



Scan for the 2025 Benefits Guide


2025 Benefits Summary

Our employees are our most valuable asset. Magnum, LTD is committed to a comprehensive benefit program that helps our employees stay healthy, feel secure and maintain a positive work-life balance.

Below is a snapshot that provides full time benefit eligible employees with information for each benefit we offer effective 01/01/2025 to 12/31/2025.

<u>Type of Benefit</u>	<u>Deduction</u>	<u>Plan Information</u>	
MEDICAL INSURANCE – Blue Cross Blue Shield			
\$3,500 HDHP Plan Website: www.allmyhealth.com Customer Service: 844-946-6236 <i>NOTE: Prescriptions filled at a non-network pharmacy are not covered.</i> <i>Insulin: Cost share will not exceed \$25 per retail prescription</i>	Employee Monthly Premiums <u>Employee</u> \$218.31 <u>Employee/Child(ren)</u> \$512.42 <u>Employee/Spouse</u> \$647.26 <u>Family</u> \$836.04	Deductible: Single / Family	\$3,500 / \$7,000
		Out of Pocket: Single / Family	\$3,500 / \$7,000
		Office Visit / Preventive Care	100% - after deductible (deductible does not apply to preventive care)
		Prescription Drug: Soft Mandatory Generic	Retail Drug (93-day supply) – 100% after deductible generic, formulary brand or non-formulary Specialty Drug (31-day supply) 100% after deductible formulary brand or non-formulary Mail Order (93-day supply)- 100% after deductible generic, formulary brand or non-formulary
\$6,350 HDHP Plan Website: www.allmyhealth.com Customer Service: 844-946-6236 <i>NOTE: Prescriptions filled at a non-network pharmacy are not covered.</i> <i>Insulin: Cost share will not exceed \$25 per retail prescription</i>	Employee Monthly Premiums <u>Employee</u> \$0.00 <u>Employee/Child(ren)</u> \$199.76 <u>Employee/Spouse</u> \$252.54 <u>Family</u> \$326.20	Deductible: Single / Family	\$6,350 / \$12,700
		Out of Pocket: Single / Family	\$6,350 / \$12,700
		Office Visit / Preventive Care	100% - after deductible (deductible does not apply to preventive care)
		Prescription Drugs: Soft Mandatory Generic	Retail Drug (93-day supply) – 100% after deductible generic, formulary brand or non-formulary Specialty Drug (31-day supply) 100% after deductible formulary brand or non-formulary Mail Order (93-day supply)- 100% after deductible generic, formulary brand or non-formulary
HEALTH SAVINGS ACCOUNT (HSA) - HealthEquity			
Website: healthequity.com Customer Service: 866-346-5800	Employee/Employer paid	<ul style="list-style-type: none"> • Personal Savings account • Use for Health care expense not covered by the High Deductible Health Plan (HDHP) • Contribute and receive dollar for dollar biweekly contribution from Magnum of \$14 biweekly or \$7 weekly • Maximum contribution per IRS = \$4,300/individual or \$8,550/family • \$1,000 catch up contribution if over the age of 55 	
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT - HealthEquity			

Website: healthequity.com Customer Service: 866-346-5800	Employee Paid	\$5,000 IRS Maximum	Pre-tax spending account for qualified dependent care							
DENTAL INSURANCE – Delta Dental of Minnesota										
Website: www.deltadentalmn.org Customer Service: 800-553-9536	Employee Monthly Premiums <u>Employee</u> \$28.42 <u>Employee + Child(ren)</u> \$72.41 <u>Employee + Spouse</u> \$57.33 <u>Family</u> \$101.33	Preventive Routine and Restorative Svcs Major Services Orthodontics Deductible Annual Maximum		100% 80% 50% 50% (\$1,500 Lifetime Max) \$50/person, Limit of 3/Family \$1,500 Per Individual						
VISION INSURANCE – Avesis										
Website: avesis.com Customer Service: 800-828-9341 NOTE: Laser Vision – 15% off regular price	Employee Monthly Premiums <u>Employee</u> \$9.05 <u>Family</u> \$20.95	Exam – Every 12 Months Glasses – Every 12 Months Frame – Every 12 Months Lens – Every 12 Months Contacts – Every 12 Months (instead of glasses)		\$10 - Copay \$10 - Copay \$150 - Allowance \$10 - copay / \$75 - Progressive \$150 - Allowance						
LIFE INSURANCE– UNUM										
Basic Life Insurance Website: www.unum.com/claims Customer Service: 800-421-0344	Employer Paid	<ul style="list-style-type: none"> • Employee: \$15,000 • Age Reduction Schedule: Benefits reduce to 65% at age 70, and to 55% when you reach age 75. 								
Voluntary Life & AD&D Insurance Website: www.unum.com/claims Customer Service: 800-421-0344 Age reduction schedule exists – see plan document.	Employee Paid	Chose an amount of coverage that is right for you. Keep coverage for a set period of time or term. AD&D insurance is also available which pays a benefit if you survive an accident but have a certain serious injury. It also pays an additional amount of you pass away from a covered accident. <table border="1" data-bbox="776 1423 1580 1684"> <tr> <td data-bbox="776 1423 977 1507"> Employee </td> <td data-bbox="977 1423 1580 1507"> Life/AD&D increments of \$10,000 (Maximum of \$500,000) not to exceed 5x annual earnings </td> </tr> <tr> <td data-bbox="776 1507 977 1600"> Spouse </td> <td data-bbox="977 1507 1580 1600"> Life/AD&D increments of \$5,000(Maximum of \$250,000) not to exceed 100% Employee coverage. </td> </tr> <tr> <td data-bbox="776 1600 977 1684"> Dependent Child </td> <td data-bbox="977 1600 1580 1684"> Age 14 days to 6 months - \$1,000 </td> </tr> </table>			Employee	Life/AD&D increments of \$10,000 (Maximum of \$500,000) not to exceed 5x annual earnings	Spouse	Life/AD&D increments of \$5,000(Maximum of \$250,000) not to exceed 100% Employee coverage.	Dependent Child	Age 14 days to 6 months - \$1,000
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Dependent Child	Age 14 days to 6 months - \$1,000									
SHORT TERM DISABILITY – UNUM										
Website: www.unum.com/claims Customer Service: 800-421-0344 *Benefits may not be paid for any condition within three months prior to your effective date until you have been covered under this plan for 12 months	Employee Paid	Basic <ul style="list-style-type: none"> • Fixed \$100 weekly benefit • Benefit duration – 11 weeks • Elimination Period – 14/14 • Pre-Existing – 3/12* 	Option 1 <ul style="list-style-type: none"> • Weekly Max - \$2,400/week • Benefit duration–12 weeks • Elimination Period– 7/7 • Pre-Existing – 3/12* 	Option 2 <ul style="list-style-type: none"> • Weekly Max - \$2,400/week • Benefit duration–11 weeks • Elimination Period– 14/14 • Pre-Existing – 3/12* 						

LONG TERM DISABILITY – UNUM		
<p>Website: www.unum.com/claims Customer Service: 800-421-0344</p> <p><small>*Benefits may not be paid for any condition within three months prior to your effective date until you have been covered under this plan for 12 months</small></p>	Employee Paid	<ul style="list-style-type: none"> • Elimination period – 90 days • Percentage of Income Replacement – 60% • Maximum Benefit - \$11,000 per month • Pre-Existing – 3/12*
HOSPITAL INDEMNITY - UNUM		
<p>Website: www.unum.com/claims Customer Service: 800-635-5597</p>	Employee Paid	<ul style="list-style-type: none"> • Helps covered employees and their families cope with the financial impacts of a hospitalization. • You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. • The money is paid directly to you and can help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays, and deductibles.
CRITICAL ILLNESS - UNUM		
<p>Website: www.unum.com/claims Customer Service: 800-635-5597</p>	Employee Paid	<ul style="list-style-type: none"> • If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. • You can use the money however you want. • The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles • Be-Well Benefit - \$75 per year per person on the plan for a qualifying wellness or preventive examination
ACCIDENT INSURANCE - UNUM		
<p>Website: www.unum.com/claims Customer Service: 800-635-5597</p>	Employee Paid	<ul style="list-style-type: none"> • Pays a set benefit amount based on the type of injury you have and the type of treatment you need. • Covers accidents that occur on and off the job. • Includes a range of incidents, from common injuries to more serious events • Can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles.
EAP – HEALTH ADVOCATE		
<p>Website: members.healthadvocate.com Customer Service: 866-799-2485</p> <p>Available 24 hours a day, 7 days a week for:</p> <ul style="list-style-type: none"> - Employees - Spouses - Domestic Partners - Dependent Children - Parents and in-laws 	Employer paid	<ul style="list-style-type: none"> • Up to six sessions available at no additional cost • Licensed Professional Counselors – stress, depression, anger, grief, loss and more • Short-term help • Work/Life Balance – childcare, financial assistance, legal questions, identity theft and more • Referrals for additional care • Monthly Webinars
VETERANARY HOTLINE - PETZEY		
<p>No Subscriptions: No Additional Fees</p> <p>Website: www.petzey.com</p> <p>Code: Magnum</p>	Employee Paid	<ul style="list-style-type: none"> • \$20 per consultation • Connect with licensed vet professionals close to your area 24/7. • No time limit for calls • Live video chat capabilities • Client recommendations and notes sent after each call
		 <p>Group ID: MAGNUM</p>
LEGALSHIELD / IDSHIELD – NEW in 2025!!!		
<p>Affordable Legal and Identity Theft Protection</p> <p>Website: shieldbenefits.com/magnumtrucking</p>	Employee Paid	<ul style="list-style-type: none"> • LegalShield: family plan \$17.00/month • IDShield: employee plan \$8.45/month; family plan \$15.50/month • BOTH LegalShield and IDShield: employee plan \$24.45/month; family plan \$30.50/month

The information in this Benefits Snapshot is presented for illustrative purposes and is based on information provided by Magnum, LTD. The information contained in this summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Snapshot and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

The SBC (Summary of Benefits and Coverage) and all annual notices will be found in the Online Enrollment Portal. Under the Affordable Care Act, health insurers and group health plans have to provide the 180 million Americans who have private insurance with clear, consistent, and comparable information about their health plan benefits and coverage. Specifically, the regulations will ensure consumers have access to two forms that will help them understand and evaluate their health insurance choices. Full Policy information is also available upon request to Magnum, LTD.