

2025



# BENEFITS OVERVIEW

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# Benefits Highlights



The employee benefits made available to you through Youngblood Company, Inc. have evolved by listening to our employees, and by making it a top priority to offer you the most comprehensive benefit package possible. The information in this brochure describes the highlights of the benefits offered to full-time employees. For more complete information including summary plan descriptions, please contact the Human Resources Department.

## Medical

|                                        |                                                  |
|----------------------------------------|--------------------------------------------------|
| Carrier:                               | United Healthcare                                |
| Plan Type:                             | EPO Level Funded                                 |
| Effective Date:                        | 1st of the month after 60 days from date of hire |
| PCP Office Visit:                      | \$25 Co-payment                                  |
| All Others:                            | \$75 Co-payment                                  |
| Emergency Room:                        | 0% coinsurance after deductible                  |
| RX 30 Day Retail Supply:               | \$10/\$35/\$75/\$250                             |
|                                        | Specialty Drugs: \$150/\$350/\$500               |
| RX 90 Day Mail Order Supply:           | \$25/\$87.50/\$187.50/\$625                      |
| Inpatient Hospital Services:           | 0% coinsurance after deductible                  |
| Outpatient Hospital Services:          | 0% coinsurance after deductible                  |
| Diagnostic Testing (Blood Work/X-ray): | 0% coinsurance after deductible                  |
| MRI, CT and PET Scans:                 | 0% coinsurance after deductible                  |
| Plan Year Deductible:                  | \$2,000 Individual<br>\$4,000 Family             |
| Out-of-network                         | \$4,000 Individual<br>\$8,000 Family             |
| Contributions:                         |                                                  |
|                                        | Employee \$35.00                                 |
|                                        | Employee + Spouse \$65.00                        |
|                                        | Employee + Child(ren) \$60.00                    |
|                                        | Family \$90.00                                   |

## Dental

|                                                      |                                                  |                                |
|------------------------------------------------------|--------------------------------------------------|--------------------------------|
| Carrier:                                             | Sunlife                                          |                                |
| Plan Type:                                           | PPO                                              |                                |
| Effective Date:                                      | 1st of the month after 60 days from date of hire |                                |
| Plan Design:                                         | In-network                                       | Out-of-network                 |
| Preventative Services: (Preventative and Diagnostic) | 100%                                             | 100%                           |
| Basic Services: (Fillings, Root Canals, etc.)        | 100%                                             | 80%                            |
| Major Services: (Bridges, Crowns, etc.)              | 60%                                              | 50%                            |
| Calendar Year Deductible:                            | N/A                                              | \$25 Individual<br>\$75 Family |
| Calendar Year Maximum:                               | \$1,500                                          | \$1,000                        |
| Contributions:                                       |                                                  |                                |
|                                                      | Employee                                         | \$9.58                         |
|                                                      | Family                                           | \$25.60                        |

## Telehealth

United Healthcare offers virtual visits, a telehealth service, that lets members talk to board-certified doctors. With virtual visits, you can see and talk to a doctor and they can give you a diagnosis—and even write a prescription if needed. From treating flu and fevers, to caring for migraines and allergies, you can chat with a doctor by phone or video 24 hours a day, seven days a week.

Use the health4me mobile app (register on myuhc.com first) or download the AmWell or Doctor on Demand app. Visit myuhc.com type in “uhc.com/virtualvisits” to find Teledoc or call 1-855-615-8335.

## Life Coverage

|                         |                                                                      |
|-------------------------|----------------------------------------------------------------------|
| Carrier:                | Lincoln Financial                                                    |
| Effective Date:         | 1st of the month after 60 days from date of hire                     |
| Life Coverage:          | Flat \$20,000                                                        |
| AD&D Coverage:          | Provides an additional benefit equal to your life insurance coverage |
| Age Reduction Schedule: | 65% @ age 65; 40% @ age 70; 25% @ age 75; 10% @ age 80               |
| Contributions:          | Employer Paid                                                        |

## Supplemental Life Coverage

|                         |                                                                             |
|-------------------------|-----------------------------------------------------------------------------|
| Carrier:                | Lincoln Financial                                                           |
| Effective Date:         | 1st of the month after 60 days from date of hire                            |
| Life Coverage:          |                                                                             |
| Employee:               | \$10,000 increments up to \$500,000 not to exceed 5 x basic annual earnings |
| Spouse:                 | \$5,000 increments, up to \$50,000 not to exceed 50% of employee election   |
| Child(ren):             | Up to \$10,000                                                              |
| Age Reduction Schedule: | 65% @ age 70; 50% @ age 75; 25% @ age 80                                    |
| Contributions:          | Employee Paid                                                               |

# Employee Contact Numbers

|                                                                                        |                                                                 |                                  |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------|
| United Healthcare (Medical)                                                            |                                                                 | 1-800-651-5465                   |
| SunLife (Dental/Vision)                                                                |                                                                 | 1-800-443-2995                   |
| Lincoln Financial (Life, AD&D, LTD, EAP, STD (NH Employees only))                      |                                                                 | 1-877-275-5462                   |
| AXA Assistance USA, Inc. (Travel Assistance Program)                                   |                                                                 | 1-855-327-1476<br>1-312-356-5980 |
| VOYA Financial (401(k)):                                                               | Maryann Fortin, Admin. Contact<br>David Bradshaw, Alpha Pension | 1-401-250-6229<br>1-877-449-401k |
| TicketsatWork (discounted tickets & events), www.ticketsatwork.com, Co. Code: BYSTBNFT |                                                                 | 1-866-273-5824                   |
| Baystate Benefit Services (Flexible Spending Account)                                  |                                                                 | 1-800-601-3570                   |

## MA Paid Family & Medical Leave

|                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Employees are eligible for the following benefits:</b> <ul style="list-style-type: none"><li>Up to 20 weeks of paid medical leave in a benefit year if a worker has a serious health condition that incapacitates them from work.</li></ul> |
| <ul style="list-style-type: none"><li>Up to 12 weeks of family leave in a benefit year related to the birth, adoption or foster care placement of a child.</li></ul>                                                                           |
| <ul style="list-style-type: none"><li>Up to 12 weeks of paid family leave in a benefit year for a need arising out of a family member's active duty or impending call to active duty in the Armed Forces.</li></ul>                            |
| <ul style="list-style-type: none"><li>Up to 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member with a serious health condition.</li></ul>                                             |
| <b>Employees are eligible for the following benefits:</b> <ul style="list-style-type: none"><li>Up to 12 weeks of paid family leave in a benefit year to care for family member with a serious health condition.</li></ul>                     |
| <ul style="list-style-type: none"><li>Maximum leave entitlement is 26 total weeks of paid family and medical leave in a single benefit year.</li></ul>                                                                                         |

## Long Term Disability

|                                                                                                                                                                                                                                                                                                 |                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Carrier:                                                                                                                                                                                                                                                                                        | Lincoln Financial                                |
| Effective Date                                                                                                                                                                                                                                                                                  | 1st of the month after 60 days from date of hire |
| Elimination Period:                                                                                                                                                                                                                                                                             | 180 days                                         |
| Monthly Benefit:                                                                                                                                                                                                                                                                                | 60% of Salary                                    |
| Max Monthly Benefit:                                                                                                                                                                                                                                                                            | \$5,000                                          |
| Duration:                                                                                                                                                                                                                                                                                       | To Social Security Normal Retirement Age         |
| Contributions:                                                                                                                                                                                                                                                                                  | Employee Paid                                    |
| Pre-Existing Clauses:                                                                                                                                                                                                                                                                           | 3/12 Months*                                     |
| *Benefit will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to, by a Pre-existing Condition, unless, at the time You become Disabled, You have been continuously covered under The Policy for 12 months. |                                                  |

## Short-term Disability (NH Employees)

Lincoln Financial is available to New Hampshire employees who do not contribute to MA PFML.

## Flexible Spending Accounts

|                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pay for the following items with TAX-FREE Dollars:                                                                                                             |
| Dependent Care Expenses: Up to \$5,000 per year maximum (individual or a married couple filing jointly or \$2,500 for a married individual filing separately). |
| Out-of-pocket Health Care Expenses: Up to \$3,300 per year maximum. \$660 of unused funds will be rolled over to the new plan year.                            |

## Employee Assistance Program

|                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Carrier: Lincoln Financial                                                                                                                         |
| The EAP is a confidential and voluntary counseling referral service provided free of charge to all employees and members of their family household |
| Types of concerns the EAP can assist you with:                                                                                                     |
| <ul style="list-style-type: none"><li>Emotional Problems</li><li>Family Concerns</li><li>Drug or Alcohol Abuse</li></ul>                           |
| <ul style="list-style-type: none"><li>Marital/Relationship Issues</li><li>Stress Management</li><li>Legal Issues</li></ul>                         |
| <ul style="list-style-type: none"><li>Money Matters such as budgeting and how to save</li></ul>                                                    |

## Pension

|                                                                                                                                            |                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Mutual Fund Provider:                                                                                                                      | VOYA, Financial Acct #860446-0001          |
| Eligibility:                                                                                                                               | Age 21 & completion of 6 months of service |
| Entry Dates:                                                                                                                               | Semi-annual; 1/1 and 7/1                   |
| Maximum Election:                                                                                                                          | \$23,500 up to 2025 IRS guidelines         |
| Match Contribution:                                                                                                                        | Discretionary                              |
| Profit Sharing Contribution:                                                                                                               | Discretionary                              |
| Vesting Schedule:                                                                                                                          | 6 year graded                              |
| If over the age of 50, an additional catch-up contribution of \$7,000 can be made. See the Human Resources Department for further details. |                                            |

## Plumbing School Reimbursement

Plumbing Apprentices are required to attend 5 years of plumbing education. Youngblood Co., Inc. requires all Apprentice Plumbers to work toward becoming a Journeyman Plumber while employed with the Company. The incentive to working toward this goal is that Youngblood Co., Inc. will reimburse up to \$550/year upon successfully completing each year of schooling. If courses are on a certificate basis, Youngblood Co., Inc. will reimburse up to \$220/75 hrs. of completion. Proof of payment and passing certificate required in order to be reimbursed. If you do not continue to register for schooling each year, you may be required to pay back the amount that was reimbursed to you for prior schooling years attended. If you should terminate your employment prior to completing the Apprentice Program, you will be required to pay back the amount of which had been reimbursed to you while you worked for the Company.

## Paid Holidays/Personal Time

|              |                                                                                           |                                                                                    |
|--------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Eligibility: | 1st of the month after 60 days from date of hire                                          |                                                                                    |
| 10 Holidays  | New Year's Day<br>President's Day<br>Patriots Day<br>Memorial Day<br>One Floating Holiday | Independence Day<br>Labor Day<br>Columbus Day<br>Thanksgiving Day<br>Christmas Day |

## Sick Pay/Personal Leave

After 6 months of service, you will receive 40 hours of sick/personal time. Each DOH anniversary you will receive 40 hours sick/personal time. Mechanics/Licensed Journeymen may use sick time for personal leave. Apprentices may only use sick time for that purpose and not for personal leave.

Sick/Personal time must be used during each anniversary year and cannot be cashed out for payment.

## Vacation

|                                                                                               |                                                                     |                                                                  |                                                                   |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------|
| Eligibility:                                                                                  | After 1 year of service on anniversary date                         |                                                                  |                                                                   |
|                                                                                               | Annual Accrual Per Year (In Hrs.)<br><u>Less than 2 yrs of ser.</u> | Annual Accrual Per Year (in Hrs.)<br><u>After 2 yrs of serv.</u> | Annual Accrual Per Year (in Hrs.)<br><u>After 10 yrs of serv.</u> |
| Mechanic                                                                                      | 40 Hours                                                            | 80 Hours                                                         | 120 Hours                                                         |
| Apprentice                                                                                    | 40 Hours                                                            | 80 Hours                                                         | 120 Hours                                                         |
| Vacation time must be used during each anniversary year and cannot be cashed out for payment. |                                                                     |                                                                  |                                                                   |

## Travel Assistance Program

|                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Carrier: AXA Assistance USA, Inc.                                                                                                                  |
| This program offers you a broad range of worldwide travel, emergency medical transportation and concierge services 24 hours a day/365 days a year. |
| Types of services:                                                                                                                                 |
| <ul style="list-style-type: none"><li>Medical &amp; Dental Referrals</li><li>Return of Mortal Remains</li><li>Emergency Cash</li></ul>             |
| <ul style="list-style-type: none"><li>Emergency Medical Evac.</li><li>Prescriptions</li><li>ID Theft</li></ul>                                     |
| <ul style="list-style-type: none"><li>Hospital Admission/Monitoring</li><li>Lost Documents/Luggage</li></ul>                                       |

## Vision Coverage

|                                     |                                                                              |                                              |
|-------------------------------------|------------------------------------------------------------------------------|----------------------------------------------|
| Carrier:                            | SunLife                                                                      |                                              |
| Effective Date:                     | 1st of the month after 60 days from date of hire                             |                                              |
| Coverage:                           | In-network                                                                   | Out-of-network                               |
| Materials:                          | Waived for elective contact lenses \$25 co-payment                           |                                              |
| How often can services be obtained? | Exams: Every 12 months<br>Lenses: Every 12 months<br>Frames: Every 24 months |                                              |
| Eye Exams:                          | \$10                                                                         | Up to \$65                                   |
| Lenses:                             |                                                                              |                                              |
|                                     | Single Vision Lenses                                                         | \$25                                         |
|                                     | Lined Bifocal Lenses                                                         | \$25                                         |
|                                     | Lined Trifocal Lenses                                                        | \$25                                         |
|                                     | Progressive Lenses                                                           | \$80-\$90                                    |
| Contact Lenses:                     |                                                                              |                                              |
|                                     | Conventional                                                                 | Up to \$150 allowance                        |
|                                     | Planned replacement and disposable                                           | Up to \$105 allowance                        |
|                                     | Medically necessary                                                          | \$0                                          |
|                                     | Evaluation and Fitting                                                       | Covered in full with \$60 maximum copayment  |
| Frames:                             | \$150 allowance                                                              | See Benefit Summary for out-of-network costs |
| Contributions:                      |                                                                              |                                              |
|                                     | Employee                                                                     | \$1.59                                       |
|                                     | Employee + Spouse                                                            | \$2.67                                       |
|                                     | Employee + Child(ren)                                                        | \$2.73                                       |
|                                     | Family                                                                       | \$4.31                                       |

## Bonuses

Sign on Bonuses: If you refer an employee and they are employed at Youngblood Co., Inc. for at least 6 months with a good working relationship, you will receive the following:  
 1st/2nd Year Apprentice = \$200  
 3rd/4th/5th Year Apprentice = \$400  
 Journeyman = \$600 and Foreman = \$800

## Additional Benefit(s)

TicketsatWork—Entertainment discounts, log onto [ticketsatwork.com](http://ticketsatwork.com), click on Become a Member, enter your personal information with company code of BYSTBNFT. You will be eligible to purchase discounted tickets at a variety of shows and activities.

