***Benefit Summary Salaried 2025***

Exempt salaried employees do not “clock in”. They typically receive a set salary paid bi-weekly. Salaried non-exempt employees also receive a set salary, paid bi-weekly, but are required to submit a time sheet on a regular basis. Benefits described throughout apply for salaried exempt and salaried non-exempt employees.

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| **Benefit** | **Details of Benefit** | **Employee Costs/ Additional Information** |
| Health Insurance Programs: Medical, Dental & Vision | Eligibility: Must be Full-time and have worked with the company for 60 Days.Effective date of coverage is the first day of the month following the month in which eligibility is reached.  |  |
| Basic Life & AD&D | 1st of the month following 60 days, the company will provide you with life insurance at one times your annual salary. |  |
| Medical Plan | Blue Cross Blue Shield of Alabama - Blue Card PPO High Value Deductibles: Once deductible(s) is met, benefits are paid at 80%.* Employee Only: $2,000 In-Network/ $6,000 Out-of-Network
* Family: $4,000 In-Network / $12,000 Out-of-Network
* Out of Pocket Maximums: Employee Only = $6,850; Family = $13,700
* Preventive Care: Well-child care & immunizations, Periodic health exams, Annual gynecology exams, routine mammogram, and prostrate screening, 100% in network not subject to deductible.
* TELADOC @ 800-835-2362; 24/7/365 by phone, video or TELADOC App.
* True Life Care @ 888.788.4925; Diabetes experts and free testing supplies.

Prescription 90-day supply Mail-in rates: Tier 1 $30, Tier 2 = $100, Tier 3 = $200  | Employee Cost per paycheck:Single = $145.00Family = $330.00Physician Copays:* $30 copay for primary care
* $35 copay specialist visits and urgent care

Prescriptions:* Tier 1 = $15 copay
* Tier 2 = $50 copay
* Tier 3 = $100 copay
* Specialty Drugs = lesser of 50% of allowed amount or $425 copay
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| Medical Plan | Blue Cross Blue Shield of Alabama – Low Value Plan This is a high deductible catastrophe plan.Deductibles: Once deductible(s) is met, benefits are paid at 60%.* Employee Only: $4,000 In-Network/ $8,000 Out-of-Network
* Family: $8,000 In-Network / $16,000 Out-of-Network
* Out of Pocket Maximums: Employee Only = $6,850; Family = $13,700
* Preventive Care: Well-child care & immunizations, Periodic health exams, Annual gynecology exams, routine mammogram, and prostrate screening, 100% in network not subject to deductible.
* Prescription copays are on a tier formulary as shown in the PPO High Value plan after calendar year deductible is met.
* TELADOC @ 800-835-2362; 24/7/365 by phone, video or TELADOC App.
* True Life Care @ 888.788.4925; Diabetes experts and free testing supplies.
 | Employee Cost per paycheck:Single = $52.25 Family = $250.00   |
| Medical Plan | Blue Cross Blue Shield of Alabama - High Deductible Health PlanThis is a high deductible plan. When you elect to enroll in this high deductible plan you are also eligible to enroll in the Health Savings Account (HSA) and a Limited Flexible Spending Account to help offset eligible expenses.Deductibles: * Employee Only: $3,000 In-Network/ $6,000 Out-of-Network
* Family: $6,000 In-Network / $12,000 Out-of-Network
* Out of Pocket Maximums: Employee Only: $6,550; Family $13,100
* Preventive Care: Well-child care & immunizations, Periodic health exams, Annual gynecology exams, routine mammogram, and prostrate screening, 100% in network not subject to deductible.
* TELADOC @ 800-835-2362; 24/7/365 by phone, video or TELADOC App. You will incur a $55 copay for each consultation.
 | Employee Cost per paycheck:Single = $145.00Family = $330.00* Plan benefits are covered at 100% after calendar year deductible is met with the exception of

Prescriptions: tier formulary as shown in the PPO High Value plan after calendar year deductible is met. |
| Voluntary Supplemental Life Insurance | PrudentialBenefits for term life insurance starting at $10,000 to 7 X’s salary or $600,000 whichever is less. Premiums based on age.Spouse and Dependent Child(ren) term life insurance $20,000 flat amount for Spouse $10,000 flat amount for Child(ren) per child | 100% Employee PaidEmployee Cost per paycheck:Varies by age groupEmployee Cost per paycheck:Spouse = varies by employee’s age groupChild(ren) = .13 |
| Voluntary Vision Plan | VSP * $10 co-pay for annual Eye Exam In-Network
* $25 co-pay toward Lenses In-Network, lens options co-pays vary
* Contact Lenses: Conventional/Disposable - $130 annual allowance, $25 copay with balance over $130

Benefits include discounts on LASIK and PRK surgeries from the US Laser Network | 100% Employee PaidEmployee Cost per paycheck:Employee = $3.56 E + 1 Dependent = $5.16Family = $9.26 |
| Voluntary Dental Plan | Anthem - PPO Dental* $50 Single Annual Deductible; $150 Family Annual Deductible
* Plan pays 100% of Preventive Care Services- No Deductible Required
* Plan pays 80% of Basic Care (after deductible)
* Plan pays 50% of Major Care (after deductible)
* $1,500 Annual Benefit Maximum
* Dependent orthodontia coverage for under age 19 – Covered at 50% up to $1,500 lifetime maximum.
* Adult orthodontia coverage - Covered at 50% up to $1,500 lifetime maximum
 | 100% Employee PaidEmployee Cost per paycheck:Employee = $19.61E + child = $37.24E + spouse = $39.22Family = $60.79 |
| 401(k) Retirement Plan | Employees are eligible the first month after 90 days of employment. Must be 21 years of age to enroll. * Plan is administered through Empower
* May contribute up to 100% of annual salary up to $23,000 annual maximum
* Company matching contribution: 100% of employee salary deferral contributions up to 4% of compensation; plus, an additional 50% of salary deferral contributions on the next 2% of compensation. You must be 21 years of age and completed one year of service to receive the match.
* 100 % Vested
* 50 Years and Older may contribute an additional $7,500.
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| Vacation/ Annual Leave  | Salaried employees receive two weeks of vacation for use during the first year of employment.* 0-4 Years = 80 hours
* 5-9 Years = 120 hours
* 10+ Years = 160 hours

Vacation time is awarded based on years of service and anniversary date of hire.  Vacation is paid at a maximum of 8 hours per day.  If an employee leaves prior to their one-year anniversary, the company will not pay out unused vacation days/hours. | Company PaidEmployee must submit leave request through UKG at least two weeks in advance for management approval for paid vacation time. |
| Sick and Personal Leave | Full-time employees are eligible after 90 days of employment.* 24 Sick hours and 24 Personal hours annually
* Unused time rolls to the next year with a maximum accrual of 48 hours in each area.
* Sick and Personal Leave days are not paid out upon termination.
 | Company PaidEmployee must submit leave request through UKG at least 48 hours in advance for anticipated leave and immediately following unexpected sick leave in order to receive paid time off.  |
| Maternity Leave | Full-time employee: 12 months of service: 1,250 hours during 12 consecutive months prior to the date the leave would begin.* 2 weeks paid maternity leave following the birth of an employee’s child for disabilities relating to pregnancy, childbirth or related medical condition.
* Once per rolling 12 month period
* Paid at average weekly earnings rate for a 12 month period
* Paid on regularly schedule pay dates for the first two weeks of the employee’s leave.
 | Company Paid |
| Parental Bonding Leave | Full-time employee: 12 months of service at the time of birth or adoption of a child under 12 months old. If you are eligible for paid Maternity Leave you are not eligible for Parental Bonding Leave.* 1 week of paid leave per birth or adoption.
* Once per rolling 12 month period
* Paid at average weekly earnings rate for a 12 month period
* Paid on regularly schedule pay dates.
 | Company Paid |
| Holiday Pay | Full-time employees are eligible after 90 days of employment. * Company observes ten (10) paid holidays throughout the year.
* Salaried Non-Exempt Employees who work a holiday are paid for hours worked, plus up to 8 hours’ holiday pay on that day.
* Employees who do not work a holiday are paid 8 hours holiday pay.
 | Company Paid |
| Short Term Disability Plan | Full-time employees are eligible after one year of employment. * Must have doctor’s certification of a bona fide short-term illness/ disability.
* 1 year of service = 20 Days (160 hours)
* 2 or more years of service = 30 Days (240 hours)
* Pay during STD is 66 2/3% of regular wages.
 | Company Paid |
| Long Term Disability Plan | PrudentialSalaried employees are eligible after 90 days of employment. * Pays 60% of base salary up to $5,000/ month if you become disabled.
* 90-Day elimination period
 | Company Paid |
| Dependent Care Flexible Spending Account | Chard Snyder* Eligibility- All employees who average 20 hours or more per week are eligible after 60 days of employment.
* Pre-tax dependent care plan allows employee to use pre-tax funds for childcare or elder care expenses. You choose the deduction from your paycheck and submit the childcare bills for reimbursement from your pre-tax dollars set aside in that account.
* Unused dollars are forfeited upon termination or end of the year. Employees should be conservative in choosing deduction amounts.
* Annual maximum of $5,000 per household.
 | N/A |
| Health Flexible Spending Account | Chard Snyder* Eligibility- All employees who average 20 hours or more per week are eligible after 60 days of employment.
* Pre-tax dollars set aside in account for payment of medical expenses that may not be paid by regular medical insurance. For example: Copays, deductibles, employee’s percentage of medical charges.
* Unused dollars are forfeited upon termination or end of the year. Exception: Employees may roll over $640 into the next calendar year of unused FSA money. Employees should be conservative in choosing deduction amounts.
* Annual Maximum of $3,200 per employee.
 | N/A |
| Health Savings Spending Account | Chard Snyder* Eligibility- All employees who average 30 hours or more per week are eligible after 60 days of employment.
* Pre-tax dollars set aside in account for payment of medical expenses that are not paid by regular medical insurance.
* Funds in your account stay with you, even if you change employers or stop working
* You must be enrolled in the High Deductible Health Plan.
* Annual Maximum of $4,150 individual; $8,300 family. Plus $1,000 if you are 55 or older.
 | N/A |
| Limited Health Flexible Spending Account | Chard Snyder* Eligibility- All employees who average 20 hours or more per week are eligible after 60 days of employment.
* Pre-tax dollars set aside in account for payment of dental and vision expenses that may not be paid by regular insurance.
* You may enroll in this plan if enrolled in the High Deductible Health Plan and Health Savings Account (HSA).
* Unused dollars are forfeited upon termination or end of the year. Employees should be conservative in choosing deduction amounts.
* Annual Maximum of $3,200 per employee.
 | 100% Employee Paid |
| Education Allowance/ Tuition Reimbursement | Full-time employees are eligible after completing one year of service.* Advance approval from Management and Human Resources required.
* Approved courses taken prior to reaching one year of service that are successfully completed after reaching the one year of service threshold are eligible for reimbursement.
* Reimbursement based on number of years of service.
	+ 1-4 Years = $1,500 annually
	+ 5-10 Years = $2,000 annually
	+ Over 10 Years = $2,500 annually
* Plan covers courses in leadership, computer courses, hospitality or any courses related to your current position in the company.
* Company reimburses for tuition and books up to limits based on years of service.
 | Employee pays expenses upfront and is reimbursed by the company depending upon grade received in course.Company Reimbursement:* Passing Grade of A = 100%
* Passing Grade of B = 85%
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| Christmas Club Account | * Non-interest bearing savings account.
* Funds distributed during late November or upon termination.
 | N/A |
| Employee Assistance Program (EAP) | Lucet* All employees eligible
* A confidential tool and resource available to help support your life needs
* Counseling, Legal & Financial, Work/Life, and Coaching
* Up to 3 counseling sessions per life topic per year at no charge
* Resource available for you and your household members
* 24 hours/7 days a week: Contact by phone: 800-624-5544, online: eap.ndbh.com, mobile app: search New Directions in your mobile app store
 | Code: Daniel |

*This summary of benefits was designed only as an abbreviated overview of the company plan documents and policies. It is not to be construed as a contract nor does it replace, represent, or amend the Company’s original plan documents or policies.*