

## Maintenance Benefit Summary for Calendar Year 2026

**Medical Insurance** – Allegiant Care partners with Anthem Blue Cross Blue Shield (Anth PPO2) – GMT pays **100%** 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 **100%** 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 **100%** 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 **100%** 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	\$0	\$0	\$0	\$0

#### 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	\$0	\$0	\$0	\$0

#### 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	\$0	\$0	\$0	\$0

**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 *after 10 years of service*. 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.

## Maintenance Benefit Summary for Calendar Year 2026

**457 Plan** – Future Planning – Upon employment, eligible employees may contribute via payroll deductions to a 457 Retirement Plan. Additionally, starting January 1, 2025, each full-time member of the bargaining unit shall receive a contribution of \$1.25 per hour to their retirement plan for each hour that they are paid up to a weekly maximum of forty (40) hours. This contribution shall increase to \$1.50 per hour effective on January 1, 2026, and \$2.00 per hour on January 1, 2027.

**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
- 20<sup>th</sup> 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

**Safety Bonus** – Employee shall receive a \$350 bonus each year provided that the employee does not suffer a workplace injury requiring offsite medical attention, does not make a workplace claim, nor have a preventable accident charged to their record during a full fiscal year.

**Perfect Attendance Bonus** – Employee shall receive a \$150 bonus per calendar quarter provided that the employee is not away from work due to sick leave, workers' compensation, short-term disability leave, or unpaid leave of absence.

**Longevity Pay** – Employee will receive an annual bonus of \$750 after 10 years of completed service, \$1,250 after 15 years of completed service, or \$2,000 after 20 years of completed service.

**Uniform and Shoes** – Employer shall provide the employee with a uniform, as well as winter gear, and two pairs of safety shoes each year, and headlamps will be provided to Fleet Service Technicians. **Work gloves** – Employee shall receive up to \$50 per year for work glove reimbursement.

**Tool Allowance** – After one year of continuous employment, employee is eligible for an annual tool allowance of \$1,400 for the first contract year and shall increase by 3% annually thereafter.

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