

Administrative Benefit Summary for Calendar Year 2026

Medical Insurance – Allegiant Care partners with Anthem Blue Cross Blue Shield (Anth PPO2) – GMT pays **92.5%** of the premium for all coverage plans.

- New hire eligibility is the first of the month following hire
- Annual Deductible (In-Network): \$750 (individual)/\$1,500 (family)
- Annual Deductible (Out-of-Network): \$4,000 (individual)/\$8,000 (family)
- Out-of-Pocket Maximum (In-Network): \$4,000 (individual)/\$4,000 (family)
- Out-of-Pocket Maximum (Out-of-Network): \$8,000 (individual)/\$16,000 (family)

Medical Care	Cost to Member (In-Network)
Medical Coinsurance Out-of-Pocket Maximum	\$4,000 Individual
	\$8,000 Family
Office Visits - Preventive	No Charge
Office Visits - PCP or BH	\$30 copay/visit
Office Visits - Specialist	\$40 copay/visit
Tests - Diagnostic X-Ray, Blood Work	20% coinsurance after deductible
Tests - Imaging (CT, PET, MRI)	20% coinsurance after deductible
Outpatient Surgery - Facility and Physician Fees	20% coinsurance after deductible
Emergency Services - Emergency Room	\$200 copay/visit (waived if admitted)
Emergency Services - Urgent Care	\$40 copay/visit
Ambulance Transportation (Medically Necessary)	20% coinsurance after deductible
Hospital Stay - Facility and Physician Fees	20% coinsurance after deductible

Prescription Insurance – Allegiant Care partners with MedOne – GMT pays **92.5%** of the premium for all coverage plans.

- Annual Deductible (In-Network): \$100 (individual)/\$300 (family)

Prescription Care	
Generic Drugs	Retail: \$15 for 30-day supply
	Mail: \$30 for 90-day supply
Brand Drugs	Retail: \$40 for 30-day supply
	Mail: \$80 for 90-day supply
Specialty Drugs	Mail Only: \$40 (30 days)

Dental Insurance – Allegiant Care – GMT pays **92.5%** of the premium for all coverage plans.

- Annual Deductible (In-Network): \$25 (individual)/\$50 (family). Applies to Categories B & C
- Annual Maximum: \$2,000 calendar year max per person. Applies to categories B, C & D
- Important Note - When you use an In-Network provider, you are not responsible for amounts above the allowed amount for covered services. Out-of-network coverage is the same as in-network, but you are responsible for costs that exceed the allowed amount.

Dental Care	
Category A - Preventive/Diagnostic	Plan pays 100% of allowed amount
Category B - Restorative/Basic	Plan pays 80% of allowed amount
Category C - Major Dental Care	Plan pays 50% of allowed amount
Category C - Implants	Not covered
Category D - Orthodontia	Plan pays 75% up to \$1,500 lifetime max/individual (no waiting period)

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Vision Insurance – EyeMed – GMT pays **92.5%** of the premium for all coverage plans.

- Annual eye exams. \$200 frame allowance for the primary pair of glasses and \$130 for the second pair. \$150 annual allowance for contact lenses in lieu of the first pair of glasses and \$150 in lieu of the second pair. The second allowance applies to the member and spouse only. The ability to update lenses every 12 months if the prescription changes.

Dental and Vision Reimbursement of Expenses – GMT reimburses up to \$500.00 per employee (including immediate family) for a three-year period starting in July 2024.

Annual Premium Costs and Biweekly Employee Deductions

Medical, Prescription, Dental, and Vision Coverage

Coverage Level	Single	Employee and Child(ren)	Employee and Spouse	Family
Annual Premium	\$13,308.00	\$21,708.00	\$28,548.00	\$35,496.00
Employee Bi-Weekly Deduction	\$38.39	\$62.62	\$82.35	\$102.39

Medical and Prescription Coverage Only

Coverage Level	Single	Employee and Child(ren)	Employee and Spouse	Family
Annual Premium	\$12,615.00	\$20,221.20	\$27,162.00	\$33,492.60
Employee Bi-Weekly Deduction	\$36.39	\$58.33	\$78.35	\$96.61

Dental and Vision Coverage Only

Coverage Level	Single	Employee and Child(ren)	Employee and Spouse	Family
Annual Premium	\$693.00	\$1,486.80	\$1,386.00	\$2,003.04
Employee Bi-Weekly Deduction	\$2.00	\$4.29	\$4.00	\$5.78

Cash in Lieu – For eligible employees of GMT's health insurance plan who elect to decline coverage, GMT shall contribute \$5,000 per year to the employee split equally between the employee's 26 paychecks. The employee must provide GMT with proof of alternative coverage.

Short-Term Disability (STD) – Principal Insurance – GMT pays **100%** of the premium. STD ensures that eligible employees will receive a portion of their wages to help minimize the financial burden due to an extended non-work-related accident or illness.

Long-Term Disability (LTD) – Principal Insurance – GMT pays **100%** of the premium. LTD provides continued income to eligible employees in the event they are unable to work due to non-work-related injury or illness.

Life Insurance/Accidental Death & Disability Insurance – GMT pays 100% of the premium for \$50,000 policy per employee, \$5,000 for employee's spouse, and \$2,500 for dependents.

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457 Plan – Future Planning – Upon employment, eligible employees may contribute via payroll deductions to a 457 Retirement Plan.

401(a) Plan – Future Planning – After one year of service (at least 1,000 hours of service) and for employees contributing to the 457 Plan, GMT will contribute to a 401 (a)-retirement plan. An employee contribution of 3% will be matched by GMT at 5% and an employee contribution of 5% will be matched by GMT at 7%.

Section 125 (Flexible Spending Account(FSA)) – Employees may enroll in the Healthcare Reimbursement Account and/or the Dependent Care Assistant Account. For 2026, the annual limit on employee contributions is a maximum of \$3,400 for the Healthcare Reimbursement Account. The annual limit for a household is a maximum of \$7,500 (for single filers or married couples filing jointly) or \$3,500 for married individuals filing separately to a Dependent Care Assistant Account.

Combined Time Off – Full-time employees shall earn Combined Time-Off (CTO) per pay period at a rate based on years of service. Time shall be accrued from date of hire. Employees who have successfully completed their probationary period will be eligible to use CTO.

- 1st through 5th year: 8.67 hours per pay period
- 6th through 12th year: 10.84 hours per pay period
- 13th through 19th year: 12.33 hours per pay period
- 20th through 24th year: 13.00 hours per pay period
- 25th through 30th year: 14.50 hours per pay period
- 31st year and beyond: 16.00 hours per pay period

Bus Passes – Employees and their spouses and dependents are eligible for free bus passes.