



MEDICAL PLAN - LOW PPO	BLUECROSS BLUESHIELD OF TN PPO MEDICAL PLAN Group Number: 130502			
	Weekly Premium	Monthly Premium	Annual Premium	Health Savings Account (HSA) - Not Applicable for PPO Medical Plans
Employee Only	\$25.94	\$112.42	\$1,349.04	This PPO Medical Plan does not allow enrollment in the Health Savings Account (HSA). Employees must be enrolled in the Medical Plan - MID HDHP to be eligible for the HSA benefit.
Employee + Spouse	\$90.89	\$393.87	\$4,726.44	
Employee + Child(ren)	\$77.28	\$334.88	\$4,018.56	
Family (Spouse + 1 or more Dependents)	\$113.10	\$490.10	\$5,881.20	
	Deductible Annual Maximum	Co-insurance: Employee pays 20% after maximum annual deductible is met, up to maximum annual out-of-pocket	Out of Pocket Annual Maximum	Telemedicine
Employee Only	\$4,000		\$8,000	Access to two telemedicine options: Transcarent and Teladoc Transcarent Urgent Care: No Cost Transcarent Primary Care: No Cost Teladoc Urgent Care: \$10 Copay Teladoc Behavioral Health: \$10 Copay
Employee + Spouse	\$8,000		\$16,000	
Employee + Child(ren)	\$8,000		\$16,000	
Family (Spouse + 1 or more Dependents)	\$8,000		\$16,000	
Service		Co-Payments	In-Network Benefits	
Preventive Care (Well Visit)		\$0	Covered 100%, No copayment	
Office Visits (PCP / Specialist)		\$50/\$100	Covered 100% after copayment is met	
Urgent Care Services		\$125	Covered 100% after copayment is met	
Emergency Care Services		20% after deductible	You pay 20% after the deductible is met	
Prescription Drugs		RETAIL (Per Prescription)	MAIL ORDER (90 Day Supply)	
Generic		\$10	\$20	
Brand Formulary		\$35	\$70	
Brand Non-Formulary		\$60	\$120	
Specialty Drugs		\$100 copay, then 20% coinsurance with \$2,000 maximum		

MEDICAL PLAN - MID HDHP	BLUECROSS BLUESHIELD OF TN HIGH DEDUCTIBLE HEALTH PLAN (HDHP) Group Number: 130502			
	Weekly Premium	Monthly Premium	Annual Premium	Health Savings Account (HSA)
Employee Only	\$35.52	\$153.94	\$1,847.28	Employee is eligible to contribute pre-tax dollars into a savings account through HealthEquity to cover qualifying medical expenses such as deductibles and out-of-pocket. Maximum Contributions for 2025: Individual: \$4,300 ; Family: \$8,550; Catch-Up (55 and older): \$1,000
Employee + Spouse	\$103.64	\$449.12	\$5,389.44	
Employee + Child(ren)	\$83.73	\$362.81	\$4,353.72	
Family (Spouse + 1 or more Dependents)	\$119.43	\$517.53	\$6,210.36	
	Deductible Annual Maximum	Co-insurance: Employee pays 20% after maximum annual deductible is met, up to maximum annual out-of-pocket	Out of Pocket Annual Maximum	Telemedicine
Employee Only	\$3,000		\$5,000	Access to two telemedicine options: Transcarent and Teladoc Transcarent Urgent Care: \$5 Transcarent Primary Care: \$5 Teladoc Urgent Care: \$55 Copay Teladoc Behavioral Health: Dependent on type of provider
Employee + Spouse	\$6,000		\$10,000	
Employee + Child(ren)	\$6,000		\$10,000	
Family (Spouse + 1 or more Dependents)	\$6,000		\$10,000	
Service		In-Network Benefits		
Preventive Care (Well Visit)		100%		
Office Visits		80% covered after deductible is met; 100% after out-of-pocket is met		
Emergency Care Services		80% covered after deductible is met; 100% after out-of-pocket is met		
Prescription Drugs		80% covered after deductible is met; 100% after out-of-pocket is met		
Specialty Drugs		80% covered after deductible is met; 100% after out-of-pocket is met		

MEDICAL PLAN - HIGH PPO	BLUECROSS BLUESHIELD OF TN PPO MEDICAL PLAN Group Number: 130502			
	Weekly Premium	Monthly Premium	Annual Premium	Health Savings Account (HSA) - Not Applicable for PPO Medical Plans
Employee Only	\$73.02	\$316.44	\$3,797.28	This PPO Medical Plan does not allow enrollment in the Health Savings Account (HSA). Employees must be enrolled in the Medical Plan - MID HDHP to be eligible for the HSA benefit.
Employee + Spouse	\$166.18	\$720.13	\$8,641.56	
Employee + Child(ren)	\$142.00	\$615.32	\$7,383.84	
Family (Spouse + 1 or more Dependents)	\$221.84	\$961.31	\$11,535.72	
	Deductible Annual Maximum	Co-insurance: Employee pays 20% after maximum annual deductible is met, up to maximum annual out-of-pocket	Out of Pocket Annual Maximum	Telemedicine
Employee Only	\$2,000		\$4,000	

Employee + Spouse	\$4,000	annual deductible is met, up to maximum annual out-of-pocket	\$8,000	<p>Access to two telemedicine options: Transcarent and Teladoc</p> <p>Transcarent Urgent Care: No Cost Transcarent Primary Care: No Cost</p> <p>Teladoc Urgent Care: \$10 Copay Teladoc Behavioral Health: \$10 Copay</p>
Employee + Child(ren)	\$4,000		\$8,000	
Family (Spouse + 1 or more Dependents)	\$4,000		\$8,000	
Service	Co-Payments	In-Network Benefits		
Preventive Care (Well Visit)	\$0	Covered 100%, No copayment		
Office Visits (PCP / Specialist)	\$25/\$50	Covered 100% after copayment is met		
Urgent Care Services	\$75	Covered 100% after copayment is met		
Emergency Care Services	\$250	Covered 100% after copayment is met		
Prescription Drugs	RETAIL (Per Prescription)		MAIL ORDER (90 Day Supply)	
Generic	\$10		\$20	
Brand Formulary	\$35		\$70	
Brand Non-Formulary	\$60		\$120	
Specialty Drugs	\$100 copay, then 20% coinsurance with \$2,000 maximum			



MEDICAL OPTION 4 (MEC)	SYMETRA MEDICAL PLAN MINIMUM ESSENTIAL CARE (MEC) Group Number: 11925000			
	Weekly Premiums	Monthly Premiums	Annual Premiums	Health Savings Account (HSA)
Employee Only	\$8.52	\$36.92	\$443.04	Not Applicable for Symetra MEC Plans
Employee + Spouse	\$18.75	\$81.24	\$974.88	
Employee + Child(ren)	\$15.63	\$67.71	\$812.52	
Family (Spouse + 1 or more Dependents)	\$24.09	\$104.40	\$1,252.80	
In-Network Benefits	*All State Residents (Excluding Colorado, Florida, Missouri and Washington)	*Colorado Residents Only	*Florida, Missouri and Washington Residents Only	<p>The Symetra MEC Plan is a cost-effective plan, offered through your work, that helps with many of the preventive services you need to maintain a healthy lifestyle, as well as common medical services when you're sick or injured.</p> <p>*Certain states regulate the insurance coverage provided to employees that are resident in that state, even though the group insurance policy is issued in Tennessee.</p> <p>**Please note per person maximums and calendar year maximum may apply</p>
Preventive Services	Covered at 100%	Covered at 100%	Covered at 100%	
Doctor's Office Visit	\$65 per day; \$325 per person, per calendar year maximum	N/A	\$70 per day; \$350 per person, per calendar year maximum	
Outpatient Diagnostic X-Ray and Lab Benefit	\$65 per day; \$325 per person, per calendar year maximum	N/A	\$65 per day; \$325 per person, per calendar year maximum	
Emergency Room	N/A	\$150 per day	N/A	
Inpatient Hospital Stay**	\$200 per day	\$600 per day	\$200 per day	
Intensive Care Unit	\$400 per day	\$1,200 per day	\$400 per day	
Substance Abuse Facility	\$200 per day	\$600 per day	\$200 per day	
Mental Health Facility	\$100 per day	\$300 per day	\$100 per day	
Skilled Nursing Facility	\$100 per day	\$300 per day	\$100 per day	
Hospital Inpatient Admission Benefit	N/A	\$1500 first day; 3 admittances per person, per calendar year maximum	N/A	
Employee Life Insurance AD&D	\$10,000 Life/AD&D	N/A	N/A	
Spouse Dependent Life Insurance	\$2,500	N/A	N/A	
Child Dependent Life Insurance	\$1250 per child/\$200 per infant	N/A	N/A	
Outpatient medication benefit (Generic Only)	\$5 per day; 12 days per person per calendar year maximum	N/A	\$5 per day; 12 days per person per calendar year maximum	
Group Accident Benefit	Up to \$300 per occurrence; 1 occurrence per person, per calendar year maximum	N/A	Up to \$300 per occurrence; 1 occurrence per person, per calendar year maximum	



New Dental and Vision Carrier!

DENTAL PLAN FOR SALARIED	SUN LIFE DENTAL PLAN (Sun Life Dental Network) GROUP NO: 971453			
	Weekly Premiums	Monthly Premiums	Annual Premiums	\$50 individual deductible \$1,250 Annual Maximum Two free cleanings per year
Employee Only	\$4.01	\$17.36	\$208.30	
Employee + Spouse	\$10.77	\$46.68	\$560.11	
Employee + Child(ren)	\$11.21	\$48.56	\$582.76	
Family (Spouse + 1 or more Dependents)	\$15.67	\$67.92	\$815.02	
DENTAL PLAN FOR HOURLY	SUN LIFE VOLUNTARY DENTAL PLAN (Sun Life Dental Network) GROUP NO: 971453			
	Weekly Premiums	Monthly Premiums	Annual Premiums	\$50 individual deductible \$1,250 Annual Maximum Two free cleanings per year
Employee Only	\$3.25	\$14.10	\$169.20	
Employee + Spouse	\$7.15	\$30.97	\$371.64	
Employee + Child(ren)	\$7.40	\$32.08	\$384.96	
Family (Spouse + 1 or more Dependents)	\$10.29	\$44.57	\$534.84	
VISION	SUN LIFE VISION PLAN (VSP Network) GROUP NO: 971453			
	Weekly Premiums	Monthly Premiums	Annual Premiums	Members may see any vision care provider, however, you receive the highest level of coverage when you use in-network providers.
Employee Only	\$1.06	\$4.61	\$55.32	
Employee + Spouse	\$2.13	\$9.21	\$110.52	
Employee + Child(ren)	\$2.14	\$9.29	\$111.48	
Family (Spouse + 1 or more Dependents)	\$3.43	\$14.85	\$178.20	
<i>This Summary is intended to provide a brief description of the benefit plans offered. In no way should it be interpreted as a guarantee of coverage. For complete details of the plan including excluded benefits, please refer to the Summary Plan Description.</i>				
Benefit Eligibility:	New full-time employees become eligible on the 1st day of the month following 60 days of service.			
Enrollment Date:	Benefit enrollments should be completed in Workday within 30 days of hire.			
Subsequent Enrollment Opportunities:	Annual Open Enrollment (usually November each year), or within 30 days of IRS Qualifying Life Event (marriage, divorce, newborn, etc.)			
Premium Payments:	Employees' premiums are deducted from their paychecks on a weekly basis.			
Plan Year:	January 1 - December 31			
EMPLOYER-PAID BENEFITS (100% Employer-Paid):				
Basic Life Insurance and AD&D (All Full Time Employees excluding QSI hourly): The company will provide \$30,000 of basic life insurance and AD&D insurance to the employee at no charge.				
EMPLOYER/EMPLOYEE PAID BENEFITS (SHARED COSTS) :				
Medical Coverage: BlueCross BlueShield of TN HDHP, PPO High and PPO Low Medical Plans and Symetra MEC Medical Plan				
Dental Coverage: Sun Life Dental Plan (Salaried Employees Only)				
EMPLOYEE-PAID BENEFITS (Employee Pays 100% of Discounted Group Rate)				
Health Savings Account (HSA) through HealthEquity - Employee must be enrolled in HDHP Medical Plan to be eligible for HSA.				
Sun Life Voluntary Dental (Hourly Employees Only)				
Sun Life Voluntary Vision Coverage (Hourly and Salaried Employees)				
UNUM Voluntary Critical Illness and Accident Coverage (Hourly and Salaried Employees, excluding QSI Hourly)				
UNUM Life, AD&D, LTD, and STD Coverage (Hourly and Salaried Employees, excluding QSI Hourly)				
EMPLOYER DISCRETIONARY MATCHING BENEFIT				
The Principal 401(k) Retirement Plan: Employees age 21+ are eligible to participate in the 401(k) on the first of the month following 60 days of service. Employees have the option of utilizing a traditional pre-taxed 401(k) and/or an after-tax Roth 401(k). The plans offer annual company discretionary contributions ranging from 0-6% based upon the company's overall profitability.				
Following the initial eligibility waiting period, changes to your 401(k) contributions, including increasing, decreasing, starting, or stopping deferrals, can be made anytime via Workday.				