

## **BENEFITS SUMMARY INFORMATION**

\*Benefits are available to full time team members who have enrolled and satisfied the waiting period unless otherwise noted. The effective date for coverage is the first of the month after 30 days of full time employment.

\*HEALTH SAVINGS ACCOUNT: If you enroll in a High Deductible Health Plan (HDHP), you can contribute to an HSA. An HSA is like a bank account you use to pay for eligible health care expenses – deductible, coinsurance, co-pays. TASC administers this plan.

The money you put into your HSA reduces your taxable income in that year. Unused funds rollover to the next year. You take the money with you if you change health plans, change your employer, or retire. An HSA requires a designated beneficiary.

To be eligible to have an HSA, individuals must be covered under a HDHP, cannot be enrolled in Medicare, cannot be enrolled in another health plan, and cannot be claimed as a dependent on someone else's tax return.

\*DENTAL: PI pays the single premium. You pay \$840/year for family coverage (\$70/mo pretax). If you waive the coverage, we will deposit a pro-rated share of \$200 / year in a flexible spending account for you.

\*VISION: A basic plan is provided at employee cost which provides an annual allowance for glasses or contacts/Exam/Frames. Single \$7.74/mo; Family \$19.28/mo

\*LIFE INSURANCE: One times your annual wage, up to \$50,000 PI pays the premium. Additionally, there is a voluntary life option available which is 100% team member paid.

\*FLEXIBLE SPENDING: Pre-tax savings for medical or dependent care contributions.

**\*DISABILITY INSURANCE:** Premiums deducted from the first check of the month

### SHORT-TERM DISABILITY:

1<sup>ST</sup> DAY OF ACCIDENT/8<sup>TH</sup> DAY OF ILLNESS Pays 60% of weekly wage (no overtime or differential).

MAX DURATION 13 WEEKS-MAX BENEFIT \$750/wk

#### LONG -TERM DISABILITY:

Coverage after short term ends—potentially until age 65.

P.I. PAYS 40% OF DISABILITY PREMIUM, YOU PAY 60%. THEREFORE, the benefit is only 40% taxable. Your share—

multiply your hourly wage by 1.3248 for short term cost/month & by .73 for the long term cost/month.

**PAID TIME OFF:** Paid Time Off begins to accrue at day 1 and is allocated biweekly for full time team members. A total of 80 hours will accumulate for the 1<sup>st</sup> year (3.078 hrs/payroll).

An additional 6 hours is accrued each year until the max of 200 hours is reached at 20 years (7.692 hrs/payroll)

**Team members working night shifts** earn additional paid time off—30 hrs during year 1 and 60 hrs after year 2+.

Holidays - 72 paid hours per year - eligible on day 1.

**RETIREMENT PLANNING:** Computer Based Training—Retirement Planning – PI Team Members required for new team members—under All Plant Groups

**TEAM MEMBER SAVINGS** — The 401k plans allow you to set aside part of your earnings and choose the funds in which to invest. The traditional 401k is tax deferred while the Roth 401k is an after-tax deduction.

All team members are eligible to contribute immediately upon hire. You should enroll within 30 days of your start date and either elect your deferral rate or opt out of participation. If you have not made an election by the pay period following your 30 day anniversary, you will be automatically enrolled at a 3% pre-tax deferral.

**COMPANY CONTRIBUTION**--Once you have completed a year of eligibility service by working 1000+ hours in your first year of service you will become eligible to participate in company profit sharing contributions.

PI will begin to make a safe harbor contribution—3% of your compensation—you choose from the 401k funds to invest this money.

Historically, PI has also made a discretionary profit sharing contribution-4% of your compensation at the end of each year following your first year of eligibility service as long as you are still employed and have met the 1000 hour service requirement.

As soon as possible after your first day of employment, you will meet with Francis Investment Counsel for more information—watch the CBT prior to this meeting.

This is not intended to be a guarantee of coverage. Your schedule of benefits in your policy booklets in which you have enrolled for coverage will provide the best information about coverage.

5/1/2025



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### **HEALTH COVERAGE:**

## An Overview of the 3 Health Plan Choices\*:

Health Plan Choices:	<b>PI Traditional</b> (In WI or Out of WI)	PI Standard (Same In and Out of WI)	PI High Deductible Health Plan (HDHP) (Same In and Out of WI)
Description:	Existing PI Plan which you can keep.	Preventive care covered at 100%; Other expenses subject to \$500 deductible.	Preventive care covered at 100%; All other expenses subject to \$2,000 or \$4,000 deductible with HSA Contribution from Pl.
Types of Coverage & Monthly Premiums	Single = \$115 Family = \$350	Single = \$95 Team Member + 1 = \$225 Family = \$315	Single = \$50 Team Member + 1 = \$130 Family = \$250
Annual Deductible	Single = \$300 Family = \$900	In Network: Single = \$500 TM+1 & Family = \$1,500  Out of Network: Single = \$750 TM+1 & Family = \$2,250	In Network:     Single = \$2,000     TM+1 & Family = \$4,000  Out of Network:     Single = \$3,000     TM+1 & Family = \$5,000
Max Out of Pocket (OOP)	In WI: Single = \$1,300 + Rx Family = \$3,900 + Rx  Outside WI: Single = \$1,050 to 1,550 + Rx Family = \$3,150 to 4,650 + Rx	In Network:     Single = \$2,000 TM+1 & Family = \$6,000  Out of Network:     Single = \$3,000 TM+1 & Family = \$9,000	In Network: Single = \$4,000 TM+1 & Family = \$8,000  Out of Network: Single = \$6,000 TM+1 & Family = \$10,000
Preventive Care Cost	Subject to Deductible and Co-Insurance	\$0 (for select services with in network providers)	\$0 (for select services with in network providers)
FSA	FSA	FSA	Limited FSA for Dental and Vision
HSA	No HSA	No HSA	PI HSA Contribution divided by 2 checks/mo totaling Single = \$500/yr TM+1 & Family = \$1,000/yr
Co-Pays or Co- Insurance (after deductible until Max OOP)	In WI: 10% (Alliance Premier) to 20% (Other)  Outside WI: 15% in network to 25% out of network	10% in network 20% out of network	10% in network 20% out of network
Prescription (Rx) Co- Pay (per Rx)	\$5/\$15/\$30 (not included in Max OOP)	\$5/\$15/\$30 (included in the Max OOP)	Co-Insurance After Deductible (counts toward deductible)