# Urban Driver 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)/$1500 (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 four-year period starting in July 2025.

**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 | $2,003040 |
| 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 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 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. Additionally, starting July 1, 2026, each full-time member of the bargaining unit shall receive a contribution of $.25 per hour to their retirement plan for each hour that they are paid up to a weekly maximum of forty (40) hours.

**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 (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 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

**Safety Bonus** – Employee shall receive a $350 bonus each year provided that the employee completes a full fiscal year and does not 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 unplanned CTO days, workers' compensation, short-term disability leave, FMLA, or unpaid leave of absence.

**Longevity Pay** – Employee will receive an annual bonus of $1,500 after 15 years of completed service.

**Uniform and Shoes** – Employer shall provide the employee with a uniform that includes summer and winter options.

**Shoe Reimbursement** – Employee shall receive up to $150 per year for shoe reimbursement.

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