

About Laitram's *Medical Benefits*

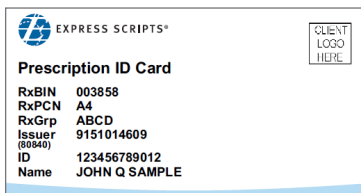
Laitram offers you two medical plan options through Highmark BlueCross BlueShield: The Basic Option and the Enhanced Option.

See below for a summary of the options and be sure to compare their coverage details using the chart on page 7.

- Both options cover preventive care services like annual screenings and immunizations at 100% in-network.
- The cost for non-preventive services is shared between you and the plan in the form of coinsurance after the plan's deductible has been met.
- Prescriptions are not subject to the plan's deductible. You pay a flat copay amount depending on the drug tier as shown at the bottom of the chart on the next page.

Prescription Benefits

When filling prescriptions, you will pay a pre-determined dollar amount depending on the drug's tier (see page 7). Our prescription benefits are administered by **RxBenefits/Express Scripts**. You will receive a separate Express Scripts ID card in the mail, which you will need to show when you go to fill a prescription (or download the Express Scripts app) at the Laitram Pharmacy or a pharmacy of your choosing.



HOW OUR MEDICAL BENEFITS WORK



Both options come with a company-funded Health Reimbursement Account (HRA). Laitram funds \$500 Single coverage and \$1,000 Employee + Spouse, Employee + Child(ren), and Family coverage on January 1. These amounts are prorated monthly after January.

You pay nothing for **in-network preventive care** for you and your family.



The Laitram and Intralox Health & Wellness Centers are FREE for medical plan participants. Baltimore: ages 3 & up, Harahan/Hammond: ages 6 & up. Non-health care participants, spouses, & dependents can utilize Centers for a \$20 fee (credit card only).



You use your HRA funds or pay out of pocket for medical claims until the plan's deductible is met.



You pay a flat copay for prescription drugs.

After the plan's deductible has been met, in-network medical expenses are covered at 80% or 90%, depending on which option you choose.



If your out-of-pocket costs reach the annual maximum, the plan pays 100% for in-network covered services* the remainder of the plan year.



*Certain covered services (e.g. Physical, Occupational, and Speech Therapy, Chiropractic, etc.) are subject to an annual visit limit and once reached are not covered regardless of meeting the out-of-pocket maximum.

Save Money by Using the Highmark BCBS PPO Network



No matter which plan option you choose (Basic or Enhanced), you will receive a higher level of benefits if you use the **Highmark BCBS PPO** network. After your deductible is met, the plan covers a higher percentage for in-network services and less for out-of-network services (see page 7 for more details). To find out if your doctor or facility is in-network, visit www.myhighmark.com.

Save Money and Earn Cash Rewards with SmartShopper

Did you know MRIs, CT Scans, and more, can vary from hundreds to thousands of dollars? SmartShopper can help you reduce your out-of-pocket cost for your 2025 health benefit plan AND give you a CASH REWARD when you shop for a cost-effective health care provider.

To use the SmartShopper program, log on to Highmark's website at www.myhighmark.com. To "shop" click on **GET CARE** and then **FIND A HEALTHCARE PROVIDER**. Then, when you have your procedure and your claim is paid, a reward check is mailed to your home. It's that easy!

Comparing the *Medical Options*

The chart below shows the coverage details for Laitram's two medical plan options. Both options come with a Health Reimbursement Account (HRA) that is funded by Laitram. Your HRA is used to pay for covered medical claims only and pays the first portion of the total deductible for you while you are enrolled in the Health Plan, as outlined in the chart below. Note: HRA amount is prorated according to the month in which employee becomes eligible for coverage. Unused HRA balances are carried over, but are capped at \$4,000 for Single and \$8,000 for Family effective January 2025.

Prescription Coverage: You are charged a copay for all prescriptions meaning your HRA and deductible are only used for eligible medical expenses. See the chart below for the prescription copay structure.

HIGHMARK BCBS MEDICAL OPTIONS

Plan Feature	Basic Plan Option		Enhanced Plan Option	
Deductible: HRA Fund provided by Laitram				
Employee Only	\$500		\$500	
Employee + Spouse	\$1,000		\$1,000	
Employee + Child(ren)	\$1,000		\$1,000	
Family	\$1,000		\$1,000	
Deductible: Employee's Responsibility				
	In-Network	Out-of-Network	In-Network	Out-of-Network
Employee Only	\$2,000	\$4,500	\$1,000	\$2,500
Employee + Spouse	\$4,000	\$9,000	\$2,000	\$5,000
Employee + Child(ren)	\$4,000	\$9,000	\$2,000	\$5,000
Family	\$4,000	\$9,000	\$2,000	\$5,000
Coinsurance				
	In-Network	Out-of-Network	In-Network	Out-of-Network
Employee Only	\$1,500	\$3,000	\$500	\$1,000
Employee + Spouse	\$3,000	\$6,000	\$1,000	\$2,000
Employee + Child(ren)	\$3,000	\$6,000	\$1,000	\$2,000
Family	\$3,000	\$6,000	\$1,000	\$2,000
Out-of-Pocket Maximum (<i>Employee's responsibility for the deductible plus coinsurance</i>)				
Employee Only	\$3,500	\$7,500	\$1,500	\$3,500
Employee + Spouse	\$7,000	\$15,000	\$3,000	\$7,000
Employee + Child(ren)	\$7,000	\$15,000	\$3,000	\$7,000
Family	\$7,000	\$15,000	\$3,000	\$7,000
Medical Benefits Coverage Highlights				
	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance	After the deductible is met, you pay 20% and the plan pays 80%	After the deductible is met, you pay 40% and the plan pays 60% ¹	After the deductible is met, you pay 10% and the plan pays 90%	After the deductible is met, you pay 30% and the plan pays 70% ¹
Laitram and Intralox Health & Wellness Clinics	FREE! <i>(open to ages 3/6 and older)</i>	N/A	FREE! <i>(open to ages 3/6 and older)</i>	N/A
Routine Preventive Care – Adult Physical Exams, Childhood Checkups and Immunizations	Covered 100%	You pay 40% after the deductible is met ¹	Covered 100%	You pay 30% after the deductible is met ¹
Physician Visit	You pay 20% after the deductible is met	You pay 40% after the deductible is met ¹	You pay 10% after the deductible is met	You pay 30% after the deductible is met ¹
Inpatient Hospitalization				
Outpatient Surgery				
Diagnostic Lab and X-Ray				
Urgent Care				
Emergency Room				

PRESCRIPTION DRUG COVERAGE – ADMINISTERED BY RxBENEFITS/EXPRESS SCRIPTS

Generic	\$10 copay
Preferred Brand	\$30 copay
Non-Preferred Brand	\$50 copay
Specialty	\$50 copay

DISCOUNTS AT LAITRAM PHARMACY

Preventive Medications	\$0 copay
Generic	\$10 \$4 copay
Preferred Brand	\$30 \$20 copay
Non-Preferred Brand	\$50 \$40 copay

¹ **The Plan will pay based on reasonable and customary charges. This means that the provider may "balance bill" you for the amount not paid by the Plan.**

2025 Medical Plan Premiums

The amount of your medical premiums depends on whether or not you and your spouse (if applicable) have completed the Preferred Premium Process. Details on the Preferred Premium Process and Non-Preferred rates are distributed in December for the upcoming year and at the time of employment for new hires.

Employee Incentive Requirement:

Preferred Premium Process consisting of the following three (3) steps to be completed by **October 15** of each year, or for **New Hires/New to the Plan**, within **120 days** of benefit effective date of coverage/new to the plan.

1. Health History and Risk Assessment (HHRA) questionnaire
2. Biometric Screening*
3. CHR Health Review* visit which consists of a face-to-face meeting (or telephonic for out-of-town individuals) with one of our nurse practitioners

Spouse Incentive Requirement:

1. Health History and Risk Assessment (HHRA) questionnaire
2. Biometric Screening*
3. CHR Health Review* visit which consists of a face-to-face or telephonic meeting with one of our nurse practitioners

***Employees and Spouses can use the annual preventive physical with their primary care provider to satisfy the Biometric and CHR steps. This will require your provider to complete AND return the Marathon Annual Physical Provider Verification Form.**

YOUR COST FOR THE HRA **BASIC** PLAN OPTION

Coverage Tier	Preferred Rate	Non-Preferred Rate	Non-Preferred 2 Rate	What Laitram Pays
Employee Only	\$18.46	\$41.54	N/A	\$276.76
Employee + Spouse	\$120.00	\$143.08	\$166.16	\$529.48
Employee + Child(ren)	\$92.31	\$115.39	N/A	\$439.08
Employee + Family	\$161.54	\$184.62	\$207.70	\$724.11
Employee Married to Employee	\$92.31	\$115.39	\$138.47	\$498.13

Premiums are per pay period with 26 pay periods per year

YOUR COST FOR THE HRA **ENHANCED** PLAN OPTION

Coverage Tier	Preferred Rate	Non-Preferred Rate	Non-Preferred 2 Rate	What Laitram Pays
Employee Only	\$46.15	\$69.23	N/A	\$271.20
Employee + Spouse	\$200.77	\$223.85	\$246.93	\$497.40
Employee + Child(ren)	\$154.62	\$177.70	N/A	\$416.62
Employee + Family	\$270.00	\$293.08	\$316.16	\$682.05
Employee Married to Employee	\$115.38	\$138.46	\$161.54	\$519.32

Premiums are per pay period with 26 pay periods per year

PREFERRED:

Both the employee and spouse (if applicable) have completed all incentive requirements

NON-PREFERRED:

Either the employee or spouse (if applicable) has not completed all incentive requirements

NON-PREFERRED 2:

Neither the employee or the spouse (if applicable) has completed all incentive requirements