

Benefits Summary

Peerless
Industries, Inc.

1/1/2024 - 12/31/2024

A hand holding a red umbrella over wooden figures. The image shows a close-up of a hand holding the handle of a red umbrella. Below the umbrella, several wooden human figures are standing in a row. The background is a soft, out-of-focus white and grey.

peerless-AV[®]
Driving Technology Through Innovation



Premiums

The cost to the employee for medical, dental, and vision insurance is as follows:

Weekly Contributions:	You Pay
Employee Only	\$18.00
Employee & 1 Dependent	\$60.00
Employee & 2+ Dependents	\$65.00



Medical Insurance | BlueCross BlueShield

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. It has a large nationwide network of contracted providers, hospitals, and facilities.

There is no deductible on this plan as long as you stay in network. With that, coinsurance (the cost share between you and BCBS) will kick in right away. Coinsurance is paid when you have services like inpatient hospital stays, outpatient procedures, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). If you go to the doctor, see a specialist, or take a prescription drug, you'll pay a copay for those specific services. Copays do not accumulate towards your deductible but they do accumulate towards your overall out-of-pocket maximum.

Plan Details:	PPO <i>In-Network / Out-of-Network</i>	
Network	PPO	
Deductible		
Individual	\$0	\$200
Family	\$0	\$600
Coinsurance	90%	70%
Out-of-Pocket Max	<i>(Includes Deductible)</i>	<i>(Includes Deductible)</i>
Individual	\$1,000	\$2,200
Family	\$3,000	\$6,600
Physician Services		
Well Adult / Well Child	100%	Deductible then 70%
Virtual Visits	\$5 copay	N/A
Physician Office	\$10 copay	Deductible then 70%
Specialist Visit	\$10 copay	Deductible then 70%
X-Rays / Lab Diagnostics	90%	Deductible then 70%
Outpatient Services	90%	Deductible then 70%
Inpatient Hospitalization	90%	\$300 copay, deductible then 70%
Emergency Room	\$150 copay then 90%	
Urgent Care	90%	Deductible then 70%
Prescription Drugs	Copays:	Copays:
Retail Pharmacy (30 Days)	\$5 / \$15 / \$30	N/A
Retail Pharmacy (90 Days)	\$15 / \$45 / \$90	N/A
Mail Order (90 Days)	\$10 / \$30 / \$60	N/A
Prescription Out-of-Pocket Max		
Individual / Family	\$500 / \$1,500	N/A
Drug Listing	Basic Drug List	Basic Drug List
Pharmacy Network	Elite <i>(CVS/Target and independent pharmacies are out of network)</i>	Elite <i>(CVS/Target and independent pharmacies are out of network)</i>



Preventive/Wellness Exams Covered at 100%

No out-of-pocket costs apply - these exams are fully covered for each enrolled member as long as your physician codes them as preventive.

Virtual Visits—MDLIVE

MDLIVE's telehealth program provides enrolled members with access to non-emergency medical care without even leaving the couch. Visit a doctor virtually 24 hours a day, 7 days a week for a variety of different ailments and symptoms ranging from allergies, asthma, aches, infections, cold/flu, and more. Log on to MDLIVE.com/bcbsil or call 888.676.4204 today to find out additional info on this convenient benefit.

Fitness Program

You'll have unlimited access to a nationwide network of more than 9,500 participating fitness locations with BCBS' fitness program. There is no contract and no obligation. Just log in to BlueAccess for Members at www.bcbsil.com and click "Fitness Program" under Quick Links to reach the enrollment page.

Identity Theft Protection

If you enroll into the BCBS benefits, you are eligible to register for Identity Theft Protection at no additional cost. To register for this free service, log into your BlueAccess for Members portal www.bcbsil.com and click on "Identity Protection" under Quick Links.

Member Rewards

Earn money back for saving money on healthcare. Simply use the Provider Finder to locate a healthcare service provider and select a provider eligible for Member Rewards. You can also search procedures and services eligible for Member Rewards through the BCBS Treatment Cost Estimator on your BlueAccess for Members portal. You'll receive a check in the mail 4-6 weeks after receiving the service.

Benefits Value Advisor

Member advocacy service via telephonic support that guides members to make informed decisions relative to their health needs and financial priorities.

Livongo

A coaching service that helps personally support members with diabetes and hypertension.

Diabetes management features include a blood glucose meter, certified educations available 24/7, instant interventions when blood glucose levels are out of range, test strips and lancets delivered to the member's door at no extra cost, reports to enable a more focused conversation with a clinician.

Hypertension management features easy remote monitoring with a blood pressure cuff, live coaching 24/7, reminders to check blood pressure and notifications for high readings, track progress, reports to enable a more focused conversation with a clinician.

BlueAccess for Members: www.bcbsil.com

A secure member website that gives you immediate access to health care benefit information. Here you can check claim status, find in-network providers, use the hospital comparison tool, and much more.

24/7 Nurseline: 800.299.0274

General health info and guidance for specific conditions from fevers to bee stings from a registered nurse.

Maternity Care Program: 888.421.7781

Personalized support provided by Obstetrical nurses.

Mail Order Prescriptions: 833.715.0942

Through BCBS and Express Scripts, mail order prescriptions may save time and money.

Prior Authorization (PA)

Before medications included in the PA program can be covered under your insurance, your doctor will need to get approval through BCBS.

Step Therapy

You or your pharmacist will be asked to contact your doctor to see if a generic brand is offered before trying a more costly brand name alternative.

Specialty Pharmacy Program

Members may be required to get their specialty medications through Prime Specialty Pharmacy or other BCBSIL preferred specialty pharmacies. If you do not use these pharmacies, you may pay higher out-of-pocket costs.

Blue365 Discounts

Access special program discounts by logging into Blue Access for Members via www.bcbsil.com under *My Coverage* then *Discounts* under *Member Advantages*.

Well onTarget Member Wellness Program

Access health and wellness resources that can help you manage your health.

BlueAccess Mobile™

Access your BlueAccess for Members account from a mobile device. Download the app for immediate access.



Dental Insurance | BlueCross BlueShield

This dental PPO plan allows the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

Plan Details:	DPPO <i>In-Network / Out-of-Network</i>
Network Name	BlueCare Dental PPO
Individual Deductible	\$50 per person
Office Visit Copay	None
Preventive Coinsurance	100% / 100%
Basic Coinsurance	80% / 80%
Major Coinsurance	80% / 80%
Annual Plan Maximum	\$2,500 / \$2,500
Orthodontia Coinsurance	50% / 50%
Orthodontia Lifetime Maximum	\$2,500 / \$2,500



Vision Insurance | VSP

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will merely offer you an allowance towards your vision services.

Plan Details:	Frequency	In-Network	Out-of-Network
Network	VSP Choice		
Eye Exam	Every 12 months	100% covered	\$45 max allowance
Basic Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 months	\$20 copay	Allowance varies
Frames	Every 24 months	\$20 copay, then \$130 allowance + 20% off exceeding balance	\$70 max allowance
Elective Contacts	Every 12 months*	\$130 allowance	\$105 max allowance

* You cannot get contacts and glasses in the same calendar year



Basic Life and AD&D Insurance

Basic Life Insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. Always make sure your beneficiaries are updated. In addition, Accidental Death and Dismemberment (AD&D) provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident. The cost of the benefit is 100% paid for by the company, but the benefit amount may reduce as you age.

Basic Life / Accidental Death & Dismemberment	
Benefit Amount	1x salary to a max of \$200,000 - Life 1x salary to a max of \$200,000 - AD&D



Voluntary Term Life and AD&D Insurance

Voluntary Term Life/AD&D allows you to purchase additional coverage at your own financial expense to ease your loved ones' financial burden if something should happen to you. Always make sure your beneficiary information is updated.

	Employee	Spouse**	Child(ren)
Coverage Increments	\$20,000	\$10,000	\$1,000
Maximum Benefit Amount	\$500,000	\$100,000	\$10,000
Guaranteed Issue Amount*	\$140,000	\$10,000	N/A

*Guarantee issue applies to new hires only

**A spouse's maximum election cannot exceed 100% of what the employee takes out on themselves.

The cost of the benefit is 100% paid for by you. Costs are determined on group discounted rates. Your age and the amount of insurance you elect determines the premium you'll pay. Costs will go up as you age, and benefits may reduce. See your plan documents for more detail and if Evidence of Insurability applies.



Short & Long-Term Disability

If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time. See your plan documents for more detail and if Evidence of Insurability applies.

Disability Coverage	Short -Term	Voluntary Long -Term
Waiting Period	Begins on the 1st day of an injury and the 8th day of an illness	Begins on the 91st day of continuous injury or illness
Benefit Amount	70% of pre-disability weekly earnings	60% of pre-disability monthly earnings
Maximum Benefit	\$500 (hourly employees) and \$1,500 (salaried employees) per week	\$6,000 per month
Length of Payment Period	13 weeks	SSNRA
Premium Contribution	Company paid	Employee paid



Flexible Spending Account (FSA)

Flexible Spending Accounts (FSA) allow you to save money on a pre-tax basis to pay for qualified medical expenses and/or dependent care expenses you may incur throughout the year. The money you put into your FSA is done so on a pre-tax basis. This means you are lowering your taxable income and also not paying taxes when the money is used for qualified expenses. FSAs do have a use-it-or-lose-it provision, so be conservative when electing how much to contribute.

Health Care FSA - You may contribute up to \$3,200 per plan year to pay for qualified medical, dental and vision expenses for yourself and eligible family members. Funds in this account can be used to cover all eligible expenses on your tax dependents even if they are not enrolled under your health care plan. Eligible reimbursable expenses include medical and dental plan deductibles and copays (if applicable), orthodontia expenses not covered by your dental plan, prescription drugs, prescription eye glasses and contact lenses, Lasik eye surgery and much more.

Dependent Care FSA - You may contribute up to \$5,000 per plan year to pay for qualified eligible dependent care expenses. Funds in this account are saved on a tax-free basis.



401(k) Program

The 401(k) Plan is an employer sponsored retirement plan that allows employees to save and invest for the purpose of building savings for retirement. Saving through a 401(k) Plan is an easy way to set aside money for your future. Some things to consider:

Contributions to your account:

- An employee is eligible after 90 days of employment
- Open enrollment for this benefit is in January and July
- The company contributes 50% of the first 6% you contribute
- There is a vesting schedule on the company's matching funds



Transit Benefits

Transit benefits are a type of commuter benefit that allow employees to have their monthly commuting costs deducted from their paycheck, pre-taxed. Commuter benefits are intended to encourage the use of alternatives to driving alone to work to reduce congestion, reduce emissions, and improve accessibility to businesses.

Mass Transit - You may elect up to \$300 per month to be deducted from your gross income earnings to be used for the cost of mass transit, on your commute to work. You can avoid paying taxes on your CTA, Metra and Pace expenses through your company's transit benefit program with Ventra. Fare must be purchased through the Ventra app or online site.

In order to enroll in this benefit, you must register with Ventra and have a Transit ID number from your Ventra account. You can register at www.ventrachicago.com. Contact your Human Resources department to learn more or complete an election form.



Employee Assistance Program

Magellan Healthcare | www.MagellanHealth.com/member | 800.356.7089

The EAP service offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are **confidential** - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. In addition to online and telephonic services, the EAP also offers up to 5 face-to-face visits with trained counselors for each issue you may have. There is **no cost**, it's just there for you when you need it.



Paid Time Off (PTO)

Vacation

After 6 months of employment, regular full-time employees accrue paid vacation time at the rate of 1.25 days for each full calendar month of employment. This works out to 3 weeks per year.

- ◆ Employees with 1-7 years of employment will receive 3 weeks of vacation
- ◆ Employees with 8-13 years of employment will receive 4 weeks of vacation
- ◆ Employees with 14+ years of employment will receive 5 weeks of vacation

Sick Days

Employees are eligible for 5 sick days per year after being employed for a minimum of 90 days. Sick days are prorated per month and the time is accrued.

Designated Holidays

In 2024 there are 11 designated holidays which are paid for eligible employees.



Carrier Information

Medical PPO	
Carrier	BlueCross BlueShield of IL
Website	www.bcbsil.com
Phone Number	800-828-3116
Network	PPO
Policy Number	P42614

Dental PPO	
Carrier	BlueCross BlueShield of IL
Website	www.bcbsil.com
Phone Number	866-639-2952
Network	Blue Care Dental PPO
Policy Number	P42614

Vision	
Carrier	VSP
Website	www.vsp.com
Phone Number	800-216-6248
Network	VSP Choice
Policy Number	12064459

Human Resources Contact Information	
Contact	Mary Menolascina
Email Address	mmenolascina@peerless-av.com
Phone Number	630-375-5166

Prescription Drugs	
Carrier/Retail	Prime Therapeutics
Phone Number	800-423-1973
Carrier/Mail-Order	Express Scripts
Phone Number	833-715-0942
Carrier/Specialty	Accredo
Phone Number	833-721-1619
Policy Number	P42614

Life & Disability Insurance	
Carrier	Principal
Website	www.principal.com
Phone Number	800-843-1371
Group Number	1051056

Flexible Spending Account (FSA)	
Carrier	Flexible Benefit
Website	www.myflexaccount.com
Phone Number	888-345-7990
Email	service@myflexaccount.com

401(k)	
Carrier	Empower
Website	www.empowermyretirement.com
Phone Number	855-756-4738
Group Number	455701-01



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.