

2025

Benefits

January 1, 2025 - December 31, 2025

MRC & MCC Employees

Covered by a collective bargaining agreement



Bernhard



Getting Started >>

FAQ

Click the icons to learn more!



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Welcome

At Bernhard, we believe that employees are the foundation of our success. Bernhard is committed to providing employees affordable benefits. 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.

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: Voluntary Dental, Voluntary Vision, Voluntary Life & AD&D, Disability, Accident, and Critical Illness.

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"> Your legal spouse 	<ul style="list-style-type: none"> Marriage certificate (with Judge's or Minister's signature) AND 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 Social Security Card
Natural Born Child	<ul style="list-style-type: none"> Your natural born child, AND Not attained age 26 	<ul style="list-style-type: none"> Birth or hospital certificate (with hospital's representative's signature) AND Social Security Card
Stepchild	<ul style="list-style-type: none"> Your stepchild, AND Not attained age 26 	<ul style="list-style-type: none"> Verification of your Spouse (above), AND Child's birth certificate naming your Spouse as the child's parent AND Social Security Card
Legally Adopted Child/Child Placed for Adoption or Legal Guardianship/Foster Child	<ul style="list-style-type: none"> Your legally adopted child, child placed for adoption or legal guardianship, OR A foster child placed with you by an authorized placement agency or by judgment, decree, or other order of any competent jurisdiction, AND Not attained age 26 	<ul style="list-style-type: none"> Adoption decree or legal court documents naming employee as the child's adoptive parent, foster parent, or guardian, AND Legal document showing age of child AND Social Security Card
Disabled/incapacitated Natural Born Child/Stepchild/ Legally Adopted Child or Child Placed for Adoption	<ul style="list-style-type: none"> Your child that is physically or mentally incapable of self-support, if the incapacity occurred before age 26 	<ul style="list-style-type: none"> Same as natural born child/stepchild /legally adopted child/child placed for adoption or in legal guardianship / foster child, AND Statement of disability from the Social Security Administration AND Social Security Card



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.



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

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

WEEKLY RATES	LOW PLAN	HIGH PLAN
Employee Only	\$4.02	\$7.08
Employee + Spouse	\$8.43	\$14.03
Employee + Child(ren)	\$9.37	\$16.94
Employee + Family	\$14.83	\$25.95

BI-WEEKLY RATES	LOW PLAN	HIGH PLAN
Employee Only	\$8.04	\$14.16
Employee + Spouse	\$16.86	\$28.05
Employee + Child(ren)	\$18.75	\$33.88
Employee + Family	\$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.



[Find a Vision Provider](#)

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

WEEKLY RATES	
Employee Only	\$1.48
Employee + Spouse	\$2.96
Employee + Child(ren)	\$2.51
Employee + Family	\$4.14

BI-WEEKLY RATES	
Employee Only	\$2.95
Employee + Spouse	\$5.92
Employee + Child(ren)	\$5.01
Employee + Family	\$8.27



Voluntary Life/AD&D (Employee-Paid)

Life insurance helps provide security for loved ones when a main source of income is lost. Bernhard offers Voluntary Life and Accidental Death and Dismemberment (AD&D) coverage through **Lincoln** for yourself and your eligible family members.

Benefit Option		Guarantee Issue*
Employee	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
Spouse	Increments of \$5,000 to a maximum of \$250,000. Not to exceed 50% of the employee benefit.	\$30,000
Child(ren)	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	
Weekly Benefit	60% of your weekly covered earnings
Weekly Max Benefit	\$2,000
Elimination Period	14 days accident / 14 days sick
Max Duration	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	
Long Term Disability	Voluntary Benefit
Monthly Benefit	60% of your monthly covered earnings
Benefit Maximum	\$6,000 / month
Elimination Period	You must be disabled for 90 days before benefits may be payable
Maximum Duration	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>Accident Insurance</p>	<p>Accident insurance 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>Critical Illness Insurance</p>	<p>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. Critical Illness 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.



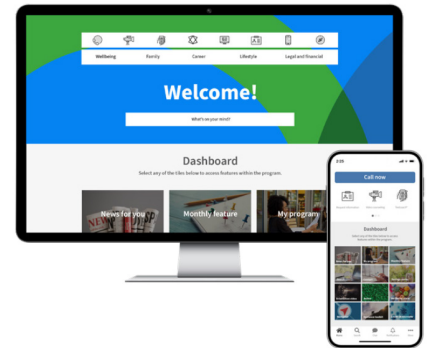
Legal Consultation

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.



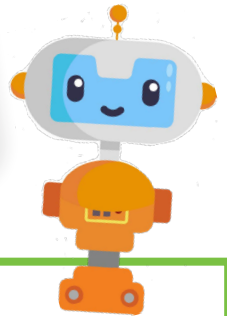
1. Scan the QR code or visit <https://www.supportlinc.com/>

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.

- 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.



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.



Contact Information

BENEFIT	CARRIER	NUMBER	WEBSITE
Dental, Policy #972127	SunLife	800-442-7742	www.sunlife.com/findadentist
Vision, Policy #972127	SunLife	800-877-7195	www.vsp.com
Flexible Spending Account (FSA)	HSA Bank	800-357-6246	https://www.hsabank.com/hsabank/homepage
Voluntary Life/AD&D	Lincoln	888-787-2129	www.lfg.com
Short- and Long-Term Disability	Lincoln	800-320-7585	www.lfg.com
Accident and Critical Illness	Lincoln	800-423-2765	www.lfg.com
EAP	SupportLinc Powered By CuraLinc Health	888-881-5462	https://www.supportlinc.com/ Code: bernhard
PlanSource Call Center	PlanSource	866-755-1762	http://bernhard.ultipro.com
Benefits Team	Sydney Koontz Susan Freeman Melissa Eckroth	-	Benefits@Bernhard.com
Leaves	Myra McAnally	501-823-4105	Leaves@Bernhard.com