

# 2024 Benefits At-a-Glance



## Carlisle Cares About You!

At Carlisle, our employees make the difference in our success. We offer a broad range of benefits, including health care, life insurance, disability insurance and much more. You can customize a benefits program that's exactly right for your personal situation. This is a summary – more detail is available in your Benefits Guide.

### Medical Plan Comparison

	Carlisle HSA Plan		Carlisle Medical Plan		Carlisle HRA Plan			
	IN-NETWORK		OUT-OF-NETWORK		IN-NETWORK		OUT-OF-NETWORK	
<b>Calendar Year Deductible</b>								
<b>Individual</b>	\$1,600		\$3,200		\$1,600		\$3,200	
<b>+ 1 or more dependents</b>	\$3,200		\$6,400		\$3,200		\$6,400	
<b>Calendar Year Out-of-Pocket Maximum (Includes Deductible)</b>								
<b>Individual</b>	\$3,200		\$6,400		\$3,200		\$6,400	
<b>+ 1 or more dependents</b>	\$6,400		\$12,800		\$6,400		\$12,800	
<b>Lifetime Maximum</b>			Unlimited					
	Carlisle HSA Plan		Carlisle Medical Plan		Carlisle HRA Plan			
<b>Yearly Employer Contributions</b>								
<b>Individual</b>	\$850		Not Eligible		\$500			
<b>+ 1 or more dependents</b>	\$1,700		Not Eligible		\$1,000			
<b>Coinsurance</b>								
			You Pay					
<b>Preventive Care</b>	\$0		40%*		\$0		40%*	
<b>Primary Care Physician</b>	20%*		40%*		20%*		40%*	
<b>Specialist</b>	20%*		40%*		20%*		40%*	
<b>Diagnostics, X-Ray and Lab</b>	20%*		40%*		20%*		40%*	
<b>Urgent Care</b>	20%*		20%*		20%*		20%*	
<b>Emergency Room</b>	20%*		20%*		20%*		20%*	
<b>Inpatient Hospital Care</b>	20%*		40%*		20%*		40%*	
<b>Outpatient Surgery</b>	20%*		40%*		20%*		40%*	
<b>Pharmacy You Pay</b>								
<b>Retail Rx (up to 30-day supply)</b>								
<b>Preventive Generic</b>	Preferred Preventive generics are covered at no charge and excluded from the plan deductible.							
<b>Generic</b>	20%*		20% after the 20% member copay		20%*		20% after the 20% member copay	
<b>Brand</b>	20%*		20% after the 20% member copay		20%*		20% after the 20% member copay	
<b>Specialty</b>	20%*		20% after the 20% member copay		20%*		20% after the 20% member copay	
<b>Mail Order Rx (up to 90-day supply)</b>								
<b>Generic</b>	20%*		Not covered		20%*		Not covered	
<b>Brand</b>	20%*				20%*			
Members are required to fill a 90-day supply at either CVS Caremark Mail Service Pharmacy or your local CVS pharmacy. You can contact Aetna to opt out of this requirement.								

\* After deductible

### Medical Contributions

	Carlisle HSA and Carlisle Medical Plans			Carlisle HRA Plan	
	MONTHLY PREMIUMS	YOU PAY	CARLISLE PAYS	YOU PAY	CARLISLE PAYS
<b>Employee Only</b>		\$88.42	\$558.30	\$146.02	\$579.95
<b>Employee + Spouse</b>		\$218.44	\$1,139.70	\$343.44	\$1,181.14
<b>Employee + Child(ren)</b>		\$197.63	\$1,031.15	\$310.74	\$1,068.63
<b>Family</b>		\$312.04	\$1,628.12	\$490.63	\$1,687.33

## Dental Coverage

Carlisle Cigna DPPO Plan	
Calendar Year Deductible	In-Network
<b>Individual</b>	\$50
<b>Family</b>	\$150
You Pay	
<b>Preventive Care</b>	0%
<b>Basic Services</b>	20%*
<b>Major Procedures</b>	50%*

\* After deductible

## Dental Contributions

Monthly Premiums	You Pay	Carlisle Pays
<b>Employee</b>	\$11.12	\$15.42
<b>Employee + Spouse</b>	\$22.23	\$30.83
<b>Employee + Child(ren)</b>	\$23.34	\$32.37
<b>Employee + Family</b>	\$34.45	\$47.79

## Voluntary Employee-Paid Benefits

Voluntary Employee Paid Life Insurance	
<b>Voluntary Life and AD&amp;D</b>	One to eight times your base annual earnings rounded to the next higher \$1,000 (not to exceed \$1,000,000).
Voluntary Short-Term Disability	
<b>Spouse</b>	\$10,000/\$25,000/\$50,000 \$50,000 Guaranteed Issue
<b>Child</b>	\$10,000

## Other Employer Paid Benefits

- » Health Advocate
- » Business Travel Assistance
- » College Scholarships for Dependents
- » Emergency Travel
- » Lyra: Mental Health and Emotional Support (EAP)
- » Tuition Reimbursement
- » Sick Days
- » Company Paid Holidays
- » Vacation
- » Employee Stock Purchase Plan

## 401(k)

100% up to 3%; 50% on next 2%. No vesting requirement for employer matching contributions.

## Vision Coverage

In-Network	
<b>Exam With Dilation as Necessary</b>	\$10 copay
<b>Frames</b>	\$0 Copay; 20% off balance over \$160 allowance
Standard Plastic Lenses	
<b>Single Vision</b>	\$15 copay
<b>Bifocal</b>	\$15 copay

## Vision Contributions

Monthly Premiums	You Pay
<b>Employee</b>	\$7.01
<b>Employee + Spouse</b>	\$13.32
<b>Employee + Child(ren)</b>	\$14.02
<b>Employee + Family</b>	\$21.57

## Life and Accidental Death & Dismemberment (AD&D) Insurance

Employer Paid Life Insurance	
<b>Basic Life and AD&amp;D</b>	2x Base Salary up to \$1,000,000
Short-term disability	
<b>Hourly</b>	75% up to 26 weeks, first day for Accident, after 3rd day for Illness
<b>Salary</b>	100% first 8 weeks, 75% next 18 weeks, first day for Accident, after 3rd day for Illness
Long-term disability	
<b>Hourly and Salary</b>	60% Base Pay up to \$25,000 month

## Health Advocate

The health care system can be difficult to navigate. That's why Carlisle provides you with 24/7 access to Health Advocate, a health care concierge service, at no cost. Available to you and your family members — including parents and parents-in-law — this service can save you time and money.

## Lyra

We offer our employees and their eligible family members free access to licensed counselors through our Employee Assistance Program whether or not you elect other benefits coverage. Through this coverage, employees and their families receive immediate support, guidance, assessments and referrals for additional services.

**This is a summary of benefits only. Please refer to the Summary Plan Document for additional detail. For additional questions, please contact the Carlisle Benefits Support Center at 844-349-0781.**