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

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### Health Benefits

**Medical Insurance** – Allegiant Care – GMT pays **100%** of the premium for single plan coverage.

- 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 **100%** of the premium for single plan coverage.

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 Driver** 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 **100%** of the premium for single plan coverage.

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 **100%** of the premium for single plan coverage.

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 Driver** 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 (10 years or less)	\$0	\$73.85	\$133.85	\$194.88
Employee Bi-Weekly Deduction (11 years or more)	\$0	\$44.31	\$80.31	\$116.93

#### 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 (10 years or less)	\$0	\$66.81	\$127.07	\$182.65
Employee Bi-Weekly Deduction (11 years or more)	\$0	\$40.08	\$76.36	\$109.59

#### 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 (10 years or less)	\$0	\$7.04	\$6.58	\$12.23
Employee Bi-Weekly Deduction (11 years or more)	\$0	\$4.22	\$3.95	\$7.34

### 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 (10 years or less)	\$0	\$66.12	\$118.04	\$171.35
Employee Bi-Weekly Deduction (11 years or more)	\$0	\$39.67	\$70.82	\$102.81

*\*Employer shall pay 75% of the difference between a single plan and two-person or family plan for employees with 10 years of service or less. Employer shall pay 85% of the difference between a single plan and two-person or family plan for employees with 11 years of service or more.*

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

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### **Bonuses & Other Benefits**

**Safety Bonus** – Employee shall receive a \$350 bonus each year of driving provided that the employee does not get into any preventable accidents which are charged to their record.

**Perfect Attendance Bonus** – Employee shall receive a \$250 bonus each year 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 \$1,250 after 15 years of completed service.

**Shoe Reimbursement** – Employee shall receive up to \$100 per year for shoe reimbursement.

**Uniform** – Employer shall provide employee with a uniform upon hire, including: long pants, short pants, long sleeves, short sleeves and cap. Employer shall provide employee with a summer jacket, winter jacket, and fleece jacket every three years.

**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.

### **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 *after 1 year 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 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%. An employee *with 10 years of consecutive service* who contributes 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.

### Alternative Health Care Coverage Benefit

**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.