



## Benefits at a Glance

### 2026 - 2027



| Medical with Allied Benefit (Aetna Network)         | Core Plan In-Network ONLY | Buy-Up Plan In-Network | HDHP with HSA Plan In-Network |
|-----------------------------------------------------|---------------------------|------------------------|-------------------------------|
| <b>Coinsurance (Member Pays)</b>                    | 20%                       | 0%                     | 10%                           |
| <b>Calendar Year Deductible</b>                     |                           |                        |                               |
| Individual                                          | \$2,000                   | \$1,000                | \$3,400                       |
| Family                                              | \$4,000                   | \$2,000                | \$6,800                       |
| <b>Out-of-Pocket Maximum (Deductible Included)</b>  |                           |                        |                               |
| Individual                                          | \$4,000                   | \$4,000                | \$4,000                       |
| Family                                              | \$8,000                   | \$8,000                | \$8,000                       |
| <b>Office Visit</b>                                 |                           |                        |                               |
| Primary                                             | \$25 Copay                | \$25 Copay             | 10% after Deductible          |
| Specialist                                          | \$35 Copay                | \$50 Copay             | 10% after Deductible          |
| Telemedicine (Teladoc)                              | \$0 Copay                 | \$0 Copay              | \$0 Copay                     |
| Preventive                                          | 100% Covered              | 100% Covered           | 100% Covered                  |
| <b>Inpatient Services</b>                           | 20% after Deductible      | 0% after Deductible    | 10% after Deductible          |
| <b>Outpatient Services</b>                          | 20% after Deductible      | 0% after Deductible    | 10% after Deductible          |
| <b>Emergency Room Services (Waived if Admitted)</b> | \$150 Copay               | \$150 Copay            | 10% after Deductible          |
| <b>Urgent Care</b>                                  | \$75 Copay                | \$75 Copay             | 10% after Deductible          |
| <b>Prescription Coverage (30-Day Supply)</b>        | <b>Core Plan</b>          | <b>Buy-Up Plan</b>     | <b>HDHP with HSA Plan</b>     |
| Deductible                                          | N/A                       | N/A                    | Subject to Medical Deductible |
| Tier 1                                              | \$15 Copay                | \$15 Copay             | \$15 Copay after Deductible   |
| Tier 2                                              | \$40 Copay                | \$40 Copay             | \$40 Copay after Deductible   |
| Tier 3                                              | \$75 Copay                | \$75 Copay             | \$75 Copay after Deductible   |
| Tier 4                                              | \$225 Copay               | \$225 Copay            | \$225 Copay after Deductible  |
| <b>Mail Order Coverage (90-Day Supply)</b>          | <b>Core Plan</b>          | <b>Buy-Up Plan</b>     | <b>HDHP with HSA Plan</b>     |
| Deductible                                          | N/A                       | N/A                    | Subject to Medical Deductible |
| Tier 1                                              | \$45 Copay                | \$45 Copay             | \$45 Copay after Deductible   |
| Tier 2                                              | \$120 Copay               | \$120 Copay            | \$120 Copay after Deductible  |
| Tier 3                                              | \$225 Copay               | \$225 Copay            | \$225 Copay after Deductible  |
| <b>Employee Rates (Per Pay Period)</b>              | <b>Core Plan</b>          | <b>Buy-Up Plan</b>     | <b>HDHP with HSA Plan</b>     |
| Employee Only                                       | \$28.57                   | \$69.34                | \$24.22                       |
| Employee + Spouse                                   | \$114.61                  | \$249.62               | \$51.19                       |
| Employee + Child(ren)                               | \$103.70                  | \$225.85               | \$46.27                       |
| Family                                              | \$169.19                  | \$353.13               | \$75.68                       |

#### Telemedicine with Teladoc

Instead of spending your day and dollars at an urgent care facility, connect with a U.S. board-certified doctor over the phone or via video chat to receive cost-effective care 24/7/365. Teladoc doctors can diagnose, treat, and write prescriptions for nearly any non-emergency medical condition, including coughs, colds, sore throats, eye issues (pink eye, etc.), prescription refills, UTIs, and more! This benefit is **free of charge** to medical plan enrollees.

#### Health Savings Account (HSA) with Medcom

A Health Savings Account is a tax-advantaged account that belongs to you and is paired with a High Deductible Health Plan. This account can help pay for eligible medical, vision, and dental expenses. These expenses include deductibles, copays, coinsurance, and prescriptions. The additional contribution or "catch-up" amount for individuals aged 55 and older is \$1,000. Any unused HSA dollars will roll over to the next plan year.

#### 2026 Employer HSA Contribution Maximums

| Employee Only | Employee + Spouse | Employee + Child(ren) | Family  |
|---------------|-------------------|-----------------------|---------|
| \$500         | \$1,000           | \$1,000               | \$1,500 |

#### Flexible Spending Accounts (FSAs) with Medcom

Flexible Spending Accounts (FSAs) provide opportunities to pay for eligible out-of-pocket health care and dependent care expenses with pre-tax payroll deductions.

#### 2026 FSA Contribution Maximums

|                            |         |
|----------------------------|---------|
| <b>Health Care FSA</b>     | \$3,400 |
| <b>Dependent Care FSA</b>  | \$7,500 |
| <b>Limited Purpose FSA</b> | \$3,400 |

This summary reflects in-network benefits only. Refer to your plan documents for out-of-network coverage.

| Dental with Unum                                 | Base Plan<br>In-Network | Buy-Up Plan<br>In-Network |
|--------------------------------------------------|-------------------------|---------------------------|
| <b>Annual Deductible</b>                         |                         |                           |
| Individual                                       | \$25                    | \$25                      |
| Family                                           | \$75                    | \$75                      |
| <b>Coinsurance (Member Pays)</b>                 |                         |                           |
| Preventive                                       | 0%                      | 0%                        |
| Basic Services (Endodontic, Perio Scaling)       | 20%                     | 20%                       |
| Major Services (Bridges, Crowns, Dentures)       | 50%                     | 50%                       |
| <b>Orthodontia</b>                               | 50%;<br>Child Only      | 50%;<br>Child & Adult     |
| <b>Orthodontia Lifetime Maximum (Per Person)</b> | \$1,000                 | \$1,500                   |
| <b>Annual Benefit Maximum (Per Person)</b>       | \$1,000                 | \$2,000                   |
| <b>Employee Rates (Per Pay Period)</b>           | <b>Base Plan</b>        | <b>Buy-Up Plan</b>        |
| Employee Only                                    | \$2.24                  | \$3.31                    |
| Employee + Spouse                                | \$10.02                 | \$14.32                   |
| Employee + Child(ren)                            | \$9.90                  | \$14.61                   |
| Family                                           | \$19.93                 | \$29.46                   |

#### Worksite Benefits with Aflac

**Accident Insurance** provides members with a cash benefit if they are injured by an off-the-job accident. **\$60 Wellness benefit.**

**Critical Illness Insurance** provides a cash benefit if you are affected by a covered illness. **\$50 Wellness benefit.**

**Hospital Indemnity** complements your present medical coverage by providing cash benefits to help pay out-of-pocket expenses associated with hospital confinement.

#### Employee Assistance Program (EAP) with Unum

You encounter more than just health concerns throughout your life. Manage life's curveballs with a confidential program designed to provide counseling, support, and resources for various personal issues like stress and anxiety, relationship struggles, substance abuse, eldercare, financial worries, and much more.

#### 457(b) with OneAmerica & Financial Planning with OneDigital

Start building your future with Union City's 457(b) retirement plan through OneAmerica. Employees are eligible immediately, with company contributions vesting after three years. In 2026, you can contribute up to \$24,500, plus \$8,000 if age 50 or older. Union City also provides a competitive match. OneDigital supports you with personalized guidance from a dedicated Wealth Advisor, along with financial tools, market updates, and monthly webinars to help you make confident, informed retirement decisions. Lastly, Union City provides an employer-sponsored pension through the Georgia Municipal Association.

#### Client Advocacy with OneDigital

Your dedicated Client Advocate is here to answer any benefits-related questions you and your covered dependents might have. She is familiar with your company's benefits and can advocate on your behalf to help resolve issues with insurance companies, assist with researching claim questions, and much more!

**Employees also have access to resources that support their total wellbeing, including a wellness program, legal and identity theft protection, and supplemental coverage options. For more details, please contact Human Resources.**

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.



| Vision with Unum                       | Basic Plan<br>In-Network |
|----------------------------------------|--------------------------|
| <b>Eye Exam</b>                        | \$10 Copay               |
| <b>Lenses</b>                          |                          |
| Single                                 | \$25 Copay               |
| Bifocal                                | \$25 Copay               |
| Lenticular                             | \$25 Copay               |
| Trifocal                               | \$25 Copay               |
| <b>Frames</b>                          | \$200 Allowance          |
| <b>Contacts</b>                        |                          |
| Elective                               | \$200 Allowance          |
| Medically Necessary                    | 100% Covered             |
| <b>Frequency of Services</b>           |                          |
| Exam/Lenses or Contacts/Frames         | 12/12/24 Months          |
| <b>Employee Rates (Per Pay Period)</b> |                          |
| Employee Only                          | \$3.41                   |
| Employee + Spouse                      | \$6.81                   |
| Employee + Child(ren)                  | \$6.88                   |
| Family                                 | \$10.97                  |

#### Short Term Disability (STD) with Unum

**Weekly Benefit Percentage** 60%

**Maximum Weekly Benefit** \$2,000

**Benefit Waiting Period** 30 Days

**Benefit Duration** 9 Weeks

**100% Employer-Paid**

#### Long Term Disability (LTD) with Unum

**Monthly Benefit Percentage** 60%

**Maximum Monthly Benefit** \$6,000

**Benefit Duration** 2 Year/SSNRA

**Elimination Period** 90 Days

**100% Employer-Paid**

#### Term Life & AD&D with Unum

**Employee Basic Life Coverage** 2x Annual earnings; Up to \$200,000.

**Employee AD&D Coverage** Basic life amount + \$75,000; Up to \$275,000.

**Spouse Basic Life Coverage** \$20,000

**Child(ren) Basic Life Coverage** \$10,000. Must be 6 months and over.

*Please be advised that at age 65, your coverage will be reduced to 35%. At age 70, your coverage will be reduced to 50%.*

**100% Employer-Paid**

#### Voluntary Life & AD&D with Unum

**Employee Coverage** 5x annual earnings; Up to \$500,000.

**Guaranteed Issue** \$150,000

**Spouse Coverage** 100% of employee amount; Up to \$500,000.

**Guaranteed Issue** \$25,000

**Dependent Coverage** 100% of employee amount; Up to \$10,000 (6 Months & Over).

**Guaranteed Issue** Up to \$10,000