# **2025 BENEFITS AT A GLANCE**



### **Medical Plans**

| \$3,500 HDHP - In-Network Benefits Summary |                        |                                      |  |  |
|--|------------------------|--------------------------------------|--|--|
| Deductible                                 | Coinsurance Copayments |                                      | Out-of-Pocket Maximum                  |  |
| \$3,500 Individual / \$7,000<br>Family     | 0%                     | Deductible then no charge            | \$3,500 Individual / \$7,000<br>Family |  |
| \$1,000 PPO - In-Network Benefits Summary  |                        |                                      |  |  |
| Deductible                                 | Coinsurance            | Copayments                           | Out-of-Pocket Maximum                  |  |
| \$1,000 Individual / \$2,000<br>Family     | 10%                    | \$25 Primary Care<br>\$25 Specialist | \$3,500 Individual / \$7,000<br>Family |  |

| HDHP Per Pay Period Cost<br>(24 pay periods) | СВА      | Non-CBA  |  |
|--|----------|----------|--|
| Employee Only                                | \$34.04  | \$42.73  |  |
| Employee + Spouse*                           | \$94.27  | \$85.45  |  |
| Employee + Child(ren)                        | \$64.68  | \$81.18  |  |
| Employee + Family*                           | \$108.93 | \$136.72 |  |

| PPO Per Pay Period Co<br>(24 pay periods) | •        |  |  |
|---|----------|--|--|
| Employee Only                             | \$68.47  |  |  |
| Employee + Spouse*                        | \$136.95 |  |  |
| Employee + Child(ren)                     | \$130.10 |  |  |
| Employee + Family*                        | \$219.12 |  |  |

<sup>\*</sup>Spousal Surcharge 2025: If your spouse has access to coverage through their employer, Medicare or Medicaid, but you choose to add them to Bank of Labor's plan, your rate will increase by \$65 per pay period for the HDHP or \$75 per pay period for the PPO.

### **Dental Plan**

| In-Network Benefits Summary       |                                     |                                  |                |                          |                           |
|-----------------------------------|-------------------------------------|----------------------------------|----------------|--------------------------|---------------------------|
| Deductible                        | Preventive &<br>Diagnostic Services | Basic Services                   | Major Services | Calendar Year<br>Maximum | Ortho Lifetime<br>Maximum |
| \$50 Individual /<br>\$150 Family | Plan Pays 100%                      | Plan Pays 80%                    | Plan Pays 50%  | \$1,500                  | \$1,500                   |
| Coverage Tier                     |                                     | Full-Time Employees Monthly Cost |                |                          |                           |
| Employee Only                     |                                     |                                  | \$9.75         |                          |                           |
| Family \$34.27                    |                                     |                                  |                |                          |                           |

## **Vision Plan**

Employee + Family

| VISIOII FIAII               |  |                                  |   |                        |  |
|-----------------------------|--|----------------------------------|---|------------------------|--|
| In-Network Benefits Summary |  |                                  |   |                        |  |
| Exam Copay                  | Frequency  |                                  | Lens Copay  | Contact Lens Allowance |  |
| \$10                        | Exams & Lenses: Once per<br>Calendar Year<br>Frames: Once every other<br>Calendar Year |                                  | \$15 Copay (for Single<br>Vision, Bifocal, or Trifocal) | \$130 Allowance        |  |
| Coverage Tier               |  | Full-Time Employees Monthly Cost |   |                        |  |
| Employee Only               |  | \$1.78                           |   |                        |  |
| Employee + Spouse           |  |                                  | \$3.56  |                        |  |
| Employee + Child(ren)       |  |                                  | \$3.56  |                        |  |
|                             |  | 1                                |   |                        |  |

\$5.33

## **2025 BENEFITS AT A GLANCE**



#### Flexible Spending Account (FSA)

- Healthcare & Dependent Care FSA available
- \$2,500 maximum contribution for 2025 for Healthcare FSA.
- \$5,000 (or \$2,500 if married filing a separate tax return) for Dependent Care FSA

#### **Health Savings Account (HSA)**

• You may contribute to your Health Savings account through payroll deductions on a pre-tax basis. Annual maximum contribution limits are set each year by the IRS. For 2025, if you have single coverage your maximum contribution is \$4,300. If you cover a Spouse and/or Children, your maximum contribution is \$8,550. Employees age 55 and above may contribute an additional \$1,000.

#### **Basic Life & AD&D Insurance**

- Employee: Basic Life and AD&D coverage is equal to five times your annual salary up to a maximum of \$300,000. Coverage will reduce by 35% when you turn age 70 and an additional 15% at age 75. Note: The IRS requires you to be taxed on the value of employer-provided group term life insurance over \$50,000. The taxable value is called "imputed income" and will be included in your taxable income on your Form W-2.
- Spouse: Basic Life & AD&D coverage is in the amount of \$20,000.
- Children: Basic Life & AD&D coverage is provided in the amount of \$10,000 for each child from birth to age 26.

#### **Voluntary Life & AD&D Insurance**

- Employee: You may purchase coverage in increments of \$10,000 up to a maximum of \$500,000, not to exceed 5 times your annual earnings. The guaranteed issue amount is \$150,000.
- Spouse: You may purchase coverage for your spouse in increments of \$5,000 up to a maximum of \$250,000, not to exceed 50 percent of Employee coverage amount. You must purchase Employee Voluntary Life/AD&D coverage in order to elect Spouse coverage. The Spouse guarantee issue amount is \$25,000.
- Children: You may purchase coverage for your dependent child(ren) until age 26 in \$1,000 increments up to a
  maximum of \$10,000. You must purchase Employee Voluntary Life/AD&D coverage in order to elect Child
  coverage.
- Employee and spouse coverage will reduce by 35% when you turn age 70 and an additional 15% at age 75.

#### **Voluntary Benefits (Accident, Critical Illness & Hospital Indemnity)**

- Accident Insurance pays a flat benefit amount based on a schedule of covered injuries and services.
- Critical Illness Insurance pays a percentage of the maximum benefit amount based on a schedule of covered critical illnesses.
- Hospital Indemnity Insurance pays a benefit for each day you are confined in a hospital for a covered illness or injury.
- Premiums for these benefits are paid for entirely by the employee and vary based on benefit type.

#### **Employee Assistance Program (EAP)**

 Program offers a wide array of confidential counseling and life coaching services for employees and their family members at no cost. It includes access to up to 8 counseling sessions per issue, per year.

#### **Wellness Program**

- All employees are welcome to participate in our wellness program via WellRight and earn up to \$200 in virtual gift cards. Spouses on our Medical plan are eligible to participate and earn up to \$50. Dependents on our medical plan are eligible to participate but will not receive any incentive.
- Points that are eligible to be redeemed in the rewards mall at any time.

#### **Long-Term Disability Insurance**

 Provides approximately 70% of monthly salary, after a 30-day elimination period, with total disability; monthly benefit is subject to a maximum of \$12,000. More details in Summary Plan Description.

## **2025 BENEFITS AT A GLANCE**



#### **Short-Term Disability Insurance**

After 5 years' employment, additional days will be granted up to a to a total of 30 calendar days, or until
the time long-term disability insurance becomes effective, whichever occurs first. These additional sick days
apply per occurrence and will be excused/paid only with proper documentation from your physician.

#### **Personal Checking Account and Safety Deposit Box**

- An employee may establish two personal accounts (checking and/or savings) under his or her name that are free of service charges.
- One, small safety deposit box is available to each full-time employee at no cost.

### **Education and Training**

 The Bank supports the personal and professional development of its employees after their 90-day introductory period through on-job training, continuing education, and tuition reimbursement of formal education.

#### 401(k)

- For the 2025 plan year, the limit on deferrals matched will be 50% of up to a 10% deferral. So, if you defer 10% the Bank will match at 5%.
- Employees may begin elective deferrals into the Bank 401k Plan beginning the first quarter following 90 days of employment. The minimum required age to participate is 21.
- Eligibility for the 401k Safe Harbor bank contribution and employer match begin the first payroll of the quarter immediately following your six months of employment.

#### **Holidays**

The bank observes holidays in accordance with the Federal Reserve System and local clearing house regulations.

- Martin Luther King Day
- Presidents' Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Columbus Day
- Veterans' Day
- Thanksgiving
- Christmas
- New Year's Day

Bank of Labor is pleased to offer employees a comprehensive benefits package. This Benefits at a Glance is intended to provide a sample overview of your benefits and is presented for illustrative purposes only. More detailed information is included in the Plan Documents, which are available on Bswift, our benefits enrollment platform, or by request through the Human Resources Department. Most benefits are available the first of the month following 30 days.

In addition, eligible employees have the ability to enroll a spouse and child(ren) into these benefits. Eligible child(ren) include adult child(ren), without respect to marital status or student/dependency status until the child's 26th birthday. Benefits are effective the first day of the month following 30 days of employment. If you are scheduled to work a minimum of 35+ hours a week, you are eligible for our full benefits package.