



NAMIC

NATIONAL ASSOCIATION OF
MUTUAL INSURANCE COMPANIES

SHAPING OUR MUTUAL FUTURE®

NAMIC BENEFITS

2024



NAMIC BENEFITS

NAMIC provides a comprehensive benefits package which includes the options of:

Health Insurance options: Traditional PPO plan or Health Savings Account (HSA)

Dental Insurance

Vision Insurance

Flexible Spending Account (FSA) – Expires on year end or last day of employment

Group Life Insurance

Supplemental Life Insurance

Accidental Death & Dismemberment Insurance

Long Term Disability

401(k) Plan

Critical illness, hospital and accident insurance

Employee Assistance Program

Generous Vacation Allowance

Paid Volunteer Day



2024 PREMIUMS

WorkSmart Medical Plans

	PPO \$2,000 Traditional		PPO \$5,000 Traditional	
Employee Only	Per Pay \$105.00	Per Month \$210.00	Per Pay \$22.50	Per Month \$45.00
Employee + Spouse	Per Pay \$295.00	Per Month \$590.00	Per Pay \$80.00	Per Month \$160.00
Employee + Child(ren)	Per Pay \$190.00	Per Month \$380.00	Per Pay \$37.50	Per Month \$75.00
Family	Per Pay \$340.00	Per Month \$680.00	Per Pay \$90.00	Per Month \$180.00

	PPO \$3,200 HDHP		PPO \$3,700 HDHP	
Employee Only	Per Pay \$65.00	Per Month \$130.00	Per Pay \$43.00	Per Month \$86.00
Employee + Spouse	Per Pay \$175.00	Per Month \$350.00	Per Pay \$130.00	Per Month \$260.00
Employee + Child(ren)	Per Pay \$115.00	Per Month \$230.00	Per Pay \$75.00	Per Month \$150.00
Family	Per Pay \$210.00	Per Month \$420.00	Per Pay \$140.00	Per Month \$280.00

* If you elect an HDHP medical plan, your employer will contribute to your HSA at UMB based on the plan and level of coverage elected. PPO \$3,200 HDHP: Employee Only - \$250.00; Employee + Spouse or Employee + Child(ren)- \$500.00; Family - \$750.00. PPO \$3,700 HDHP: Employee Only - \$500.00; Employee + Spouse or Employee + Child(ren)- \$750.00; Family - \$1,000.00. The 2024 annual contribution will be paid on the first pay in January.

WorkSmart Dental Plans

	Dental Gold		Dental Silver	
Employee Only	Per Pay \$16.30	Per Month \$32.60	Per Pay \$9.52	Per Month \$19.04
Employee + Spouse	Per Pay \$30.75	Per Month \$61.49	Per Pay \$18.07	Per Month \$36.13
Employee + Child(ren)	Per Pay \$42.66	Per Month \$85.31	Per Pay \$27.79	Per Month \$55.58
Family	Per Pay \$62.55	Per Month \$125.10	Per Pay \$39.97	Per Month \$79.94

WorkSmart Vision Plans

	Vision High		Vision Low	
Employee Only	Per Pay \$3.20	Per Month \$6.40	Per Pay \$2.75	Per Month \$5.49
Employee + Spouse	Per Pay \$5.61	Per Month \$11.21	Per Pay \$4.81	Per Month \$9.62
Employee + Child(ren)	Per Pay \$6.08	Per Month \$12.16	Per Pay \$5.22	Per Month \$10.44
Family	Per Pay \$9.29	Per Month \$18.58	Per Pay \$7.97	Per Month \$15.94



	\$2,000 Traditional PPO		\$5,000 Traditional PPO	
	In-Network What you pay	Out-of-Network What you pay	In-Network What you pay	Out-of-Network What you pay
Calendar Year Deductible				
Individual	\$2,000	\$4,000	\$5,000	\$10,000
Family (2+ people)	\$4,000	\$8,000	\$10,000	\$20,000
Maximum Out-of-Pocket Per Calendar Year	(Maximum out-of-pocket includes all Deductibles, Copayments and Coinsurance amounts)			
Individual	\$4,000	\$8,000	\$6,350	\$15,000
Family (2+ people)	\$8,000	\$16,000	\$12,700	\$30,000
Coinsurance	20%	40%	20%	40%
Preventive Care Services	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance
Office Visits <small>Primary Care/Specialty</small>	\$25 / \$50	Deductible + Coinsurance	\$25 / \$50	Deductible + Coinsurance
Virtual Care <small>Primary Care/Specialty</small>	\$25 / \$50	Deductible + Coinsurance	\$25 / \$50	Deductible + Coinsurance
LiveHealth Online	\$0	N/A	\$0	N/A
Diagnostic Lab & X-ray	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Other Medical Services <small>Behavioral Health, Maternity, Surgical, Therapy</small>	Copayment or Deductible + Coinsurance <small>(based on location of services rendered)</small>	Deductible + Coinsurance	Copayment or Deductible + Coinsurance <small>(based on location of services rendered)</small>	Deductible + Coinsurance
Hospital Services	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Urgent Care	\$75	Deductible + Coinsurance	\$75	Deductible + Coinsurance
Emergency Room <small>(copay waived if admitted)</small>	\$250 Copay + 20% Coinsurance	\$250 Copay + 20% Coinsurance	\$250 Copay + 20% Coinsurance	\$250 Copay + 20% Coinsurance
Prescription Drugs				
Retail Pharmacy - 30-day Supply / Retail 90				
Tier 1—Typically Generic Drugs	\$15	50% (minimum \$35)	\$20	50% (minimum \$40)
Tier 2—Typically Preferred	\$35	50% (minimum \$35)	\$40	50% (minimum \$40)
Tier 3—Typically Non-preferred	\$50	50% (minimum \$35)	\$70	50% (minimum \$40)
Home Delivery Pharmacy - 90-day Supply				
Tier 1—Typically Generic Drugs	\$30	Not Covered	\$40	Not Covered
Tier 2—Typically Preferred	\$70	Not Covered	\$80	Not Covered
Tier 3—Typically Non-preferred	\$100	Not Covered	\$140	Not Covered

TRADITIONAL PPO INFO



	\$3,200 HDHP		\$3,700 HDHP	
	In-Network What you pay	Out-of-Network What you pay	In-Network What you pay	Out-of-Network What you pay
Calendar Year Deductible				
Individual	\$3,200	\$6,400	\$3,700	\$7,400
Family (2+ people)	\$6,400	\$12,800	\$7,400	\$14,800
Maximum Out-of-Pocket Per Calendar Year	(Maximum out-of-pocket includes all Deductibles, Copayments and Coinsurance amounts)			
Individual	\$4,700	\$9,200	\$6,000	\$10,200
Family (2+ people)	\$9,400	\$18,400	\$12,000	\$20,400
Coinsurance	20%	40%	20%	40%
Preventive Care Services	\$0	Deductible + Coinsurance	\$0	Deductible + Coinsurance
Office Visits	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Virtual Care	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
LiveHealth Online	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Diagnostic Lab & X-ray	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Other Medical Services <small>Behavioral Health, Maternity, Surgical, Therapy</small>	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Hospital Services	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Urgent Care	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Emergency Room	In-Network Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance	In-Network Deductible + 20% Coinsurance
Prescription Drugs				
Retail Pharmacy - 30-day Supply / Retail 90				
Tier 1—Typically Generic Drugs	\$20 after Deductible	50% (minimum \$40)	\$20 after Deductible	50% (minimum \$40)
Tier 2—Typically Preferred	\$40 after Deductible	50% (minimum \$40)	\$40 after Deductible	50% (minimum \$40)
Tier 3—Typically Non-preferred	\$70 after Deductible	50% (minimum \$40)	\$70 after Deductible	50% (minimum \$40)
Home Delivery Pharmacy - 90-day Supply				
Tier 1—Typically Generic Drugs	\$40 after Deductible	Not Covered	\$40 after Deductible	Not Covered
Tier 2—Typically Preferred	\$80 after Deductible	Not Covered	\$80 after Deductible	Not Covered
Tier 3—Typically Non-preferred	\$140 after Deductible	Not Covered	\$140 after Deductible	Not Covered

HDHP WITH HSA INFO



HDHP (HIGH DEDUCTIBLE HEALTH PLAN) WITH AN HSA INFO (CONT.)

- This is an Anthem high deductible health plan (2 different deductible options) with an HSA through UMB. NAMIC will deposit a base contribution amount depending on the medical plan that has been elected.
- You may choose to contribute your own funds on a pre-tax basis up to the IRS maximum.
- The combination of NAMIC's contributions and yours cannot surpass \$4,150 for the year if you have single coverage, and cannot surpass \$8,300 for the year if you have a coverage that covers someone in addition to yourself.
- You will receive a debit card from UMB to access funds from your HSA account.
- You may make the choice at any point in the year to begin, change the amount, or stop contributing to your HSA.
- Employees hired between January and June will receive the full company deposit. Employees hired between July and December will receive half the company deposit.



2024 COMPANY HSA CONTRIBUTIONS

	\$3200 HDHP	\$3700 HDHP
Employee Only	\$250	\$500
Employee & Spouse	\$500	\$750
Employee & Child(ren)	\$500	\$750
Employee & Family	\$750	\$1000



GROUP LIFE INSURANCE

- Benefit is 1X annual salary in life insurance (includes 1 X annual salary accidental death & dismemberment coverage)
** This benefit is provided free of charge by NAMIC to employees working at least 20 hrs. per week.*
- \$15,000 life insurance policy (includes \$15,000 accidental death & dismemberment coverage)
** This benefit is provided by WorkSmart to employees working at least 30 hrs. per week and is paid by NAMIC.*
- \$100,000 Accidental Death & Dismemberment policy is carried on each employee working at least 20 hrs. per week, and *is paid by NAMIC.*



SUPPLEMENTAL POLICIES

The following three coverages are offered thru ManhattanLife (WorkSmart administers these plans). Please complete and return the ManhattanLife application form found in the WorkSmart benefits packet to NAMIC HR if you would like to elect any of these policies.

- Critical Illness Policy – pays a cash benefit
- Accident Policy – pays a cash benefit
- Supplemental Health Insurance (pays a cash benefit if you are hospitalized)



LONG TERM DISABILITY

- Coverage is provided free of charge for employees working 20 hours per week.
- Benefit begins after 90 days of disability.
- Benefit pays 66% of monthly salary, up to \$10,000/month.
- Additional long-term disability coverage is available at employee's expense.
Only offered Annually in January.



401(K) PLAN (DEFINED CONTRIBUTION PLAN)

- Eligible to participate immediately – no waiting period.
 - 3% non-discretionary employer contribution for all employees, regardless of employee contribution.
 - 25% employer match for employee contributions of up to 6% of pay. For example: if employee contributes 6%, employer will contribute 1.5%.
 - Additional 1.25% discretionary “profit sharing” contribution.
- Contributions can be made up to 100% of your salary, not to exceed \$23,000 for 2024.
- Both your contribution and NAMIC’s are fully vested from day one.
- Rollovers (that were deducted pre-tax originally) from other qualified plans are typically accepted.

Catch-up Contributions – Participants who are age 50 and over can make a catch-up contribution if they have already made the maximum allowable salary deferral to the plan for the year. For 2023, eligible employees can contribute an additional contribution of \$7,500 once they meet the \$22,500 limit. Contributions will automatically switch to catch-up once the maximum contribution amount is met.



EMPLOYEE ASSISTANCE PROGRAM (EAP) THRU AETNA RESOURCES FOR LIVING

- Counseling referral services, crisis assistance, legal and financial consultations, and care resources are available 24 hours a day, 365 days a year for you and your eligible household members.
- Three free in-person counseling sessions are available for NAMIC employees and their household members including dependent children up to age 26 whether or not they live at home.
- One-half hour free consultation with a participating attorney for legal topics.
- One-half hour free telephonic consultation for each new financial topic.

www.mylifevalues.com

Username: WorkSmart Systems

Password: eap

Phone: 1-866-252-4468



PAY PERIODS

- Pay periods begin on Mondays and end every other Sunday.
- Paid 26 times per year every other week on the Friday following the period covered.
- Funds are distributed by direct deposit in up to 6 accounts.
- Non-exempt employees need to complete an electronic timesheet the Friday before pay day.
- Pay day is every other Friday.



VOLUNTEERISM POLICY- “NAMIC SERVES”

NAMIC recognizes it is our responsibility as a good corporate citizen to help enrich our surrounding communities of residence and work. We encourage our employees to become involved in their communities, lending voluntary support to programs that positively impact the quality of life within these communities. Toward that end, NAMIC is proud to offer one day of paid time off each calendar year to allow employees the opportunity to make a difference in the community.



VACATION

- You will receive 3 weeks and 2 days (17 days) of vacation at the start of each year. We encourage you to plan ahead and use this time before year-end.
 - Your first year with us will be pro-rated depending on start date.
- With tenure, your vacation balance will increase. Additional vacation accrual starts at year 5.
- You will earn a percentage of your vacation time for each full month you work with us.
 - You may use your vacation time for the year before it is earned at the mutual convenience of you and your manager. However, if you should leave the organization after having taken more vacation time than you have earned, you will be required to reimburse the organization for used vacation days.
- Your vacation balance is available on Omni (our internal website).



PAID COMPANY HOLIDAYS

- New Year's Day
- MLK Day
- Extra Holiday Option - President's Day, Juneteenth, Veterans Day, Your Birthday (when it falls on a weekday) or a Cultural/Religious Holiday.
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving and the day after
- Christmas Eve & Christmas Day (when they fall on a weekday)
- Winter Break – The week between Christmas Day and New Year's Day!



CLOSINGS DUE TO WEATHER

In the event of inclement weather during which the office is not officially closed, it is the employee's responsibility to determine if they should risk an attempt to come to the office, since travel conditions vary widely across the central Indiana area. If an employee feels travel would be risky and decides not to attempt it, that employee may use a vacation or floating holiday. If a snow emergency is declared in an employee's county of residence, or in a county the employee must travel through to get to work, lost time will be paid if the employee would otherwise be in attendance.

NAMIC has an automated call service that will inform employees before 7:00 a.m. if the Indianapolis office will be closed for the day. The Washington, D.C. office will close automatically if the Federal Government declares its offices to be closed because of weather.



ANTI-HARASSMENT POLICY

NAMIC is committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes, threats, negative stereotyping, or other inappropriate comments based on an individual's sex, race, ethnicity, age, religion, or any other legally protected characteristic are prohibited and will not be tolerated. Sexual harassment is one form of prohibited harassment that is particularly prevalent and may include:

- Unwanted sexual advances, or visual, verbal, or physical conduct of a sexual nature, or
- Any form of sexually offensive behavior including gender-based harassment of a person of the same sex as the harasser when:
 - Submission to the conduct is made explicitly or implicitly a term or condition of an individual's employment,
 - Submission to or rejection of the conduct by an individual is used for employment decisions affecting an individual, or
 - Such conduct has the purpose or effect of unreasonably interfering with the employee's work performance or creating an intimidating, hostile, or offensive work environment.

This policy applies to all employees, managers, and temporary workers and serves to protect all employees, managers, temporary workers, customers, vendors, contractors, and other persons working on or visiting the company's premises from harassment by another.

An employee who violates this policy will be subject to disciplinary action up to and including termination of employment. If you believe you have witnessed or been subject to a violation of this anti-harassment or any of the company's anti-discrimination policies, you are expected to immediately report that belief in accordance with the company's Reporting Policy, found below. NAMIC does not retaliate against employees for raising concerns and employees can raise concerns and make reports without fear of reprisal.



ANTI-HARASSMENT POLICY

Any employee who believes he or she has been sexually harassed or has encountered other unlawful harassment or discrimination in the workplace should promptly report the matter:

- to his or her manager, either in person or in writing
- to any member of the NAMIC human resource department
- to any other member of management; or
- to WorkSmart Systems at 317-585-7870 or HR@worksmartpeo.com

NAMIC does not retaliate against employees for raising concerns and employees can raise concerns and make reports without fear of reprisal. Any supervisor or manager who becomes aware of possible sexual or other unlawful harassment should promptly contact the NAMIC human resource department or WorkSmart Systems at 317-585-7870.

A thorough and impartial investigation of all complaints will be conducted in a timely and confidential manner. Anyone found to have engaged in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.

NAMIC also complies with specific state and local laws related to harassment and other forms of discrimination.

Please help us create a work environment free from discrimination and harassment.



PERFORMANCE REVIEWS

- NAMIC performs reviews and merit increases in the month of January.
- NAMIC also encourages ongoing feedback in real-time through discussions with your manager.
- NAMICO performs CRD reviews in the months of February and March.



WELCOME TO OUR ORGANIZATION!

We are very glad you have decided to join us and look forward to working with you. Please feel free to contact Human Resources at any time should you have questions.

Assistant Vice President, Human Resources- Jenn Steidler
jsteidler@namic.org
317-876-4222

Human Resources Manager – Kayla Cox
kcox@namic.org
317-876-4225

HR Admin – Kristi Dietz (PT)
kdietz@namic.org
317-876-4255

Payroll Coordinator – Ambre Smith (PT)
asmith@namic.org
317-876-4339

WorkSmart Systems
HR@worksmartpeo.com
317-585-7870