Preferred	\$75 Copay	\$75 Copay	Ded, then \$60 Copay
Specialty	\$200 Copay	\$200 Copay	Ded, then \$10/\$35/\$60 Copay

### Buy Up PPO Plan

### Base PPO Plan

Payroll Contributions	Buy Up PPO Plan			Base PPO Plan		
	Monthly	Biweekly	Weekly	Monthly	Biweekly	Weekly
Employee Only	\$247.17	\$126.54	\$63.27	\$220.95	\$101.98	\$50.99
Employee + Spouse	\$1065.33	\$491.69	\$245.85	\$890.61	\$411.05	\$205.53
Employee + Child(ren)	\$650.16	\$300.07	\$150.04	\$536.07	\$247.41	\$123.71
Family	\$1,104.33	\$509.69	\$254.85	\$1057.91	\$488.27	\$244.13

### HDHP Plan

Payroll Contributions	HDHP Plan		
	Monthly	Biweekly	Weekly
Employee Only	\$158.91	\$73.34	\$36.67
Employee + Spouse	\$852.32	\$393.38	\$196.69
Employee + Child(ren)	\$491.60	\$226.89	\$113.45
Family	\$922.23	\$425.65	\$212.82

## PTO (PAID TIME OFF) – FULL TIME STATUS

Paid time off is available to regular full-time employees following their 90-day training and assessment period. All full-time employees begin accruing PTO upon date of hire. PTO is accrued with each pay period worked and it is up to the employee to allocate how to use it. If an employee wishes to be paid for time off, PTO must be applied to all days missed from work. This includes holidays, sick leave, vacation, funeral leave, etc. Regular full-time employees earn PTO as follows

NUMBER OF YEARS EMPLOYED	EARNED PTO HOURS PER YEAR	EARNED PTO DAYS PER YEAR	RATE OF ACCRUED PTO PER YEAR
1-5 Years	176 Hours	22 Days	6.77
6-11 Years	216 Hours	27 Days	8.30
12 or more Years	256 Hours	32 Days	9.85

# NEW BENEFITS BUNDLE

- Teladoc \$0 Visit
- Teladoc Mental Health (\$0 Visit Fee)
- Medical Bill Saver
- Health Advocacy
- NurseLine
- Connected Caregiving
- Care Companions
- LawAssure

All available via payroll deduction for one low cost. (Package cannot be un-bundled.)

Payroll Contributions	Monthly	Bi Weekly	Weekly
Employee + Family	\$16.55	\$7.64	\$3.82

For additional details for these plans, please refer to the plan summaries within your welcome packet and ID Card in the mail with more information on how to use this plan to its fullest.

# SUPPLEMENTAL HEALTH

## Accident Coverage

Provides benefits for you and your covered family members if you have expenses related to an accidental injury. Can help you pay deductibles, copays and even typical day-to-day expenses such as a mortgage or car payment.

## Critical Illness Coverage

Pays a lump-sum benefit if you are diagnosed with a covered condition. Can help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.

## Hospital Indemnity Coverage

Pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit. Can help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging or everyday expenses such as groceries and utilities.

# MEC & MEC PLUS FIXED INDEMNITY

A MEC plan provides 100 percent in-network Coverage for all preventative care services required by the Affordable Care Act (ACA). No other services are covered.

A fixed indemnity insurance plan is a type of supplemental health plan that provides a fixed cash benefit in case you experience specific services covered by the policy.

Payroll Contributions	Standard MEC PLUS			Preferred MEC PLUS		
	Monthly	Biweekly	Weekly	Monthly	Biweekly	Weekly
Employee Only	\$34.37	\$15.86	\$7.93	\$43.76	\$20.20	\$10.10
Employee + Spouse	\$129.89	\$59.95	\$29.97	\$178.39	\$82.33	\$41.17
Employee + Child(ren)	\$98.05	\$45.25	\$22.63	\$129.03	\$59.55	\$29.78
Family	\$162.94	\$75.20	\$37.60	\$220.24	\$101.65	\$50.82

MEC Only			
Payroll Contributions	Monthly	Biweekly	Weekly
Employee Only	\$15.30	\$7.06	\$3.53
Employee + Spouse	\$40.92	\$18.89	\$9.44
Employee + Child(ren)	\$39.05	\$18.02	\$9.01
Family	\$62.40	\$28.80	\$14.40

If you are a full-time Employee of AngMar Companies who is regularly scheduled to work an average of 30 hours per week, you are eligible for benefits. The elections you make are effective the first of the month following date of hire.

# VIRTUAL BENEFITS COUNSELOR – ALEX

ALEX is an easy online tool Angmar Companies has provided to help you make the best benefits decision.

**VISIT – [www.myalex.com/angmar/2024](http://www.myalex.com/angmar/2024)**

# DENTAL BENEFITS

AngMar Companies offers affordable dental options for routine care and beyond. Coverage is available from Blue Cross Blue Shield of Texas (BCBSTX).

Payroll Contributions	Monthly	Bi Weekly	Weekly
Employee Only	\$38.30	\$17.68	\$8.84
Employee + Spouse	\$84.61	\$39.05	\$19.53
Employee + Child(ren)	\$95.39	\$44.03	\$22.01
Family	\$133.40	\$61.57	\$30.78

# PLAN HIGHLIGHTS

In Network	
Calendar Year Maximum Benefit	\$2,500 per member
Calendar Year Deductible (Ded)	
Individual	\$50
Family	\$150
Preventive Services	No Charge
Basic Services	20% after Ded.
Major Services	50% after Ded.
Orthodontics (Children under age 19)	50%; no Ded
Comprehensive	\$2.500 Lifetime Maximum
Out-of-Network	
Covered at	90% reasonable and customary

# VISION BENEFITS

AngMar Companies offers a comprehensive vision benefit provided by Blue Cross Blue Shield of Texas (BCBSTX) using the EyeMed Select Network.

Payroll Contributions	Monthly	Bi Weekly	Weekly
Employee Only	\$6.30	\$2.91	\$1.45
Employee + Spouse	\$11.96	\$5.52	\$2.76
Employee + Child(ren)	\$12.59	\$5.81	\$2.91
Family	\$18.51	\$8.54	\$4.27

# PLAN HIGHLIGHTS

	In-Network	Out-of-Network
Exam (1 every 12 months)	\$10 Copay	Up to \$30 Reimbursement
Lenses (1 every 12 months)		
Single	\$25 Copay	Up to \$25 Reimbursement
Bifocal	\$25 Copay	Up to \$40 Reimbursement
Trifocal	\$25 Copay	Up to \$55 Reimbursement
Frames (1 every 24 months)	\$130 Allowance, then 20% off remaining balance	Up to \$65 Reimbursement
Contact Lenses (1 every 12 months)		
Medically Necessary	Covered in full	Up to \$210 Reimbursement
Conventional	\$130 allowance, then 15% off balance over \$130	Up to \$104 Reimbursement
Disposable	\$130 allowance, plus balance over \$130	Up to \$104 Reimbursement

# HEALTH SAVINGS ACCOUNT

Take charge of your health care spending with a Health Savings Account (HSA). Contributions to an HSA and withdrawals for qualified medical expenses are tax free. Your HSA can be used for qualified expenses for you, your spouse and/or tax dependent(s), even if they are not covered by your plan. If you are not enrolled in an HSA-qualified plan but you have unused HSA funds from a previous account, those funds can still be used for qualified medical expenses. The IRS places an annual limit on the maximum amount that can be contributed to HSAs.

	2023	2024
Single	\$3,850	\$4,150
Family	\$7,750	\$8,300
Catch Up Provision if Age 55 or Older	\$1,000	\$1,000

# VOLUNTARY LIFE AND AD&D INSURANCE

You may purchase Voluntary Life and AD&D insurance for yourself in increments of \$10,000 up to 5 times annual base salary or \$500,000, whichever is less. Evidence of Insurability (EOI) is required for amounts over \$100,000. Voluntary Life and AD&D insurance is also available for your spouse in increments of \$5,000 up to \$100,000. EOI is required for amounts over \$25,000. You may also purchase Voluntary Life insurance for your children in \$1,000 increments up to \$10,000. EOI is not required. In the event you or your spouse is approved for a benefit amount not divisible by \$10,000, your benefit amount will be rounded down to the nearest \$10,000.

If this is the first time you're eligible to enroll in Voluntary Life coverage under the AngMar Plan, you may elect up to the Guaranteed Issue (GI) amounts listed above. If you are already enrolled in coverage, you may only elect an additional \$10,000 for Employee Life and AD&D or \$5,000 for Spouse Life and AD&D without being subject to EOI

# COST OF COVERAGE – per \$1,000

Age <sup>1</sup>	Employee Life Rate	Spouse Life Rate
Below 24	\$0.042	\$0.042
25–29	\$0.042	\$0.042
30–34	\$0.063	\$0.063
35–39	\$0.085	\$0.085
40–44	\$0.099	\$0.099
45–49	\$0.136	\$0.136
50–54	\$0.229	\$0.229
55–59	\$0.229	\$0.229
60–64	\$0.233	\$0.233
65–69	\$0.229	\$0.229
70–74	\$0.463	\$0.463
75+	\$0.929	\$0.929
Child(ren)		\$0.198

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:				
\$	+1,000 =	\$	x Age Based Rate =	\$
Benefit Elected				Monthly Premium