

# CHARLESTON METAL PRODUCTS, INC.

## March 1, 2024 Summary of Employee Benefits

This summary is intended to highlight CMP's benefits. Please refer to the Summary Plan Descriptions (SPD) for details.  
In the event of any differences between this summary and the SPD, the SPD will govern.

### Signature Care EPO Plan (Eligible 1<sup>st</sup> day of month following 30 days of employment)

#### In-Network Medical Coverages

	EPO Provider
Calendar Year Deductible	\$1,000 person / \$2,000 family
Annual Out-of-Pocket Max	\$4,000 person / \$8,000 family
Doctor's Office Co-Pay	\$25
Specialist Co-Pay	\$25
Urgent Care Co-Pay	\$25
Emergency Room Co-Pay	\$300
Co-Insurance	20% after deductible is met
Preventative Care (Wellness Screenings, Immunizations)	\$0
MRI, CT, PET Scan, X-Ray (MRI, CT Scan, X-Ray paid at 100% with no deductible when provided thru Direct Imaging)	20% after deductible is met
Laboratory Services (Paid at 100% with no deductible when provided thru Lab Corp)	20% after deductible is met
Parkview-On-Demand (Virtual visit for basic medical issues)	\$0

#### Prescription Drug Coverage

Tier 1 - Most Generic	10% Copay
Tier 2 - Formulary Brand	30% Copay
Tier 3 - Non-Formulary Brand	40% Copay
Tier 1 – Most Generics at Retail Program available for up to a 90-day supply	
CanaRX available for some prescriptions at no cost to member using 90-day mail order process	

#### Dental Coverage

Deductible of \$50 per person and \$100 per family  
Preventive Services (Dental Exams) \$0 Co-Pay once every six months  
Basic Services 20% after deductible is met  
Major Services 50% after deductible is met  
\$1,000 per year maximum for combination preventative, basic and major services  
Orthodontia 50% with \$1,000 lifetime max per covered person (under age 19)

#### Vision Coverage

Vision Benefits have \$0 Co-Pay up to \$400 max benefit per 24 mth period per covered person

#### Coverage Levels and Costs

Weekly (Includes Medical, Prescription Drug, Dental and Vision Coverages)

Employee Only	\$ 40.65
Employee and Children	\$ 70.78
Employee and Spouse	\$ 79.55
Family	\$118.04

350 Grant St.  
Waterloo, IN 46793

PHONE (260) 837-8211  
FAX (260) 837-8101  
E-MAIL [cmp@charlestonmetal.com](mailto:cmp@charlestonmetal.com)  
WEB SITE <http://www.charlestonmetal.com>

## Other Employee Benefits

### Optional AFLAC Insurance Coverages

Supplemental coverages available through AFLAC for Cancer, Hospitalization, Critical Care, Short-Term Disability, Accident, Special Health Events, and MeMD. Eligible 1<sup>st</sup> day of month following 30 days of employment.

### Company Provided Short-Term Disability

\$250 per week benefit for up to a maximum of 26 weeks for injury (1<sup>st</sup> day of total disability) or for sickness (8<sup>th</sup> day of total disability). Eligible 1<sup>st</sup> day of month following 30 days of employment.

### Optional Long-Term Disability

Replaces 60% of basic monthly earnings up to a maximum of \$5,000 monthly benefit for total disability after 26 weeks of short-term disability. Eligible 1<sup>st</sup> day of month following 30 days of employment.

### Flexible Spending Accounts (FSA)

Health Care FSA allows pre-tax dollars through payroll deduction to be set aside for qualified medical, dental and vision expenses not covered by insurance, up to \$3,200 annually.

Dependent Care FSA allows pre-tax dollars through payroll deduction to be set aside for qualified dependent care (day care) expenses, up to \$5,000 annually.

Eligible 1<sup>st</sup> day of month following 30 days of employment.

### Company Provided Basic Employee and Dependent Group Life and AD&D Insurance

Basic benefit amount of \$10,000 per employee and \$5,000 per eligible dependent. Eligible 1<sup>st</sup> day of month following 30 days of employment.

### Optional Employee and Dependent Life and AD&D Insurance

Supplemental employee coverage of up to an additional 5 times annual base salary or \$500,000, whichever is less. Additional spouse coverage of up to \$20,000 and additional child coverage of up to \$10,000 available. Eligible 1<sup>st</sup> day of month following 30 days of employment.

### Vacation Schedule

Regular full-time employees, who have completed six (6) months of services are eligible for paid vacation:

6 months = 2.5 days, 1 year = 5 days, 2 years = 10 days, 5 years = 15 days, 10 years = 20 days

20 years = 21 days, 30 years = 23 days, 40 years = 25 days

### Holidays

The following eleven (11) holidays are available to regular full-time employees: New Year Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve Day, Christmas Day, New Year Eve Day, 1 Floating Holiday as determined by CMP.

### 401(k) Profit Sharing Retirement Plan

Pre-tax deferral up to the IRS annual maximum limit with a company match of 25% of the first 7% employee contributions. Eligible following six (6) months of service. Semi-annual entry dates of April 1 and October 1. Additional discretionary company contribution (based on company's profitability) evaluated on an annual basis.

### Tuition Refund Program

Program reimburses employees 100% of tuition and book expenses of pre-approved courses up to IRS limit. Available to regular full-time employees who have completed twelve (12) months of service.

### Gym Membership Reimbursement Program

Gym membership reimbursement of 30% available for full time employees with a minimum of six months employment up to a maximum of \$150.00 once per rolling twelve (12) month period for eligible fees.

### Perfect Attendance Program

Recognition of exemplary attendance for full-time hourly paid employees in pre-established six-month periods.