***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 = $145.00  Family = $330.00  Physician 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 |
| 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 Plan  This 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 = $145.00  Family = $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 | Prudential  Benefits 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 Paid  Employee Cost per paycheck:  Varies by age group  Employee Cost per paycheck:  Spouse = varies by employee’s age group  Child(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 Paid  Employee Cost per paycheck:  Employee = $3.56  E + 1 Dependent = $5.16  Family = $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 Paid  Employee Cost per paycheck:  Employee = $19.61  E + child = $37.24  E + spouse = $39.22  Family = $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. |  |
| 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 Paid  Employee 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 Paid  Employee 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 | Prudential  Salaried 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% |
| 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.*