2022
benefits enrollment

INTRODUCTION

Carriage House Door Company

WELCOME to the BMD Family of Companies! You will soon become eligible for insurance benefits, so you will be making a few important decisions and selecting the benefits that best suit your individual and family needs for the 2022 plan year.

THE "WHAT, WHEN, WHO & HOW"

WHAT are my options for 2022?

- **MEDICAL/PRESCRIPTION DRUG**
  - Blue Shield HDHP PPO with generous HRA
  - Kaiser Permanente HDHP with generous HRA (California)
- **DENTAL**
  - MetLife Dental PPO Plan
- **VISION**
  - VSP Vision Plan
- **BASIC LIFE and AD&D INSURANCE – *COMPANY PAID!***
  - Blue Shield $25,000 Basic Life
  - Blue Shield $25,000 Basic AD&D (Accidental Death & Dismemberment)
- **VOLUNTARY LIFE and AD&D INSURANCE**
  - Mutual of Omaha Supplemental Life/AD&D available for employees and qualified dependents (elections may require Evidence of Insurability)
- **SHORT/LONG TERM DISABILITY INSURANCE (income protection)** *(California employees may only enroll in LTD as the state provides California State Disability Insurance (SDI) in place of STD.)*
- **FLEXIBLE SPENDING ACCOUNTS (FSAs)**
- **EMPLOYEE ASSISTANCE PROGRAM (EAP) – *Free, 100% confidential counseling services***

WHEN do I need to enroll?

You are eligible for coverage on the 1st day of the month following 30 days of employment *(for example, if your hire date was 1/15/2022, you become eligible for coverage effective 3/1/2022).*

It is important that you complete your enrollment no later than your eligibility date in order to establish your coverage with the insurance companies, begin payroll deductions on time, and so that you have your ID card and other materials by the time your coverage becomes active.

The absolute last day you can enroll is the last day of the month in which you become eligible. Otherwise, your next opportunity is during open enrollment for the following year.

Continued on next page >

HOW do I get it done?

1. **Review** the available benefit plans in the 2022 Benefits Guide and discuss these options with your spouse, if applicable. Take time to think about your healthcare needs and costs over the past year and consider if there are future events (such as planned surgery, new baby, etc.) that may impact you in the remaining months of 2022.
2. **Complete your election via UKG**

   UKG Enrollment Instructions:
   1. Login to **UKG**, and go to the **"Myself"** tab from the main menu.
   2. Navigate to the **"Life Events"** section and click the "Life Events" subtitle.
   3. From the **"Life Events"** page, click "I am a new employee".
   4. Select **"LifeEvent-Hire"** as the reason code.
   5. Now you will begin making your benefit selections on the following pages. **NOTE: You MUST make a selection on each benefit type**, even if you select "Decline" to waive that coverage type.
   6. When you reach the **"Confirm Your Changes"** page, review your selections and costs. You may return to applicable pages if you need to make changes. Select "Draft" to continue your elections at a later time OR select **"Submit"** to complete your elections now. Once you Submit, you cannot make any changes until Annual Open Enrollment in the fall, so contact benefits@bmdusa.com if you need to request a correction.
   7. If everything looks correct, select **"OK"** and the Confirmation page appears. Select **"Print"** to print a summary of your elections.
   8. Select **"Close"**. *Congratulations – you're done!*

COVERAGE COSTS (per paycheck) — Carriage House Door Company

The deduction amounts below are deducted from 24 out of 26 biweekly paychecks in 2022

MEDICAL/PRESCRIPTIONS	*Employee Only*	*Employee + Spouse*	*Employee + Child(ren)*	*Employee + Family*
Blue Shield HDHP w/ HRA	$ 87.15	$ 366.82	$ 297.21	$ 436.43
Kaiser HDHP w/ HRA (California)	$ 105.34	$ 254.87	$ 240.79	$ 357.86

DENTAL	*Employee Only*	*Employee + Spouse*	*Employee + Child(ren)*	*Employee + Family*
MetLife Dental PPO	$ 11.87	$ 24.96	$ 27.41	$ 42.64

VISION	*Employee Only*	*Employee + Spouse*	*Employee + Child(ren)*	*Employee + Family*
Vision Service Plan (VSP)	$ 3.50	$ 5.75	$ 5.87	$ 9.46

GROUP TERM LIFE/AD&D	
Blue Shield Life $25,000 (employee)	**NO COST!**

EMPLOYEE ASSISTANCE PROGRAM (EAP)	
Company paid program	**NO COST!**

Rates for Voluntary Life vary based on coverage elected and age. Rates for Voluntary Disability vary based on age. See Benefits Guide for calculation instructions.

WHO do I contact with questions?

Benefits@bmdusa.com or Michael Nichols, Benefits Specialist, (209) 744-4459

WATCH the 2022 BENEFIT OVERVIEW:

https://www.brainshark.com/bbandt/BMD2022?intk=284652185

2022 Benefit Guide

Eligibility ■ Enrollment ■ Medical ■ Dental ■ Vision
Life ■ Disability ■ Flexible Spending Accounts
Voluntary Benefits ■ Employee Assistance Program

BMD
Building Material Distributors, Inc.
An Employee Owned Company

WELCOME!

Your health and the health of your family are important to the Company – this is the reason we offer comprehensive health care coverage with ancillary benefit options to our eligible employee owners and their families. The Company's benefit package is designed to focus on your total well-being.

Part of our objective is to provide a competitive benefits program that meets the needs of our employees and their families, while managing costs carefully for all involved. Accomplishing this in today's healthcare marketplace is a difficult challenge, but we're pleased to present the benefit options found in this booklet, and we encourage you to examine them carefully so that you can make the selections that are best for you and your family.

Please keep in mind that the benefits described here are illustrative summaries of the plans that are available to you. You will want to consult the benefit carrier summaries and contracts for comprehensive descriptions of the benefits that are available to you. These can be accessed through the Company's Human Resources Department and in the UKG benefits library and resource portal.

WATCH the 2022 BENEFIT OVERVIEW: https://www.brainshark.com/bbandt/BMD2022?intk=284652185

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This booklet provides a summary of plan highlights. Please consult the carrier's contract for complete information on covered charges, limitations, and exclusions. This is not a binding contract. The carrier's contract will prevail. If you have further questions, please contact the Company's Human Resources Department, or McGriff Insurance Services.

BENEFITS ELIGIBILITY

Full-time employees are eligible for benefits on the first of the month following 30 consecutive days of employment for medical, dental, vision, basic life, disability, and voluntary life coverages.

Spouses, registered domestic partners and dependent children under the age of 26 are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian.

You can enroll the following dependents in our group benefit plans:

- Your legal spouse or registered domestic partner
- Children under age 26 no matter marital or student status
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of disabled status must be provided)

Other dependents who may live with you, but are NOT eligible to be added to your benefit plans:

- Grandchildren, nieces, nephews or other children who do not meet specifications listed above
- Common law spouses (same or opposite sex)
- Ex-spouses, unless required via court order (documentation required)
- Parents, step-parents, grandparents, aunts, uncles, or other relatives who are not qualified legal dependents (even if they live in your house)

MAKING CHANGES TO YOUR BENEFITS

Most benefit deductions are withheld from your paycheck on a pre-tax basis (i.e. medical, dental, vision) and therefore your ability to make changes to these benefits is restricted by the IRS. **Once enrolled, most pre-tax benefit elections cannot be changed until the next annual Open Enrollment period, unless you have a qualifying life status change, etc.) You must submit your request to HR (or via UKG) within 30 days of the date of the qualifying life event.**

Open Enrollment generally occurs in November with plan changes effective from January 1st through December 31st of the following year.

To make benefit changes as a result of a Life Status Change as allowed under Section 125 of the IRS Code, you must:

- Notify Human Resources within 30 days* of the date of the qualifying event
- Provide proof of your life status event
- Login to UKG UltiPro to complete enrollment/ change or contact the Human Resources Department

The Most Common Life Status Changes

- Birth or adoption
- Marriage, divorce, legal separation
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order or other court order

PPO HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

PROVIDED THROUGH P&A GROUP

The Company provides an employer-funded savings account, called an HRA (Health Reimbursement Arrangement) to accompany your HDHP medical PPO plan. The funds in the HRA can be used to help cover the out-of-pocket expenses you will incur using the plan, including your deductible, coinsurances and any copays. The Health Reimbursement Arrangement will be administered through our plan administrator P&A Group. Here's how your HRA will work:

- The Company will contribute to your HRA up to $3,000 per year for individuals, and up to $6,000 per year for employees electing dependent coverage.

- You will receive a **P&A HRA debit card** from P&A by mail. The picture included here is a close approximation to the card you will actually receive. The card you will receive will note "HRA" on the card so that it will not be confused with your normal debit card or other P&A cards (for example, your P&A Flexible Spending Account card).

- When you incur ***medical or prescription*** related expenses, you can pay for them using your HRA debit card. **Please note:** You cannot use your HRA funds to pay for dental or vision expenses, or any expense that the medical plan would not cover. Over-the-counter medications and medical supplies are also not eligible expenses for the HRA.

- You will not be taxed in any way on the company's contributions to your HRA, and there are no tax consequences when the HRA is used for your medical and pharmacy expenses.

- Up to $1,000 per employee, or up to $2,000 per employee + dependent coverage, of the HRA funds can be rolled over to the following year.

- The HRA plan year begins on January 1st of each year and ends on December 31st to coincide with the Blue Shield HDHP PPO and Kaiser HDHP (California and ClearOvation Colorado only) plan deductibles and out-of-pocket maximums.

As noted above, your HRA is employer-funded, which means the Company determines the amount that is contributed to the account each year. This is not to be confused with your Flexible Spending Account (FSA) which is employee-funded and works differently than the Health Reimbursement Arrangement.

NOTE: If you also elect a Healthcare Flexible Spending Account (FSA), you will receive a **separate FLEX debit card** from P&A. When you incur qualifying medical or prescription expenses, you should use the FLEX debit card so those funds are used up first, since FSA funds do <u>not</u> rollover from year to year.

The following page illustrates the way that the Blue Shield HDHP PPO plan will work in conjunction with your HRA.

HOW YOUR HDHP MEDICAL PLAN WORKS WITH THE HRA

(HRA – HEALTH REIMBURSEMENT ARRANGEMENT | HDHP – HIGH DEDUCTIBLE HEALTH PLAN)

The illustration below offers a simple overview of the first dollar coverage you will receive when using your HRA in conjunction with your Blue Shield HDHP PPO medical plans. The same principles will apply to the Kaiser HDHP HMO plans (California & Colorado only), although the deductibles, coinsurances and out-of-pocket maximums may vary slightly.

For the purposes of this illustration, it's important to note that the Blue Shield HDHP PPO plan has a $5,500 individual, and $11,000 family calendar year deductible. In addition, the plan's out-of-pocket maximum, which indicates the maximum liability you will have in any calendar year, in-network, is $6,650 for individuals, and $13,300 for families.

Here's an example for an individual employee:

- The Company will pay the first $3,000 of claims through the HRA, as indicated by Box 1 below.
- Any claims over $3,000 up to $5,500 which comprise the remainder of your deductible, will be solely your responsibility, as indicated by Box 2 below.
- Claims between $5,500 and the $6,650 out-of-pocket maximum will be the shared responsibility of you and the insurance plan, as indicated by Box 3 below. This is where you'll begin to share the cost of the plan's coinsurances and Rx copays.
- Once you reach $6,650 of claims, you pay nothing more (as long as you stay in-network) as indicated by Box 4.

Although the deductible on the medical plan is high, the Company's contribution to your HRA means that between 75% and 80% of employees will have no out-of-pocket expenses for medical, as most will never incur more than $3,000 of medical expenses individually, or $6,000 as families in a year.

Employee Experience

BMD Pays
$0 to $3,000 per year

- *60% of people incur less than $1,000 per year in claims.*
- *94% of people incur less than $6,500 per year in claims.*

1

Employee Pays
$3,000 to $5,500 per year

2

Insurer & Employee share cost from $5,500 to $6,650 per year

3

Blue Shield Pays
$6,650 and up per year

- *6% of plan participants generate an average of $46,000 per year in claims. No single employee on this plan will ever need to pay more than $3,650 per year.*

4

Family Experience

BMD Pays
$0 to $6,000 per year

- *60% of people incur less than $1,000 per year in claims.*
- *94% of people incur less than $6,500 per year in claims.*

Family Pays
$6,000 to $11,000 per year

Insurer & Family share cost from $11,000 to $13,300 per year

Blue Shield Pays
$13,300 and up per year

- *6% of plan participants generate an average of $46,000 per year in claims. No family on this plan will ever need to pay more than $7,300 per year.*

KAISER & BLUE SHIELD HRA MEDICAL PLANS

KEY BENEFIT PLAN DETAILS

The table below offers a detailed, more thorough overview of the first dollar coverage you will receive when using your HRA in conjunction with your Blue Shield or Kaiser HDHP medical plans. For 9 out of 10 employees, the benefit details shown below represent the full extent of your coverage. Only approximately 10% of the population will incur enough medical claims to reach the insurance corridor portion of this plan summary. The following page(s) detail how the plan(s) will cover claims for the 10% of employees who reach that corridor.

Category	Kaiser California	Kaiser ClearOvation Colorado	Blue Shield In Network (The Blue Shield plan also has Out-of-Network benefits, see Blue Shield plan summary for details)
Employer-Funded Corridor - First **$3,000** of all medical services for individuals, **$6,000** for all other enrollment levels. ▪60% of plan participants generate $1,000 or less per year in claims. ▪94% of plan participants generate less than $6,500 per year in claim cost.	100% Covered	100% Covered	100% Covered
Free Physicals - Wellness Exams and Annual Physicals	100% Covered	100% Covered	100% Covered
Employee-Funded Corridor - employee pays 100% of their own expenses in this corridor	$3,001 to $5,500 per person $6,001 to $11,000 per family 0% Covered	$3,001 to $4,000 per person $6,001 to $8,000 per family 0% Covered	$3,001 to $5,500 per person $6,001 to $11,000 per family 0% Covered
Insurance Corridor – after the first $3K and the employee -funded corridor, employee pays copays and coinsurance during this phase	$5,501 to $7,000 per person $11,001 to $14,000 per family 60% Covered	$4,001 to $6,500 per person $8,001 to $13,000 per family 80% Covered	$5,501 to $6,650 per person $11,001 to $13,300 per family 80% Covered
Stop-Loss Limit / Out of Pocket Maximum - employee pays no more after this dollar amount has been spent ▪Approx. 6% of plan participants generate an average $46,000 per year in claims. No single person need pay more than $4,000/year on this plan.	$7,000 per person $14,000 per family 100% Covered Because the first $3,000 was 100% paid, an individual employee's maximum exposure is $7,000 minus $3,000 = **$4,000** on this plan	$6,500 per person $13,000 per family 100% Covered Because the first $3,000 was 100% paid, an individual employee's maximum exposure is $6,500 minus $3,000 = **$3,500** on this plan	$6,650 per person $13,300 per family 100% Covered Because the first $3,000 was 100% paid, an individual employee's maximum exposure is $6,650 minus $3,000 = **$3,650** on this plan

HIGH-DEDUCTIBLE HEALTH PLAN PPO MEDICAL BENEFITS

PROVIDED THROUGH BLUE SHIELD OF CALIFORNIA

The Company provides all full-time employees medical insurance plan benefits through Blue Shield of California.

The plan illustrated below is a high-deductible health plan (HDHP), which means that the plan deductible will need to be met for all services aside from Preventive Care before the plan coinsurances take effect. The plan is accompanied by a Health Reimbursement Arrangement or HRA, which is an employer-funded savings account that provides funds that can be used for expenses associated with your medical care.

The HDHP is a PPO, which means that you have freedom of choice in providers. However, your costs will be much higher when seeing out-of-network physicians, so be sure to see in-network providers whenever possible.

No matter which plan you utilize, we encourage you and your dependents to have annual wellness exams. As noted above, in-network preventive exams and well-child exams are 100% covered by the plan and do not require you to pay the deductible. Preventive exams can detect if you are at risk for or already have a chronic disease such as heart disease, diabetes, hypertension and certain cancers, which are preventable. Talk to your health care provider to find out which screenings are recommended for you and when you need them.

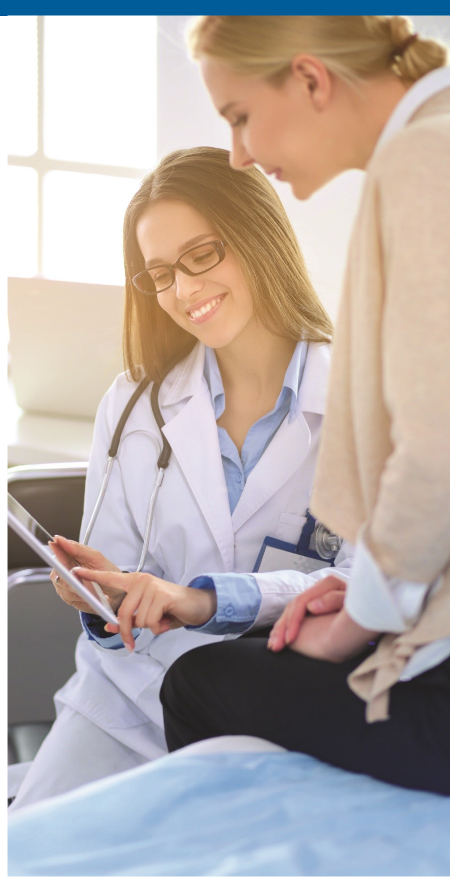
Medical Plan Overview

The table below illustrates the most commonly used benefits of the HDHP PPO plan. However, please refer to the insurance carrier materials for further details and information on your benefits.

Blue Shield High Deductible Health Plan (HDHP PPO)		
Benefit Amount	**In-Network**	**Out-of-Network**
Deductibles	$5,500 per individual $11,000 per family	$5,500 per individual $11,000 per family
Out-of-Pocket Maximum	$6,650 per individual $13,300 per family	$10,000 per individual $20,000 per family
Primary Care Physician Visit:	20% (after deductible)	50% (after deductible)
Specialist Visit:	20% (after deductible)	50% (after deductible)
Preventive Exams	No Charge *Deductible Does Not Apply*	Not Covered
Outpatient Lab & X-Ray	20% (after deductible)	50% (up to $350/day, after deductible)
In-Patient Hospitalization	20% (after deductible)	50% ($600/day maximum, after deductible)
Emergency Room	$150 copay + 20% (after deductible)	$150 copay + 20% (after deductible)
Prescription Drug: ▪ Generic Preferred (30-day limit) ▪ Brand Preferred (30-day limit) ▪ Non-Formulary (30-day limit) ▪ Mail Order (90-day limit) Generic/Brand/Non-Preferred	**Prescription drug: 30 day supply** ▪ $10 copay (after deductible) ▪ $25 copay (after deductible) ▪ $40 copay (after deductible) Mail Order **(90-day supply)** $20/$50/$80 Copays apply after deductible	**Prescription drug: 30 day supply** ▪ 25% of bill + $10 copay (after deductible) ▪ 25% of bill + $25 copay (after deductible) ▪ 25% of bill + $40 copay (after deductible) ▪ Mail Order **(90-day supply)** Not Covered

HIGH DEDUCTIBLE HEALTH PLAN HMO MEDICAL BENEFITS

PROVIDED THROUGH **KAISER PERMANENTE OF CALIFORNIA**



Kaiser Permanente HMO

The High Deductible Health Plan (HDHP) HMO Kaiser plan has a $50 office visit copay with a $5,500 deductible. The high deductible on this plan means that your deductible must be met for all services, aside from Preventive Care, before the insurance plan copays and coinsurances begin.

The plan is accompanied by a Health Reimbursement Arrangement or HRA, which is an employer-funded savings account that provides funds that can be used for expenses associated with your medical care. Information on your HRA can be found in the following pages of this booklet.

The Kaiser HMO plan exclusively uses doctors and Kaiser facilities located throughout California. All services and supplies must be provided, prescribed, authorized, or directed by a Kaiser Health Plan physician (except in the case of an emergency).

MEDICAL BENEFITS	Kaiser Permanente HMO
Calendar Year Deductible	$5,500 per individual $5,500 per member / $11,000 per family
Out-of-Pocket Maximum	$7,000 per individual $7,000 per member / $14,000 per family
Office Visits ▪ Primary Care Physician ▪ Specialist Physician	$50 copay after deductible
Office Visits ▪ Well Child/Adult Preventive	No charge
Outpatient Lab & X-Ray	40% after deductible
In-Patient Hospital	40% after deductible
Emergency Room	40% after deductible
Prescription Drug ▪ Generic Preferred ▪ Brand Preferred ▪ Non-Preferred ▪ Mail Order Generic/Brand/Non-Preferred	**Prescription drug: 30 day supply** ▪ $15 copay after deductible ▪ 40% after deductible ($100 max) ▪ 40% after deductible ($250 max) Mail Order (100-day supply) $30 after ded./40% after ded. ($100 max)

DENTAL BENEFITS PROVIDED THROUGH METLIFE

Metlife is the Company's dental benefits provider. The Metlife dental plan allows you the freedom to select the dentist of your choice whether they are a Metlife network dentist or not. However, if you use a Metlife network dentist, your out-of-pocket expenses will be lower and you will only be responsible for your deductibles and co-insurance amounts. There is no balance billing for covered services and no claims to file for in-network services.

When choosing a new dentist, you should always check to make sure the dentist is part of the member panel before starting new services. While many dentists say they "take Metlife", they may not be a network provider.

It's About More Than a Pretty Smile

Our oral health affects our ability to speak, smell, taste, chew, and swallow. However, oral diseases, which can range from cavities to oral cancer, cause pain and disability for millions of people each year.

Visit Your Dentist Regularly

Regular preventive visits to your dentist can help protect your health, and we are talking about more than just your mouth. Recent studies have linked gum disease to damage elsewhere in the body. According to the Centers for Disease Control and Prevention, there may be associations between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births. Research is underway to further examine these connections. We encourage you to have regular exams and cleanings, as our plan covers preventive services at 100% in-network, with no deductible for preventive services.

Coordination of Benefits

If you have additional dental coverage aside from the Company's plan, coordination of benefits for your dual dental coverages may be available. This may allow you to receive supplemental coverage on certain procedures if one plan has a higher level of coverage on that procedure than the other. Be sure to make sure your dental provider is aware of both coverages so that the carriers can coordinate as appropriate.

Metlife Dental PPO	In Network	Out-of-Network
Calendar Year Deductible	$25 individual $75 family	$25 individual $75 family
Preventive Services Oral exams, dental cleanings (2 times/year), X-rays, fluoride treatments, sealants, etc.	100% no deductible	100% no deductible
Basic Services Fillings, simple oral surgery, anesthesia, endodontics, periodontics	90% after deductible	80% after deductible
Major Services Crowns, inlays, onlays, bridges and dentures	60% after deductible	50% after deductible
Orthodontia Adult and Children	50% up to $1,000 per person, per lifetime	
Maximum Annual Benefit (Per individual per calendar year)	$1,500	$1,500

VISION CARE PROVIDED THROUGH **VSP (VISION SERVICE PLAN)**

Our vision coverage is offered through VSP. VSP members can take care of their vision and have routine eye exams, while saving money on all of their eye care needs.

Did you know?

Taking care of your vision can also mean early detection for symptoms of:

- Diabetes
- Hypertension
- High cholesterol
- Tumors
- Thyroid disorders
- Neurological disorders

A qualified vision care professional can help treat and manage:

- Cataracts
- Corneal diseases
- Diabetic retinopathy
- Eye infections
- Glaucoma
- Macular degeneration

	IN-NETWORK	OUT-OF-NETWORK
Exam	$10 copay	Up to $45
Standard Plastic Lenses ▪ Single Vision ▪ Bifocal ▪ Trifocal	$25 copay	Up to $30 Up to $50 Up to $65
Frames (any frame available at provider location)	$130 allowance after $25 copay	Up to $70
Contact Lenses* ▪ Medically necessary	100% up to plan allowance	Up to $210
Standard Plastic Lenses ▪ Examination ▪ Frames ▪ Lenses and Contact Lenses	Once every 12 months Once every 24 months Once every 12 months	Once every 12 months Once every 24 months Once every 12 months

*Contacts are in lieu of lenses and frames benefits.

BASIC LIFE AND AD&D, VOLUNTARY LIFE INSURANCE

Basic Life and AD&D — Company Paid!

The Company provides all full-time employees a benefit of $25,000 of basic employee life insurance and basic employee accidental death and dismemberment (AD&D) insurance at **NO COST** through **Blue Shield of California**. Of significant importance is the designation of a **beneficiary** for your insurance should something happen. You can name anyone you like as your beneficiary, such as your spouse, domestic partner, fiancé, friends, children (certain rules apply regarding payment), parents or neighbors. The life insurance benefit would pay out in cases of natural or accidental death. The AD&D would pay out in case of accidental death or a dismemberment (loss of body parts or loss of use of body parts) as described in the policy.

EMPLOYEE SUPPLEMENTAL LIFE
$10,000 increments to 5x annual salary or $500,000 Guarantee Issue: 5x annual salary to $120,000
SPOUSE VOLUNTARY LIFE
Increments of $5,000 to 100% of employee benefit up to $250,000 maximum Guarantee Issue: 100% of employee benefit to $25,000
CHILD VOLUNTARY LIFE
Child Benefit: $1,000 increments to $10,000

These benefits are voluntary; employee pays 100% of the cost. **Coverage is not effective for any supplemental life insurance until you have received confirmation in writing and the corresponding premium is deducted from your paycheck.**

Voluntary (Supplemental) Life and AD&D

Mutual of Omaha is the Supplemental Life and AD&D insurance provider for the Company. Supplemental Life Insurance provides a lump sum cash benefit to surviving dependents to cover immediate costs such as funeral expenses or ongoing living expenses. These benefits often help survivors adjust to the loss of income related to the death of a wage earner, or provide funds for college or retirement for the survivors. You can purchase this coverage for yourself, your spouse and your children. Spouse and child coverage is only available to employees who elect coverage for themselves. Premiums are not pre-tax, and coverage can be changed by the employee at any time.

IMPORTANT NOTE: Evidence of Insurability (EOI) will be required by Mutual of Omaha **if** you:

- elect more than $120,000 of Voluntary Employee Life when you are initially eligible;
- increase your coverage amount by more than $10,000 from one plan year to the next;
- Increase your spouse's coverage by more than $5,000 from one plan year to the next.

If/When the insurance carrier approves your election, the new coverage amount and applicable payroll deductions will commence after January 1st. If your election is not approved, the coverage will remain at the prior level (or none if not previously covered), and no increase to applicable payroll deduction will occur. The deadline to provide your EOI to Mutual of Omaha is January 31, 2022, or your 2022 Voluntary Life election will be canceled.

VOLUNTARY SHORT -AND LONG-TERM DISABILITY

Short and Long Term Disability Carrier

In addition to life insurance benefits, benefits-eligible employees can purchase income protection in the event they are unable to work due to illness or injury. **Mutual of Omaha** provides these important benefits.

Why is Disability Insurance so important?

One third of all Americans between the ages of 35 and 65 will become disabled for more than 90 days, according to the American Council of Life Insurers. Mutual of Omaha provides short-term and long-term income continuation if you are ever unable to work due to an accident or illness.

SHORT-TERM DISABILITY (UP TO 13 WEEKS)

Your short-term disability (STD) insurance provides coverage of 60% of gross wages up to a maximum of $1,200 per week for a qualified disability. Benefits are payable on the 1st day for accidents and the 8th day of a disability for illness for a maximum of 13 weeks, including the elimination period. *NOTE: California employees will not have this option since CA residents receive California state disability insurance (SDI).*

LONG-TERM DISABILITY (BEYOND 90 DAYS)

Your long-term disability (LTD) benefit provides a benefit of 60% of your monthly salary up to a maximum of $6,000 per month after 90 consecutive days of total disability.

Your Cost for Coverage

These benefits are voluntary and you pay 100% of the cost.

Note: *Your coverage is not effective for any supplemental disability insurance until you have received confirmation in writing and the corresponding premium is deducted from your paycheck.*

Disability Benefit Calculator

For STD Coverage:

Weekly earnings: $_______________ (if your weekly earnings are greater than $1,200 then use $1,200 as your earnings)

X Benefit Percentage: 60%

= **Estimated weekly benefit amount:** $_______________

For LTD Coverage:

Monthly earnings: $_______________ (if your monthly earnings are greater than $6,000 then use $6,000 as your earnings)

X Benefit Percentage: 60%

= **Estimated monthly benefit amount:** $_______________

FLEXIBLE SPENDING ACCOUNTS

PROVIDED THROUGH P&A GROUP

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars to pay for out-of-pocket expenses incurred for either health care or dependent day care. Because the amount you elect is taken on a pre-tax basis, you have the opportunity to save up to an estimated 25% on out-of-pocket expenses!

Health Care – $2,850 Maximum

Based on your estimated amount of medical out-of-pocket expenses, the annual amount you elect is evenly deducted out of each paycheck across the plan year. Once you have elected your FSA contribution amount, you may not change it without a qualifying life event. Please be aware that all 2022 claims must be incurred by March 15, 2023, and all expenses must be submitted for reimbursement by April 30, 2023.

When you incur an eligible expense, you can use your FSA debit card at the point of purchase, and your pre-tax dollars will be used to pay your claims. You can also submit receipts to **P&A Group** for reimbursement to receive your money back tax free.

Dependent Care – $5,000 Maximum

A Dependent Care FSA is available to employees who have a dependent child or parent for which they pay expenses such as day care, preschool, or after school care. Funds in the Dependent Care FSA are not available to be used for medical care.

Setting Your Contributions

Outside of Open Enrollment, you are only able to make a change to your elections if you experience certain qualified life events. It is advised that you think wisely about the amount you choose to contribute and seek advice from your tax preparer.

FSA Reminders

- You cannot mix funds from one account to another. You may only use Health Care FSA money for health care expenses and Dependent Care FSA for funds for dependent care (day care) expenses
- Save your receipts - No matter how you access your FSA funds, be sure to keep your receipts to validate your reimbursements
- Planning is Required! You should only contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan year (January 1, 2022—March 15, 2023). Any unused funds that remain in your account after the claims submittal deadline of April 30, 2023 will be lost.
- Dependent care funds are only available as you contribute them through payroll deductions
- You must re-enroll each year if you wish to continue funding the account(s)

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Many of us face challenges in life that may be difficult to overcome without some help. As such, the Company provides you and the members of your household access to the Employee Assistance Program (EAP) at no cost.

INOVA Employee Assistance Program (EAP) offers you the tools you may need to deal with these kinds of issues. The program provides assistance with the following, and more:

Counseling Services
- Relationships
- Anxiety & Depression
- Substance Abuse

Informational Resources
- Elder Care & Child Care Resources
- Health & Wellness
- Legal Assistance
- Financial Counseling
- Identity Theft Assistance
- Parental Help
- Pet Service Resources

Web Tools
- Educational Seminars
- Skill Builders
- Savings Center

Consultations are 100% confidential and can be accessed 24 hours a day, 7 days a week.

Additionally, you can be referred for **up to SIX face-to-face visits with a counselor** as needed.

EAP services are free and can be accessed by calling 1-800-346-0110 or by visiting the program online at www.inova.org/eap.

IMPORTANT QUESTIONS AND ANSWERS

What forms do I need to complete?

- Everyone must complete and submit their elections online through UKG UltiPro, even if you're waiving benefits. You will receive a paper enrollment form only if your group is not yet setup for enrollment in UKG UltiPro.

I don't want the insurance. What do I need to do?

- If declining medical insurance, you will also need to provide a reason for declining, such as "covered by spouse." We recommend that you review your beneficiary(s) to verify that there are no changes, even if you decline coverage.

When will I receive my Medical Insurance card and HRA debit card?

- These cards will be sent via USPS directly to your home address on record. If you need medical attention, prescriptions, etc. and have not received your medical ID card, contact Blue Shield or Kaiser. If you have not received your HRA Card, call P&A Group at 800-688-2611 for assistance.

How do I determine whether my provider is in-network?

- The simplest method is to visit the insurance carrier's website or call the carrier directly (see Contacts below). You may also ask your provider if they are in-network with your insurance.

CLAIM QUESTIONS OR ISSUES

McGriff Insurance Services is the advisory firm representing the Company. We have a team ready to help you resolve any problems you have with your employee benefits. If you have a problem or a question about a claim:

1. Start by calling your insurance carrier's customer service department (see contacts below or look on the back of your ID card.
2. If the carrier does not resolve your problem, contact Michael Sanchez at 408-414-3416 or msanchez@mcgriff.com.
3. If you are still not satisfied after steps 1 and 2, contact Michael Nichols at 209-744-4459 or benefits@bmdusa.com.

CONTACTS & RESOURCES

YOUR BENEFITS RESOURCES	PHONE	WEB/EMAIL
Medical - Blue Shield PPO (in California)	800-200-3242	www.blueshieldca.com
Medical - Blue Shield PPO (outside California)	800-622-0632	www.blueshieldca.com
Medical - Kaiser Permanente (CA & CO only)	800-464-4000	www.kp.org
Health Reimb. Arrangement (HRA) - P&A Group	800-688-2611	www.padmin.com
Dental - Metlife PPO	800-GET-MET8	www.metlife.com/mybenefits
Flexible Spending Accounts - P&A Group	800-688-2611	www.padmin.com
Life Insurance - Blue Shield of California	888-800-2742	www.blueshieldca.com
Voluntary Life Insurance - Mutual of Omaha	800-775-8805	www.mutualofomaha.com
Short Term Disability (non-CA) – Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Long Term Disability – Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Vision - VSP	800-877-7195	www.vsp.com
Employee Assistance Program - Inova EAP	800-346-0110	www.inova.org/eap

NOTES

This booklet provides a summary of plan highlights. Please consult the carrier's contract for complete information on covered charges, limitations, and exclusions. This is not a binding contract. The carrier's contract will prevail. If you have further questions, please contact the Building Material Distributors Human Resources Department, or McGriff Insurance Services.