

2025 BENEFITS SUMMARY

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HEALTH CARE OPTIONS

MEDICAL

BlueCross BlueShield - www.blueadvantagearkansas.com

Network Benefits	PPO	HDHP w/HSA
Deductible	\$2,000	\$3,000
(individual family)	\$4,000	\$6,000
Co-Insurance	20%	20%
Out-of-Pocket	\$8,000	\$4,000
(individual family)	\$16,000	\$8,000

Weekly Pre-tax Premium for NCC		
	PPO	HDHP w/HSA
Employee + Spouse	\$132.84	\$92.59
Employee + Child(ren)	\$108.60	\$74.42
Employee + Family	\$186.98	\$132.72

Bi-Weekly Pre-tax Premium for NI		
	PPO	HDHP w/HSA
Employee + Spouse	\$265.68	\$185.19
Employee + Child(ren)	\$217.19	\$148.84
Employee + Family	\$373.95	\$265.44

2025 Plan Limits for HSA		
	Max Contribution by IRS	Company Contribution
Employee Only	\$4,300	\$650
Employee + Spouse	\$8,550	\$850
Employee + Child(ren)	\$8,550	\$850
Employee + Family	\$8,550	\$850
Age 55 and up catchup	\$1,000	

LIFE INSURANCE

USABLE - www.usablelife.com

Voluntary Life Rates	
Employee/ Spouse Age	Monthly Rate per \$1,000 of coverage
0 - 29	\$0.064
30 - 34	\$0.080
35 - 39	\$0.112
40 - 44	\$0.192
45 - 49	\$0.288
50 - 54	\$0.464
55 - 59	\$0.784
60 - 64	\$1.248
65 - 69	\$1.984
70 - 125	\$3.360
Children \$5,000	\$0.830
Children \$10,000	\$1.660

PHARMACY

Liviniti (previously known as Southern Scripts) - www.liviniti.com

Copay Structure for PPO (POS) Plan			
Medication Tier	Preferred Network	Non-Preferred Network	Mail Order 90 day Supply
Generic	\$10	\$35	\$25
Preferred	\$30	\$55	\$75
Non-Preferred	\$60	\$85	\$150
Specialty (new tier for 2023)	20% with a \$250 max co-pay	No Coverage	No Coverage

Copay Structure for HDHP			
Medication Tier	Preferred Network	Non-Preferred Network	Mail Order 90 day Supply
Generic	100% Coinsurance to deductible then 20% to Coinsurance max*	100% Coinsurance plus \$25 to deductible then 20% plus \$25 to Coinsurance max*	100% Coinsurance to deductible then 20% to Coinsurance max*
Preferred			
Non-Preferred			

*Employee Only Plan has a deductible of \$3,000, then you pay 20% until you reach \$4,000 coinsurance max. Employee + Spouse, Employee + Children and Family Plan has a \$6,000 deductible, then you pay 20% until you reach \$8,000 coinsurance max.

To see your current benefits, please visit <https://infinityhr.com>.

RETIREMENT SAVINGS

TransAmerica - www.transamerica.com or 800-755-5801

2025 Plan Limits	
401k limit	\$23,500
401k catchup contribution age 50 and up	\$7,500
401k catchup contribution age 60 - 63	\$11,250

DENTAL

Delta Dental - www.deltadental.com

Network Benefits	
Deductible	\$50
(individual family)	\$150
Annual Max Benefit	\$1,500
Orthodontics Benefit (children only under 19)	\$1,000

Dental Pre-tax Premium		
	Weekly-NCC	Bi-Weekly-NI
Employee + 1	\$7.23	\$14.46

VISION

Delta Vision (EyeMed) - www.deltadental.com

Network Benefits	
Annual Exam	\$10 copay
Lenses	every 12 months
Frames	every 24 months
Contact Lenses	every 12 months
Frames	\$130 retail allowance

Vision Pre-tax Premium		
	Weekly-NCC	Bi-Weekly-NI
Employee Only	\$1.53	\$3.06
Employee + Spouse	\$3.04	\$6.08
Employee + Child(ren)	\$2.66	\$5.32
Employee + Family	\$4.02	\$8.04

Voluntary Accidental Death & Dismemberment Rates			
Employee or Spouse	Monthly Rate	Employee or Spouse	Monthly Rate
10,000	\$0.300	170,000	\$5.100
20,000	\$0.600	180,000	\$5.400
30,000	\$0.900	190,000	\$5.700
40,000	\$1.200	200,000	\$6.000
50,000	\$1.500	210,000	\$6.300
60,000	\$1.800	220,000	\$6.600
70,000	\$2.100	230,000	\$6.900
80,000	\$2.400	240,000	\$7.200
90,000	\$2.700	250,000	\$7.500
100,000	\$3.000	260,000	\$7.800
110,000	\$3.300	270,000	\$8.100
120,000	\$3.600	280,000	\$8.400
130,000	\$3.900	290,000	\$8.700
140,000	\$4.200	300,000	\$9.000
150,000	\$4.500	Children \$10,000	\$0.300
160,000	\$4.800		

Voluntary Group Accident Policy Rates			
Coverage Level	Accident Basic	Accident Select	Accident Ultra
Employee Only	\$11.74	\$13.85	\$17.39
Employee + Spouse	\$22.40	\$26.42	\$33.23
Employee + Children	\$24.70	\$29.56	\$37.45
Employee + Family	\$35.36	\$42.13	\$53.29

LONG TERM DISABILITY

USABLE

LTD rate is \$0.60/\$100 of coverage based on your salary.

AIR TRAVEL COVERAGE

AirMedCare	Survival Flight
Annual Membership	Annual Membership
\$50	\$60

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<https://infinityhr.com>



Open Enrollment Notes

Our Medical Rates had a slight increase this year. All other benefit rates remained the same with a rate hold for 2025. Please continue to reach out to our Wellness Department and visit your PCP to stay on top of your health and get in front of any issues you may have in order to help us keep our costs down. Open Enrollment is your opportunity to review your current benefits and to make any changes. All changes are effective January 01, 2025. If you participate in the FSA, HSA, or DCSA, then you MUST re-enroll each year. It does NOT carry over. All changes or new enrollments must complete a "2025 Open Enrollment Form for FSA, HSA, and DCSA Only" and submit to empserv@nabholz.com. To make any other changes, please request access to Open Enrollment by emailing empserv@nabholz.com. OE change can be made at the Nabholz Benefits site at <https://infinityhr.com> between October 28, 2024 to November 8, 2024. **If you don't need to make changes, then you don't need to log in or contact us!**

Once this period ends, you will not be allowed to make any changes to your benefits, unless you have a qualifying event during the calendar year, such as: a marriage, divorce, death in the family, birth of a child, or loss of other health coverage. You only have 30 days from the date of the event to make changes. If you wait longer than 30 days, then you will not be able to make those qualifying event changes and will have to wait until the next open enrollment period.

If you are adding children and/or a spouse to your insurance, **you must provide their social security card, birth certificate, copy of marriage license (for spouse only)** and if adding a stepchild, **a copy of the divorce decree that shows who must carry the health insurance for the child.**

Nabholz places great value on the benefits offered to its employees. We offer a comprehensive benefits package consisting of:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Group Life & AD&D Insurance
- Voluntary Life Insurance
- Voluntary AD&D Insurance
- Short Term Disability (NCC/Hourly employees ONLY)
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Dependent Care Spending Account (DCSA)
- Accident Recovery
- Long Term Disability
- Air Travel Coverage

MEDICAL - BlueAdvantage Administrators of Arkansas (www.blueadvantagearkansas.com or 800-370-5852)

The Company pays 100% of the employee-only contribution if you and your covered spouse actively participate in the wellness program. We are self-insured and use BlueCross BlueShield as our health care provider. We offer two plans: 1) Point of Service (POS/PPO) or 2) High Deductible Health Plan (HDHP) with a HSA. The POS/PPO plan has copays for office visits and pharmacy benefits. (i.e. \$30 copay for your general practitioner and \$10 for a generic prescription at in-network providers) There is a \$1,500 individual deductible on the POS/PPO plan for major medical. So, for example, if you have to go to the hospital for an inpatient stay and surgery, then you must meet your \$2,000 deductible first and then you will pay 20% of all other charges until you reach your out-of-pocket limit \$8,000 for an individual policy. The HDHP has a \$3,000 deductible and then you pay 20% until you reach your out-of-pocket limit of \$4,000. There are NO copays on the HDHP, so if you go to your general practitioner and the visit costs \$346, then you will pay \$346. If you go to the pharmacy and your prescription costs \$238, then you will pay the \$238 dollars. Both the \$346 and \$238 will go towards your \$3,000 deductible for the calendar year. If you have a family plan, then for the POS/PPO plan, you will have a \$4,000 family deductible and a \$16,000 out-of-pocket maximum. You still have the co-pays for prescriptions and office visits on the POS/PPO for a family plan (this is an employee plus at least one more person). If you have a family plan for the HDHP plan, then you have a \$6,000 deductible and a \$8,000 out-of-pocket maximum. You will pay for everything at the full negotiated price for our plan until you have paid \$6,000 and then you will pay 20% of anything over the first \$6,000 until you have paid a total of \$8,000. These figures are all based on in-network providers. If you choose to go out-of-network, your costs will at least double (please see plan documents for complete details).

HEALTH SAVINGS ACCOUNT - Consolidated Admin Services (CAS) (www.consolidatedadmin.com or 877-941-5956)

To have an HSA Account, you must be enrolled in the High Deductible Health Plan. The maximum that you can pledge for qualified medical expenses for 2025 is \$4,300 for a single plan and \$8,550 for family plans. Employees age 55+ by December 31, 2025 may contribute additional funds to their HSA (up to \$1,000 per year). YOU MUST re-enroll in HSA every year. The company will contribute \$650 to an employee only HSA account and \$850 to emp + spouse or emp + children or family plan for 2025 on a pro-rated basis. The maximum that you can contribute is reduced by the employer contribution. Whatever you contribute is only available to spend as it is deposited from your paycheck. This money rolls over each year.

FLEXIBLE SPENDING ACCOUNTS (FSA/DCSA) - CAS (www.consolidatedadmin.com or 877-941-5956)

To have a FSA account, you must be enrolled in the POS/PPO Health Plan. New enrollees and current employees, with at least 6 months of service by December 31, 2024 are eligible for Flexible Spending or Dependent Care Spending (childcare). You must re-enroll in FSA and/or DCSA every year. Pledge amount is maxed at \$3,300 for FSA. Pledge amount is maxed at \$5,000 for DCSA. Your election is available to use in January and is a use it or lose it fund with no rollover.

DENTAL - Delta Dental of Arkansas (www.deltadental.com or 800-462-5410)

The company pays 100% of the employee-only contribution. It covers routine cleanings 2 times per year at no cost.

VISION - Delta Vision-Plan is EyeMed Insight Network (www.deltadental.com or 888-922-4875)

This is an employee paid benefit. There is a \$10 copay for a vision visit and you are allowed 1 per year.

AIR TRAVEL COVERAGE - AirMedCare or Survival Flight

If you are a new enrollee, you must request a form from Employee Services. An annual membership provides access to life-saving care for employees and their household members who experience life or limb threatening medical emergencies. Your membership will pay the difference above your medical benefit for air transportation. (No out-of-pocket expenses in connection with your flight **if** you are flown by the selected provider). **Please check the coverage map to select the plan(s) best for you.**

GROUP LIFE - USABLE Life

The company pays 100% of the Group Life Policy for all employees. NCC employees are eligible for \$50,000 term life/AD&D policy at NO COST to the employee. NI employees are eligible for a policy two times annual salary, with a maximum amount of \$100,000 term life/AD&D policy at NO COST to the employee. If you wish to make beneficiary changes, please visit <https://infinityhr.com> or contact Employee Services at any time during the year. Policies reduce by 35% at age 65 and reduce by 50% at age 70.

VOLUNTARY LIFE - USABLE Life (EOI REQUIRED)

This is an employee paid benefit. Any request for voluntary life insurance or increases in voluntary life insurance coverage during open enrollment, will require you to complete the Evidence of Insurability form, and for it to be reviewed by the carrier for approval or not. If you do not submit your **EOI by the end of day on Friday, November 7, 2024**, then your requested change(s) for coverage will be denied. Policies reduce by 35% at age 65 and reduce by 50% at age 70.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT - USABLE Life

This is an employee paid benefit. If you are age 69 or younger, you may purchase coverage in units of \$10,000, with a maximum of \$300,000. Policies reduce by 35% at age 65 and reduce by 50% at age 70.

ACCIDENT RECOVERY - USABLE Life

This is an employee paid benefit. Comprehensive coverage for accidental injuries including hospitalization, rehab and physical therapy. Benefits paid directly to the employee.

SHORT TERM DISABILITY - USABLE Life (TPA-ASO) (NCC Employees ONLY)

The company pays 100% of this benefit. All NCC employees are enrolled in the policy after 12 consecutive months of employment, effective the first of the following month. To be eligible to use this benefit you will be required to complete FMLA paperwork, and you must be off work for more than 8 days due to an accident or sickness, that is not work related. This benefit will pay 70% of your weekly salary based on 40 hours. The maximum per week benefit is \$1,000. Documentation will be required.

LONG TERM DISABILITY - USABLE Life (EOI REQUIRED)

The company pays 50% of the premium and the employee pays 50% of the premium. The amount is based on the employee's salary. LTD benefit has a 90-day waiting period to file a disability claim. This benefit will pay 60% of your current salary based on a 40 hour work week. The maximum benefit is \$8,000 per month. If you enroll during OE, then an **EOI is required and must be submitted by end of day on Friday, November 7, 2024** or your requested change will be denied.