Your 2025 BENEFITS At A Glance

Benefits Designed With You In Mind.

Welcome. Palacios Marine & Industrial (PMI) is pleased to offer a comprehensive employee benefits package to help protect you and your loved ones. Benefits make up a large part of your overall compensation and it's important to be familiar with your plans, how they work, and the value they represent. This year's Open Enrollment period will run from **November 11 to November 22**.



- UMR will continue to administer the Medical Plan.
- PMI will offer three UMR medical options: the High, Platinum and the Base EPO Plan, which is new for 2025. All options have access to the United Healthcare medical network and the Optum prescription drug network.
- There will be no increase in medical premiums for employees enrolled in the High or Platinum Plan, and there are no changes to the High or Platinum Plan designs.
- The Base Plan will replace the Preventive Plus Medical Plan. If you are currently enrolled in the Preventive Plus Option, you will need to select another option during Open Enrollment.
- The Base Medical Plan is an Exclusive Provider
 Organization (EPO) which offers comprehensive
 medical coverage when you stay in the UHC
 network. There are no benefits outside of the
 network. Family members can also be covered
 by the Base Plan too.
- PMI is increasing the company-paid Basic Life and AD&D insurance from \$10,000 to \$25,000 for every eligible employee.



Plan Year: Jan 1, 2025 to Dec 31, 2025

2025 BENEFIT UPDATES CONTINUED:

- PMI pays 100% of the Basic Life and AD&D policy cost for employees. You have a policy whether you choose to enroll in the company's benefits or not.
- Dental, Vision, Basic Life and Accidental Death and Dismemberment (AD&D) and Voluntary Life and AD&D will continue to be administered by MetLife.
- The MetLife Dental and Vision plans remain the same. There is a small increase for Dental coverage next year.
- Transamerica will offer Voluntary Critical Illness, Accident, Hospital Indemnity, Short-Term Disability and Universal Life insurance in 2025.
- The current enrollment center for benefits changes and updates will move from Professional Enrollment Concepts (PEC) to EOI Service Company beginning with this year's Open Enrollment period.

The purpose of this document is to provide an overview of benefits being offered for the plan year. Please refer to the full Benefit Guide and carrier summaries for additional information.

Questions?
pmi.mybenefitsappointment.com





2025 Benefits at a Glance

Eligibility & Enrollment

Who is Eligible?

Employees

All active employees normally scheduled to work at least 30 hours per week are eligible to participate in the benefits program. Benefits begin the first of the month following a 30-day waiting period.

New Hire Enrollment

If you join the Company after the Annual Enrollment period, you can enroll online by going to pmi.mybenefitsappointment.com

Dependents

You may choose to cover your eligible family members under some plans. Eligible family members include:

- Your legal spouse
- Your dependent "child" up to age 26 "Child" means the employee's natural child
 or adopted child, and any other child as
 defined in the certificate of coverage
- Your disabled child of any age

Beneficiary Designation

Keep your beneficiary information up to date to be sure your wishes are clear as to who should receive the proceeds of any applicable company-sponsored benefits in the event of your death.



Plan Year: Jan 1, 2025 to Dec 31, 2025

Making Election Changes During the Year

Your benefits elections remain in effect until the end of the plan year. You will not be able to make any plan changes during the year unless you experience a Qualifying Life Event (QLE).

Qualifying Life Events

You can change your benefits during the year if you or your dependents experience a QLE such as:

- · Marriage or divorce
- Death
- Birth or adoption of a dependent
- Change in employment status
- Dependent satisfying or ceasing to satisfy the plan's eligibility requirements
- Loss of, or significant change to, your current coverage
- Enrolling in or terminating Medicare or Medicaid coverage
- Termination of Children's Health Insurance Program (CHIP) coverage

Any Changes made due to a Qualifying Life event must be done within 30 days of the event!

Questions?
Pmi.mybenefitsappointment.com



MEDICAL/RX BENEFITS

Palacios Marine & Industrial offers you three different plans using the United Healthcare **Choice Plus Network**. You can locate an in-network provider by visiting www.umr.com

	Base EPO Plan		High Plan	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible *calendar	year*			
Deductible Type	Embedded		Embedded	
Individual	\$5,000	No Benefits	\$1,500	\$5,000
Family	\$15,000	No Benefits	\$4,500	\$15,000
Coinsurance (carrier pays/ member pays)	70% / 30%	No Benefits	70% / 30%	50% /50%
Maximum Out-of-Pocket *c	alendar year*			
Individual	\$7,000	No Benefits	\$5,500	\$15,000
Family	\$15,000	No Benefits	\$12,700	\$45,000
Physician Office Visit		1		
Virtual Visits	No Charge	No Benefits	No Charge	N/A
Primary Care	\$40 copay	No Benefits	\$35 copay	50% after deductible
Specialty Care	\$65 copay	No Benefits	\$35 copay	50% after deductible
Preventive Care				
Adult & Child Services	No Charge	No Benefits	No Charge	50% after deductible
Diagnostic Services				
X-ray and Lab Tests	\$40 copay	No Benefits	\$35 copay	50% after deductible
Complex Radiology	30% after deductible	No Benefits	30% after deductible	50% after deductible
Urgent Care Facility	\$75 copay	No Benefits	\$75 copay	50% after deductible
Emergency Room Services	30% after deductible	No Benefits	30% afte	r deductible
Inpatient/Outpatient Svcs	30% after deductible	No Benefits	30% after deductible	50% after deductible
Mental Health				
Inpatient	30% after deductible	No Benefits	30% after deductible	50% after deductible
Outpatient	\$35 copay	No Benefits	\$35 copay	50% after deductible
Retail Pharmacy (31 Day Sup	ply)			
Tier 1	\$25 copay	No Benefits	\$20 copay	N/A
Tier 2	\$45 copay	No Benefits	\$40 copay	N/A
Tier 3	\$75 copay	No Benefits	\$70 copay	N/A
Specialty Drugs (31 Day Supp	ply)			
Tier 1	\$175 copay	No Benefits	\$150 copay	N/A
Tier 2	\$250 copay	No Benefits	\$200 copay	N/A
Tier 3	\$300 copay	No Benefits	\$250 copay	N/A
Mail Order Pharmacy (90 Da	ay Supply)	1.0000000000000000000000000000000000000		
Tier 1	\$50 copay	No Benefits	\$40 copay	N/A
Tier 2	\$90 copay	No Benefits	\$80 copay	N/A
Tier 3	\$150 copay	No Benefits	\$140 copay	N/A

MEDICAL/RX BENEFITS

Palacios Marine & Industrial offers you three different plans using the United Healthcare **Choice Plus Network**. You can locate an in-network provider by visiting www.umr.com

	Platinum Plan		
	In-Network Benefits	Out-of-Network Benefit	
Annual Deductible *calendar	year*		
Deductible Type	Embedded		
Individual	\$500	\$1,000	
Family	\$1,500	\$3,000	
Coinsurance (carrier pays/ member pays)	90% / 10%	70% / 30%	
Maximum Out-of-Pocket *ca	alendar year*	11	
Individual	\$1,500	\$2,500	
Family	\$4,500	\$7,500	
Physician Office Visit			
Virtual Visits	No Charge	N/A	
Primary Care	\$20 copay	30% after deductible	
Specialty Care	\$20 copay	30% after deductible	
Preventive Care			
Adult & Child Services	No Charge	30% after deductible	
Diagnostic Services			
X-ray and Lab Tests	\$20 copay	30% after deductible	
Complex Radiology	10% after deductible	30% after deductible	
Urgent Care Facility	\$75 copay	30% after deductible	
Emergency Room Services	10% after deductible		
Inpatient/Outpatient Svcs	10% after deductible	30% after deductible	
Mental Health	***		
Inpatient	10% after deductible	30% after deductible	
Outpatient	\$20 copay	30% after deductible	
Retail Pharmacy (31 Day Supp	ply)		
Generic (Tier 1)	\$10 copay	N/A	
Preferred (Tier 2)	\$20 copay	N/A	
Non-Preferred (Tier 3)	\$35 copay	N/A	
Specialty Drugs (31 Day Supp	oly)		
Tier 1	\$150 copay	N/A	
Tier 2	\$200 copay	N/A	
Tier 3	\$250 copay	N/A	
Mail Order Pharmacy (90 Da	y Supply)		
Generic (Tier 1)	\$20 copay	N/A	
Preferred (Tier 2)	\$40 copay	N/A	
Non-Preferred (Tier 3)	\$70 copay	N/A	

DENTAL & Vision Benefits

Dental and Vision benefits are provided through MetLife

	Dental Plan		
	In-Network Benefits	Out-of-Network Benefits	
Annual Deductible *calendar	year*		
Individual	\$50	\$50	
Family	\$150	\$150	
Waived for Preventive Care?	Yes	Yes	
Annual Maximum *calendar ye	ear*		
Per Person / Family	\$1,500	\$1,500	
Services (member pays)			
Proventive	No Charge	0% of R&C*	
Preventive	(deductible waived)	plus balance	
Basic	20% after deductible	20% of R&C*	
Dasic		plus balance	
Major	50% after deductible	50% of R&C*	
Major	50% and deductible	plus balance	
Orthodontia			
Benefit Percentage	50% (deductible waived) 50% of R&G		
Adults	Not covered	Not covered	
Dependent Child(ren)	Covered up to age 19 Covered up to age 19		
Lifetime Maximum	\$1,000 per child	\$1,000 per child	

	Vision Plan			
	In-Network Benefits	Out-of-Network Benefits		
Copays				
Routine Exams	\$10 copay	Up to \$45 Reimbursement		
Materials	\$10 copay	Set Reimbursements – See below		
Lenses				
Single Vision Lenses	Covered in Full after Materials Copay	Up to \$30 Reimbursement		
Bifocal Lenses	Covered in Full after Materials Copay	Up to \$50 Reimbursement		
Trifocal Lenses	Covered in Full after Materials Copay	Up to \$65 Reimbursement		
Lenticular Lenses	Covered in Full after Materials Copay	Up to \$100 Reimbursement		
Frames				
Retail Chain Provider	\$130 retail allowance	Up to \$70 Reimbursement		
Contact Lenses In lieu of frames/	lenses			
Standard Contact Lens Fitting	\$25 copay	Applied to the contact lens allowance		
Medically Necessary Contacts	Covered in Full after Materials Copay	Up to \$210 Reimbursement		
Elective	Up to \$130 allowance	Up to \$105 allowance		
Other Services				
Laser Correction Surgery Savings of 40% - 50% off the national average price		No Benefit		
Frequency of Services				
Routine Exams	Once every 12 months	Once every 12 months		
Lenses	Once every 12 months	Once every 12 months		
Contact Lenses (Elective)	Once every 12 months	Once every 12 months		
Frames	Once every 24 months	Once every 24 months		

LIFE AND AD&D

Basic Life & Accidental Death and Dismemberment (AD&D) - Employer Paid

PMI automatically provides eligible employees with basic term life and AD&D insurance at no cost to you. The plan offers a basic coverage amount of \$25,000. Your coverage amount is paid to your beneficiary in the event of your death while you are employed by PMI. Policies are insured by MetLife.

Voluntary Life & AD&D - Employee Paid

In addition to your basic life coverage, you have the option to elect additional voluntary Life and AD&D insurance at affordable group rates. Your per-paycheck cost will depend on age and the coverage amount you elect. Policies are insured by Metlife.

VOLUNTARY BENEFITS

PMI offers employees the option to elect Transamerica voluntary benefits to provide income protection for unexpected medical events caused by accidents or illness. Options include: Accident, Critical Illness, Hospital Indemnity, Universal Life, Short-Term Disability and Long-Term Disability.

Voluntary Life and AD&D – Employee Paid			
Employee Benefit			
Life and AD&D Benefit Amount	\$10,000 increments up to 5x salary or \$500,000		
Guarantee Issue Benefit	\$100,000		
Spouse Benefit			
Life and AD&D Benefit Amount	\$5,000 increments up to \$100,000		
Guarantee Issue Benefit	\$25,000		
Child Benefit			
Life and AD&D Benefit Amount	\$1,000 increments up to \$10,000		
Guarantee Issue Benefit	\$10,000		
Child Age Limit	Up to age 26		
Costs			
	Your cost is based on your current age and elected benefit amount. See EOI for your specific costs.		

EMPLOYEE BENEFIT PREMIUMS

UMR Base Plan Weekly Premiums by Hourly Rates				
	<\$14	<\$18.01	<\$22.01	>\$22.01
Employee	\$12.50	\$18.74	\$32.09	\$41.45
Employee & Spouse	\$130.80	\$140.18	\$149.54	\$158.88
Employee & Child(ren)	\$96.80	\$106.18	\$115.54	\$124.88
Employee & Family	\$170.11	\$179.49	\$188.84	\$198.19
UMR High Plan Weekly	Premiums by Hourly R	lates		
	<\$14	<\$18.01	<\$22.01	>\$22.01
Employee	\$33.11	\$46.38	\$58.83	\$67.56
Employee & Spouse	\$194.03	\$202.78	\$211.50	\$220.22
Employee & Child(ren)	\$148.04	\$156.79	\$165.52	\$174.23
Employee & Family	\$250.77	\$259.52	\$268.25	\$276.96
UMR Platinum Plan Weekly Premiums by Hourly Rates				
	<\$14	<\$18.01	<\$22.01	>\$22.01
Employee	\$59.92	\$68.67	\$77.40	\$86.11
Employee & Spouse	\$240.26	\$249.01	\$257.73	\$266.46
Employee & Child(ren)	\$185.10	\$193.85	\$202.58	\$211.31
Employee & Family	\$266.57	\$275.31	\$284.04	\$292.77

Employee Contributions (Per Pay Period)			
	Dental Plan		
Employee	\$6.51		
Employee & Spouse	\$13.52		
Employee & Child(ren)	\$17.91		
Employee & Family	\$24.92		

Employee Contributions (Per Pay Period)			
	Vision Plan		
Employee	\$1.27		
Employee & Spouse	\$2.40		
Employee & Child(ren)	\$2.55		
Employee & Family	\$3.72		

IMPORTANT CONTACTS

Benefits Plan	Carrier	Phone Number	Website
Medical	UMR	(800) 826-9781	www.umr.com
Dental / Vision	MetLife	(800) 275-4638	www.metlife.com
Life and AD&D / Vol Life and AD&D	MetLife	(800) 275-4638	www.metlife.com
Short Term Disability (STD) / Long Term Disability (LTD)	MetLife	(800) 275-4638	www.metlife.com
Accident Critical Illness Accident Insurance Hospital Indemnity Whole Life	Transamerica	(855) 244-8318	Transamerica.com

The information in this Benefits Guide is designed to provide an overview of the benefits offered through 2025. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These official documents govern your benefits program. If there is any discrepancy between the Benefits Guide and the official documents, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits. PMI reserves the right to modify, change, revise, amend or terminate these benefits plans at any time. If you have any questions about this summary, contact Human Resources.