

Cooper offers 2 medical plans through United Healthcare: a high-deductible EPO plan that can be used with an optional Health Savings Account, and a mid-range deductible PPO plan. We contribute a fixed amount to our employees' monthly premiums, set amounts given below per enrollment level.

Employer Fixed Contribution to Monthly Premiums - Medical	
Employee Only	\$444.08
Employee+Spouse	\$612.88
Employee+Child(ren)	\$532.97
Employee+Family	\$767.92

Medical Plan Options - High Level Benefits-at-a-Glance		
Carrier Name:	United Healthcare	United Healthcare
Plan:	UHC Choice HE500025B - H.S.A. eligible <b>EPO plan</b> (no out-of-network benefits)	UHC Choice Plus P3000i100LX21B <b>PPO plan</b>
In-Network Deductible: Ind/Family	\$5,000/\$10,000	\$3,000/\$6,000
Out-of-Network Deductible: Ind/Family	N/A	\$6,000/\$12,000
Office Visit (in-person) Copay In Network	100% after Ded.	\$25 Copay
Office Visit (virtual) Copay In Network	100% after Ded.	\$0
Specialist Visit Copay In Network	100% after Ded.	\$75 Copay
Coinsurance In-Network	100%	100%
OOP Max In-Network: Ind/Fam	\$5,000/\$10,000	\$5,500/\$11,000
Out of Network OOP Max: Ind/Fam	N/A	\$11,000/\$22,000
Urgent Care, In-Network	100% after Deductible	\$50 copay per visit, deductible does not apply
Emergency Room	100% after Deductible	\$300/visit, plus plan pays 100% After Ded
Hospital In Patient In Network	100% after Deductible	plan pays 100% After Ded
Hospital Out Patient In Network	100% after Deductible	plan pays 50% After Ded
Mental Health/Behavioral Health/Substance Abuse In Patient In Network	100% after Deductible	plan pays 100% After Ded
Mental Health/Behavioral Health/Substance Abuse Out Patient In Network	100% after Deductible	\$75 copay per visit, deductible does not apply
Rx Plan Tier 1/2/3/4 In Network	100% after Ded.	\$10 / \$35 / \$75 / \$250
Notes:	<b>High-deductible Plan Option - This plan requires that you meet your deductible before coverage OTHER than qualified "preventative care" kicks in (rule also applies to prescription medication coverage). Enrollment and use of a Health Savings Account (H.S.A.) is allowed with this plan for use towards out-of-pocket healthcare costs.</b>	Mid-range Deductible Plan Option
Full Summary of Benefits and Coverage:		

Monthly Premium Pricing – This is the monthly cost to employee **After** Cooper's contribution (see table above for fixed monthly employer contribution amounts):

Plan:	UHC Choice HE500025B - H.S.A. eligible <b>EPO plan</b> (no out-of-network benefits)	UHC Choice Plus P3000i100LX21B <b>PPO plan</b>
Employee Only:	\$196.26	\$297.62
Employee + Spouse:	\$897.95	\$1,151.37
Employee + Child(ren):	\$705.11	\$910.87
Employee + Family:	\$1,323.25	\$1,678.03

Note that our medical, dental, and vision premiums are locked in for our group until the end of **October 2026**.

Cooper contributes a set premium to voluntary dental coverage. We offer 2 plans, a DHMO (similar to an HMO medical plan - smaller network), and a PPO plan (larger network). If you choose the DHMO plan, Cooper's contribution covers the full monthly premium and costs you no premium per month.

Employer Contribution Monthly for Guardian Dental PPO Monthly - Dental		Guardian <u>Dental</u> - Full Summary of Benefits and Coverage:	
Employee Only	\$16.71		
E + Spouse	\$32.76		
E + Child(ren)	\$46.41		
E + Family	\$62.44		

Guardian PPO Dental Plan - Monthly Premium/Cost to Employee <u>After</u> Company Contribution:		Guardian DHMO Dental Plan - Monthly Premium/Cost to Employee <u>After</u> Company Contribution:	
Employee Only	\$27.41	Employee Only	\$0.00
E + Spouse	\$60.75	E + Spouse	\$0.00
E + Children	\$77.27	E + Children	\$0.00
Family	\$115.61	Family	\$0.00

Cooper does not contribute premium dollars towards voluntary vision plans, however we do offer a robust Guardian VSP plan with a large network and excellent premium pricing to our employees.

Guardian Vision Plan - Monthly Premium to Employee:		Guardian <u>Vision</u> - Full Summary of Benefits and Coverage:	
Employee Only	\$10.00		
E + Spouse	\$16.86		
E + Children	\$17.21		
Family	\$26.42		

If you receive Short Term Disability and Long Term Disability through Cooper, we pay for the coverage as outlined in the Summary of Benefits linked below.

Guardian <u>STD/LTD</u> - Full Summary of Benefits and Coverage:	
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If you receive Basic Life/AD&D coverage through Cooper, we pay for coverage equaling 1X your annual salary (up to \$200,000). You may add on more Employee Voluntary Life to this policy and pay additional premium out of pocket. You may also purchase Spouse and/or Child(ren) Life coverage through Guardian.

GUARDIAN VOLUNTARY LIFE PLAN RATES - Employee		GUARDIAN VOLUNTARY LIFE PLAN RATES - Spouse	
Employee Age	Monthly Rate	Spouse Age	Monthly Rate
15-29	\$0.052/\$1000	15-29	\$0.052/\$1000
30-34	\$0.056/\$1000	30-34	\$0.056/\$1000
35-39	\$0.078/\$1000	35-39	\$0.078/\$1000
40-44	\$0.128/\$1000	40-44	\$0.128/\$1000
45-49	\$0.202/\$1000	45-49	\$0.202/\$1000
50-54	\$0.306/\$1000	50-54	\$0.306/\$1000
55-59	\$0.496/\$1000	55-59	\$0.496/\$1000
60-64	\$0.829/\$1000	60-64	\$0.829/\$1000
65-69	\$1.322/\$1000	65-69	\$1.322/\$1000
70-99	\$2.630/\$1000	70-99	\$2.630/\$1000
<b>GUARDIAN VOLUNTARY AD&amp;D PLAN RATES - Employee</b> Monthly Rate: \$0.030/\$1000		Spouse age bracket is based on <u>Employee's</u> age bracket	

GUARDIAN VOLUNTARY LIFE PLAN RATES - Child(ren)		Guardian <u>Basic Life/AD&amp;D</u> - Full Summary of Benefits and Coverage:	
Monthly Rate	\$0.167/\$1000		

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