

		<b>Employee Benefits Summary – effective 01/01/2022</b> Intended as a summary of information only. For additional information, please refer to Summary Plan Descriptions or Benefit Booklet. In the event of inconsistencies, plan documents will govern benefit decisions.				See <a href="#">Benefits Guide</a> for further details. Enroll at <a href="https://n12.ultipro.com">https://n12.ultipro.com</a> .			
<b>ELIGIBILITY</b>		Full-time Employees (Salaried and Hourly) are eligible first of the month following the date of hire.							
<b>WELLNESS PROGRAM</b>		Participation in the Wellness Program is voluntary and confidential. For 2022, employees must complete a Health Assessment through Well on Target within 30 days of coverage effective date. Non-Participation Premiums: \$85/Month for employee or spouse; \$170/month for employee and spouse							
<b>MEDICAL OPTIONS</b>		Provided by Blue Cross Blue Shield of Illinois – <a href="http://www.bcbuil.com">http://www.bcbuil.com</a> or call (800) 526-6593							
<b>Additional Spouse Premium</b>		Plan requires spouse to elect primary coverage through their employer, if available. If coverage is available through their employer and primary coverage through Federal Signal is elected, a \$250/month additional premium will apply. Certification required.							
		<b>Healthy Saver</b>			<b>Healthy Advantage</b>			<b>Healthy Choice</b>	
<b>Annual Deductible</b>		Employee Only Coverage: \$3,000 Employee plus 1 or more: \$5,000* *Aggregate Deductible			Employee Only Coverage: \$2,000 Employee plus 1 or more: \$4,000* *Aggregate Deductible			Employee Only Coverage: \$1,750 Employee plus 1 or more: \$3,500	
<b>Out of Pocket Maximum</b>		Employee Only Coverage: \$6,000 Employee plus 1 or more: \$10,000			Employee Only Coverage: \$4,000 Employee plus 1 or more: \$8,000			Employee Only Coverage: \$3,750 Employee plus 1 or more: \$7,500	
<b>Co-Insurance</b>		80%			80%			80%	
<b>Prescription Drugs Co-Pay</b>		Retail Pharmacy: (Up to a 30-Day Supply) Generic: 20% after deductible Preferred Brand: 20% after deductible Non-Preferred Brand: 30% after deductible  CVS Mail Order (90 Day Supply): Generic: 20% after deductible Preferred Brand: 20% after deductible Non-Preferred Brand: 30% after deductible			Retail Rx: 30 Day Supply 90 Day Supply Generic: \$10 \$20 (CVS Only) Preferred Brand: \$25 min. or 25% Co-Insurance Non-Preferred Brand: \$40 min. or 37.5% Co-Insurance  CVS Mail Order (90 Day Supply): Generic: \$20 Preferred Brand: \$20 min. or 20% Co-Insurance Non-Preferred Brand: \$30 min. or 30% Co-Insurance				
<b>Employee Pre-Tax Medical Savings Account</b>		Health Savings Account Contribution Limits per year: Employee Only Coverage: \$3,650 Employee plus 1 or more: \$7,300 Catchup Contributions: Additional \$1,000 if 55+ in 2022						Health Care Account Does not allow employee contributions New for 2022 – ER funding applies to RX	
<b>Company HSA/HCA Contribution</b>		No Company Contribution			\$750 For Employee Only Coverage \$1,500 for Employee plus 1 or more			\$750 For Employee Only Coverage \$1,500 for Employee plus 1 or more	
<b>Flexible Account (Healthcare)</b>		Limited Purpose Flex Spending for Vision/Dental Only Contribution Limit per year: Min \$100/Max \$2,750 Annual Carry Over: \$550 (or as otherwise allowed by the IRS)						Flexible Spending Account (FSA) Contribution Limit per year: Min \$100/Max \$2,750 Annual Carry Over: \$550 (or as otherwise allowed by the IRS)	
<b>Dependent Care Account</b>		May be used for eligible dependent care services such as day care, camps, preschool expenses, etc. related to care for children up to age 13 and disabled dependents. Contribution Limit per year: Max \$5,000							
<b>In Network Wellness Care</b>		100% covered, not subject to deductible or co-pay NO coverage out of network							
<b>Monthly Premiums with Wellness Participation</b>		Employee: \$54.06 EE + Spouse: \$130.25 EE + Child(ren): \$102.93 Family: \$309.75			Employee: \$119.73 EE + Spouse: \$261.69 EE + Child(ren): \$234.20 Family: \$448.53			Employee: \$156.09 EE + Spouse: \$327.19 EE + Child(ren): \$299.42 Family: \$546.36	
<b>DENTAL – Provided by Delta Dental of Illinois – <a href="http://www.deltadentalil.com">http://www.deltadentalil.com</a> or call (800) 323-1743</b>									
Annual Deductible basic and major services: \$50 individual; \$100 family. Plan Pays: 100% preventative; 80% basic restorative; 60% major restorative (in Delta Dental network.) Annual Maximum Benefits: \$2,000 per individual. Carry over unused benefits after first full calendar year if you see a dentist once/year. Annual maximum may not exceed \$4,000 per individual. Orthodontia: Plan pays 50%. \$2,000 lifetime maximum per eligible dependent under age 19.						Employee: \$23.80 EE + Spouse: \$55.97 EE + Child(ren): \$52.77 Family: \$81.50			
<b>VISION – Provided by Vision Service Plan (VSP) – <a href="http://www.vsp.com">http://www.vsp.com</a> or call (800) 877-7195</b>									
Co-pay: \$10 exam, \$25 prescription lenses every 12 months. Upcharge for progressive lenses. Frame Allowance: \$150 allowance and 20% off out-of-pocket costs, once every 24 months. Contact Lenses: (instead of glasses): \$150 allowance, once every 12 months. 15% off contact lens exam within 12 months of eye exam. Laser Vision Correction: Average of 15% savings when using VSP's Laser Vision Care Program. Hearing Aids: Discounted hearing aids available through TruHearing program.						Employee: \$ 8.64 EE + Spouse: \$13.32 EE + Child(ren): \$13.70 Family: \$21.96			
<b>LIFE INSURANCE – Provided by Prudential – <a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a> or call (877) 367-7781</b>									
<b>Basic Life and AD&amp;D:</b>		1 times annual pay to maximum of \$800,000			Basic Life and AD&D - No cost – automatic coverage				
<b>Optional Employee Life:</b>		Purchase in \$10,000 increments							
<b>Maximum Coverage:</b>		Max of \$1,300,000 (basic + optional) Evidence of Insurability may be required Basic life, AD&D and Optional life coverage amount reduced at age 65							
					(To convert or port coverage, employee must contact Prudential within 30 days from end of employment)				
<b>Optional Spouse Life:</b>		\$25,000			Monthly Cost = \$8.75				
<b>Optional Child(ren) Life:</b>		\$5,000 age 6 months to 19 years or to age 26 if full-time student \$500 age 14 days to 6 months			Monthly Cost = \$1.05 Employee must elect Optional Life for him/herself to elect Optional Spouse or Child Life				
<b>DISABILITY BENEFITS – Provided by Prudential – <a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a> or call (877) 367-7781</b>									
<b>Short-term:</b>		<b>Salaried:</b>			<b>Hourly:</b>			No cost – automatic coverage	
After 7 calendar day waiting period		< 1 year of service: 1 week 100%; 24 weeks 50% 1 – 5 years of service: 5 weeks 100%; 20 weeks 50% > 5 years of service: 5 weeks 100%; 20 weeks 66.67%			< 5 years of service: 25 weeks 50% > 5 years of service: 25 weeks 66.67%				
<b>Long-term:</b>		50% of base pay (offset by Social Security) up to \$6,000/month			No cost – automatic coverage				
<b>Optional Long-term:</b>		60% of base pay (offset by Social Security) up to \$10,000/month			Monthly cost – \$0.21 per \$100 coverage				
<b>RETIREMENT SAVINGS PLAN – Plan Administrator: Vanguard <a href="http://www.vanguard.com">www.vanguard.com</a> or call (800) 523-1188 – Automatic Enrollment</b>									
<b>Eligibility:</b> Immediate (30-day administrative timing)						<b>Company Match:</b> 4%		<b>Company Service Based Contribution:</b>	
<b>Employee Contributions:</b>						<b>Pre-Tax Contribution:</b>		Based on years of completed service each January 1.	
Up to 40% pre-tax to annual maximum of \$20,500 in 2022.						100% of first 3% plus		Percentage of eligible compensation:	
Automatic 2% enrollment and 1% annual increases up to 10% unless you opt-out or change contribution.						50% of the next 2%		5 years of service or less 0.5%	
<b>Catch-Up Contributions:</b> Additional \$6,500 pre-tax if you will be age 50+ in 2022 (not eligible for Company match.)								5 – 15 years of service 1.5%	
								15 years of service or more 3%	
						Vesting of Company Contributions – 100% immediate vesting			
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP) – 800-531-0200</b> No cost – Automatic Coverage									
EAP services through Charles Nechtem Associates, Inc. are available to all employees and household members. Assessments and short-term counseling services include unlimited phone counseling and 1 to 6 face-to-face visits at no cost. Long-term cases are referred to provider through the employee's medical plan.									

