

A photograph of two construction workers at a paving site. The worker on the left is wearing an orange high-visibility vest over a blue long-sleeved shirt, blue jeans, and a white hard hat with the 'alpha paving' logo. He is wearing sunglasses and is using a shovel to lift a large, rectangular block of concrete. The worker on the right is wearing a yellow high-visibility vest over a grey t-shirt, dark jeans, and a white hard hat with the 'alpha paving' logo. He is also wearing sunglasses and is using a shovel to assist with the concrete block. In the background, there is an orange safety fence and a cloudy sky.

**PAVE  AMERICA**

# Employee Benefits Guide

Plan Year:

October 1, 2024 - September 30, 2025

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# WELCOME

At Pave America we appreciate your commitment and contributions to our organization's success. Each year, we strive to offer benefit plans to our employees that not only reward you for your hard work but offer you and your family comprehensive and affordable health and wellness protection. We are confident that you will find our benefit offerings to be of excellent value to you and to your dependents.

In the following pages, you will find a summary of our benefit plans for 2024-2025. Please read this guidebook carefully as you prepare to make your elections for the upcoming plan year to ensure that you select the coverage that is right for you. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

## **ABOUT THIS GUIDEBOOK**

This Benefits Guide describes the highlights of the Pave America Benefits Programs in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official plan documents and not the information contained within this Benefits Guide.

In the event there is any discrepancy between the descriptions of the program elements contained within this Benefits Guide and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers or third party administrators for detailed plan information. Eligibility for any benefit plan is determined by plan documents and policies. You should be aware that any and all elements of our Benefits Program may be modified in the future to meet Internal Revenue Service rules, or otherwise as determined by Pave America.



# PLAN NOTES

## PLAN YEAR

Pave America's benefit plan year begins on October 1 and ends on September 30. This benefit guide outlines the benefits that apply for the 2024-2025 plan year.

## EMPLOYEE ELIGIBILITY

- ▶ All active regular, full-time employees working 30 or more hours per week are eligible to enroll in Pave America benefits program.
- ▶ Employees who are subject to seasonal layoff or seasonal hours reductions may become ineligible for plan participation based on the plan documents.
- ▶ Benefits are effective on 1st of the month following or coinciding with your date of hire.
- ▶ Re-hires are eligible for benefits upon the date of their return as long as you are rehired within 13 weeks.

## DEPENDENT ELIGIBILITY

Your eligible dependents may include:

- ▶ Your legal spouse.
- ▶ Your child(ren) up to age 26 including natural children, legally adopted children, and stepchildren.
- ▶ Your child(ren) over age 26 who are not able to support themselves due to a physical or mental disability.

**Please Note:** enrolling someone who is not qualified as a dependent is considered insurance fraud.

## WHEN CAN I CHANGE MY COVERAGE?

The elections you make during your enrollment period will remain in place for the entire plan year, unless you experience one of the following Qualifying Life Events:

- ▶ Change in number of tax dependents – birth, adoption, placement of a foster child, death.
- ▶ Changes to legal marital status - marriage, divorce, death, legal separation or annulment
- ▶ Changes in employment status for either employee or spouse.
- ▶ Changes in work schedule of either employee or spouse, including reduction/increase in work hours.
- ▶ Dependents becoming ineligible.
- ▶ Change in residence or worksite for you, your spouse or dependent.
- ▶ Entitlement to Medicare.
- ▶ Newly obtaining a Qualified Medical Child Support Order.

For a list of Life Events along with things to think about and actions to take visit: <http://mybenefits.nfp.com/Life-Events>.

If you qualify for a change in your benefits, please notify Pave America HR within 30 days of the change in status. You will need to provide proof of the change.

If you are a new hire, you will have 30 days from the date you are eligible to enroll in your benefits.

\*A newborn child will be automatically covered for the first 30 days immediately following birth. If the child is not enrolled within these 30 days, coverage will be terminated retroactively to date of birth. To enroll a newborn child you must complete a benefit change within 30 days of the birth or wait until the next annual enrollment period

# MEDICAL BENEFITS



Pave America provides three (3) medical plan options. Should you choose to cover your dependents, they will be covered in the same plan in which you enroll. The medical plans available to you include a range of coverage levels and costs, giving you the flexibility to select the plan that is right for you. You'll find a summary of each plan's features on the next page.

## CIGNA MEDICAL PLANS

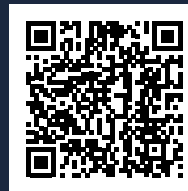
All benefits-eligible employees are eligible to enroll in one of the three plan options:

- ▶ Cigna HMO 5000 Plan
- ▶ Cigna Standard 2000 Plan
- ▶ Cigna Premier 1000 Plan

Please refer to the charts on the next page for a summary comparison of the plans. Scan the QR code below to get full summary of benefits for each plan, along with additional resources for Cigna members.

## HIGHLIGHTS

- ▶ Once you have met the deductible, the applicable coinsurances kick in until you reach the maximum out-of-pocket expense.
- ▶ Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.
- ▶ After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.



Need more information about your benefits? Scan the QR code to view a list of benefit summaries and resources available to you.

# MEDICAL BENEFITS



BENEFIT DESCRIPTION	Cigna Premier 1000 Plan	Cigna Standard 2000 Plan	Cigna HMO 5000 Plan
	In-Network	In-Network	In-Network
<b>Annual Deductible</b> Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$5,000 / \$10,000
<b>Out-of-Pocket Maximum</b> Individual / Family	\$5,000 / \$10,000	\$6,500 / \$13,000	\$7,350 / \$14,700
<b>Coinsurance</b> Plan Pays / You Pay	100% / 0%	90% / 10%	80% / 20%
<b>Physician Services</b> Primary Care Physician Specialist Preventive Services Virtual Care   MDLive	\$20 Copay \$40 Copay No Charge \$20 Copay	\$25 Copay \$50 Copay No Charge \$25 Copay	No Charge \$60 Copay No Charge No Charge
<b>Lab and X-Ray &amp; Diagnostics</b> Labs, Tests & X-Rays Major Diagnostics (CT, PET, MRI)	No Charge Deductible, then \$250 Copay	Deductible, then 10% Coinsurance Deductible, then 10% Coinsurance	Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance
<b>Hospital Services</b> Emergency Room* Urgent Care Inpatient Hospitalization Outpatient Services	\$200 Copay* \$50 Copay Deductible, then \$300 Copay Deductible, then \$250 Copay	Deductible, then 10% Coinsurance* \$75 Copay Deductible, then 10% Coinsurance Deductible, then 10% Coinsurance	Deductible, then \$250 Copay* \$50 Copay Deductible, then 20% Coinsurance Deductible, then 20% Coinsurance
<b>PRESCRIPTION</b>			
<b>Rx Annual Deductible</b> Individual / Family	N/A	N/A	N/A
<b>Rx Out-of-Pocket Maximum</b> Individual / Family	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical
<b>Retail/Mail Order (30-day supply)</b> Generic Brand Preferred Brand Non-Preferred Specialty	\$15 Copay \$35 Copay \$75 Copay 25% Coinsurance	\$15 Copay \$35 Copay \$75 Copay 25% Coinsurance	\$15 Copay \$35 Copay \$75 Copay 25% Coinsurance
<b>Mail Order (90-day supply)</b> Generic Brand Preferred Brand Non-Preferred Specialty	\$38 Copay \$88 Copay \$188 Copay Not Covered	\$38 Copay \$88 Copay \$188 Copay Not Covered	\$38 Copay \$88 Copay \$188 Copay Not Covered
<b>NETWORK</b>	Out-of-Network	Out-of-Network	Out-of-Network
<b>Annual Deductible</b> Individual / Family	\$2,000 / \$4,000	\$3,600 / \$7,200	N/A
<b>Out-of-Pocket Maximum</b> Individual / Family	\$10,000 / \$20,000	\$13,000 / \$26,000	N/A
<b>Coinsurance</b> Plan Pays / You Pay	80% / 20%	70% / 30%	N/A
* Waived if Admitted			

## CIGNA OPEN ACCESS PLUS (OAP) NETWORK

Offering flexible access to thousands of providers, plus programs and services to support your whole health needs. The Open Access Plus (OAP) network is designed to make it easier for you to get the quality care you need and the savings you want.

### Find a Doctor

To find a provider, go to [www.cigna.com](http://www.cigna.com)

- ▶ Click on "Find a Doctor"
- ▶ Select "Employer or School"
- ▶ Select a search criteria "Doctor by Type, Doctor by Name, Health Facilities and Group Practices"
- ▶ In the OAP section, select "Open Access, OA plus, Choice Fund OA Plus" network

### Preventive Care

All plans cover preventive care at 100%, including routine screenings and checkups. Many of these services are covered as part of routine physical exams. These include regular checkups, routine gynecological visits and well-child exams. You will not have to pay anything for these services if you receive them from a provider that participates in Cigna's network. That means no deductible, no copayment and no coinsurance.

### No-Referral Specialist Care

A primary care provider (PCP) is recommended, but not required. If you need to see a specialist for any reason, you don't need a referral to see an in-network health care provider.

### Hospital Stays

In an emergency, you have coverage. However, requests for nonemergency hospital stays (other than maternity stays) and some types of outpatient care must have prior authorization or be preauthorized. This lets Cigna determine if the services are covered by your plan.

If your provider is in the Cigna OAP network, he or she will arrange for prior authorization.

## PRESCRIPTION DRUG

### Generic vs. Preferred-Brand vs Non-Preferred Brand

You can control your out-of-pocket cost based on the medications your physician prescribes. To get the greatest value from your prescription benefits, ask your doctor to prescribe generic medications whenever possible.

### Mail Order & Maintenance Medications

Use Mail Order for maintenance medications that you routinely fill each month. You may be able to obtain valuable savings on 90-day supplies of medications.

## ADDITIONAL SERVICES & SUPPORT

### Cigna Health Information Line

With the Cigna Health Information Line, clinicians are just a phone call away – 24/7, and at no extra cost. They can help you understand health issues you might be experiencing, and help you to make informed decisions. Whether it's reviewing home treatment options, following up on a provider's appointment, or choosing and finding the right care in the right setting. Call the Cigna 24-hour Health Information Line at **888-992-4462** or call the number on the back of your ID card.

### 24/7, 365 Customer Service

Customer service representatives are here for you where and when you need us – over the phone, via chat at [www.mycigna.com](http://www.mycigna.com) or on the myCigna App.



Need more information about your benefits? Scan the QR code to view a list of benefit summaries and resources available to you.

## CIGNA VIRTUAL CARE

It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through Cigna includes access to minor medical and behavioral/mental health virtual care. Whether it's late at night and your doctor or therapist isn't available or you just don't have the time or energy to leave the house or job site, you can:

- ▶ Access care from anywhere via video or phone
- ▶ Get minor medical virtual care 24/7/365 – even on weekends and holidays
- ▶ Schedule a behavioral/mental health virtual care appointment online in minutes
- ▶ Connect with quality board-certified doctors and pediatricians as well as licensed counselors and psychiatrists
- ▶ Have a prescription sent directly to your local pharmacy, if appropriate

### Virtual Medical Care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- ▶ Acne
- ▶ Allergies
- ▶ Asthma
- ▶ Cold & Flu
- ▶ Earaches
- ▶ Ear Problems
- ▶ Fever
- ▶ Headaches
- ▶ Nausea
- ▶ Pink Eye
- ▶ Rashes
- ▶ Respiratory Problems
- ▶ Shingles
- ▶ Sinus Infections
- ▶ Skin Infections
- ▶ Sore Throats
- ▶ And More

### Mental Health Virtual Care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral/mental health conditions, such as:

- ▶ Addictions
- ▶ Bipolar disorders
- ▶ Depression
- ▶ Eating disorders
- ▶ Panic disorders
- ▶ Parenting issues
- ▶ Relationship issues
- ▶ Marriage issues
- ▶ Stress
- ▶ Trauma/PTSD
- ▶ And More

## HOW TO CONNECT

- ▶ Contact your in-network provider or counselor
- ▶ Talk to an MDLIVE medical provider on demand on [www.mycigna.com](http://www.mycigna.com)
- ▶ Schedule an appointment with an MDLIVE provider or licensed therapist on [www.mycigna.com](http://www.mycigna.com)
- ▶ Call MDLIVE 24/7 at 888-726-3171

## CIGNA MOBILE APP

Life can be busy and complicated. So, we created a simple-to-use tool that can help make your life easier (and healthier) while you're on the go. The myCigna App helps you personalize, organize and access your important plan information on your phone or tablet. The app has a new look and feel and it's available in Spanish too! Use the myCigna app to log in anytime, just about anywhere to:

- ▶ Manage and track claims
- ▶ View, fax or email ID card information
- ▶ Find in-network doctors and compare cost and quality information
- ▶ Review your coverage
- ▶ Track your account balances and deductibles
- ▶ Order your Cigna Home Delivery Pharmacy prescriptions online and view order history
- ▶ Compare prescription drug prices for Retail and Home Delivery pharmacies



Need more information about your benefits? Scan the QR code to view a list of benefit summaries and resources available to you.

# SUPPLEMENTAL BENEFITS



Below is a brief description of the three benefits offered by The Standard. All of the benefits below pay a cash sum directly to you.

## ACCIDENT INSURANCE

Accident Insurance is an affordable way to make sure you can cover the gap between what your medical insurance covers and what you'd owe out-of-pocket if you or a family member were to get injured. In the event of a covered accident, your Accident Insurance will pay a benefit directly to you. You can use this money wherever you need it most - whether that's bills, copays, deductibles, or your daily living expenses. Some of the most common treatments and conditions we pay benefits for include:

- ▶ Emergency room treatment
- ▶ X-Rays
- ▶ Physical therapy
- ▶ Stitches
- ▶ Follow-up doctor treatments
- ▶ And more

Coverage is available at a flat rate to the employee, an employee with a spouse, or an employee with a child(ren). You will receive an annual \$50 benefit on each just for completing an eligible health screening test.

## CRITICAL ILLNESS INSURANCE

There are more than just medical bills to pay after a heart attack, stroke, or other unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help. Critical Illness Insurance provides benefits for the covered medical conditions and diagnoses shown below. The most common conditions we pay claims for include:

- ▶ Heart attack
- ▶ Major organ failure
- ▶ Stroke
- ▶ Coma
- ▶ Cancer
- ▶ And More

Coverage is available at a aged based rate to the employee, an employee with a spouse, or an employee with a child(ren). You will receive an annual \$50 benefit on each just for completing an eligible health screening test.

## HOSPITAL INDEMNITY INSURANCE

Out-of-pocket costs from a stay in a hospital or other medical facility can be overwhelming. As expenses add up, Hospital Indemnity Insurance can help. With Hospital Indemnity Insurance, you'll receive a fixed daily benefit if you have a covered stay in a hospital, intensive care unit, or rehabilitation facility after your coverage effective date.

- ▶ Hospital confinement
- ▶ Hospital intensive care

Coverage is available at a flat rate to the employee, an employee with a spouse, or an employee with a child(ren).



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# SUPPLEMENTAL BENEFITS



## WHOLE LIFE WITH LONG-TERM CARE

You may purchase coverage for yourself in \$10,000 increments up to a maximum of \$100,000. Coverage for your spouse can be purchased in \$10,000 increments up to a maximum of \$30,000. Coverage for dependent child(ren) may be purchased in the amount of \$10,000. **Whole Life Insurance is offered by Atlantic American Employee Benefits.**

Whole Life Insurance also includes:

- ▶ **Chronic Illness Rider:** Allows access to the whole life benefits during the insured's lifetime if they are diagnosed with a qualifying chronic illness that requires assistance with at least two activities required for daily living or requires substantial supervision due to severe cognitive impairment.
- ▶ **Waiver of Premium Rider:** Waives premiums after the insured has been totally disabled for a period of 6 months.
- ▶ **Terminal Illness Rider:** Pays 50% in the event the insured is diagnosed with a covered terminal illness.

Employee Whole Life with Long-Term Care Monthly Rates										
Age-Banded Rates	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
18-24	\$7.60	\$15.20	\$22.80	\$30.40	\$38.00	\$45.60	\$53.20	\$60.80	\$68.40	\$76.00
25-29	\$8.70	\$17.40	\$26.10	\$34.80	\$43.50	\$52.20	\$60.90	\$69.60	\$78.30	\$87.00
30-34	\$10.70	\$21.40	\$32.10	\$42.80	\$53.50	\$64.20	\$74.90	\$85.60	\$96.30	\$107.00
35-39	\$13.10	\$26.20	\$39.30	\$52.40	\$65.50	\$78.60	\$91.70	\$104.80	\$117.90	\$131.00
40-44	\$16.60	\$33.20	\$49.80	\$66.40	\$83.00	\$99.60	\$116.20	\$132.80	\$149.40	\$166.00
45-49	\$21.30	\$42.60	\$63.90	\$85.20	\$106.50	\$127.80	\$149.10	\$170.40	\$191.70	\$213.00
50-54	\$27.70	\$55.40	\$83.10	\$110.80	\$138.50	\$166.20	\$193.90	\$221.60	\$249.30	\$277.00
55-59	\$36.90	\$73.80	\$110.70	\$147.60	\$184.50	\$221.40	\$258.30	\$295.20	\$332.10	\$369.00
60-64	\$53.70	\$107.40	\$161.10	\$214.80	\$268.50	\$322.20	\$375.90	\$429.60	\$483.30	\$537.00
65-70	\$68.00	\$136.00	\$204.00	\$272.00	\$340.00	\$408.00	\$476.00	\$544.00	\$612.00	\$680.00

Spouse Whole Life with Long-Term Care Monthly Rates			
Age-Banded Rates	\$10,000	\$20,000	\$30,000
18-24	\$7.60	\$15.20	\$22.80
25-29	\$8.70	\$17.40	\$26.10
30-34	\$10.70	\$21.40	\$32.10
35-39	\$13.10	\$26.20	\$39.30
40-44	\$16.60	\$33.20	\$49.80
45-49	\$21.30	\$42.60	\$63.90
50-54	\$27.70	\$55.40	\$83.10
55-59	\$36.90	\$73.80	\$110.70
60-64	\$53.70	\$107.40	\$161.10
65-70	\$68.00	\$136.00	\$204.00

\*The Spouse rates are based on the Spouse's age

Child Whole Life with Long-Term Care Monthly Rates	
Age-Banded Rates	\$10,000
15 Days to Age 25	\$5.00



Need more information about your benefits? Scan the QR code to view a list of benefit summaries and resources available to you.

# DENTAL BENEFITS



When you enroll in the Cigna Dental plan, you may visit any dentist you choose, but in-network providers offer larger discounts and can file your claims for you. If you prefer to see an out-of-network provider, keep in mind, since they are not under a contract, they may charge you for any amount billed in excess of the negotiated discounted rate. The amount you pay for your coverage is based on who you cover and which plan you choose.

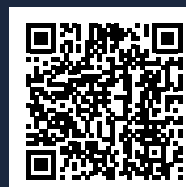
Search for a participating provider and facilities by visiting [www.cigna.com](http://www.cigna.com) and click on "Find a Doctor" then select "Employer or School", Select a search criteria and choose which type of dentist you are seeking, and in the DPPO section, select "Total Cigna DPPO".

Benefit Description	Cigna Dental Low Plan	
	Network	Out-of-Network*
<b>Annual Deductible</b> Individual / Family	In-Network \$50 / \$150	Out-of-Network* \$50 / \$150
<b>Annual Maximum Benefit</b>	\$1,000 per person	\$1,000 per person
<b>Preventive Services</b>	Plan pays 100% No Deductible	Plan pays 100% No Deductible
<b>Basic Services</b>	Plan pays 80% After Deductible	Plan pays 80% After Deductible
<b>Major Services</b>	Plan pays 50% After Deductible	Plan pays 50% After Deductible
<b>Orthodontics Services</b>	Not Covered	Not Covered

\* Out-of-network (non-participating) dentists are not obligated to accept the insurance carrier's approved costs. If you choose a non-participating dentist, you may be responsible for additional costs if the provider's charges exceed the plan's usual and customary levels.

Benefit Description	Cigna Dental High Plan	
	Network	Out-of-Network*
<b>Annual Deductible</b> Individual / Family	In-Network \$50 / \$150	Out-of-Network* \$50 / \$150
<b>Annual Maximum Benefit</b>	\$1,500 per person	\$1,500 per person
<b>Preventive Services</b>	Plan pays 100% No Deductible	Plan pays 100% No Deductible
<b>Basic Services</b>	Plan pays 80% After Deductible	Plan pays 80% After Deductible
<b>Major Services</b>	Plan pays 50% After Deductible	Plan pays 50% After Deductible
<b>Orthodontics Services</b> Children Only	Plan pays 50% No Deductible	Plan pays 50% No Deductible
<b>Lifetime Orthodontia Maximum</b>	\$1,000 per person	\$1,000 per person

\* Out-of-network (non-participating) dentists are not obligated to accept the insurance carrier's approved costs. If you choose a non-participating dentist, you may be responsible for additional costs if the provider's charges exceed the plan's usual and customary levels.



Need more information about your benefits? Scan the QR code to view a list of benefit summaries and resources available to you.

# VISION BENEFITS



You may elect vision care coverage through Cigna, which provides affordable, quality vision care nationwide. Under the Cigna plan you will utilize the EyeMed network of doctors. Although vision care services and supplies are covered in-network and out-of-network, your benefits are generally greater when you use in-network providers. Your costs are based on the family members you choose to cover.

Search for a participating provider by visiting <https://eyedoclocator.eyemedvisioncare.com/cigna/en>.

Benefit Description	Cigna Vision Plan	
	In-Network	Out-of-Network
<b>Exam (Once Every 12 Months)</b>	\$10 Copay	Reimbursement up to \$45
<b>Frames (Once Every 24 Months)</b>	\$130 Allowance + 20% off remaining balance	Reimbursement up to \$70
<b>Lenses (Once Every 12 Months)</b>		
Single	\$25 Copay	Reimbursement up to \$32
Bifocal	\$25 Copay	Reimbursement up to \$55
Trifocal	\$25 Copay	Reimbursement up to \$65
Lenticular	\$25 Copay	Reimbursement up to \$100
<b>Contact Lenses (Once Every 12 Months)</b>		
Medically Necessary	Covered in Full after Copay	Reimbursement up to \$210
Elective	\$130 Allowance	Reimbursement up to \$105

**Please Note: If you are receiving services out of network, you will be required to file the claim yourself for reimbursement.**



Need more information about your benefits? Scan the QR code to view a list of benefit summaries and resources available to you.

# LIFE & DISABILITY BENEFITS



We help our employees maintain financial security by providing a company paid group life and accidental death and dismemberment (AD&D) benefit through The Standard. **This benefit is 100% employer paid.** The chart below shows the coverage available.

## BASIC LIFE AND AD&D INSURANCE

Basic Life/AD&D Insurance Coverage Features	
<b>Employee Benefit</b>	Flat Benefit of \$25,000
<b>Benefits Reductions</b>	At age 65: coverage amount is reduced to 65% of original amount   At age 70: 50% of original amount

## VOLUNTARY LIFE AND AD&D INSURANCE

Pave America offers Voluntary Life and AD&D insurance to all eligible employees through The Standard. Employees must elect voluntary coverage in order to elect coverage for dependents. Only newly eligible employees during initial enrollment are eligible for the guarantee issue amount without having to provide evidence of insurability (EOI). If you do not elect any coverage, you are considered a late entrant and are subject to an EOI. An EOI is required for amounts over guaranteed issue or if you enroll after your initial eligibility period. If an EOI is required, it must be approved by The Standard before you purchase coverage. Please see the chart below for details. **This benefit is 100% Employee paid.**

Voluntary Life and AD&D Insurance Coverage Features	
<b>Employee Benefit</b>	Increments of \$10,000 up to a maximum of \$500,000, not to exceed 8x your base annual salary
<b>Spouse Benefit</b>	Increments of \$5,000 up to a maximum of \$250,000, not to exceed 100% of employees amount
<b>Child Benefit</b>	Increments of \$1,000 up to a maximum of \$10,000, not to exceed 100% of employees amount
<b>Guaranteed Issue*</b>	Employee: \$250,000   Spouse: \$50,000   Child: \$10,000
*The Guaranteed issue amount is only available at the time of initial eligibility (as a new hire). If you are a late entrant, then you will be required to complete Evidence of Insurability (EOI) and coverage is not guaranteed.	

	Employee & Spouse Life and AD&D Rate Per \$1,000 (Monthly)	Child Life and AD&D Rate Per \$1,000 (Monthly)
Age Range	Employee & Spouse Monthly Rate   The Spouse rates are based on the Employee's age	Child Monthly Rate
0-24	\$0.097	\$0.234 (to age 26)
25-29	\$0.085	
30-34	\$0.091	
35-39	\$0.112	
40-44	\$0.150	
45-49	\$0.215	
50-54	\$0.313	
55-59	\$0.470	
60-64	\$0.661	
65-69	\$1.032	
70-74	\$1.936	
75+	\$2.520	



Need more information about your benefits? Scan the QR code to view a list of benefit summaries and resources available to you.

PREMIUM CALCULATION EXAMPLE	Example
<b>Coverage Amount / \$1,000 x Age Rate = Monthly Cost/Premium</b>	\$150,000 / \$1,000 x \$0.112 = \$16.80
*To estimate your weekly premium, multiply your monthly premium by 12 and then divide by 52.	

# LIFE & DISABILITY BENEFITS



The disability benefits provided by Pave America through The Standard work together to help you pay your household expenses if you become disabled and cannot work. The disability benefit also works with other sources of coverage to replace a certain percentage of your earnings. As a result, the disability payments you receive from our plan will be reduced by any benefits you are eligible to receive from Social Security, Workers' Compensation, Retirement Benefits or any other disability coverage to which you are entitled, including any State plans. The chart below shows the coverages available. These benefits are 100% Employee paid. Evidence of Insurability (EOI) may apply if you are electing this benefit outside of your new hire enrollment.

## VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Voluntary Short-Term Disability Coverage Features	
<b>Employee Benefit</b>	60% of your weekly salary up to \$1,000
<b>When Benefit Begins</b>	15th day of injury / illness
<b>Maximum Benefit Period</b>	90 Days

Voluntary Short-Term Disability Monthly Rates per \$10								
Age Range	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60+
<b>VSTD Rate</b>	\$0.306	\$0.339	\$0.303	\$0.315	\$0.394	\$0.473	\$0.664	\$0.803

PREMIUM CALCULATION EXAMPLE	Example
<b>Weekly Earnings* x 0.60 x Age Rate / 10 = Monthly Cost/Premium**</b>	\$1,000 x 0.60 x \$0.303 / 10 = \$18.18
*Cannot exceed \$1,667 **To estimate your weekly premium, multiple your monthly premium by 12 and then divide by 52.	

## VOLUNTARY LONG-TERM DISABILITY INSURANCE

Voluntary Long-Term Disability Coverage Features	
<b>Employee Benefit</b>	60% of your monthly salary up to \$6,000
<b>When Benefit Begins</b>	After 90 Days
<b>Maximum Benefit Period</b>	To Social Security Normal Retirement Age (SSNRA)
<b>Pre-Existing Conditions</b>	Yes

Voluntary Long-Term Disability Monthly Rates per \$100*								
Age Range	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65+
<b>VLTD Rate</b>	\$0.229	\$0.545	\$0.797	\$1.054	\$1.442	\$1.594	\$1.860	\$1.557

\*To estimate your weekly premium, multiple your monthly premium by 12 and then divide by 52.

PREMIUM CALCULATION EXAMPLE	Example
<b>Monthly Earnings* x Age Rate / 100 = Monthly Cost/Premium</b>	\$4,500 x \$0.797 / 100 = \$35.86
*Cannot exceed \$10,000 **To estimate your weekly premium, multiple your monthly premium by 12 and then divide by 52.	



Need more information about your benefits? Scan the QR code to view a list of benefit summaries and resources available to you.

# ADDITIONAL BENEFITS



## EMPLOYEE ASSISTANCE PROGRAM (EAP)

This plan is offered at no cost to you through The Standard in connection with your Life insurance benefits. Sometimes balancing work and family creates stress that's hard to handle on your own. The Standard's EAP is a CONFIDENTIAL service, free of charge to you and your family and designed to help with personal, job and family concerns. Anyone in your household is eligible, even if you are not related or covered on the insurance programs such as medical, dental or vision. Three face-to-face counseling sessions per issue, per year are available through the EAP for personal and professional needs such as:

- ▶ Stress, Anxiety, Depression
- ▶ Divorce/Separation
- ▶ Grief & Loss
- ▶ Substance abuse
- ▶ Work-Life counseling
- ▶ Legal/Financial consultations

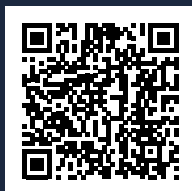
For more information on the EAP program, call 888-293-6948 or visit [healthadvocate.com/standard3](http://healthadvocate.com/standard3). Your policy number is 762060.

## TRAVEL ASSISTANCE PROGRAM

Travel assistance, through The Standard, can help you avoid unexpected bumps in the road anywhere in the world for you, your spouse and dependent children on any single trip, up to 180 days in length, more than 100 miles from home. You will have access to pre-trip assistance, medical assistance, and emergency travel support services. Whether at home or traveling this benefit provides education, prevention and recovery information to help you protect your identity. Brought to you by The Standard, services are provided through Assist America. This benefits is free of charge to you and your eligible dependents.

- ▶ Travel & health advisories
- ▶ Help recovering lost or stolen documents or luggage
- ▶ Legal/interpreter referrals
- ▶ And More

For more information call 800-872-1414 (U.S.) or +1-609-986-1234 (Collect). or visit [www.assistamerica.com](http://www.assistamerica.com). Use the Reference Code: 01-AA-STD-5201.



Need more information about your benefits? Scan the QR code to view a list of benefit summaries and resources available to you.

## FLEXIBLE SPENDING ACCOUNTS (FSA)

Pave America lets you redirect a portion of your pay, through payroll deductions, into Flexible Spending Accounts (FSAs) through American Benefits Group. The money that goes into an FSA is deducted from your pay on a pre-tax basis (before Federal and Social Security taxes are calculated). Because you do not pay these taxes on money that goes into an FSA, you decrease your taxable income and potentially increase your spendable income. For more information go to [www.amben.com](http://www.amben.com).

### HEALTH CARE FSA

A Health Care FSA provides you with the ability to save money on a pre-tax basis for any IRS-allowed health expenses not covered by your benefits plan. The maximum annual amount you can contribute to a Health Care FSA in 2024 is **\$3,200**. The full annual amount elected is available to be used for reimbursement on day one of the plan year.

#### Qualified expenses include:

- ▶ Out-of-pocket medical, dental, & vision costs
- ▶ Prescription drug copayments & OTC medicine

### DEPENDENT CARE FSA

A Dependent Care FSA provides you with the ability to set aside money on a pre-tax basis for day care expenses for your eligible dependent. The funds must be contributed to your account before reimbursement is available. The maximum annual amount you can contribute to a Dependent care FSA in 2024 is **\$5,000 (or \$2,500 if married filing separately)**.

#### Eligible Dependents:

- ▶ Your children, under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return; and/or
- ▶ Your spouse or other dependents, including parents, who are physically or mentally incapable of self-care.

#### Qualified expenses include:

- ▶ Preschool or nursery school expenses
- ▶ Babysitter expenses
- ▶ Day care center
- ▶ Summer day camp
- ▶ After-school care
- ▶ Adult day care center or in-home care for an adult dependent

## IMPORTANT FSA FEATURES

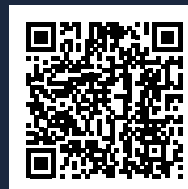
It is very important that you only elect to contribute an amount to the FSA that you can reasonably expect to spend in the plan year. Before you elect to contribute to a FSA, please note the following important features of these plans.

- ▶ The amount you elect may not be changed during the plan year unless you experience a QLE.
- ▶ You may not transfer funds between FSA accounts.
- ▶ Your participation in an FSA will end on the date of your termination of employment.
- ▶ Refunds cannot be made for any account balance that remains, after termination.
- ▶ An FSA plan may be continued under COBRA if your contributed amount is greater than your reimbursement amount.
- ▶ 90 day run-out period to submit claims incurred during the plan year

## USE IT OR LOSE IT

The **Health Care FSA** allows you to carryover up to **\$640** in account balances from 2024 into 2025 if you make at least the minimum election for a 2025 Health Care FSA. Participants will need to wait until after the 90 day run-out period on the prior plan year before having access to these balances.

The **Dependent Care FSA** does not allow a carryover. However it does have a grace period of 2 1/2 months into the following plan year.



Need more information about your benefits? Scan the QR code to view a list of benefit summaries and resources available to you.

# VOLUNTARY BENEFITS

## METLIFE LEGAL PLAN

The MetLife legal plan provides the mental and emotional security that comes with knowing you have an attorney to help you with your legal matters and provides cost-effective legal help to members to help them proactively handle expensive legal matters. The plan features:

- ▶ No copays, deductibles or claim forms when using a network attorney for a covered matter
- ▶ Unlimited consultations even for matters not covered under your plan
- ▶ Access to attorney network as well as use of a self-help document library

Covered services include:

- ▶ Money Matters
- ▶ Estate Planning
- ▶ Elder-care Issues
- ▶ Home & Real Estate
- ▶ Civil Lawsuits
- ▶ Traffic & Other Matters

For more information go to [www.metlife.com/insurance/legal-plans/](http://www.metlife.com/insurance/legal-plans/) or call 800-821-6400.

## NFP TELEADVOCACY PLUS

Healthcare can be complicated and expensive. With the TeleAdvocacy Plus benefits package you are connected with tools and services that help guide a smoother most cost effective healthcare experience for only \$2.53 per week. Download the My Benefits Work mobile app or visit [mybenefitswork.com](http://mybenefitswork.com) to access and use your benefits anytime and anywhere.

### Teladoc

Enjoy on-demand healthcare with 24/7 access to doctors by phone. This benefit is available to you, your spouse, and your dependents at no cost. If you are caring for an aging parent or loved one, you can provide them access to \$49 visits.

### Counseling Services

32% of U.S. employees suffer from severe stress, anxiety, or depression. Call 24/7 for an evaluation, then set up a free phone session to discuss and resolve job issues, financial or legal stress, struggles with grief and loss, family and marital issues, and more.

### LifeSpeak

Gain reputable, expert advice on mental health issues. This benefit gives you access to the world's leading experts on mental health, stress management, financial health, infertility, and more.

### Health Advocate

Experts use compassion, advanced technology and hands-on support to help you navigate the complicated Healthcare maze and guide you to the care you need when you need it, 24/7.

### Fertility, Surrogacy, and Adoption

Receive guidance and support for fertility treatments, surrogacy, egg donation, and adoption.

### Caregiver Support

Caregivers spend an average of 20 hours every week on caregiving. Manage your responsibilities more easily with resources that keep you organized, save you money, and have your back.

### NBTravel

This benefit provides exclusive, deep discounts on hotels, car rentals, flights, and activities all over the world and helps you find deals at more than 900K hotels worldwide and 200+ airlines.

### NBDeals

Access on-demand discounts from over 40 different categories across 500+ merchants nationwide.

### New Benefits Rx

Receive discounts on thousands of medications at 60,000+ retail pharmacies nationwide, including Walgreens, Target, CVS, and many other independent, national, and regional chains. Even if you have insurance, you can present both cards at the pharmacy or research online to receive the lowest price.



Need more information about your benefits? Scan the QR code to view a list of benefit summaries and resources available to you.

# GLOSSARY OF TERMS

## BALANCE BILLING

An out-of-network healthcare provider billing a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

## COINSURANCE

The percentage of costs of a covered health care service you pay after you've paid your deductible. For example, if you pay 5 percent of an in-network covered charge, the plan pays 95 percent.

## CO-PAYMENT

A fixed amount you pay for a covered health care service after you've paid your deductible.

## DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay.

Embedded deductible means that any member of a family will not have to pay more than the individual deductible before he/she begins to pay coinsurance.

Non-embedded deductible means that the entire family deductible must be satisfied before any member of the family begins to pay coinsurance.

## EMERGENCY SERVICES

Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

## FORMULARY

A list of prescription drugs that are covered by your health insurance plan. The formulary is separated into cost levels called tiers, which affects how much you pay for each drug. Also known as a Prescription Drug List (PDL).

## NON-PREFERRED PROVIDER

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance has a tiered network and you must pay extra to see some providers.

## OUT-OF-POCKET MAXIMUM

The most you could pay during a plan year for your share of the costs of covered services. After you meet this limit the plan will pay 100% of the allowed amount. There are separate in- and out-of-network out-of-pocket maximums. All copays, deductibles, and coinsurance accrue to the out-of-pocket maximums. Your out-of-pocket maximum is on a contract year basis. Refer to your healthcare plan summaries for more information.

## PRE-AUTHORIZATION

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug is medically necessary.

## PREMIUM

The amount that must be paid for your health insurance or plan each month. This amount is shared by you and your employer.

## PRIMARY CARE PHYSICIAN

A physician who directly provides or coordinates a range of health care services for a patient.

## SPECIALIST

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

## UCR (USUAL, CUSTOMARY AND REASONABLE)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical services. The UCR amount sometimes is used to determine the allowed amount.

## URGENT CARE

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

# PAYROLL CONTRIBUTIONS

Weekly Employee Payroll Contributions						
Coverage Level	Employee Only	Employee + Spouse	Employee + Child(ren)	Family		
<b>Medical Plans</b>						
Cigna HMO 5000 Plan	\$12.57	\$51.31	\$37.63	\$86.87		
Cigna Standard 2000 Plan	\$40.35	\$114.61	\$94.02	\$163.91		
Cigna Premier 1000 Plan	\$57.09	\$143.83	\$117.80	\$206.83		
<b>Dental Plans</b>						
Cigna Dental Low Plan	\$2.27	\$5.68	\$5.78	\$8.77		
Cigna Dental High Plan	\$3.62	\$8.37	\$10.12	\$14.86		
<b>Vision Plan</b>						
Cigna Vision Plan	\$0.54	\$1.31	\$1.08	\$1.65		
<b>Ancillary Plans</b>						
The Standard Basic Life & AD&D Insurance	100% Employer Paid					
The Standard Voluntary Short-Term Disability	100% Employee Paid*   Based on Age Rate					
The Standard Voluntary Long-Term Disability	100% Employee Paid*   Based on Age Rate					
The Standard Voluntary Life & AD&D Insurance	100% Employee Paid*   Based on Age Rate					
<b>Voluntary Plans</b>						
The Standard Accident Insurance	\$1.84	\$3.60	\$4.30	\$5.09		
The Standard Hospital Indemnity Insurance Low Plan	\$2.87	\$4.86	\$4.00	\$7.17		
The Standard Hospital Indemnity Insurance High Plan	\$5.74	\$9.73	\$7.99	\$14.33		
Atlantic American Whole Life Insurance with LTC	100% Employee Paid*   Based on Age Rate					
MetLife Legal Plan	\$4.50					
NFP Teleadvocacy Plus	\$2.53					
*Please Note: Amounts subject to change dependent upon actual premium.						
<b>The Standard Critical Illness Insurance Employee &amp; Spouse Weekly Rates</b>						
Age Range	18-29	30-39	40-49	50-59	60-69	70+
CI Rates	\$2.22	\$3.39	\$6.92	\$14.33	\$26.52	\$67.43
* The Spouse rates are based on the Employee's age						

# CONTACT INFORMATION

## HAVE COMMENTS, QUESTIONS, CONCERNS?

Should you need any personal assistance understanding your benefits, claims or other insurance related information, the following are your carrier contact numbers and websites. There is a wealth of information regarding your plans, claims and other online resources. We recommend that your first step be to call the insurance carrier. You will need your ID number or Social Security Number along with the date of service and provider name (when applicable). If you require further assistance, please contact your Client Advocate at NFP or Human Resources. Please have the same information available when contacting NFP or Human Resources.

PLAN	CONTACT NUMBER	WEBSITE   EMAIL
<b>Medical Benefits</b> Cigna	800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
<b>Accident, Critical Illness, &amp; Hospital Indemnity</b> The Standard	888-937-4783	<a href="http://www.standard.com">www.standard.com</a>
<b>Whole Life Insurance with LTC</b> Atlantic American Employee Benefits	866-458-7502	<a href="http://www.aaemployeebenefits.com">www.aaemployeebenefits.com</a>
<b>Dental Benefits</b> Cigna	800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
<b>Vision Benefits</b> Cigna	800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
<b>Life and AD&amp;D Insurance</b> The Standard	800-628-8600	<a href="http://www.standard.com">www.standard.com</a>
<b>Voluntary Short-Term Disability</b> The Standard	800-368-2859	<a href="http://www.standard.com">www.standard.com</a>
<b>Voluntary Long-Term Disability</b> The Standard	800-368-1135	<a href="http://www.standard.com">www.standard.com</a>
<b>Employee Assistance Program</b> The Standard	888-293-6948	<a href="http://healthadvocate.com/standard3">healthadvocate.com/standard3</a>
<b>Travel Assistance Program</b> The Standard	800-872-1414 (U.S.) +1-609-986-1234 (Collect)	<a href="http://www.assistamerica.com">www.assistamerica.com</a> Email: <a href="mailto:medservices@assistamerica.com">medservices@assistamerica.com</a>
<b>Flexible Spending Accounts</b> American Benefits Group	800-499-3539	<a href="http://www.amben.com">www.amben.com</a>
<b>Legal Plan</b> MetLife	800-821-6400	<a href="http://www.metlife.com/insurance/legal-plans/">www.metlife.com/insurance/legal-plans/</a>
<b>Teleadvocacy Plus</b> My Benefits Work	800-800-7626	<a href="http://mybenefitswork.com">mybenefitswork.com</a>
<b>Pave America</b> Human Resources	855-431-7283	Email: <a href="mailto:hr@paveamerica.com">hr@paveamerica.com</a>
<b>Pave America</b> Enrollment Specialist / Enroll In Benefits	888-216-6432	<a href="https://foresterbenefits.com/paveamerica">https://foresterbenefits.com/paveamerica</a>
<b>NFP</b> Faith Jones, Client Advocate	301-214-7020	Email: <a href="mailto:faith.jones@nfp.com">faith.jones@nfp.com</a>

NOTE: In the event there is any discrepancy between the descriptions of the program elements contained within this Benefits Guide and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers or third party administrators for detailed plan information. You should be aware that any and all elements of our Benefits Program may be modified in the future to meet Internal Revenue Service rules, or otherwise as determined by Pave America.