

2024 Medical Plan Offerings

	Gold (Embedded) BCN HMO HSA \$3200 Deductible (\$0)		Gold (Aggregate) BCN HMO HSA \$1600 Deductible (\$0)		BCN HMO \$1000		Gold BCBSM Simply Blue PPO \$1000	
Network:	BCN HMO		BCN HMO		BCN HMO		Blue Cross Blue Shield of Michigan	
Employee Deductible:	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	\$3,200	N/A	\$1,600	N/A	\$1,000	N/A	\$1,000	\$2,000
Family	\$6,400	N/A	\$3,200	N/A	\$2,000	N/A	\$2,000	\$4,000
Coinsurance:	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Carrier Coinsurance Liability %	100%	N/A	80%	N/A	80%	N/A	80%	60%
Coinsurance Max - Single	N/A	N/A	N/A	N/A	\$3,500	N/A	\$5,000	\$10,000
Coinsurance Max - Family	N/A	N/A	N/A	N/A	\$7,000	N/A	\$10,000	\$20,000
EE True Out of Pocket Max:	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	\$3,200	N/A	\$4,500	N/A	\$8,150	N/A	\$8,150	\$16,300
Family	\$6,400	N/A	\$9,000	N/A	\$16,300	N/A	\$16,300	\$32,600
In-Network Employee Copay:								
Office Visit	0% after Deductible		20% after Deductible		\$20		\$30	
Virtual Primary Care Visit	0% after Deductible		20% after Deductible		\$0*		\$30	
Specialist Visit	0% after Deductible		20% after Deductible		\$40		\$50	
Urgent Care	0% after Deductible		20% after Deductible		\$50		\$60	
Emergency Room	0% after Deductible		20% after Deductible		\$250 after Deductible		\$250	
Hospital Admission	0% after Deductible		20% after Deductible		20% after Deductible		20% after Deductible	
Imaging	0% after Deductible		20% after Deductible		\$150 after Deductible		20% after Deductible	
Employee In-Network RX Copay:	Rx Copays after Deductible		Rx Copays after Deductible					
Tier 1 / 1A: Generic	0% after Deductible		\$10	\$30	\$15	\$40	\$20	
Tier 2: Preferred Brand	0% after Deductible		\$60		\$80		\$60	
Tier 3: Non-Preferred Brand	0% after Deductible		\$80		\$100		\$100	
Tier 4: Preferred Specialty	0% after Deductible		20% (\$200 Maximum)		20% (\$200 Maximum)		20% (\$200 Maximum)	
Tier 5: Non-Preferred Specialty	0% after Deductible		20% (\$300 Maximum)		20% (\$300 Maximum)		25% (\$300 Maximum)	
Prescription Formulary	Custom Select		Custom Select		Custom Select		Custom Select	
Plan Provisions:								
Dependent Age	End of Year Age 26		End of Year Age 26		End of Year Age 26		End of Year Age 26	
Pediatric Dental	Included		Included		Included		Included	
Elective Abortion	Included		Included		Included		Included	
Domestic Partner Rider	Not Included		Not Included		Not Included		Not Included	

2024 Dental Plan

Plan Provisions:	Delta Dental		
	Delta PPO	Premier	Nonparticipating
Network / UCR	Delta USA		Nonparticipating
Single Deductible	\$50	\$50	\$50
Two Person / Family Deductible	\$150	\$150	\$150
Calendar Year Max Per Person		\$1,000	
Pediatric Dental EHB (Small Group Only)		Included in Rates	
Maximum Rollover		Not Included	
Preventative Advantage		Not Included	
Type I - Preventative Services:			
Cleanings (Oral Prophylaxis)	100%	100%	100%
Frequency on Routine Cleanings	2x	2x	2x
Exams	100%	100%	100%
X-Rays	100%	100%	100%
Fluoride Treatments	100%	100%	100%
Type II - Basic Services:			
Fillings	80%	80%	80%
Oral Surgery	80%	80%	80%
Periodontics	80%	80%	80%
Endodontics	80%	80%	80%
Type III - Major Services:			
Crowns / Onlays	50%	50%	50%
Bridges / Dentures	50%	50%	50%
Implants	50%	50%	50%
Type IV - Child Orthodontics:			
Orthodontics	50%	50%	50%
Child Ortho Lifetime Max		\$1,000	
Additional Details:			
Participation Requirement	50% of Eligible		
Dependent Age	To End of Year Age 26		
Headcounts / Rates:			
Single		\$42.52	
EE & Spouse		\$81.10	
EE & Child		\$81.10	
EE & Children		\$154.03	
Family		\$154.03	
Rate Guarantee Duration:		12 Months	

2024 Vision Plan

		Delta Vision	
Plan Co-Payments:			
		<u>In-Network</u>	<u>Out-of-Network</u>
	Examinations	\$10	Up to \$45
	Materials	\$25	
Frequency (# of Months):		<i>Once Every:</i>	
	Examinations	12	
	Lenses	12	
	Frames	24	
	Contact Lenses	12	
Plan Allowances:		<i>Up to:</i>	
	Single Vision Lenses	Paid-in-Full ⁴	\$30
	Bifocal Lenses	Paid-in-Full ⁴	\$50
	Trifocal Lenses	Paid-in-Full ⁴	\$60
	Lenticular Lenses	Paid-in-Full ⁴	\$100
	Frames	\$150	\$70
	Medically Necessary Contacts	Paid-in-Full ⁴	\$210
	Elective Contacts	\$150	\$105
Plan Provisions:			
	Network	VSP Choice	
	Contact Lenses in Lieu of Frames	Yes	
	Frame Discount	Yes	
	Lens Discount	Yes	
	Dependent Age	To End of Year Age 26	
	Participation Requirement	Min. 2 Enrolled - Sold w/ Delta Dental	
Headcounts / Rates:			
	Single	\$6.12	
	EE & Spouse	\$12.23	
	EE & Child	\$13.09	
	EE & Childrer	\$13.09	
	Family	\$20.92	
	Total Enrolled		
	Rate Guarantee Duration	12 Months	

2024 Employer Paid Benefit Offerings

		Renewal Plan UNUM	
Class Description:			
Class 1:	All Active Full Time Employees		
Hourly Requirement	30 Hours		
Benefit Amount:		Benefit Amount	Guarantee Issue
Class 1:	Flat \$25(k)	\$25(k)	
Earnings Definition	N/A- Flat Amount		
Redetermination Date	N/A		
Age Reduction Schedule	To 65% at 65, 50% at 70		
Effective Date of Age Reduction	Date of Birth		
Plan Provisions:		Non-Contributory	
Accelerated (Living) Benefit	100% of Benefit Amount		
Waiver of Premium	Included, prior to Age 60		
Conversion	Included		
Portability	Included, without EOI		
Spouse / Child Benefit	Not Included		
Dependent Coverage Ends	N/A		
Domestic Partner	Not Included		
EAP Program Included	Not Included		
Rounding Rules	N/A - Flat Amount		
Headcounts / Rates:			
		<i>Rate per \$1(k)</i>	
		\$0.146	
Rate Guarantee Duration:	RG to 1/1/2026		

2024 Employer Paid Benefit Offerings

	UNUM
Class Description:	
Class 1:	All Active Full Time Owners
Class 2:	All Active Full Time Employees
Hourly Requirement	30 Hours
STD Benefit:	
Percentage of BWE	60%
Amount up to	\$1,500
Guarantee Issue	\$1,500
Minimum Weekly Benefit	\$25
Redetermination Date	Owners: K1/W2 All Others: Monthly
Earnings Definition	Immediate
Elimination Period / Duration:	
Payment for Accident (First Day)	14
Payment for Sickness (First Day)	14
Benefit Duration (Weeks)	11
Plan Provisions:	
Contributory Status	Non-Contributory
Pre-Existing Limitation	None
Payment for Partial Disability	Included
FICA Match	Included
W2 Preparation	Included
Rounding Rules	Nearest \$1
Headcounts / Rates:	
	Faxon Employees Only
	Rate per \$10
	\$0.400
Rate Guarantee Duration:	12 Months

2024 Employer Paid Benefit Offerings

		Renewal Plan UNUM
Class Description		
	Class 1:	All Active Full Time Owners
	Class 2:	All Active Full Time Employees
	Hourly Requirement	30 Hours
LTD Benefit:		
	Percentage of BME	60%
	Amount up to	\$6(k)
	Guarantee Issue Amount	\$6(k)
	Earnings Definition	Owners: K1/W2 All Others: Monthly
	Redetermination Date	Immediate
Plan Provisions:		
	Contributory Status	Non-Contributory
	Elm. Period (# of Days)	90
	Accum. Period (# of Days)	30
	Benefit Period	SS ADEA
	Definition of Dis. Class 1 & 2:	24 Months Own Occ
	Earnings Test Class 1 & 2:	80% / 80%
	Return to Work Benefit	110% for First 12 Months
	Residuals after First 12 Mos.	Proportionate Loss
	Indexing	Lesser of 10% or CPI
	Integration	Primary
	Survivor Benefit	3x GMB
	EAP Included	Included
Plan Offsets & Limitations:		
	Offsets for Salary Continuation	None
	Offsets for Individual Disability	None
	Mental / Nervous Limit	24 Months
	Drug / Alcohol Limit	None
	Self-Reported Symptoms Limit	None
	Pre-Existing Condition Limit	3 / 12
	Rounding Rules	Nearest \$1
Headcounts / Rates:		
		Rate per \$100
		0.240%
	Rate Guarantee Duration:	RG Until 1/1/2025

2024 Voluntary Life Plan

			Current / Renewal Rates UNUM			
Class Description						
Class 1			All Active Full Time Employees			
Hourly Requirement:			30 Hours			
Voluntary Life Benefit Amounts:						
Employee Amount			\$10(k) Increments to Lesser of 5x BAE or \$500(k)			
Spouse Amount			\$5(k) Increments to Lesser of 100% of EE Amount or \$500(k)			
Child Amount			Live Birth to 6 Months \$1(k), 6 Months to Age 19 (26 FTS) \$2(k) Increments to Lesser of 100% of EE Amount or \$10(k)			
Guarantee Issue Amounts:						
Employee			\$110(k)			
Spouse			\$15(k)			
Child			\$10(k)			
AD&D Plan Features:						
AD & D Features			Separate Benefit - Election Not Tied - \$0.026 EE, \$0.029 Sp, \$0.067 Ch			
Plan Provisions:						
Accelerated (Living) Benefit			100% of Benefit Amount to \$250(k)			
Age Reduction Schedule			To 65% at 65, 50% at 70			
Effective Date of Age Reduction			Date of Birth			
Waiver of Premium			Included, prior to Age 60			
Portability			Included, without EOI			
Conversion			Included			
Employee Rate Change Occurs			At Plan Anniversary			
Spouse Rate Based on EE Age or Spouse Age			Based on Spouse's Age			
True Open Enrollment			Not Included			
Step Up Feature			Included - Up to GI			
Rounding Rules			N/A			
Redetermination Date			N/A			
Minimum Participation Requirement			Greater of 20% or 10 Enrolled			
Rate Guarantee Duration			RG until 2025			
Employee (EE) and Spouse (SP) Product Cost:			Employee Coverage		Spouse Coverage	
Age Bracket	EE Volume	SP Volume	Rate per \$1K	EE Monthly Cost	Rate per \$1K	SP Monthly Cost
20-24			\$0.050	\$0.00	\$0.050	\$0.00
25-29			\$0.050	\$0.00	\$0.050	\$0.00
30-34			\$0.070	\$0.00	\$0.070	\$0.00
35-39			\$0.080	\$0.00	\$0.080	\$0.00
40-44			\$0.090	\$0.00	\$0.090	\$0.00
45-49			\$0.130	\$0.00	\$0.130	\$0.00
50-54			\$0.200	\$0.00	\$0.200	\$0.00
55-59			\$0.370	\$0.00	\$0.370	\$0.00
60-64			\$0.560	\$0.00	\$0.560	\$0.00
65-69			\$0.970	\$0.00	\$0.970	\$0.00
70 - 74			\$1.390	\$0.00	\$1.390	\$0.00
75 +			<u>\$1.390</u>	<u>\$0.00</u>	<u>\$1.390</u>	<u>\$0.00</u>
TOTAL	\$0	\$0		\$0.00		\$0.00
EE's Enrolled						
SP's Enrolled						
CH's Enrolled						
Child (CH) Product Cost:			CH Rate per \$1K		CH Monthly Cost	
CH Volume			\$0.402		\$0.00	

2024 Voluntary AD&D Plan

			Current / Renewal Rates UNUM			
Class Description						
Class 1			All Active Full Time Employees			
Hourly Requirement:			30 Hours			
Voluntary AD&D Benefit Amounts:						
Employee Amount			\$10(k) Increments to Lesser of 5x BAE or \$500(k)			
Spouse Amount			\$5(k) Increments to Lesser of 100% of EE Amount or \$500(k)			
Child Amount			Live Birth to 6 Months \$1(k), 6 Months to Age 19 (26 FTS) \$2(k) Increments to			
AD&D Plan Features:						
Age Reduction Schedule			To 65% at 65, 50% at 70			
Effective Date of Age Reduction			Date of Birth			
Minimum Participation			Minimum 10 Enrolled			
Rate Guarantee			RG until 2025			
Employee (EE) and Spouse (SP) Product Cost:			Employee Coverage		Spouse Coverage	
Age Bracket	EE Volume	SP Volume	Rate per \$1K	EE Monthly Cost	Rate per \$1K	SP Monthly Cost
20-24			\$0.026	\$0.00	\$0.029	\$0.00
25-29			\$0.026	\$0.00	\$0.029	\$0.00
30-34			\$0.026	\$0.00	\$0.029	\$0.00
35-39			\$0.026	\$0.00	\$0.029	\$0.00
40-44			\$0.026	\$0.00	\$0.029	\$0.00
45-49			\$0.026	\$0.00	\$0.029	\$0.00
50-54			\$0.026	\$0.00	\$0.029	\$0.00
55-59			\$0.026	\$0.00	\$0.029	\$0.00
60-64			\$0.026	\$0.00	\$0.029	\$0.00
65-69			\$0.026	\$0.00	\$0.029	\$0.00
70 - 74			\$0.026	\$0.00	\$0.029	\$0.00
75 +			\$0.026	\$0.00	\$0.029	\$0.00
TOTAL	\$0	\$0		\$0.00		\$0.00
EE's Enrolled						
SP's Enrolled						
CH's Enrolled						
Child (CH) Product Cost:			CH Rate per \$1K		CH Monthly Cost	
CH Volume			\$0.067		\$0.00	