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## **Rural Administrative** Benefit Summary: Calendar Year 2024

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### Health Benefits

**Medical Insurance** – Allegiant Care – GMT pays **92.50%** of the premium for all coverage plans.

- New hire eligibility is first of the month following hire.

Standard Plan (Cigna NGA7B) **OR** Value Plan (Cigna NGA4B)

- Annual Deductible (In-Network): \$0 (individual)/\$0 (family)
- Annual Deductible (Out-of-Network): \$250 (individual)/\$500 (family)
- Out-of-Pocket Maximum (In-Network): \$2,000 (individual)/\$4,000 (family)
- Out-of-Pocket Maximum (Out-of-Network): \$4,000 (individual)/\$8,000 (family)

Type of Care	Cost to Member <u>Standard Plan</u> (In-Network)	Cost to Member <u>Value Plan</u> (In-Network)
Preventative Care	No charge	No charge
PCP Visit (other than preventive)	\$20 copay/visit	\$20 copay/visit
Specialist Visit	\$25 copay/visit	<b>\$35 copay/visit</b>
Chiropractor	\$25 copay/visit, up to 34 visits/year	<b>\$35 copay/visit, up to 34 visits/year</b>
Urgent Care Facility	\$25 copay/visit	\$25 copay/visit
Emergency Room	\$100 copay/visit, waived if admitted	\$100 copay/visit, waived if admitted
Ambulance Transportation (medically necessary)	No charge	No charge
Outpatient Hospital Services, Procedures, & Surgeries	\$150 copay/visit	<b>20% coinsurance</b>
Inpatient Hospital Services & Surgeries	\$500 copay/admission	<b>20% coinsurance</b>
Outpatient CAT/PET/MRI Scans	\$100 copay/scan	\$100 copay/scan + 20% coinsurance
Preventive and Diagnostic Lab Services	No charge	No charge
X-Ray Services	No charge	No charge

**Vision Insurance** – EyeMed – GMT pays **92.50%** of the premium for all coverage plans.

Standard Plan (Cigna NGA7B)

- Annual eye exams. \$200 frame allowance for your 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 your lenses every 12 months if your prescription changes.

Value Plan (Cigna NGA4B)

- \$200 frame allowance. \$150 annual allowance for contact lenses in lieu of glasses.

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## **Rural Administrative** Benefit Summary: Calendar Year 2024

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### Health Benefits (Continued)

**Dental and Vision Expenses** – GMT reimburses up to \$250.00 per employee (including family) for a three-year period starting in July 2021.

**RX Prescription Insurance** – Allegiant Care: OptumRx – GMT pays **92.50%** of the premium for all coverage plans.

Standard Plan (Cigna NGA7B) **OR** Value Plan (Cigna NGA4B)

- Annual Deductible (In-Network): \$0 (individual)/\$0 (family)
- Out-of-Pocket Maximum (In-Network): \$2,500 (individual)/\$5,000 (family), retail and mail order combined.

Type of Prescription	Retail (Up to 30-day supply)	Mail Order (Up to 90-day supply)
Generic Drugs	\$15 copay/prescription	\$15 copay/prescription
Brand Name Drugs (No Generic Available)	\$25 copay/prescription	\$25 copay/prescription
Brand Name Drugs (Generic Available)	\$25 brand copay + difference between brand and generic	Not available
Specialty Drugs Limited to 30-day supply	Not available through retail	\$25 copay Available through OptumRX
Diabetic Lancets/Test Strips	Not available through retail	\$25 copay/prescription

**Dental Insurance** – Allegiant Care – GMT pays **92.50%** of the premium for all coverage plans.

Standard Plan (Cigna NGA7B)

- This plan has no network restrictions. Members may use the provider of their choice.
- Basic and Major Care Deductible: \$25 (individual)/\$50 (family)
- No all-inclusive annual maximum; \$1,200 Periodontics/\$1,200 Prosthodontics annual maximums

Value Plan (Cigna NGA4B)

- This plan has no network restrictions. Members may use the provider of their choice.
- No annual deductible.
- \$1,000 all-inclusive annual maximum.

Type of Care	Cost to Member Standard Plan & Value Plan
Preventative Care (oral exam, x-rays, routine cleaning, fluoride treatments, sealants)	100% coverage of Fee Schedule
Basic Care (fillings, routine extractions, root planning/scaling, root canal)	80% coverage of Fee Schedule
Major Care (crowns, bridges dentures)	50% coverage of Fee Schedule

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## **Rural Administrative** Benefit Summary: Calendar Year 2024

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### Standard Plan: Annual Premium Costs and Biweekly Employee Deductions Premium Costs Effective January 1, 2024

#### Medical, Prescription, Dental, and Vision Coverage

Coverage Level	Single	Employee and Child(ren)	Employee and Spouse	Family
Annual Premium	\$12,156.00	\$19,836.00	\$26,076.00	\$32,424.00
Employee Bi-Weekly Deduction	\$35.07	\$57.22	\$75.22	\$93.53

#### Medical and Prescription Coverage Only

Coverage Level	Single	Employee and Child(ren)	Employee and Spouse	Family
Annual Premium	\$11,520.00	\$18,468.00	\$24,756.00	\$30,516.00
Employee Bi-Weekly Deduction	\$33.23	\$53.27	\$71.41	\$88.03

#### Dental and Vision Coverage Only

Coverage Level	Single	Employee and Child(ren)	Employee and Spouse	Family
Annual Premium	\$636.00	\$1,368.00	\$1,320.00	\$1,908.00
Employee Bi-Weekly Deduction	\$1.83	\$3.95	\$3.81	\$5.50

### Value Plan: Annual Premium Costs and Biweekly Employee Deductions Premium Costs Effective January 1, 2024

#### Medical, Prescription, Dental, and Vision Coverage

Coverage Level	Single	Employee and Child(ren)	Employee and Spouse	Family
Annual Premium	\$11,136.00	\$18,240.00	\$23,808.00	\$29,544.00
Employee Bi-Weekly Deduction	\$32.12	\$52.62	\$68.68	\$85.22

**Cash in Lieu** – For any employee eligible for GMT’s health insurance plan who elects to decline coverage, GMT shall contribute \$2,500 per year to the employee split equally between the employee’s 26 pay checks. The employee must provide GMT with proof of alternative coverage.

### Financial Benefits

**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 per employee, \$5,000 for employee's spouse, and \$2,500 for dependents.

**457 Plan** – Future Planning – Upon employment, employees are eligible to make pre-tax contributions 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** – Employees can enroll in the Health Care Reimbursement Account and/or the Dependent Care Assistant Account. Employees may contribute up to \$3,200 to a Health Care Reimbursement Account. A single individual may contribute \$5,000 and a married individual filing separately may contribute \$2,500 to Dependent Care Assistant Account.

### Time-Off Benefits

**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. During the first 90 days of employment, a full-time employee will accrue, but is not eligible to receive paid vacation leave, unless they receives advance approval from their manager.

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

### Other Benefits

**Bus Passes** – Employees and their spouses and dependents are eligible for free bus passes. In addition, Vermont Transit offers all GMT employees discounted tickets on their routes as a professional courtesy.

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**Tuition Reimbursement** – At one year of full-time continuous employment, employees qualify for tuition reimbursement up to 85%. Restrictions apply.