



ENGAGE

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2024 **SUMMARY OF BENEFITS**

Full-time Salary and
Hourly Non-Bargaining



Medical Plans

Lincoln Tech provides benefit eligible employees with three medical plan options for 2024. All three plans are provided through Horizon Blue Cross Blue Shield and are PPOs, which stands for "Preferred Provider Organization." PPOs allow participants to access a nationwide network of providers and do not require referrals to visit specialists. All three plans cover eligible preventive services at 100%, and all three plans offer valuable coverage to protect you from high cost medical expenses. Despite these similarities, there are some differences, as detailed in the chart below.

	PPO Option I		PPO Option II		PPO Option III with HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
ANNUAL HSA CONTRIBUTION ¹						
Employee Only					\$500 ¹	
Employee + Spouse					\$850 ¹	
Employee + Child(ren)					\$800 ¹	
Family					\$1,000 ¹	
CALENDAR YEAR DEDUCTIBLE						
Employee Only	\$1,500	\$5,000	\$2,500	\$5,000	\$5,000	\$12,000
Family	\$3,000 ²	\$10,000 ²	\$5,000 ²	\$10,000 ²	\$10,000 ²	\$24,000 ²
OUT-OF-POCKET MAXIMUM						
Employee Only	\$4,500	Unlimited	\$5,500	Unlimited	\$6,500	Unlimited
Family	\$9,000 ³		\$11,000 ³		\$13,000 ³	
COINSURANCE (PLAN PAYS) & COPAYS						
Coinsurance (Plan Pays)	70% AD	50% AD	70% AD	50% AD	80% AD	50% AD
PCP/Specialist	\$35 / \$60	50% AD	\$50 / \$100	50% AD	80% AD	50% AD
Urgent Care/ER	\$100 / \$250	50% AD / 50% AD	\$100 / \$300	50% AD / 50% AD	80% AD / 80% AD	50% AD / 50% AD
Lab/X-Ray	70% AD	50% AD	70% AD	50% AD	80% AD	50% AD
HOSPITAL SERVICES						
Inpatient / Outpatient	70% AD	50% AD	70% AD	50% AD	80% AD	50% AD
Telemedicine	\$15		\$15		\$59 Medical / \$79-\$175 Behavioral	
PRESCRIPTION DRUG						
Retail (30-Day Supply)						
Tier 1	\$10 Copay	In-Network Copay + Balance Bill	\$10	After Deductible In-Network Copay + Balance Bill	\$10 AD	After Deductible In-Network Copay + Balance Bill
Tier 2	\$40 Copay		\$50		\$40 AD	
Tier 3	\$60 Copay		\$80 Copay		\$60 AD	
Specialty	70% AD	70% AD + Balance Bill	70% AD	70% AD + Balance Bill	80% AD	70% AD + Balance Bill
Mail Order (90 day supply)	2x Copay	Not Covered	2x Copay	Not Covered	2x Copay AD	Not Covered
MONTHLY CONTRIBUTION AMOUNTS (Salary employees pay semi-monthly. Hourly employees pay biweekly.)						
Employee Only	\$283.25		\$185.40		\$123.60	
Employee + Spouse/DP	\$587.10		\$412.00		\$267.80	
Employee + Child(ren)	\$581.95		\$370.80		\$257.50	
Family	\$1,055.75		\$669.50		\$381.10	

AD = After Deductible (is satisfied)

This is a synopsis of coverage only; the benefits summary contains exclusions and limitations that are not shown here. Please refer to the Summary Plan Description for the full scope of coverage. In-network services are based on negotiated charges; out-of-network services are based on Reasonable & Customary (R&C) charges.

*See footnotes on page 4.





Dental Coverage

Lincoln Tech offers benefit eligible employees three dental plan options for 2024 through Delta Dental of New Jersey. Note that the DMO plan offers affordable care through a Primary Care Dentist whom you choose from the Delta Dental directory⁴.

	Delta US DMO	Delta Dental Base PPO		Delta Dental PPO Plus Premier	
	In-Network	In-Network	Out-of-Network ⁵	In-Network	Out-of-Network
CALENDAR YEAR DEDUCTIBLE					
Employee Only	None	\$50	\$100	\$50	
Employee + One		\$100	\$200	\$100	
Family		\$150	\$300	\$150	
ANNUAL BENEFIT MAXIMUM					
Per covered person	None	\$2,500	\$1,000	\$2,500	
Dependent Eligibility Age	26	26		26	
Out-of-Network Reimbursement	N/A	Maximum Allowable Charge		90th Percentile	
ROUTINE & PREVENTIVE					
Routine & Preventive	100%	100%	70%	100%	
Deductible Waived	N/A	Yes		Yes	
SERVICES					
Basic (based on length)	Scheduled Copays	70/80/90/100%	50%	70/80/90/100%	
Major		50%		50%	
Endodontic (Root Canal)		Basic		Basic	
Periodontics (Gum Disease)					
Waiting Period	None	None		None	
ORTHODONTICS					
Copay	Scheduled	50%		50%	
Lifetime Maximum	24 Months Treatment	\$1,500		\$1,500	
Age Limitation	Adult & Child	19		19	
Waiting Period	None	None		None	
MONTHLY CONTRIBUTION AMOUNTS (Salary employees pay semi-monthly. Hourly employees pay biweekly.)					
Employee Only	\$15.04	\$18.36		\$26.26	
Employee + One	\$34.94	\$39.64		\$57.30	
Family	\$64.72	\$78.72		\$114.18	

Note that on PPO plans, an out-of network provider may balance bill you for the difference between the provider's charge and the allowed amount.

*See footnotes on page 4.





Vision Coverage

Lincoln Tech offers benefit eligible employees four vision plan options for 2024 through MetLife. The Exam Only plan is paid for entirely by Lincoln Tech and is only available to employees. Three additional voluntary plans are available to employees and their eligible dependents: a Base Plan, Buy-Up Option 1 Plan, and Buy-Up Option 2 Plan. You may want to consider upgrading to one of the voluntary plans, which offer comprehensive exam, frame, lenses, and contact lens benefits.

	Exam Only		Base Full Service		Buy-Up Option 1 Full Service		Buy-Up Option 2 Full Service	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
BENEFIT FREQUENCY	Once Every 12 months		Once Every 12 months		Once Every 12 months		Once Every 12 months	
Eyeglass Lenses	N/A		Once Every 12 months		Once Every 12 months		Once Every 12 months	
Eyeglass Frames			Once Every 24 months		Once Every 12 months		Once Every 12 months	
Contact Lenses			Once Every 12 months		Once Every 12 months		Once Every 12 months	

EXAM

Eye Exam	\$10 Copay	\$45 Allowance	\$10 Copay	\$45 Allowance	\$10 Copay	\$45 Allowance	\$10 Copay	\$45 Allowance
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LENSES AND FRAMES

Single Vision Lenses	N/A	\$10 Copay	\$30 Allowance	\$10 Copay	\$30 Allowance	\$10 Copay	\$30 Allowance
Bifocal Lenses		\$10 Copay	\$50 Allowance	\$10 Copay	\$50 Allowance	\$10 Copay	\$50 Allowance
Trifocal Lenses		\$10 Copay	\$65 Allowance	\$10 Copay	\$65 Allowance	\$10 Copay	\$65 Allowance
Contact Lenses		\$150 Allowance ⁶	\$105 Allowance ⁶	\$150 Allowance ⁶	\$105 Allowance ⁶	\$150 Allowance in Addition to Frames	\$105 Allowance
Frames		\$150 Allowance ⁷	\$70 Allowance ⁷	\$150 Allowance ⁷	\$70 Allowance ⁷	\$150 Allowance in Addition to Contact Lenses	\$70 Allowance

MONTHLY CONTRIBUTION AMOUNTS (Salary employees pay semi-monthly. Hourly employees pay biweekly.)

Employee Only	No Cost	\$6.84	\$10.04	\$11.54
Employee + One	N/A	\$13.68	\$20.10	\$23.10
Family	N/A	\$22.02	\$32.36	\$37.20

Note: You do not need a member ID card to use your benefits. Simply give the vision provider our group ID number, which is 166177. If you would like a card anyhow, you can easily print one from www.metlife.com/mybenefits.

- Lincoln Tech's contribution to HSA accounts will be made on a quarterly basis. For new hires and newly eligible employees, HSA contributions will be prorated.
- EMBEDDED Deductible (Once a person covered under a family plan reaches the individual deductible, all covered expenses for that individual will be paid at the co-insurance amount even when the family deductible may not have been satisfied. For example, PPO Option I features an in-network family deductible of \$3,000. If one member of the family satisfies the individual \$1,500 deductible, Horizon will pay 70% of remaining in-network expenses. Once another person or a combination of persons meet the remaining \$1,500, the family deductible is considered satisfied.)
- EMBEDDED Out-of-Pocket Maximum (Once a person covered under a family plan reaches the individual out-of-pocket maximum, all covered expenses for that individual will be paid at 100% even when the family out-of-pocket maximum may not have been satisfied. For example, PPO Option I features a family out-of-pocket maximum of \$9,000. If one member of the family satisfies the individual out-of-pocket max of \$4,500, Horizon will pay 100% of remaining in-network expenses for that individual. Once another person or a combination of persons meet the remaining portion, the family out-of-pocket is considered satisfied.)
- The DeltaCare USA DMO plan design is available only to those employees who reside within Network service areas in AZ, CA, CO, CT, DE, FL, GA, IL, IN, KY, MA, MD, MO, MT, NC, NH, NJ, NM, NV, NY, OH, OK, PA, RI, TN, TX, VA, WA and WY.
- There is a slight variation in out-of-network benefits for Texas residents (see Dental SPD).
- In lieu of frames
- In lieu of contact lenses





Additional Benefits

In addition to the medical, dental, and vision plans Lincoln Tech offers to all full-time non-bargaining salary and hourly employees, listed below are additional benefits provided/offered.

Paid time off

Lincoln Tech offers paid vacation, paid sick days, and paid personal days.

Basic life and accidental death and dismemberment (AD&D)

Coverage is provided to all employees at no cost. Amounts vary based on employment status and title.

Voluntary supplemental life and AD&D

This additional coverage is available to Lincoln Tech employees and their families. The extra coverage can be purchased at group rates that would otherwise not be available to individuals purchasing this on their own.

Short-term disability (STD)

Provided at no cost, STD assists with partial income replacement for a nonwork related injury or medical condition, if an employee is unable to work for a short period of time.

Long-term disability (LTD)

LTD picks-up where our STD leaves off. It is also designed to provide partial income replacement in the event a Lincoln Tech employee is unable to work as a result of longer-term illness or injury. LTD may be voluntary or company paid, based on position.

Flexible spending accounts (FSAs)

Lincoln Tech provides employees with the opportunity to elect an FSA, which make it possible to pay for eligible healthcare, dependent care, or commuter expenses with pre-tax dollars.

Critical illness insurance

Lincoln Tech employees have the opportunity to purchase critical illness insurance, which helps ease the financial burden of a major illness by providing a lump sum benefit upon first diagnosis of a covered critical illness or condition (e.g., heart attack, stroke, renal failure, blindness, ALS, major organ transplant).

401(k) retirement plan

Eligible employees can participate in Lincoln Tech's 401(k) Retirement Plan. The company will match 15% of what the employee contributes, up to a maximum of 6% of annual compensation.

Additional benefits

- Telemedicine
- Universal life insurance
- Accident insurance
- Hospital indemnity
- MetLife LifeWorks (Additional Employee Resources)
- Employee assistance program (EAP)
- Commuter benefits
- Identity (ID) theft protection
- Supplemental identity (ID) theft protection (by Allstate)
- Will preparation services
- Travel assistance
- TicketsAtWork / Plum benefits
- Verizon wireless discount





Employee benefits helpline

877-481-6781