



North Texas Mobility Corporation 2022 Benefits at Glance

MEDICAL PLANS

NTMC utilizes the United Healthcare Charter network for its plans. This focused network for Medical includes many of the providers; but it is important to check whether your primary care physician is included in the Charter network. This can be done via UnitedHealthcare's website or the myuhc.com app.

| YOU PAY | Charter HMO Plan | Charter HDHP Plan |
|-------------------------|--|---|
| 100 PAT | In-network | In-network |
| Annual Deductible | Individual - \$6,000 per Year | Individual - \$3,000 per Year |
| (Individual/Family) | Family - \$12,000 per year | Family - \$6,000 per year |
| Annual OOP Max | Individual - \$7,350 per Year | Individual - \$6,450 per Year |
| (Individual/Family) | Family - \$14,700 per year | Family - \$12,900 per year |
| Physician Office Visit | Covered persons less than age 19: You pay | 30% co-insurance after deductible has |
| | nothing for a primary care physician office | been met |
| | visit. A deductible does not apply. | |
| | | |
| | All others: \$10 co-pay, Deductible does not | |
| | apply | 2004 and increase of the sharehold in the |
| Specialist Office Visit | \$60 co-pay for designated network | 30% co-insurance after deductible has |
| | | been met |
| Urgent Care Visit | \$25 co-pay for designated network | 30% co-insurance after deductible has |
| | | been met |
| Emergency Room Visit | 0% co-insurance after you pay the | 30% co-insurance after deductible has |
| | \$500 co-pay per visit, and the medical | been met |
| | deductible has been met. | |
| | | ***Out of Network Emergencies covered |
| | ***Out of Network Emergencies covered at | at 30% co-insurance after deductible |
| | \$500 Copay | has been met |
| Preventive Care | You pay nothing. A deductible does | You pay nothing. A deductible does |
| | not apply. | not apply. |
| Prescription Drugs | | |
| Annual Deductible | No Deductible | See Above |
| Retail Tier 1 | \$10 | \$10 |
| Retail Tier 2 | \$45 | \$35 |
| Retail Tier 3 | \$95 | \$70 |
| Mail Order | | |
| Mail Tier 1 | \$10 | \$10 |
| Mail Tier 2 | \$150 | \$150 |
| Mail Tier 3 | \$200 | \$500 |
| | | |

| Per-Paycheck Cost | | |
|---------------------|----------|----------|
| Employee only | \$0 | \$0 |
| Employee + spouse | \$203.80 | \$183.15 |
| Employee + children | \$171.38 | \$154.01 |
| Employee + family | \$296.44 | \$266.40 |

DENTAL COVERAGE

You will have two dental plan options to choose from through Dental Select. In both plans, you can see any dentist for your dental care needs, however discounts will be greater if you stay in network.

• **Basic Dental Plan.** In this plan, your deductible is \$50 for employee only coverage and \$150 for family coverage. The annual benefit maximum is \$1,500. There is no coverage for orthodontics.



• **Enhanced Dental Plan.** In this plan, your deductible is \$50 for employee only coverage and \$150 for family coverage. The annual benefit maximum is \$1,500, and orthodontics for adults and children is covered at 50% up to a \$1,500 lifetime maximum.

| FOR DENTAL YOU PAY | Employee Cost- High Plan | Employee Cost- Low Plan |
|-------------------------------|-----------------------------|----------------------------|
| Employee Only | \$0.00 | \$0.00 |
| Employee + Spouse | \$5.42 | \$4.21 |
| Employee + 1 or more children | \$6.53 | \$4.46 |
| Employee + Family | \$13.56 | \$9.78 |



| FOR VISION YOU PAY | Cost |
|-------------------------------|--------|
| Employee Only | \$0.00 |
| Employee + Spouse | \$2.35 |
| Employee + 1 or more children | \$2.61 |
| Employee + Family | \$5.22 |

VISION COVERAGE

NTMC offers a vision plan through UnitedHealthcare to help you cover the cost of routine vision services and supplies, like eye exams, eyeglasses, and contact lenses. This plan allows you to choose either innetwork or out-of-network providers each time you need vision services.

This plan's network includes several retail chain locations (such as Lens Crafters, Warby Parker, 1-800 Contacts, etc.), private-practice providers and out of network reimbursements. Remember, staying in network will give you the greatest plan value.

FLEXIBLE SPENDING ACCOUNTS (FSA)

FSAs allow you to pay for certain health care and dependent care expenses using tax-free money deducted from your paychecks.

- To participate in an FSA for 2022, you must enroll or re-enroll.
- New Health Care FSA participants will receive a debit card that allows you to pay for eligible expenses directly with funds in your account — no claim forms needed! (Current FSA participants keep their debit cards to use in the new year.)
- If you enroll in an FSA, be sure to save your FSA receipts in case the IRS asks for documents verifying your eligible expenses.

Health Care FSA

- You can contribute from \$100 to \$2,850 per year on a beforetax basis.
- This account is available to all eligible employees who are not enrolled in the Charter HSA Plan for 2022.

Dependent Day Care FSA

- You can set aside from \$100 to \$5,000 per year.
- However, if you are married and you and your spouse file separate tax returns, the maximum you can contribute is \$2,500 each.

HEALTH SAVINGS ACCOUNT (HSA):

ANNUAL ENROLLMENT REQUIRED

- If you participate in the High Deductible Health Plan, you may enroll and contribute to an HSA on a tax-free basis.
- For 2022, you can contribute to your HSA up to \$3,650 if you choose employee-only coverage or up to \$7,300 if you choose family coverage.
- HSAs are individual accounts that are your responsibility.



• Any unused balance at year-end may be used in any future year. There is no "use it or lose it" rule with HSAs — the money in your HSA is always yours to keep.

PLAN CAREFULLY! Your plan has a roll over benefit, meaning \$570 of unused funds can roll over to the next plan year. You must enroll in the FSA for the upcoming plan year to retain the roll over benefit.

LIFE INSURANCE

Basic Employee Life & Accidental Death & Dismemberment (AD&D) Insurance

NTMC provides eligible employees with basic life & Basic AD&D insurance equal to \$30,000. You automatically receive this coverage at no cost to you.

Supplemental Employee Term Life Insurance



You can also elect additional coverage of up to 5 times your base annual earnings (rounded to the next higher \$1,000), subject to certain limits.

Spouse and Child Term Life Insurance

- You may elect coverage for your spouse of up to 100% of Employee's Benefit to a max of \$250,000.
- For dependent children, you may elect coverage of \$10,000 per child.

Evidence of Insurability

The insurance company may require you to provide evidence of insurability before approving any new or additional coverage you elect during the annual open enrollment period.

Accidental Death & Dismemberment (AD&D) Insurance

You may elect coverage for yourself from \$50,000 to \$500,000 (in \$50,000 increments). If you elect coverage for yourself, you may also purchase coverage for your spouse and children in the following amounts:

- **Spouse:** \$5,000 to \$250,000 in \$5,000 increments, up to your own coverage amount.
- **Children:** \$10,000 per child (one premium will cover all your eligible children).

DISABILITY COVERAGE

NTMC provides short-term and long-term disability coverage for all eligible employees. This coverage replaces a percentage of your salary if you become totally disabled.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

You and your covered dependents have free access to NTMC's EAP. This confidential service offers free, over-the-phone counseling any time, day, or night, to help you with a variety of personal issues. The EAP also provides up to 5 free counseling sessions for both you and your covered dependents. Counselors can help with concerns about things like:

- * Emotional well-being and mental health
- * Relationships and parenting * Marital and family problems

- * Addiction and recovery
- * Legal and financial issues

401(K) & COMPANY MATCH

Staff 401(k)

NTMC offers eligible employees to enroll in the Staff 401(k) after 6 months of service / 600 hours. NTMC matches $\frac{1}{2}$ up to 6 % contributed to the plan.

Operator 401(k)

NTMC offers eligible employees to enroll in the Operator 401(k) plan after 6 months of service / 600 hours. NTMC matches $\frac{1}{2}$ up to 3 % contributed to the plan.

PAID TIME OFF/SICK & VACATION TIME

NTMC provides eligible employees based on classification Paid Time Off or Vacation & Sick Time.

Operator Paid Time Off

Paid Time shall apply to full time operators only. Operators will accrue the following rates per biweekly pay periods; PTO starts accruing once the Operator is released into revenue service. Accrual rates is as follows:

| 0-3 Years | 4-5 Years | 6+ Years |
|------------|------------|------------|
| 4.62 hours | 5.23 hours | 6.25 hours |

Staff Vacation & Sick Time

Vacation Time and Sick Time shall apply to full time employees only. Employees will accrue the following rates per bi-weekly pay periods; and will be eligible to take once the employees' probationary period is completed.

Vacation Time accrual rates is as follows:

| 0-4 Years | 5+ Years |
|------------|------------|
| 3.08 hours | 4.62 hours |

Sick Time accrual rates is as follows:

Duration of Employment

1.54 hours and is maxed at 30 days (240 hours)

OPERATOR SIGN-ON BONUS

NTMC offers CDL & NON CDL Operators a sign-on bonus paid over a period of time (12 month period).

CDL Operator Sign-on Bonus- \$1,500.00

| 1 ST PAYCHECK | Released into Revenue Service | Six (6) Months | Twelve (12) Months |
|--------------------------|----------------------------------|----------------|-----------------------|
| \$150.00 | \$350.00 | \$500.00 | \$500.00 |

NON-CDL Operator Sign-on Bonus- \$750.00

| 1 ST PAYCHECK | Released into | Six (6) Months | Twelve (12) |
|--------------------------|------------------------|----------------|-------------|
| | Revenue Service | | Months |
| \$187.50 | \$187.50 | \$187.50 | \$187.50 |

OPERATOR REFERRAL BONUS

NTMC offers all employees \$750.00 for Operator referral and is paid out over a period of time of the new Operator employment

| Released into | Six (6) Months | Twelve (12) |
|-----------------|----------------|-------------|
| Revenue Service | | Months |
| \$250.00 | \$250.00 | \$250.00 |

*Unless otherwise stated, benefits listed here apply to full-time employees only. This document is not a contract of employment. The information included here is intended as a brief summary of benefits and does not replace the legal plan documents or underlying insurance contracts. In case of a discrepancy between this summary and the legal plan document or contract, the legal plan document or contract will govern in all cases. *