

# Urban Administrative Benefit Summary: Calendar Year 2023

## Health Benefits

**Medical Insurance** – Allegiant Care: Standard Plan (Cigna NGA7B) – GMT pays **92.50%** of the premium for all coverage plans.

- New hire eligibility is first of the month following hire.
- 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 (In-Network)
Preventative Care	No charge
PCP Visit (other than preventive)	\$20 copay/visit
Specialist Visit	\$25 copay/visit
Chiropractor	\$25 copay/visit, up to 34 visits/year
Urgent Care Facility	\$25 copay/visit
Emergency Room	\$100 copay/visit, waived if admitted
Ambulance Transportation (medically necessary)	No charge
Outpatient Hospital Services, Procedures, & Surgeries	\$150 copay/visit
Inpatient Hospital Services & Surgeries	\$500 copay/admission
Outpatient CAT/PET/MRI Scans	\$100 copay/scan
Preventive and Diagnostic Lab Services	No charge
X-Ray Services	No charge

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

- 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

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### Health Benefits (Continued)

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

- 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

Type of Care	Cost to Member
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

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

- 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.

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

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### Annual Premium Costs and Biweekly Employee Deductions Premium Costs Effective January 1, 2023

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

Coverage Level	Single	Employee and Child(ren)	Employee and Spouse	Family
Annual Premium	\$11,688.00	\$19,068.00	\$25,068.00	\$31,176.00
Employee Deduction	\$33.72	\$55.00	\$72.31	\$89.93

#### Medical and Prescription Coverage Only

Coverage Level	Single	Employee and Child(ren)	Employee and Spouse	Family
Annual Premium	\$11,052.00	\$17,700.00	\$23,748.00	\$29,268.00
Employee Deduction	\$31.88	\$51.06	\$68.50	\$84.43

#### 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 Deduction	\$1.83	\$3.95	\$3.81	\$5.50

**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.

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### 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 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 \$2,750 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.

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