



2024 Employee Benefits Summary

Non-Union US Employees



From keeping you healthy to keeping you happy, helping you save money to helping you spend it wisely, our Total Rewards programs support the total **YOU**. Some benefit options vary by location and tenure. The benefits listed here are available to all non-union full-time employees working in the United States.

Health Benefits

Medical

Health benefits are effective on your date of hire. We offer two core medical plan options designed to provide best-in-class coverage at minimal cost to you. Our primary medical carrier is **Aetna**, however, employees in California have the option to enroll in **Kaiser**.

Dental & Vision

Our **Delta PPO** Dental Plan provides a generous \$2,000 annual maximum. Vision is offered through **VSP**, providing an annual allowance of \$200 for frames and \$150 for contacts. Medical coverage is 85% company paid. Dental and Vision coverage is 95% company paid.

Paid Time Off

Paid time off accruals begin on date of hire and we provide:

- 11 Paid Holidays per Year
- Volunteer Pay
- Paid Vacation
- Jury Duty Pay
- Paid Sick Leave
- Bereavement Pay

*Starting in 2024 hourly non-union employees will have an increased accrual after 10 years to 20 days (currently 15 days)

Paid Leave

- Birth Disability Leave* - Up to 8 weeks
- Parental Bonding Leave* - Up to 4 weeks
- Short-Term Disability
- Long-Term Disability

*In accordance with state and local paid leave laws.

Well-Being

Strong For Life is a robust well-being program designed to help you get and stay healthy in all aspects of your life. Strong For Life is offered through our partner Virgin Pulse at no cost to you.

You and your spouse can earn up to \$75 a year just for participating and engaging in the program. Earn cash while becoming the best you possible!

Active & Fit Direct

A flexible and affordable fitness membership program for just \$28/month

Work Life Benefits

- Pet Insurance
- Will Preparation Services
- Legal Protection Insurance
- Hospital Indemnity Plan
- Accident Insurance
- Critical Illness Insurance
- Telemedicine
- MyAdvocate
- Supplemental Life and AD&D Insurance
- Company Paid Life and AD&D Insurance
- Employee Assistance Program
- Identity Theft Protection Insurance
- Business Travel Accident Insurance

Financial Security

Tax Advantaged Offerings

Flexible Spending Accounts (FSA)

- Health Care - Fund up to \$3,050 pre-tax per year
- Dependent Care - Fund up to \$5,000 pre-tax per year

Health Savings Account (HSA) Available if enrolled in HDHP

- Annual employer contribution included based on coverage level
- Fund pre-tax money up to IRS maximum each year

Long-Term Financial Security

401(k) Profit Sharing Plan

- Annual profit sharing employer contribution - The amount is discretionary and may vary from year to year. Past contributions have been 7% of base salary
- Guaranteed employer contributions (equivalent to 3% of eligible compensation)
- Robust investment portfolio and self-service platform
- Automatic employee contribution enrollment, with automatic increases annually

Personal Financial Planning Services

Free, professional one-on-one financial planning, advice, and tools offered through Origin.

Employee Stock Purchase Plan

Long-Term Employee Stock Award Program

Additional Benefits

- Employee Referral Program
- Employee Recognition Program
- Educational Reimbursement Program - up to \$5,250 per year
- PSB College Scholarship Program - up to \$2,500 per year for eligible dependents
- Matching Gift Program - up to \$5,000 per year
- Employee Discount Program
- Product Discounts - up to 60% off list price
- Barc Simpson Community Hero Award
- Employee Relief Fund

To view detailed summaries of each plan option, check out our online benefits hub at

benefits.strongtie.com



Medical Plan Comparison

	Aetna PPO Plus	Aetna HDHP with HSA	Kaiser HMO (CA only)	Kaiser HDHP with HSA (CA only)
Calendar Year Deductible	\$600 individual \$1,200 true family*	\$1,900 individual \$3,800 true family*	None	\$1,900 individual \$3,200 dependent \$3,800 family
Annual Out-of-Pocket Maximum Includes Deductible	\$2,750 individual \$5,500 family	\$3,750 individual \$6,500 family	\$2,500 individual \$5,000 family	\$3,750 individual \$3,750 dependent \$6,500 family
Preventive Services	100% covered, deductible waived	100% covered, deductible waived	100% covered, deductible waived	100% covered, deductible waived
Office/Specialist Visit/ Telemedicine Consult	\$30 office visit copay, deductible waived	20% after deductible	\$30 office visit copay	20% after deductible
Lab and X-ray	20% after deductible	20% after deductible	100% after deductible	20% after deductible
Prescription Drugs - Retail (30 day supply)	\$10 generic \$35 formulary brand \$50 non-formulary brand	\$10 generic after deductible** \$35 formulary brand after deductible** \$50 non-formulary brand after deductible**	\$10 generic \$35 brand	\$10 generic after deductible \$35 brand after deductible
Prescription Drugs - Mail Order (31-90 day supply)	\$20 generic \$70 formulary brand \$100 non-formulary brand	\$20 generic after deductible** \$70 formulary brand after deductible** \$100 non-formulary brand after deductible**	\$20 generic \$70 brand	\$20 generic after deductible \$70 brand after deductible
Hospital Inpatient Care	20% after deductible	20% after deductible	\$200 copay	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	\$200 copay	20% after deductible
Emergency Room	\$100 copay, deductible waived	20% after deductible	\$100 copay	20% after deductible
Durable Medical Equipment	20% after deductible	20% after deductible	100% covered	20% after deductible
Mental Health and Chemical Dependency (detox) Inpatient	20% after deductible	20% after deductible	\$200 copay	20% after deductible
Mental Health and Chemical Dependency - Outpatient	\$30 office visit copay, deductible waived	20% after deductible	\$30 office visit copay/\$15 group mental health visit/\$5 group treatment visit	20% after deductible

*Entire family deductible must be met before coinsurance applies. **Except for certain preventive maintenance medications.

Dental Plan Features

Delta PPO Dental - Annual \$2,000 Maximum	In-Network Provider	Out-of-Network Provider
Annual Deductible (waived for Preventive Services)	\$50 individual/\$150 family	\$50 individual/\$150 family
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	100% covered deductible waived	20% of service deductible waived
Basic Services (e.g., fillings, extractions, stainless-steel crowns)	100% covered deductible waived	20% of service deductible waived
Major Services (e.g., dentures, crowns, inlays, onlays)	40% after deductible	50% after deductible
Orthodontic Services (adults and children) Lifetime Maximum: \$2,000	50% deductible waived	50% deductible waived

Vision Plan Features

VSP Vision Plan	VSP Provider	Out-of-Network Provider
Annual Copay	\$25	N/A
Exam (once each year)	\$0 after copay	\$45
Single Vision Lenses	\$0 after copay	\$30
Lined Bifocal Lenses	\$0 after copay	\$50
Lined Trifocal Lenses	\$0 after copay	\$65
Impact-Resistant Lenses	\$10 copay for adults/\$0 copay for all others	No additional benefit
Standard Progressive Lenses	\$0 after copay	\$50
Contact Lenses (once each year; in lieu of glasses/frames)	\$150 allowance (not to exceed \$60 copay for contact lens exam)	\$105

*\$110 Walmart®/Sam's Club®/Costco®

Monthly Premiums

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Aetna PPO Plus	\$165.00	\$285.00	\$255.00	\$455.00
Aetna HDHP with HSA	\$65.00	\$145.00	\$110.00	\$225.00
Kaiser HMO (CA only)	\$165.00	\$285.00	\$255.00	\$455.00
Kaiser HDHP with HSA (CA only)	\$65.00	\$145.00	\$110.00	\$225.00
Delta Dental PPO Plan	\$15.00	\$25.00	\$25.00	\$30.00
VSP Vision Plan	\$3.00	\$6.00	\$6.00	\$9.00