

# 2025 Benefits

January 1, 2025 - December 31, 2025



Bernhard



Getting Started >>

# FAQ

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## Welcome

At Bernhard, LLC, we believe that employees are the foundation of our success. Bernhard is committed to providing employees affordable and competitive medical and pharmacy plans. Bernhard offers a number of options to allow you to make decisions that are best for you and your family.

We are committed to providing you with the tools and resources you need to maximize your **Bernhard benefits portfolio**. Please review this guide carefully for highlights of our benefits and discuss your options with your family.

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# Getting Started

## Eligibility

**Eligibility for Benefits:** Full-Time employee working 30 or more hours per week.

**Waiting Period for Employee Benefits:** First of the month on or after 30 days of employment.

**Waiting Period for 401(k) Retirement:** First of the month following 3 months of service.

### Eligible Family Members:

- ▶ Your legally married spouse;
- ▶ Your child(ren) up to age 26 regardless of marital or student status;
- ▶ Your child(ren) of any age who are unmarried and incapable of supporting themselves due to a mental or physical disability and who are totally dependent on you.

**New, full-time benefits eligible Bernhard employee:** As a new, full-time employee, you become eligible for the following benefits: Medical, Voluntary Dental, Voluntary Vision, Basic Life & AD&D, Voluntary Life & AD&D, Disability, Accident, and Critical Illness. For 401(k), employees must be age 18 or older to participate.

## Qualified Life Events

### Common Qualified Life Events:

- ▶ Marriage or Divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit of 26
- ▶ Death of a spouse or a child
- ▶ Change in child custody
- ▶ Change in coverage election made by your spouse during his/her employer's Open Enrollment period
- ▶ You lose coverage under your spouse's plan
- ▶ Entitlement to Medicare
- ▶ Court order or judgment requiring you to provide coverage for a dependent child (QMCSO)

### Making Changes

To make changes to your benefit elections, you must notify and submit any applicable forms and/or documentation to the Benefits Team *within 30\* days of the qualified life event* (including newborns or adopted children). If changes are not submitted on time, you must wait until the next Open Enrollment period to make a change.

\*60 days if you, your spouse, or your child lose(s) coverage under Medicaid or state Children's Health Insurance Program (CHIP), or become(s) eligible for state-provided premium assistance.



# Eligibility & Classification

Classifications listed in this guide are for the purposes of benefits eligibility and do not pertain to Company PTO, time-off or holiday pay classifications. Eligible Employees who enroll their dependents into the benefits plans with Bernhard will need to verify that the dependent(s) meet the eligibility requirements for a qualified dependent. **All documentation for dependents must be received and approved no later than 1 day before the effective date of coverage\***. The table below lists eligible dependents and the documentation that is required by the Plan to enroll that dependent in coverage with the Plan.

\*All verification documents must be uploaded by logging in to BEKI, then go to: **Myself > Benefits > Manage My Benefits** and follow the guided instructions.

## Dependent Eligibility Matrix

DEPENDENT TYPE	ELIGIBILITY CRITERIA	DOCUMENTATION REQUIREMENTS
Spouse	<ul style="list-style-type: none"> <li>Your legal spouse</li> </ul>	<ul style="list-style-type: none"> <li>Marriage certificate (with Judge's or Minister's signature) AND</li> <li>A recent Joint Statement item dated within the last 60 days. The secondary item needs to be generated by a third party, (i.e. bank statement, utility bill, etc.) contain both of your names, address, and dated within the past 60 days AND</li> <li>Social Security Card</li> </ul>
Natural Born Child	<ul style="list-style-type: none"> <li>Your natural born child, AND</li> <li>Not attained age 26</li> </ul>	<ul style="list-style-type: none"> <li>Birth or hospital certificate (with hospital's representative's signature) AND</li> <li>Social Security Card</li> </ul>
Stepchild	<ul style="list-style-type: none"> <li>Your stepchild, AND</li> <li>Not attained age 26</li> </ul>	<ul style="list-style-type: none"> <li>Verification of your Spouse (above), AND</li> <li>Child's birth certificate naming your Spouse as the child's parent AND</li> <li>Social Security Card</li> </ul>
Legally Adopted Child/Child Placed for Adoption or Legal Guardianship/Foster Child	<ul style="list-style-type: none"> <li>Your legally adopted child, child placed for adoption or legal guardianship, OR</li> <li>A foster child placed with you by an authorized placement agency or by judgment, decree, or other order of any competent jurisdiction, AND</li> <li>Not attained age 26</li> </ul>	<ul style="list-style-type: none"> <li>Adoption decree or legal court documents naming employee as the child's adoptive parent, foster parent, or guardian, AND</li> <li>Legal document showing age of child AND</li> <li>Social Security Card</li> </ul>
Disabled/incapacitated Natural Born Child/Stepchild/ Legally Adopted Child or Child Placed for Adoption	<ul style="list-style-type: none"> <li>Your child that is physically or mentally incapable of self-support, if the incapacity occurred before age 26</li> </ul>	<ul style="list-style-type: none"> <li>Same as natural born child/stepchild /legally adopted child/child placed for adoption or in legal guardianship / foster child, AND</li> <li>Statement of disability from the Social Security Administration AND</li> <li>Social Security Card</li> </ul>



# Medical

## Blue Cross Blue Shield of LA | Blue Cross PPO Network

The summary below is a brief review of the In-network benefits and costs. Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which **you are responsible**.

MEDICAL BENEFITS & SERVICES	ESSENTIAL PLAN	SELECT PLAN	PREMIER PLAN
<b>Office Visits</b>			
Physician	20% after deductible	\$40 copay	\$25 copay
Specialist	20% after deductible	\$65 copay	\$50 copay
Urgent Care	20% after deductible	\$75 copay	\$75 copay
<b>Deductible</b> (individual/family)	\$2,500 / \$5,000 Aggregate	\$1,750 / \$5,250 Embedded	\$750 / \$2,250 Embedded
<b>Coinsurance</b> (member responsibility)	20%	20%	20%
<b>Out-of-Pocket Maximum</b> (individual/family)	\$6,000 / \$12,000 \$6,850 (per member within a family)	\$6,000 / \$12,000	\$4,000 / \$6,000
<b>Preventive Care</b>	No charge or deductible	No charge or deductible	No charge or deductible
<b>Inpatient Hospital</b>			
Facility Services (per admission)	20% after deductible	20% after deductible	20% after deductible
Physician Services			
<b>Outpatient Hospital</b>			
Facility & Physician Services			
Speech & Occupational Therapy	20% after deductible	20% after deductible	20% after deductible
Physical Therapy			
X-ray & Lab			
CT, MRI, MRA, PET & Nuclear Medicine			
<b>Emergency Room</b>	20% after deductible	20% after deductible	20% after deductible

PRESCRIPTION (Rx) DRUG			
<b>Prescription Drug Deductible</b>	Deductible then	\$0	\$0
<b>Tier 1</b>	20% coinsurance	\$15	\$15
<b>Tier 2</b>	20% coinsurance	\$35	\$35
<b>Tier 3</b>	20% coinsurance	\$70	\$70
<b>Tier 4</b>	20% coinsurance	10% up to \$500	10% up to \$500
<b>Mail Order</b>	20% coinsurance	3x Copay	2x Copay

Resources at  
your fingertips



[BCBS LA Resource  
ToolKit](#)



[Find a Doctor  
Find a Hospital](#)



[Find a Pharmacy  
Look up a Drug](#)



# Medical Rates

## WEEKLY RATES (Excluding Wellness Credit)

	<i>ESSENTIAL PLAN</i>	<i>SELECT PLAN</i>	<i>PREMIER PLAN</i>
<b>Employee Only</b>	\$29.99	\$46.53	\$64.43
<b>Employee + Spouse</b>	\$61.68	\$102.99	\$147.17
<b>Employee + Child(ren)</b>	\$49.11	\$93.93	\$127.49
<b>Employee + Family</b>	\$75.57	\$128.02	\$186.42

## BI-WEEKLY RATES (Excluding Wellness Credit)

	<i>ESSENTIAL PLAN</i>	<i>SELECT PLAN</i>	<i>PREMIER PLAN</i>
<b>Employee Only</b>	\$59.98	\$93.06	\$128.86
<b>Employee + Spouse</b>	\$123.36	\$205.98	\$294.34
<b>Employee + Child(ren)</b>	\$98.21	\$187.85	\$254.98
<b>Employee + Family</b>	\$151.14	\$256.04	\$372.83

## Wellness Credit

Currently Enrolled in Medical	
Credit Type	You can earn up to:
<b>Weekly</b>	\$18.46
<b>Bi-Weekly</b>	\$36.92

New Enrollee	
Credit Type	You can earn up to:
<b>Weekly</b>	\$9.23
<b>Bi-Weekly</b>	\$18.46



# Telemedicine: BlueCare



## Medical Visits

BlueCare is great for those times when you need to see a doctor but can't find the time, feel too sick to leave the house or are traveling. BlueCare is available 24/7 in all 50 states, costs less than urgent care and ER visits, and is an easier way to treat non-emergency, common conditions like:

- Sinus infections
- Cold or cough
- Flu symptoms
- Fever
- Bladder infections
- Rashes
- Allergies
- Vomiting, diarrhea
- Pink eye

You can also use BlueCare to get a prescription or to check in with a doctor. BlueCare doctors can give work or school absence excuses by request.

## Sniffles? Migraine? Broken Bone?

## Know the Best Place to Go for Your Illness or Injury

Members can go to

[BlueCare.com](https://www.bluecare.com)

Or download the "BlueCare" app from the App Store (Apple devices) or Google Play (Android devices).

[Download the BlueCare app via the Apple Store](#)

[Download the BlueCare app via Google Play](#)

To connect to BlueCare, members will create a login ID and password from a computer or mobile device.

Once logged in, members can see which providers are available for online visits and choose the provider they want to see.

LOWER  
COST



HIGHER  
COST



### Primary Care Doctor

A primary care doctor can see you for most of your care, from routine checkups to when you get sick or hurt.



### BlueCare

See a doctor online 24/7 when you have a minor health issue. It takes just minutes and you don't have to leave home or the office.



### Urgent Care Center

If you have an illness or injury that you need to have looked at quickly, but it's not an emergency, these centers have doctors and providers who can treat you. Most urgent care centers have night and weekend hours, and the providers there can often do X-rays, lab work or stitches.



### Emergency Room

If you have a life-threatening or serious illness or injury, call 911 or go to the nearest emergency room.

# Medical Plan Comparisons

## EMPLOYEE 1: CLARK

Employee Only Coverage; Clark has low healthcare expenses each year, and completed all of the wellness requirements.

**Age: 31**

**Status: Single**

Clark has worked at Bernhard since he was 22 and has held several positions within the company. In his health scenario, he experienced allergy issues and some additional health screenings based on his preventive care.

**Here's how Clark's costs would compare in the three plans based on the following:**

- Enrolls in Employee Only coverage
- Incurs **three specialist visits** to deal with allergy related issues at \$120 per visit, totaling \$360 for the year
- Gets a routine annual physical with an in-network physician (covered at 100% for all plans)
- Incurs **\$100 with a Tier 3** brand name prescription drug expense

Out-of-Pocket Costs	Essential Plan HSA HDHP	Select Plan Copay \$1,750	Premier Plan Copay \$750
<b>Office Visit</b>  <b>Copays/ Coinsurance</b>	<b>\$360</b> (the plan will not begin to pay until Clark meets his \$2,500 deductible)	<b>\$195</b>  (3 x \$65 copay/visit)	<b>\$150</b>  (3 x \$50 copay/visit)
<b>Prescription Expenses</b>	<b>\$100</b> (the plan will not begin to pay until Clark meets his \$2,500 deductible)	<b>\$70 copay</b>	<b>\$70 copay</b>
<b>Total Medical Expenses</b>	<b>\$460</b>	<b>\$265</b>	<b>\$220</b>
<b>Annual Premium Contributions</b>	\$1,560	\$2,420	\$3,350
<b>Total Cost for Clark</b>	\$2,480	\$2,950	\$3,790
<b>Wellness Incentive</b>	<b>(\$960)</b>	<b>(\$960)</b>	<b>(\$960)</b>
<b>HSA Contribution</b>	<b>(\$500)</b>	-	-
<b>Net Cost for Clark</b>	<b>\$1,020</b>	<b>\$1,990</b>	<b>\$2,830</b>

### Decision Point:

Even though Clark pays 100% of his medical and Rx out-of-pocket costs under the Essential Plan, his total annual expense is still lower because of the lower payroll contributions. Alongside Bernhard's HSA contribution, Clark also has the option to put aside money for medical expenses in a Health Savings Account to help pay for his additional out of pocket expenses from a tax advantaged account.





# Medical Plan Comparisons

## EMPLOYEE 2: JAMES

Family Coverage; James and his family have moderate annual healthcare expenses. He completed all of the wellness requirements.

**Age: 45**

**Status: Married with two children, ages 3 and 8**

James has worked at Bernhard for 3 years—ever since his youngest daughter was born. He has learned that part of being a parent is expecting some medical expenses each year. In his health scenario, child #1 falls and breaks her leg, while child #2 needs asthma treatment.

**Here's how James' costs would compare in the three plans based on the following:**

- Enrolls himself, his wife, and their two children on the plan
- Gets a routine annual physical (covered at 100% for all plans)
- Incurs **\$2,500 in additional medical expenses** treating child #1's broken leg
- Incurs **8 office visits** (4 per child) **with a primary care physician** at \$120 each, totaling \$960 for the year
- Incurs **\$750 in prescription expenses**, split evenly between child #2 and his wife (1 Tier 1 and 2 Tier 2 prescriptions each)

Out-of-Pocket Costs	Essential Plan HSA HDHP	Select Plan Copay \$1,750	Premier Plan Copay \$750
<b>Medical Event:</b> Broken leg (\$2,500 billed in medical expenses)	<b>\$2,500</b>  \$2,500 is applied to the \$5,000 family deductible.	<b>\$1,900</b>  \$1,750 to meet the child's individual deductible \$150 in coinsurance (the remaining \$750 of the claim at 20% coinsurance)	<b>\$1,110</b>  \$750 to meet the child's individual deductible \$350 in coinsurance (the remaining \$1,750 of the claim at 20% coinsurance)
<b>Office Visit</b>  <b>Copays/ Coinsurance</b>	<b>Child 1: \$480</b>  <b>Child 2: \$480</b> James pays billed charges at 100% because the family deductible has not been met.	<b>\$320</b>  (8 x \$40 copay/visit)	<b>\$200</b>  (8 x \$25 copay/visit)
<b>Prescription Expenses</b>	<b>\$750</b> (the deductibles are not met for child 2 and wife)	<b>\$170 copay</b> (2 x \$15 copay for Tier 1 + 4 x \$35 copay for Tier 2)	<b>\$170 copay</b> (2 x \$15 copay for Tier 1 + 4 x \$35 copay for Tier 2)
<b>Total Medical Expenses</b>	<b>\$4,210</b>	<b>\$2,390</b>	<b>\$1,470</b>
<b>Annual Premium Contributions</b>	\$3,930	\$6,657	\$9,694
<b>Total Cost for James</b>	\$8,140	\$9,047	\$11,164
<b>Wellness Incentive</b>	<b>(\$960)</b>	<b>(\$960)</b>	<b>(\$960)</b>
<b>HSA Contribution</b>	<b>(\$1,000)</b>	-	-
<b>Net Cost for James</b>	<b>\$6,180</b>	<b>\$8,087</b>	<b>\$10,204</b>

### Decision Point:

Given the high expense with James' daughter's broken leg, his cost in all three plans were compared to determine which plan offered the most savings. In this particular scenario, James would have a more predictable cost initially in the Premier Plan, but the Essential Plan would end up accumulating the most savings over time.



# Medical Plan Comparisons

## EMPLOYEE 3: MARY

Employee + Spouse Coverage; Mary and her spouse have high annual health care expenses. She completed all of the wellness requirements.

**Age: 54**

**Status: Married**

Mary joined Bernhard 20 years ago and has been in poor health for the last 5 years. Mary suffers from heart disease complicated by diabetes.

**Here's how Mary's costs would compare in the three plans based on the following:**

- Enrolls in Employee + Spouse coverage
- Gets a routine annual physical (covered at 100% for all plans)
- Incurs **10 office visits** with a primary care physician at \$120 each, totaling \$1,200 for the year
- Incurs **\$50,000 in additional medical expenses**
- Incurs **\$3,800** in Tier 4 prescription expenses, along with her husband's **\$200** in Tier 2 prescription expenses

Out-of-Pocket Costs	Essential Plan HSA HDHP	Select Plan Copay \$1,750	Premier Plan Copay \$750
<b>Medical Event:</b> \$50,000 in billed medical expenses	<b>\$6,850</b>  <b>\$5,000</b> to meet family deductible <b>\$1,850</b> in coinsurance to meet the individual OOPM (The remaining \$45,000 of the claim at 20% coinsurance up to the individual OOPM for someone with family coverage).	<b>\$6,000</b>  <b>\$1,750</b> to meet Mary's individual deductible <b>\$4,250</b> in coinsurance to meet Mary's individual OOPM (The remaining \$48,250 of the claim at 20% coinsurance)	<b>\$4,000</b>  <b>\$750</b> to meet Mary's individual deductible <b>\$3,250</b> in coinsurance to meet Mary's individual OOPM (The remaining \$49,250 of the claim at 20% coinsurance)
<b>Office Visit</b>  <b>Copays/ Coinsurance</b>	Copays for Mary's office visits are covered in full after she meets the family OOPM.	Copays for Mary's office visits are covered in full after she meets her out of pocket maximum.	Copays for Mary's office visits are covered in full after she meets her out of pocket maximum.
<b>Prescription Expenses</b>	<b>\$40</b>  Mary's Husband pays 20% coinsurance for his medication because the family deductible has been met, but his portion of the family OOPM has not been reached.	<b>\$35 copay</b>  Mary's Husband pays a copay for his medication because the family OOPM has not been reached.	<b>\$35 copay</b>  Mary's Husband pays a copay for his medication because the family OOPM has not been reached.
<b>Total Medical Expenses</b>	<b>\$6,890</b>	<b>\$6,035</b>	<b>\$4,035</b>
<b>Annual Premium Contributions</b>	\$3,207	\$5,355	\$7,653
<b>Total Cost for Mary</b>	\$10,097	\$11,390	\$11,688
<b>Wellness Incentive</b>	<b>(\$960)</b>	<b>(\$960)</b>	<b>(\$960)</b>
<b>HSA Contribution</b>	<b>(\$1,000)</b>	-	-
<b>Net Cost for Mary</b>	<b>\$8,137</b>	<b>\$10,430</b>	<b>\$10,728</b>

### Decision Point:

Even with the highest medical expenses, the best plan for Mary in this scenario is the Essential Plan, because she has the lowest premium contributions with the opportunity to take advantage of Bernhard's HSA contribution to her account. On the Essential Plan, no one member can contribute more than the Per Member amount (\$6,850) toward the family OOP Max.





# Wellness

## Currently Enrolled in Medical

- As a participant in any of the 3 offered medical plans, you can participate in our wellness program administered through IncentFit.
- This program is reasonably designed to promote health or prevent disease. Bernhard encourages you to participate to become the healthiest version of yourself.

## New Enrollee

- As an eligible participant of the medical plan, you can participate in our wellness program in the coming year to earn rewards for 2026. **Note:** *Members will not be able to access the program with IncentFit until medical benefits become effective.*
- However, for 2025, you can earn partial wellness credit coming into the program for the first time. We ask that you complete a Non-Tobacco Attestation in BEKI when enrolling to qualify for the credit.\*\*



### Non-Tobacco User via Attestation

Annual Reward Discount  
for NEW Enrollees =



## Program Overview

450 points maximum per year for

300 points maximum per year for

3 points maximum per day for

36 points maximum per month for

432 points maximum per year for

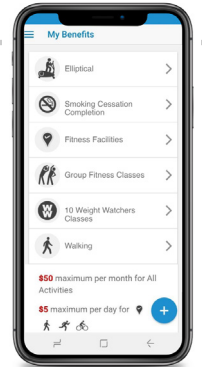


**960 points** maximum per year for all activities!\*

>> **Your points accumulation** is equivalent to dollars.

>> **Any activities you complete in 2025** directly offset your premium in 2026.

>> **Our cutoff date for accepting rewards** is December 15, 2025.



\*\*Not available to employees who are hired in connection with the acquisition of a business unit who receive a premium credit outside the wellness program.

[Sign in to IncentFit here](#)

<https://incentfit.com/login/Bernhard>

Log in using your **employee ID** or **email**

\*If you do not meet or are unable to achieve the standards for the reward under this program, contact us at [Benefits@Bernhard.com](mailto:Benefits@Bernhard.com) and we will work with you to develop another way to qualify for the reward.



# Health Savings Account (HSA)

## Bernhard Annual Contributions

**\$500** | **\$1,000**

to your Individual HSA

to your Family HSA

In conjunction with Bernhard employer contributions made on your behalf, you can contribute a maximum annual amount of:

**\$3,800** | **\$7,550**

to your Individual HSA

to your Family HSA

## 2025 IRS Contribution Limits

**\$4,300**  
Individual Plan

**\$8,550**  
Family Plan

Members 55+ can contribute an extra \$1,000

### As part of our investment in the health of our employees,

Bernhard will contribute dollars into your HSA account. You also have the ability to contribute to your HSA yourself.

Only employees enrolled in the **Essential Plan** can participate in the HSA through **HSA Bank**. Bernhard contributions will be made on a per paycheck basis. This savings vehicle through HSA Bank also allows you to contribute to the HSA using pre-tax contributions to pay for eligible medical expenses like medical, pharmacy, dental, and vision costs.

### Why choose an HSA?

- Maximize your tax savings
- Save for retirement
- This is your money to keep forever (including Bernhard contributions)

**New Hires:** Contributions are pro-rated based on the pay period in which your coverage becomes effective.

*Fund your HSA through pre-tax payroll deductions or transfer money into your account through the HSA Bank member portal. To take full advantage of tax savings and to build a reserve for the future, it is suggested that you maximize your contributions as set by the IRS.*

*NOTE: Health Savings Accounts are owned by the individual account holder and remain the property of the account holder. Deposits to an HSA can be made by the account holder as well as the employer on behalf of the account holder. The account holder designates the amount of payroll-deducted contributions while he/she is enrolled in a qualified high deductible health plan. Funds in the account at year-end rollover and continue to accumulate annually. Withdrawals for non-medical expenses may provide tax advantages if taken after retirement age and may incur tax penalties if taken prior to retirement age.*

## Dependent Care Flexible Spending Account (FSA)

Bernhard provides you with an opportunity to participate in a Dependent Care Flexible Spending Account administered through HSA Bank. A Dependent Care FSA allows you to set aside a portion of your income, pre-tax, to pay for qualified dependent care expenses. Since this portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes. You may participate whether or not you elect any other benefits.

For 2025, you may contribute up to **\$5,000** per year if you are single or married filing joint tax return and **\$2,500** if you are married filing separate tax returns (per IRS guidelines). The Dependent Care FSA may be used for eligible child care for children, under 13 years of age, and adult day care for a dependent, who is physically or mentally incapable of self care, while you are at work. *Any amount that remains unused by December 31, 2025 will be forfeited at the end of the year.*



# Voluntary Dental

Bernhard provides employees with two dental plans to choose from through **SunLife**. The In-network benefits outline the coverage. Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which **you are responsible**. To find a provider, visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist).



[Find a Dental Provider](#)  
[Download the SunLife Dental App](#)

DENTAL PLAN FEATURES	LOW PLAN	HIGH PLAN
<b>Annual Deductible</b> (individual/family)	\$50 / \$150	\$50 / \$150
<b>Annual Maximum Benefit</b>	\$1,250	\$2,000 + Preventive Rewards
<b>Type 1 - Preventive</b> (oral exams, x-rays, cleanings*, sealants) <i>*4 cleanings available per plan year</i>	No charge, no deductible	No charge, no deductible
<b>Type 2 - Basic</b> (fillings, extractions, complete series x-rays)	20% after deductible	20% after deductible
<b>Type 3 - Major Services</b> (inlays, onlays, crowns, root canal, periodontics, dentures)	Not Covered	50% after deductible
<b>Type 4 - Orthodontia Services (for children up to age 26)</b> Lifetime Maximum	Not Covered	\$2,000 50% coinsurance

WEEKLY RATES		
<b>Employee Only</b>	\$4.02	\$7.08
<b>Employee + Spouse</b>	\$8.43	\$14.03
<b>Employee + Child(ren)</b>	\$9.37	\$16.94
<b>Employee + Family</b>	\$14.83	\$25.95

BI-WEEKLY RATES		
<b>Employee Only</b>	\$8.04	\$14.16
<b>Employee + Spouse</b>	\$16.86	\$28.05
<b>Employee + Child(ren)</b>	\$18.75	\$33.88
<b>Employee + Family</b>	\$29.66	\$51.89

**Office Visit Best Practices:** Tell your Dental or Vision provider your SunLife ID number or Social Security Number to verify your benefits.

## Preventive Rewards Program

The Preventive Rewards Program rewards employees for getting annual preventive care. Members enrolled in the **High Plan** can get additional maximum dollars added to their benefits based on their paid claims for preventive services.

This promotes preventive care while providing additional maximum dollars for future years when they might need additional services. The additional maximum dollars can be spent on any covered services, not just preventive services!

## How does Preventive Rewards work?

When a member has paid claims for preventive services, they can rollover the amount of those paid claims to use towards your annual max for future years!

For example, if you have 2 routine cleanings performed in 2025 that cost the plan \$125 per cleaning, you will accumulate \$250 in rollover dollars for that plan year. This rollover amount would then be added to your annual max of \$2,000 for the 2026 plan year, making your new annual max \$2,250 for the 2026 plan year. You can continue to accumulate these additional rewards each year until you reach a total of \$1,500 in your rollover balance!





# Voluntary Vision

Bernhard provides employees with a group vision plan through **SunLife (utilizing the VSP network)**. The In-network benefits outline the coverage. Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which **you are responsible**. To find a provider, visit [www.vsp.com](http://www.vsp.com).



[Find a Vision Provider](#)

VISION PLAN FEATURES	BENEFIT
<b>Exam</b> (once every 12 months)	\$10 copay
<b>Frames</b> (once every 12 months)	\$130 retail allowance plus 20% discount on amount over allowance (\$70 at Costco)
<b>Lenses</b> (once every 12 months)	\$25 copay (lenses and frames)
<b>Contact Lenses</b> (once every 12 months)	\$130 retail allowance (in lieu of frames and lenses)
<b>Laser Vision Correction Discount</b> (once per eye per lifetime)	15% average discount* off regular price or 5% off promotional price <i>*Discount only available at contracted facilities</i>
<b>Second Pair Glasses</b> (in-network benefit only)	<b>This benefit gives you additional eye wear coverage. You can get:</b> <ol style="list-style-type: none"> <li>20% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam.</li> <li>20% off from any VSP doctor within 12 months of your last exam.</li> </ol>
<b>Safety Glasses</b> (once every 12 months)	\$25 copay for lenses \$65 allowance for frames plus 20% discount on amount over allowance

## WEEKLY RATES

<b>Employee Only</b>	\$1.48
<b>Employee + Spouse</b>	\$2.96
<b>Employee + Child(ren)</b>	\$2.51
<b>Employee + Family</b>	\$4.14

## BI-WEEKLY RATES

<b>Employee Only</b>	\$2.95
<b>Employee + Spouse</b>	\$5.92
<b>Employee + Child(ren)</b>	\$5.01
<b>Employee + Family</b>	\$8.27



# Life and AD&D

## Basic Life/AD&D (Company-Paid)

Life insurance helps provide security for loved ones when a main source of income is lost. Bernhard offers both Basic and Voluntary Life and Accidental Death and Dismemberment (AD&D) coverage for yourself and your eligible family members. Basic Life and AD&D is provided at **no cost to you** through **Lincoln**.

Benefit Amount	
<b>Employee Life Amount</b>	\$75,000, see plan document for details
<b>Benefit Reduction</b>	Reduces 35% at Age 65; 50% at Age 70

## Voluntary Life/AD&D (Employee-Paid)

If you determine you need more than basic coverage, you may purchase additional coverage through **Lincoln** for yourself and your eligible family members.

Benefit Option		Guarantee Issue*
<b>Employee</b>	Increments of \$10,000 with a minimum of \$10,000 to a maximum of the lesser of 5x annual salary or \$500,000.	\$150,000
<b>Spouse</b>	Increments of \$5,000 to a maximum of \$250,000. Not to exceed 50% of the employee benefit.	\$30,000
<b>Child(ren)</b>	15 days to 6 months: \$250 6 months to 26 years: \$10,000	\$10,000

*\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.*

*Please refer to the Summary Plan Description for detailed rates.*

**REMINDER:** Make sure to review or designate beneficiaries to your Life Insurance policies!



# Disability

## Voluntary Short-Term Disability (Employee-Paid)

Short-Term Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. This benefit is provided through **Lincoln**.

Benefit Amount	
<b>Weekly Benefit</b>	60% of your weekly covered earnings
<b>Weekly Max Benefit</b>	\$2,000
<b>Elimination Period</b>	14 days accident / 14 days sick
<b>Max Duration</b>	13 weeks (the elimination period is deducted from the approved benefit)

## Long-Term Disability

Long-Term Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. This benefit is provided through **Lincoln**.



	Field Employees	Non-Field Employees
<b>Long Term Disability</b>	Voluntary Benefit	Employer Paid Benefit
<b>Monthly Benefit</b>	60% of your monthly covered earnings	60% of your monthly covered earnings
<b>Benefit Maximum</b>	\$6,000 / month	\$8,750 / month
<b>Elimination Period</b>	You must be disabled for 90 days before benefits may be payable	You must be disabled for 90 days before benefits may be payable
<b>Maximum Duration</b>	Social Security Normal Retirement Age	Social Security Normal Retirement Age





## Lifestyle Benefits

Bernhard offers several lifestyle benefits. These benefits are available to help protect you and your family.

Benefit	Description
 <p data-bbox="365 1270 690 1312"><b>Accident Insurance</b></p>	<p data-bbox="797 1182 1520 1402"><b>Accident insurance</b> is designed to pay a predetermined benefit if you or a family member incurs an injury. With Lincoln's Accident Coverage, benefits are payable for ambulance transport and injuries such as limb fractures, burns, lacerations and dislocations. This plan is very popular with employees that have children. You may choose to cover yourself or your entire family. Coverage is for off-the-job accidents only.</p>
 <p data-bbox="365 1581 604 1665"><b>Critical Illness Insurance</b></p>	<p data-bbox="797 1518 1520 1738">Cancer, heart attack, stroke, major organ transplant, permanent paralysis, end-stage renal failure or coronary artery bypass surgery: These critical illnesses are unpleasant to consider. <b>Critical Illness</b> insurance through Lincoln allows you to select a lump sum dollar that would be paid directly to you (not to hospitals or doctors) in the event that you are diagnosed with one of these illnesses. Rates are based on current age.</p>



# Voluntary Benefits Rates

## Voluntary Life and AD&D Rates per \$1,000

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-99
Employee	\$0.077	\$0.080	\$0.100	\$0.110	\$0.140	\$0.208	\$0.319	\$0.491	\$0.750	\$1.290	\$2.785	\$7.535	\$17.101
Child	\$0.22												

## Voluntary Short-Term Disability Rates

Age	0-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rates	\$0.325	\$0.325	\$0.325	\$0.387	\$0.440	\$0.690	\$0.813	\$0.850

## Voluntary Long-Term Disability Rates

Age	0-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Rates	\$0.330	\$0.455	\$0.708	\$1.516	\$2.440	\$2.030	\$2.030	\$3.384

## Accident Weekly Rates

Employee	\$2.86
Employee + Spouse	\$4.82
Employee + Child(ren)	\$5.28
Employee + Family	\$7.19

## Accident Bi-Weekly Rates

Employee	\$5.73
Employee + Spouse	\$9.64
Employee + Child(ren)	\$10.56
Employee + Family	\$14.37

## Critical Illness Rates Per \$1,000

Age	17-19	20-29	30-39	40-49	50-59	60-69	70+
Employee	\$0.390	\$0.390	\$0.645	\$1.435	\$3.047	\$5.803	\$7.225
Spouse	\$0.390	\$0.390	\$0.645	\$1.435	\$3.047	\$5.803	\$7.225
Child	\$0.407						

## How to Calculate Your Premiums:

### Voluntary Life and AD&D:

- Choose the amount of Life/AD&D Insurance coverage you want (Volume) \$\_\_\_\_\_ and divide by 1,000
- Then multiply the Voluntary Life/AD&D age rate from the chart = \_\_\_\_\_ (Monthly Premium Amount)
- Take your number for Step 2 and multiply it by 12 months then divide by 26 if you are paid biweekly or by 52 if you are paid weekly = \$\_\_\_\_\_ cost per pay

### Long-term Disability (LTD):

Annual Salary = \$ \_\_\_\_\_ divide by 12 = \$ \_\_\_\_\_ monthly pay divide by 100 = \_\_\_\_\_ x age rate from LTD chart \_\_\_\_\_ = \$ \_\_\_\_\_ monthly premium times 12 and then divide by 26 if you are paid biweekly or by 52 if you are paid weekly = \$ \_\_\_\_\_ cost per pay

### Short-term Disability (STD):

Annual Salary = \$ \_\_\_\_\_ divide by 52 = \$ \_\_\_\_\_ (weekly pay) times 60% = \$ \_\_\_\_\_ weekly benefit, divide by 10 = \$ \_\_\_\_\_ weekly benefit, times the age rate from STD chart \_\_\_\_\_ = \$ \_\_\_\_\_ monthly premium amount times 12 then divide by 26 if you are paid biweekly or by 52 if you are paid weekly = \$ \_\_\_\_\_ cost per pay

### Critical Illness:

- Choose the amount of coverage you want (Volume) \$ \_\_\_\_\_ and divide by 1,000
- Then multiply the Critical Illness age rate from the chart = \_\_\_\_\_ (Monthly Premium Amount)
- Take your number for Step 2 and multiply it by 12 months then divide by 26 if you are paid biweekly or by 52 if you are paid weekly = \$ \_\_\_\_\_ cost per pay



# Employee Assistance Program

At Bernhard, we are committed to providing you with benefits that will support you in the workplace and at home. Our SupportLinc **Employee Assistance Program (EAP)** powered by **CuraLinc Health** is designed to help you address and face life's challenges through a variety of avenues like 24/7 access to professional counseling, resources, and referrals. The EAP provides **confidential** and professional assistance at **no cost to you**, your dependents, and family living in your household. You, your dependents and family living in your household can use the EAP services available for a wide range of issues, such as emotional/mental health, parenting/family, marital/relationship, workplace issues, substance abuse, financial/legal advice, and other work-life concerns. Some of the many services offered are illustrated below.



## In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.



## Short-term Counseling

Access to up to 5 in-person or video counseling sessions to resolve concerns such as stress, anxiety, depression, relationship issues, work-related pressures, or substance use (5 sessions per person per issue).



## Financial Expertise

Planning and consultation with a licensed financial counselor.



## Convenience Resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.



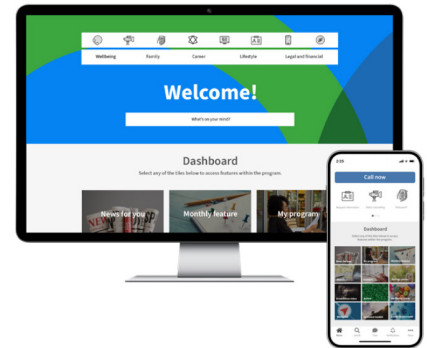
## Legal Consultation

By phone or in-person with a local attorney.



## Confidentiality

SupportLinc ensures no one will know you have accessed the program without your written permission except as required by law.



### Your web portal and mobile app:

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

### Convenient, on-the-go support:

- **Textcoach®**  
Personalized coaching with a licensed counselor on mobile or desktop.
- **Animo**  
Self-guided resources to improve focus, wellbeing and emotional fitness.
- **Virtual Support Connect**  
Moderated group therapy sessions on an anonymous, chat-based platform.



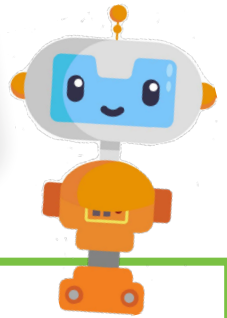
1. Scan the QR code or visit <https://www.supportlinc.com/>

2. Then, click "Create Account" and use the code "bernhard"



# Enrollment

Check out page 4 for eligibility criteria for more information!



Please follow the steps below to make benefit elections by logging in to BEKI. If you need assistance, please reach out to Human Resources at [HRIS@bernhard.com](mailto:HRIS@bernhard.com).

- 1 Enroll online from any computer 24/7 via BEKI.  
<https://bernhard.ultipro.com>
- 2 Enter your User ID and Password.  
**Username:** Your network credentials  
**Password:**  
Network Password (Set By User) **OR**  
[last 4 digits of SSN] + [first 4 characters of last name (initial letter capitalized)] + [4 digit year of birth] + [!]
- 3 Once you login to BEKI, then go to: **Myself > Benefits > Manage My Benefits** & follow the guided instructions to completion.

**NOTE:** Understand who are considered “eligible dependents.” Review the eligibility criteria on page 4 for more information.

If you have any questions about your benefits or the enrollment process, please contact your Benefits Administration Team, listed on the Benefits Contact Directory, or email [benefits@bernhard.com](mailto:benefits@bernhard.com).



## PlanSource Call Center

**The PlanSource Call Center is here to help!** The PlanSource Call Center is available to assist you with all your benefit needs. Reach out to PlanSource for assistance with the following:

- Questions regarding Bernhard's benefits
- Phone-based enrollment assistance (new hire enrollment, life events, open enrollment, and multilingual assistance)

Employees who want assistance with their open enrollment can contact **PlanSource Call Center at 866-755-1762**. The Call Center is available 8 am – 11 pm EST, Monday through Friday.

# Fidelity 401(k)

[Fidelity 401\(k\).com >>](https://www.fidelity.com/401k)

## ELIGIBILITY & ENROLLMENT

All Bernhard employees are eligible to join the 401(k) Plan administered by Fidelity Investments.

- You must be 18 years old.
- You are eligible to defer and for the employer safe harbor match on the 1<sup>st</sup> of the month following 3 months of service. Employer safe harbor matching contributions are 100% of the first 3% of employee contributions plus 50% of the next 2% of employee contributions for a maximum employer safe harbor match of 4%.
- You may enroll at any time (*once the eligibility window is met*), not limited to an Open Enrollment period. **Note:** Members will not be able to access the Fidelity portal until you are within 60 days of your eligibility start date.
- You can change your election at any time throughout the year.

## DEFERRAL

- You may defer 100% of eligible compensation to the 2025 IRS limit.
- If you are 50 years of age and over, you may defer additional contributions to a higher maximum deferral.

## VESTING

- “Vesting” refers to your rights to contributions Bernhard makes into your account.
- Vesting is based on years of service. Please refer to the full 401(k) Summary Plan Description for additional details.

**REMINDER:** Make sure to review or designate beneficiaries to your 401(k)!



[Click here to view our](#)

[Bernhard Employment Manual >>](#)

## Time Off



### • RECOGNIZED HOLIDAYS AND HOLIDAY PAY

New Year’s Day, Martin Luther King Day, Independence Day, Labor Day, Thanksgiving and day after Thanksgiving, Christmas Eve and Christmas Day.

**Mardi Gras:** Baton Rouge, Metairie, Lafayette, and Long Beach Locations ONLY. **Memorial Day:** All other locations except for the ones listed above.

Non-Union Hourly Field are eligible for **Holiday Pay** on the following six Company holidays: New Year’s Day, Independence Day, Thanksgiving and day after Thanksgiving, Christmas Eve, and Christmas Day.

- PAID TIME OFF (“PTO”)
- BEREAVEMENT LEAVE
- PAID/UNPAID LEAVE
- JURY DUTY
- VOTING LEAVE

*For additional details regarding these policies, please review the Bernhard Employment Manual linked above.*



# Contact Information

BENEFIT	CARRIER	NUMBER	WEBSITE
Medical	BCBS LA	800-363-9150	<a href="http://www.bcbsla.com">www.bcbsla.com</a>
Dental, Policy #972127	SunLife	800-442-7742	<a href="http://www.sunlife.com/findadentist">www.sunlife.com/findadentist</a>
Vision, Policy #972127	SunLife	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Health Savings Account (HSA)	HSA Bank	800-357-6246	<a href="https://www.hsabank.com/hsabank/homepage">https://www.hsabank.com/hsabank/homepage</a>
Flexible Spending Account (FSA)	HSA Bank	800-357-6246	<a href="https://www.hsabank.com/hsabank/homepage">https://www.hsabank.com/hsabank/homepage</a>
Wellness Program	IncentFit	Support: 844-246-2368 support@incentfit.com	<a href="https://webapp.incentfit.com/login/bernhard">https://webapp.incentfit.com/login/bernhard</a>
Group Life/AD&D	Lincoln	888-787-2129	<a href="http://www.lfg.com">www.lfg.com</a>
Short- and Long-Term Disability	Lincoln	800-320-7585	<a href="http://www.lfg.com">www.lfg.com</a>
Accident and Critical Illness	Lincoln	800-423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
EAP	SupportLinc Powered By CuraLinc Health	888-881-5462	<a href="https://www.supportlinc.com/">https://www.supportlinc.com/</a> Code: bernhard
401(k) Retirement	Fidelity Investments	800-835-5097	<a href="http://www.401k.com">www.401k.com</a>
PlanSource Call Center	PlanSource	866-755-1762	<a href="http://bernhard.ultipro.com">http://bernhard.ultipro.com</a>
Benefits Team	Sydney Koontz Susan Freeman Melissa Eckroth	-	<a href="mailto:Benefits@Bernhard.com">Benefits@Bernhard.com</a>
Electrical	Nadina Royer	337-369-4257	<a href="mailto:nadina.royer@bernhard.com">nadina.royer@bernhard.com</a>
Leaves	Myra McAnally	501-823-4105	<a href="mailto:Leaves@Bernhard.com">Leaves@Bernhard.com</a>
Marley Algero, HUB	Service Representative	985-246-5062	<a href="mailto:marley.algero@hubinternational.com">marley.algero@hubinternational.com</a>