# **Benefits Summary**

### **Eligibility**

Full-time employees, working 30 hours or more per week, become eligible for benefits coverage on their date of hire.

### **Dependent Coverage**

In addition to electing coverage for yourself, you may elect to cover your eligible dependents. Your eligible dependents include your: legal spouse and children up to age 26, regardless of marital status, student status, financial dependence, or residence.

## Medical Insurance Cigna

### Cigna OAP

\$1,500/\$3,000 deductible (In Network Single/Family)

\$7,000/\$14,000 out of pocket maximum (In Network Single/Family)

#### Cigna HDHP (with HSA)

\$1,750/\$3,500 deductible (In Network Single/Family)

\$7,000/\$14,000 out of pocket maximum (In Network Single/Family)

#### **Medical Monthly Deductions**

Coverage Level	Cigna OAP	Cigna HDHP
Employee Only	\$140.67	\$105.69
Employee + I	\$282.31	\$213.45
Family	\$470.52	\$362.87

# **Dental Insurance** Cigna

#### Cigna PPO

- \$50/\$100 deductible (Single/Family)
- \$2,000 annual maximum per person
- Orthodontia Lifetime Maximum
  \$1,000 annual maximum per person

#### Cigna DHMO

- No deductible
- No annual maximum

#### **Dental Monthly Deductions**

Coverage Level	Cigna PPO	Cigna DHMO
Employee Only	\$8.57	\$5.33
Employee + I	\$17.96	\$11.20
Family	\$29.93	\$18.67

# Vision Insurance Cigna

#### **EyeMed Vision**

Eye Exam: \$10 copay (In Network),
 \$45 allowance (Out of Network)

2. Standard Corrective Lenses: \$10 copay (In Network)

#### Out of Network:

Single Vision: \$32 allowance

Bifocal: \$55 allowanceTrifocal: \$65 allowance

- Lenticular: \$80 allowance

#### 3. Frames:

\$150 allowance (In Network), \$83 allowance (Out of Network)

4. Contact Lenses:

Elective: \$150 allowance after copay

#### **Vision Monthly Deductions**

Coverage Level	Cigna Vision
Employee Only	\$11.19
Employee + I	\$19.32
Family	\$21.95

# **Group Life/AD&D Insurance**

### Reliance Standard

You can elect coverage under various option levels for both your Group Life and Accidental Death and Dismemberment (AD&D) Insurance. The amount of coverage you elect for your life insurance will equal the same amount for your AD&D coverage.

### **Voluntary Life Insurance**

### Reliance Standard

Optional life insurance available at employee's cost.

## **Supplemental AD&D Insurance**

### Reliance Standard

Optional life insurance available at employee's cost.

# **Voluntary Disability**

### Reliance Standard

### Short Term

Employee paid benefit of 70% of base salary to a weekly max of \$1,500 beginning on 8th day of injury/sickness.

### **Long Term**

Long term disability benefits start after 180 days of continuous disability. In order to receive LTD benefits, you must be disabled as defined by the provisions of the plan. The monthly benefit payable under the LTD plan is 66 2/3% of your basic monthly earnings to a maximum monthly benefit of \$10,000.

### **Extended Sick Leave**

Extended Sick Leave (ESL) may be granted and paid in conjunction with any statutory you may be eligible to receive during a period of Short-Term disability. Paid leave benefit in this category, if approved, will be granted for the period of disability, but not to exceed the designated schedule.

# Health Savings Account (HSA) Optum

If you're enrolled in the HDHP with a HSA plan, you also have the opportunity to establish a health savings account (HSA). An HSA is an account you establish to pay for qualified health care expenses for you and your eligible dependents. In 2024, up to \$4,150 may be deposited annually into an HSA if you elect employee only coverage or \$8,300 for all other coverage levels.

## Flexible Spending Accounts (FSA)

# Baker Tilly Vantagen

The Company allows individuals to redirect a portion of pay through payroll deductions into FSAs. The money that goes into an FSA is deducted on a pre-tax basis, which means it is deducted from your pay before Federal, Social Security, and some State taxes are calculated.

- Health Care FSA
  Up to \$3,200 per plan year for qualified healthcare expenses.
- Dependent Care FSA
  Up to \$5,000 per plan year for qualified dependent care expenses.

### **Commuter Reimbursement Accounts**

# Baker Tilly Vantagen

#### 1. Transit Account

- Up to \$315 per month of transit expense can be paid on a pre-tax basis.
- You may use your account to pay for a pass, token, fare card, voucher, MetroCard, etc. that allows you to travel to and from work on mass transit facilities.

#### 2. Parking Account

- Up to \$315 per month of parking expenses can be paid on a pre-tax basis each month.
- You may use your account to pay for parking near the work site or at a location from which you commute by carpool, commuter highway vehicle, etc.

# **Employee Assistant Program Cigna**

24/7 Confidential service that provides assessment, counselling, resources, and referrals for a variety of issues.

### 401k Plan Empower

You may contribute 2% to 25% of your eligible pay. The maximum pretax contribution amount for 2024 is \$23,000. Employees 50 years or older may contribute an additional \$7,500 annually.

#### 401k Match

For every dollar you save, the company will match \$0.50 of every \$1 of your contributions up to 8% of Eligible Pay.

#### Retirement Contribution

Retirement contributions are also made on your behalf to the 401(k) Savings Plan (even if you do not elect to contribute your own funds.) These contributions will be made each pay period at the same time as the Company Matching Contributions.

### **Vacation Days**

Full-time employees are eligible for:

- 15 days of vacation per year up to 5 years of service.
- 20 days of vacation per year after 5 or more years of service.

# Sick/Personal Days

Employees may use up to 8 days for illness-related reasons (for oneself or an eligible family member), or employees may use all eight days for personal reasons.

## **Holidays**

13 paid holidays per year.

### **Educational Assistance Program**

Up to \$5,250 per year.

About this Benefits Summary: This Benefits Summary describes the highlights of the Mitsubishi Corporation (Americas) and Mitsubishi International Corporation Group Insurance Program technical language. Your specific rights to benefits under this plan are governed solely, and in every respect, by the official documents and not the information contained within this Benefits Summary. If there is any discrepancy between the descriptions of the plan elements in this Benefits Summary and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan specific documents published by each of the respective carriers for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and policies. You should be aware that any and all elements of the Group Benefits Plan may be modified in the future to meet Internal Revenue Service rules or otherwise as determined by the Company. Version 01/01/2024.