

TMC Inc.

2023

BENEFITS Guide



January 1, 2023 - December 31, 2023



Welcome! Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You are eligible for benefits the beginning of the month following 60 days.
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2023.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical

We're proud to offer you a comprehensive medical plan administrated by United Healthcare.

Key Medical Benefits	UHC		
	Designated Network	Network Only	Out-of-Network ¹
Deductible (per calendar year)			
Individual / Family	\$1,000 / \$2,000 ²	\$1,000 / \$2,000 ²	\$5,000 / \$10,000 ²
Out-of-Pocket Maximum (per calendar year)			
Individual / Family	\$4,000 / \$8,000 ³	\$4,000 / \$8,000 ³	\$10,000 / \$20,000 ³
Covered Services			
Office Visits physician specialist	\$10 copay \$40 copay	\$10 copay \$80 copay	50%, after deductible 50%, after deductible
Virtual Care Services		No copay	50%, after deductible
Routine Preventive Care	No copay	No copay	50%, after deductible
Outpatient Diagnostic (lab/X-ray)	\$40 copay	50%, after deductible	50%, after deductible
Chiropractic (up to 20 visits)		\$10 copay	50%, after deductible
Ambulance		20%, after deductible	50%, after deductible
Emergency Room		\$300/per visit, then 20% after deductible	Same as Network level coverage
Urgent Care Facility		\$25 copay	50%, after deductible
Inpatient Hospital Stay		20%, after deductible	50%, after deductible
Outpatient Surgery		20%, after deductible	50%, after deductible
Prescription Drugs (Tiers)			
Retail Pharmacy (31-day supply)		\$10 / \$35 / \$60/\$100	\$10 / \$35 / \$60/\$100
Mail Order (90-day supply)		\$30 / \$105 / \$180 / \$300	Not available

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*For a further plan information, refer to the UHC Summary of Benefits

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. All individual deductible amounts will count toward the family deductible, but no one individual will have to pay more than the individual deductible amount.
3. All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but no one individual will have to pay more than the individual out-of-pocket maximum amount.

Dental

We are proud to offer you dental coverage administrated by Lincoln Financial Group (LFG)

Key Dental Benefits	LFG Dental	
	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$25 / \$50	\$25 / \$50
Benefit Maximum (per calendar year; Preventive, Basic and Major services combined)		
Per Individual	\$1,250	\$1,250
Covered Services		
Preventive Services	0%, deductible waived	0%, deductible waived
Basic Services	20%, after deductible	20%, after deductible
Major Services	50%, after deductible	50%, after deductible

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a voluntary vision plan

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$40
Materials Copay	\$25	N/A
Lenses (once every 12 months)		
Single Vision	No charge after materials copay	Up to \$50
Bifocal		Up to \$60
Trifocal		Up to \$75
Frames (once every 24 months)	Covered up to \$130	Up to \$130
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$170	Up to \$130

Life and AD&D

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death. **Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided eligible employees at NO COST.

Disability

T.M.C. is pleased to announce the addition of disability insurance provided through **Lincoln Financial Group**. Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability

Provided at NO COST to you/an affordable group rate through Anthem

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
When Benefits Begin	After 7th day of disability
Maximum Benefit Duration	13 weeks

Voluntary Long-Term Disability

Provided at NO COST to you/an affordable group rate through Anthem

Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Up to age 65 of Social Security Normal Retirement Age, whichever is later

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	United Healthcare	(866) 873-3903	www.myuhc.com
Dental	Lincoln Financial Group	(800) 423-2765	www.lfg.com
Vision	EyeMed	(866) 800-5457	www.eyemed.com
Life/AD&D	Lincoln Financial Group	(800) 423-2765	www.lfg.com
Disability	Lincoln Financial Group	(800) 423-2765	www.lfg.com

Questions?

Stephanie Keezer
(308) 384-1780 x127
stephaniek@tmcalda.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

