

2025 Benefits Guide

January 1, 2025 - December 31, 2025



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 32 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or their children, where applicable by state law
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 60 days from your date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2025 - December 31, 2025.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP, or child
- ▶ You lose coverage under your spouse's/ RDP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Enrollment

Please complete enrollment forms and submit to Human Resources.

Medical

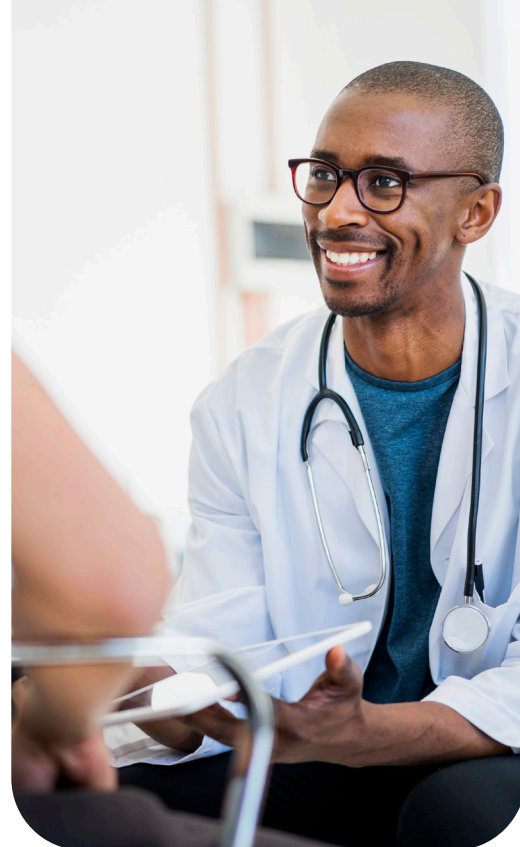
We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Premera Blue Cross PPO

These plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).



Key Medical Benefits	Premera Blue Cross Base PPO 1250 Plan		Premera Blue Cross Buy-Up PPO 750 Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$1,250 / \$2,500	\$2,500 / \$5,000	\$750 / \$1,500	\$1,500 / \$3,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$6,350 / \$12,700	\$12,700 / \$25,400	\$5,750 / \$11,500	\$11,500 / \$23,000
Covered Services				
Office Visits (physician/specialist)	\$35 copay	50%*	\$30 copay	50%*
Virtual Visits	\$35 copay	Not covered	\$30 copay	Not covered
Routine Preventive Care	No charge	50%*	No charge	50%*
Outpatient Diagnostic (lab/X-ray)	20%*	50%*	20%*	50%*
Complex Imaging	20%*	50%*	20%*	50%*
Chiropractic	\$35 copay ²	50%*	\$30 copay ²	50%*
Ambulance	\$50 copay + 20%*	\$50 copay + 20%*	\$50 copay + 20%*	\$50 copay + 20%*
Emergency Room	\$200 copay + 20%*	\$200 copay + 20%*	\$150 copay + 20%*	\$150 copay + 20%*
Urgent Care Facility	\$35 copay	50%*	\$30 copay	50%*
Inpatient Hospital Stay	20%*	50%*	20%*	50%*
Outpatient Surgery	\$75 copay + 20%*	50%*	\$75 copay + 20%*	50%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)				
Retail Pharmacy (30-day supply)	\$5 / \$35 / \$70	Not covered	\$5 / \$35 / \$70	Not covered
Mail Order (90-day supply)	\$15 / \$79 / \$210	Not covered	\$15 / \$79 / \$210	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

2. Limit 20 visits per calendar year

Dental

We are proud to offer you a choice of dental plans.

Principal DPPO

These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Principal network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Principal Base Plan		Principal Buy-Up Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$50 / \$150		\$50 / \$150	
Benefit Maximum (per calendar year; preventive, basic, and major services combined)				
Per Individual	\$1,000		\$2,000	
Covered Services				
Preventive Services	No charge	No charge	No charge	No charge
Basic Services	20%*	20%*	20%*	20%*
Major Services	50%*	50%*	50%*	50%*
Orthodontia (Child Only)	N/A	N/A	50%; \$2,000 Max Benefit	50%; \$2,000 Max Benefit

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan.

The **Principal** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Principal network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	Up to \$45
Materials Copay	\$25 copay	N/A
Lenses (once every 12 months)	No charge after materials copay	
Single Vision		Up to \$30
Bifocal		Up to \$50
Trifocal		Up to \$65
Frames (once every 12 months)	Covered up to \$150 ¹	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$150	Up to \$105

1. Up to \$80 at Costco or Walmart





Disability Insurance

Employee Assistance Program (EAP)

Notice

Disability & EAP benefits are only available to employees enrolled in a medical plan.

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Long-Term Disability

Included with Medical through The Standard.

Benefit Percentage	40%
Monthly Benefit Maximum	\$4,000
When Benefits Begin	After 180 th day of disability
Maximum Benefit Duration	Social Security Retirement Age or 1-2 years if over age 65 at the time disability begins

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through First Choice.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to six (6) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through The Standard.

Benefit Amount	1 times your base salary, up to a \$100,000 maximum
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Valuable Extra

We also offer the following additional benefit:

▶ **403(b) with Company Match**

All regular employees are eligible to enroll in LMM's 403(b) retirement program managed by Waddlle & Reed. Part-time employees may contribute pre-tax dollars to their account. Full-time employees may contribute their own pre-tax funds and benefit from LMM's matching program. Full-time employees who participate will receive a 3% contribution to their accounts. If the full-time employee also contributes at least 2%, LMM will match bringing our contribution to 5%.

To enroll in the program, you must participate in an initial interview and fill out paperwork. To begin, contact Doug Whitener at Waddell & Reed.



2025 Cost of Benefits

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 Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members

MEDICAL BASE 1250 PLAN RATES	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Monthly Cost	\$745.26	\$1,482.88	\$1,298.48	\$2,036.11
Employer Pays	\$715.45	\$715.45	\$715.45	\$715.45
Your Cost - Per Month	\$29.81	\$767.43	\$583.03	\$1,320.66

MEDICAL BUY-UP 750 PLAN RATES	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Monthly Cost	\$780.85	\$1,554.04	\$1,360.75	\$2,133.97
Employer Pays	\$715.45	\$715.45	\$715.45	\$715.45
Your Cost - Per Month	\$65.40	\$838.59	\$645.30	\$1,418.52

VISION RATES	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Monthly Cost	\$7.71	\$15.65	\$17.51	\$27.43
Employer Pays	\$7.71	\$7.71	\$7.71	\$7.71
Your Cost - Per Month	\$0.00	\$7.94	\$9.80	\$19.72

DENTAL BASE RATES	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Monthly Cost	\$32.23	\$63.88	\$81.18	\$118.72
Employer Pays	\$32.23	\$32.23	\$32.23	\$32.23
Your Cost - Per Month	\$0.00	\$31.65	\$48.95	\$86.49

DENTAL BUY-UP RATES	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Monthly Cost	\$42.24	\$80.44	\$124.85	\$172.94
Employer Pays	\$32.23	\$32.23	\$32.23	\$32.23
Your Cost - Per Month	\$10.01	\$48.21	\$92.62	\$140.71

Registered Domestic Partner (RDP)
Contributions: Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your RDP's or RDP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for RDP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an RDP must be taken on an after-tax basis.

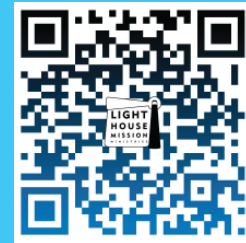


Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Premera Blue Cross	(800)722-1471	www.premera.com
Virtual Visits/Telehealth	Dr. on Demand	-	www.doctorondemand.com
Dental	Principal	(800) 986-3343	www.principal.com
Vision	Principal	(800) 986-3343	www.principal.com
Life/AD&D	The Standard (handled by WCIF)	(800) 344-8570	https://www.standard.com
Disability	The Standard (handled by WCIF)	(800) 344-8570	https://www.standard.com
Employee Assistance Program (EAP)	First Choice	(800) 777-4114	www.firstchoiceeap.com Username: WCIF
403(b)	Doug Whitener, Financial Advisor	(360) 734-4728 x 111	dwhitener@wradvisors.com

Questions?

You can access your benefits website any time for more information on your benefits. Please go to lmm.benefithub.com or scan the QR code and use referral code: **7J8PZY**



If you have additional questions, you may also contact:

Matthew Gerlach
(360) 733-5120 x 176
matthewg@thelighthousemission.org

Melanie Alshaer, Benefit Advocate
(360) 603-4606
melanie.alshaer@hubinternational.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

