



BENEFITS SUMMARY

Effective: October 1, 2024 – September 30, 2025

BENEFIT ELIGIBILITY: If an employee is scheduled to work 20 hours or more per week, they are eligible for insurance coverage, as defined by the insurance carrier; effective on the first of the month following date of hire. For example, an employee starts work on March 13, if they are otherwise eligible, their insurance will become effective on April 1.

MEDICAL INSURANCE:

We offer two different medical insurance plans provided by Premera for employees to choose from.

Premera Preferred Choice HSA: There is a \$1,600 individual and \$3,200 family deductible on this plan. There are no copays under this plan; the employee is responsible for the full bill after network discounts until the deductible is met. After the deductible has been met, coverage for most services is paid at 80% for preferred providers. Preventive care services received from a preferred provider are covered at 100%. The annual out-of-pocket maximum is \$4,000 single/\$8,000 family. This plan has an aggregate deductible meaning if more than one person is enrolled on the family plan, the entire \$3,200 must be met by any combination of enrolled family members before benefits begin being paid.

Prescription Drug Benefit: Prescription drugs from participating retailers are covered at 80% after the annual deductible is met.

Health Savings Account (HSA): The Company will make monthly contributions to an enrolled employee's HSA, up to an annual benefit of \$1,600. HSAs are tax-advantaged medical savings accounts. The funds contributed to this account are not subject to federal income tax at the time of deposit. The funds may only be used for approved medical expenses (see IRS publication 502 for a detailed list). This account rolls from year to year and is retained by the employee even after leaving the Company. The employee's contribution is optional and the employee contribution is not required to receive the Company's contribution.

Premera Preferred Choice PPO: There is a \$1,000 individual and \$2,000 family deductible on this plan. Office visits to a preferred provider are covered after a copay of \$25 for both primary care and specialist visits. General medical telehealth visits with traditional providers are covered after a copay of \$10. Other services performed during office visits may be subject to the annual deductible and paid at 80%. Preventive care services received from a preferred provider are covered at 100% and the annual deductible is waived. Other services are subject to the annual deductible with coverage paid by Premera at 80% with coinsurance at preferred providers for most services. The annual out-of-pocket maximum is \$4,500 member/\$9,000 family.

Prescription Drug Benefit: Prescription drugs from participating retailers are covered 100% with a copay of \$10 for generic / \$25 Preferred Brand / \$45 Non-Preferred Brand. Mail-order prescription drugs are covered 100% with a \$25 copay for generic/ \$62 copay for Preferred Brand/ \$112 Non-Preferred Brand.

DENTAL BENEFIT: Our dental plan is provided by Premera and features a \$50 individual, \$150 family annual deductible. The annual benefit per person is \$2,000. The deductible does not apply to Preventive Services. This plan pays for 100% of preventive care, 80% basic restorative care, and 50% major restorative care. This plan pays 100% of orthodontia, up to a lifetime maximum of \$1,500 per member. For services received from an out-of-network provider, employees may be responsible for any difference between the dentist's charge and covered benefits at the Premera contracted rate.

DENTAL COVERAGE		
Type 1: Preventive Care 100% Covered	Type 2: Basic Restorative Care 80% Covered	Type 3: Major Restorative Care 50% Covered
<i>Example:</i> <ul style="list-style-type: none"> • Routine Exam Bitewing X-Rays • Full Mouth/Panoramic X-rays • Cleaning 	<i>Example:</i> <ul style="list-style-type: none"> • Denture Repair • Simple and Complex Extractions • Anesthesia 	<i>Example:</i> <ul style="list-style-type: none"> • Onlays • Crowns Implants • Prosthodontics

VISION BENEFIT: Our plan offers a vision benefit through Vision Service Plan (VSP). The plan provides for an exam every 12 months after a \$10 copay from a participating provider. There is also a benefit of an allowance of up to \$180 for frames and lenses every 12 months. Contact lenses are also covered every 12 months instead of glasses.

SUBMISSION OF CLAIMS: Most medical and dental providers will bill the insurance providers directly for any charges incurred. Medical, dental, and prescription drug cards will be distributed to employees.

LIFE INSURANCE/ACCIDENTAL DEATH AND DISMEMBERMENT: Our benefits package provides employees with company-paid Life and Accidental Death and Dismemberment insurance through Mutual of Omaha in the amount of one-time annual earnings up to \$225,000, whichever is less. Employees may purchase additional benefits through payroll deductions to the lesser of a maximum of 5 times annual earnings or \$500,000.

COST: The Company pays 100% of the premium costs for eligible employees on the medical, dental, and vision plans. The cost for enrolling dependents per month is outlined below.

	Medical \$1,600 HSA	Medical \$1,000 PPO	Dental	Vision
Employee	\$0.00	\$0.00	\$0.00	\$0.00
Spouse/Domestic Partner	\$777.41	\$939.64	\$37.29	\$4.13
Child(ren)	\$597.32	\$721.98	\$49.23	\$4.36
Family	\$1,374.73	\$1,661.60	\$97.65	\$11.25

SHORT-TERM DISABILITY: Our benefits package includes employer-paid Short-Term Disability through Mutual of Omaha. This benefit will pay employees 70% of their pre-disability salary if they are unable to work due to pregnancy or non-work-related illness, or injury from the 14th day for a maximum duration of up to 11 weeks. The maximum weekly benefit is \$2,000.

LONG-TERM DISABILITY: Our benefits package also includes employer-paid Long-Term Disability through Mutual of Omaha. This benefit will pay employees 60% of their pre-disability salary if they are unable to work due to non-work-related illness or injury for a period of time after 90 days. The maximum monthly benefit is \$6,000.

EMPLOYEE ASSISTANCE PROGRAM: The EAP is a confidential counseling service provided to assist employees and their dependents with issues that may affect work or overall well-being. The EAP is available 24 hours a day to serve employees and family members. Services are provided by Mutual of Omaha. The service is strictly confidential and provided at no cost to the employee and qualified members of their household.

SECTION 125 FLEXIBLE SPENDING ACCOUNTS: Employees may set aside money from each paycheck on a pre-tax basis to pay for out-of-pocket health and/or daycare expenses. Employees are eligible to enroll on the first of the month following 30 days of employment. Note: if the employee elects the HSA medical plan above, they are not eligible for the medical FSA. However, they may contribute to their HSA for the same pre-tax benefit to be used for qualified medical expenses and also contribute to the Limited Purpose FSA for Dental and Vision expenses only.

If employees contribute to premiums associated with medical, dental, or vision coverage, those premiums will be deducted before taxes, except for dependent premiums to cover a domestic partner, which is deducted on a post-tax basis. Supplemental Life insurance premiums are always deducted on a post-tax basis from payroll.

401(k) RETIREMENT PLAN: The 401(k) Plan allows employees to save for retirement with pre-tax contributions. Eligible employees may participate in the plan on the first day of the month following 30 days of employment, as long as they are at least 18 years of age. Eligible employees will be enrolled automatically at a 3% deferral rate if they do not opt-out.

This outline does not constitute a contract. For further information on benefits, limitation, and exclusions consult your contract, benefits booklet, or insurers referenced.

HOLIDAY PAY: Regular, full-time employees will be paid for the following holidays when the office is closed:

New Year's Day
President's Day
Memorial Day
Independence Day

Labor Day
Thanksgiving Day
Day after Thanksgiving
Christmas Day

In addition to the days listed above, the day before or after Christmas is considered a holiday. This will be determined each year.

PAID TIME OFF (PTO): Employees begin to accrue PTO starting on their first full pay period after their date of hire. For regular full-time employees, PTO accrues according to the following schedule:

Length of Service	PTO Benefit	Accrual Rate
0 through 3 years	16 days (128 hours)/year	5.33 hours/pay period
4 through 9 years	21 days (168 hours)/year	7.00 hours/pay period
10+ years	26 days (208 hours)/year	8.66 hours/pay period

Employees may accrue up to 1.5 times their annual PTO benefit.

If employees are regularly scheduled to work 20-39 hours per week, they will receive PTO at a pro-rated amount.

BEREAVEMENT LEAVE: An employee may take up to three days with pay to attend services and to take care of personal matters related to the death of a member of their immediate family. For the purposes of this policy, immediate family members are spouse, parent, sibling, child, grandparent, aunt, uncle, and any "in-law" or "step" relationship to the same degree.

COMPANY PAID LEAVE: For FMLA leave, or leave following childbirth, adoption, or foster care placement, the Company will pay 70% of base weekly pay in the amount of one week for each full year of employment (determined at the time of the leave event) up to a maximum of five weeks within a calendar year. This amount is reduced by any benefits the employee receives from the Washington State Family and Medical Leave and the Company's short-term disability plan.