

# 2023-2024 Summary of Benefits Full-time Salaried Staff

Per Pay Deductions

### **Health Plans**

PPO Plan

#### **Medical Insurance**

Our group health plan, through Group Management Services (GMS), provides comprehensive and affordable coverage for individuals and their dependents, utilizing Cigna networks (PPO and HDHP).

The Preferred Provider Organization (PPO) plan has a \$25 copay for primary care visits and a \$50 copay for specialist visits; an in-network annual deductible of \$2,000 per covered member (\$4,000 per family) and 20% coinsurance thereafter; and an annual out-of-pocket maximum of \$6,500 per covered member (\$13,500 per family).

ole of \$2,000 per covered member (\$4,000 ily) and 20% coinsurance thereafter; and al out-of-pocket maximum of \$6,500 per member (\$13,500 per family).	Employee	\$57.50
	Employee + Spouse	\$115.00
	Employee + Child(ren)	\$101.20
e High Deductible Health Care (HDHP)	Family	\$172.50
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HDHP Plan	
Plan Election	Per Pay Deductions
Employee	\$37.22
Employee + Spouse	\$74.44
Employee + Child(ren)	\$65.50
Family	\$111.65

With the High Deductible Health Care (HDHP) plan, employees pay 100% of medical expenses

up to the annual deductible amount; an in-network annual deductible of \$6,750 per covered member (\$13,500 per family); and an annual out-of-pocket maximum of \$6,750 per covered member (\$13,500 per family).

Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone or video consults.

Plan Flection

Coverage is effective on the first of the month following the hire date.

#### **Dental Insurance**

Your choice of two Delta Dental plans, with an annual maximum of \$1,000 or \$1,500 per covered member. Both plans provide coverage for diagnostic and preventative services at 100% (no deductible); 80% for basic services, following a \$50 deductible; and 50% for major services, following a \$50 deductible.

Effective on the first of the month following the hire date.

Standard Plan - \$1,000 Annual Maximum	
Plan Election	Per Pay Deductions
Employee	\$0
Employee + Spouse	\$12.78
Employee + Child	\$14.20
Employee + Children	\$22.28
Family	\$36.36

High Plan - \$1,500 Annual Maximum	
Plan Election	Per Pay Deductions
Employee	\$2.33
Employee + Spouse	\$15.86
Employee + Child	\$20.26
Employee + Children	\$26.89
Family	\$44.66

#### Vision Insurance

Your choice of two full-service VSP Choice Plus plans, with exam copay, and allowances for frames, lenses, and contacts.

Coverage is effective on the first of the month following the hire date.

Standard Plan	
Plan Election	Per Pay Deductions
Employee	\$2.87
Employee + 1	\$5.75
Family	\$7.68

Premium Plan	
Plan Election	Per Pay Deductions
Employee	\$4.61
Employee + 1	\$9.06
Family	\$15.72

## Life and Disability Insurance

#### Life and AD&D Insurance

Life insurance is provided at no cost to the employee. The effective date of coverage is the first of the month following the hire date. Your benefit amount is equal to two (2) times your basic annual earnings, rounded to the next higher \$1,000; up to the plan maximum of \$400,000.

#### Disability Insurance

Disability insurance is provided at no cost to the employee. Short-term disability coverage provides 60% of weekly salary (up to \$1,000) when out of work for up to 26 weeks due to injury, illness, surgery, or recovery from childbirth. Long-term disability coverage provides 60% of monthly salary (up to \$7,500) until no longer disabled or until normal Social Security retirement age.

## Tax Exempt Savings and Retirement Plans

#### Flexible Spending Account

Effective on the first of the month following the hire date.

Pre-tax benefit accounts are available for unreimbursed medical/dental/vision care expenses and/or dependent care, up to IRS annual limits. For 2024, the maximum contribution amount for medical/dental/vision FSA is \$3,200 with a \$640 carry-over available at year-end. In 2023, up to \$5,000 may be contributed to your dependent care FSA.

#### **Health Savings Account**

Individuals enrolled in the high deductible healthcare plan are eligible for a Health Savings Account (HSA) plan. Project Kitty Hawk contributes \$250/year to these accounts for individual coverage, or \$500/year for dependent coverage. These contributions are made once a year and may be prorated based on eligibility date.

For 2024, the IRS annual limits for these tax-exempt savings accounts are \$4,150 for individuals and \$8,300 for families.

#### **Retirement Plan**

A 401K plan is available immediately upon hire. Project Kitty Hawk matches 100% of the first 3% of your contributions, then 50% of the next 2% of your contributions. Both traditional 401K and Roth accounts are available. Total contributions are subject to the annual IRS limits. Project Kitty Hawk has a 5-year vesting period for company contributions.

\*Effective March 1, 2024



## Time Off and Holidays

#### Personal, Wellness, and Volunteer Time Off

Time Off Category	Amount provided
Personal Time Off (PTO)*	20 days (160 hours)
Wellness Time Off (WTO)	5 days (40 hours)
Volunteer Time Off (VTO)	2 days (16 hours)

<sup>\*</sup>May carry-over up to 30 days.

#### Holiday schedule

Company Holidays — 2024	
New Year's Day	Monday, January 1st
Martin Luther King Day	Monday, January 15th
Spring Holiday	Friday, March 29th
Memorial Day	Monday, May 27th
Juneteenth Independence Day	Wednesday, June 19th
Independence Day	Thursday, July 4th
Labor Day	Monday, September 2th
Veterans Day	Monday, November 11th
Thanksgiving	Thursday, November 28th and Friday, November 29th
Winter Break*	Monday December 23rd through Friday, December 27th
New Year's Day - 2025	Wednesday, January 1, 2025

<sup>\*</sup> Winter Break is composed of five consecutive floating holidays. Individuals may choose to use these floating holidays at different times during the year to accommodate their family or religious needs.

## **Additional Benefits**

#### **Employee Assistance Program**

The Employee Assistance Program is a free, 24/7 confidential resource that offers help with personal, financial, or legal concerns.

#### **Paid Family Leave**

We are committed to creating a culture which supports both work and family responsibilities. We provide paid family and medical leave of up to 14 weeks for the birth or adoption of a child or a team member experiencing serious medical condition. Details are provided in our policy.

#### Cell Phone and Internet Reimbursement

As a remote-first company, all employees receive an automatic monthly stipend of \$75 for cell phone coverage and \$50 for Internet services, paid the first of each month.

#### Miscellaneous

Additional, voluntary coverages are available at group discounted rates, including pet insurance, legal, and accident coverage.