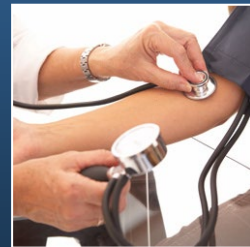




# Employee Benefits Summary



Plan Year | October 1, 2022



Our employees are our most valuable asset.

That's why at M.E. Simpson Co., Inc. we are committed to providing an employee benefit program that helps our employees and their families stay healthy and feel secure.

#### **Stay Healthy**

- Medical
- Dental
- Vision

#### **Feel Secure**

- Life and Accidental Death & Dismemberment
- Short Term and Long Term Disability

## **Eligibility for Benefits**

All full-time active employees working 30 or more hours per week are eligible to participate in the plans, beginning the first of the month following 60 days from their full-time date of hire.

Please obtain the necessary Enrollment Form(s) from Human Resources. If your Enrollment Form(s) are not completed and returned within 30 days of your eligibility date, you will not be able to enroll for benefits until the next Open Enrollment, January 1, 2024, unless you have a Qualifying Event. Once you make your elections for this plan year, you will not be able to make any changes to your elections until the next Open Enrollment, unless you have a Qualifying Event. A Qualifying Event includes loss of coverage or eligibility under another plan, marriage, divorce, birth or adoption of a child, death, etc. You have 30 days after a Qualifying Event to request enrollment changes; unless your Qualifying Event is due to Medicaid or CHIP eligibility changes, and then you have 60 days.

# Table of Contents

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

## **MEDICAL** \_\_\_\_\_ page 5

**Provider Name** United Health Care  
**Group Policy Number** 1451829  
**Provider Phone Number** (800) 357-0978  
**Provider Web Address** [www.myuhc.com](http://www.myuhc.com)

## **DENTAL** \_\_\_\_\_ page 8

**Provider Name** United Health Care  
**Group Policy Number** 1451829  
**Provider Phone Number** (800) 357-0978  
**Provider Web Address** [www.myuhc.com](http://www.myuhc.com)

## **VISION** \_\_\_\_\_ page 10

**Provider Name** United Health Care  
**Group Policy Number** 1451829  
**Provider Phone Number** (800) 357-0978  
**Provider Web Address** [www.myuhc.com](http://www.myuhc.com)

## **LIFE & ACCIDENTAL DEATH & DISMEMBERMENT** \_\_\_\_\_ page 12

**Provider Name** United Health Care  
**Group Policy Number** 00V1846  
**Provider Phone Number** (800) 357-0978  
**Provider Web Address** [www.myuhc.com](http://www.myuhc.com)

## **VOLUNTARY LIFE & ACCIDENTAL DEATH & DISMEMBERMENT** \_\_\_\_\_ page 13

**Provider Name** Lincoln Financial Group  
**Group Policy Number** 000400001000-26718  
**Provider Phone Number** (800) 423-2765  
**Provider Web Address** [www.lincolnfinancial.com](http://www.lincolnfinancial.com)

## **SHORT TERM DISABILITY** \_\_\_\_\_ page 15

**Provider Name** Unum  
**Group Policy Number** 433454  
**Provider Phone Number** (800) 275-8686  
**Provider Web Address** [www.unum.com](http://www.unum.com)

# Table of Contents...continued

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

**LONG TERM DISABILITY** \_\_\_\_\_ page 16

Provider Name           Unum  
Group Policy Number   433454  
Provider Phone Number (800) 275-8686  
Provider Web Address   [www.unum.com](http://www.unum.com)

**PRE-TAX EMPLOYEE CONTRIBUTIONS – SECTION 125 PLAN** \_\_\_\_\_ page 17

**401K PLAN** \_\_\_\_\_ page 18

**PAID HOLIDAYS** \_\_\_\_\_ page 19

**NOTICE OF IMPORTANT BENEFIT DOCUMENTS** \_\_\_\_\_ page 20

# Medical Insurance



## Employer Pays

M.E. Simpson Co., Inc. pays 70% of the cost of premium for you and your eligible dependents.

## Employee Pays

You pay 30% of the cost of the premium for you and your eligible dependents.

## Benefits You Receive

M.E. Simpson Co., Inc. is pleased to offer our employees a Preferred Provider Organization (PPO) Plan through United Healthcare (UHC), using their Choice Plus PPO Network of providers.

To search for providers in UHC's Choice Plus network, go to [www.myuhc.com](http://www.myuhc.com), select Find a Provider, Medical Directory, Employer and Individual Plans, then select Choice Plus, update the zip code and enter your search criteria.

To search for in-network Mental Health Care providers, go to [www.myuhc.com](http://www.myuhc.com), select Find a Provider, Behavioral Health Directory, Employer and Individual Plans, then update the zip code and enter your search criteria.

## Employee Contributions per Pay Period

	<b><u>PPO \$1,000</u></b>
<b>Employee Only</b>	\$ 66.31
<b>Employee and Spouse / Domestic Partner*</b>	\$154.57
<b>Employee and Child(ren)</b>	\$116.66
<b>Employee and Family</b>	\$211.13

Based on 26 pay periods, employee contributions are deducted on a pre-tax basis, saving you taxable income based on your tax status.

\*Domestic Partner coverage requires a completed Affidavit of Domestic Partnership.

# Medical Insurance



Once you are enrolled, please visit [www.myuhc.com](http://www.myuhc.com) to register for an account to gain access to your benefits, claims, certificate of coverage and other valuable resources designed to save you money on services and products. Please refer to the UHC Welcome Guide for additional details.

**Lab Work Note** – Lab work is covered by your plan and is subject to the Deductible & Coinsurance. If you use a free-standing lab - Lab Corp being the preferred lab - the charges are the least expensive, and covered 100% in some instances. A hospital is the most expensive provider for lab work. Please visit [www.labcorp.com](http://www.labcorp.com) to find a convenient location and schedule an appointment.

**Health and Wellness** – United Healthcare has several Health and Wellness Programs available:

**HealthiestYou™ Virtual Care** – Talk with medical doctors (General Medical, Dermatology, Mental Health and Back/Neck Care) who can diagnose, treat and prescribe medication; Download the HealthiestYou app to set up your account, enter basic contact information. All 4 services are available to all family members in your household, even those not enrolled with United Healthcare Level Funded plans. For questions call 866-703-1259.

**24/7 Virtual Visits** – Speak to a doctor by phone or video visit for common, nonemergency medical conditions at **no cost to you**. Register at [www.myuhc.com/virtualvisits.com](http://www.myuhc.com/virtualvisits.com) or download the UnitedHealthcare app. You may also register by phone by calling 855-615-8335.

**Motion** – Use a wearable activity tracker to track steps (no gym required), reach goals earning rewards up to \$1,095 annually; Register at [www.unitedhealthcaremotion.com](http://www.unitedhealthcaremotion.com) to set up your account and download the UnitedHealthcare Motion app. For questions call 855-256-8669.

**Rally** – Complete a health survey, choose and complete missions, join and complete challenges and earn Rally coins for discount offers; Register at [www.werally.com/client/all savers/register](http://www.werally.com/client/all savers/register) to set up your account. For questions, call 844-334-4944.

**Summary of Benefits and Coverage** - The Affordable Care Act requires health plans to provide a Summary of Benefits and Coverage (SBC) to all applicants and enrollees. The SBC is a concise document providing simple and consistent information about health plan benefits and coverage. Copies of the SBC are readily available in Human Resources should you wish to receive a copy.

# Medical Insurance



## United Healthcare – PPO Plan

Plan Feature	In-Network	Out-of-Network
<b>Plan Deductible per Calendar Year</b>	\$1,000 Individual \$2,000 Family Maximum	\$2,000 Individual \$4,000 Family Maximum
<b>Coinsurance</b>	80%	50%
<b>Out-of-Pocket Maximum per Calendar Year (Includes Deductible)</b>	\$4,500 Individual \$9,000 Family Maximum	\$ 9,000 Individual \$18,000 Family Maximum
<b>Office Visits</b> Primary Physician – Under age 19 Primary Physician – Over age 19 Specialist Virtual Visits	\$ 0 Copay \$25 Copay \$75 Copay \$ 0 Copay	Deductible & Coinsurance
<b>Preventive Care Services</b>	100% No Deductible	Deductible & Coinsurance
<b>Emergency Services</b>	\$300 Copay plus Deductible & Coinsurance	\$300 Copay plus Deductible & Coinsurance
<b>Urgent Care Facility Services</b>	\$50 Copay	Deductible & Coinsurance
<b>Inpatient &amp; Outpatient Services</b> <i>Prior authorization required</i>	Deductible & Coinsurance	Deductible & Coinsurance
<b>Major Diagnostics – MRI, CT, PET</b> <i>Prior authorization required</i>	Deductible & Coinsurance	Deductible & Coinsurance
<b>Prescription Drug Coverage</b>		
<b>Tier 1</b>	\$ 10 Copay	\$ 10 Copay
<b>Tier 2</b>	\$ 35 Copay	\$ 35 Copay
<b>Tier 3</b>	\$ 75 Copay	\$ 75 Copay
<b>Tier 4</b>	\$250 Copay	\$250 Copay
<b>Mail Order 90 Day Supply – Tier 1 / 2 / 3 / 4</b>	\$25 / \$87.50 / \$187.50 / 625	Not covered

# Dental Insurance



## **Employer Pays**

M.E. Simpson Co., Inc. pays 70% of the cost of premium for you and your eligible dependents.

## **Employee Pays**

You pay 30% of the cost of premium for you and your eligible dependents.

## **Employee Contributions per Pay Period**

<b>Employee Only</b>	<b>\$ 3.10</b>
<b>Employee and Spouse / Domestic Partner*</b>	<b>\$ 6.74</b>
<b>Employee and Child(ren)</b>	<b>\$ 7.68</b>
<b>Employee and Family</b>	<b>\$11.87</b>

Based on 26 pay periods, employee contributions are deducted on a pre-tax basis, saving you taxable income based on your tax status.

\*Domestic Partner coverage requires a completed Affidavit of Domestic Partnership.



# Dental Insurance



## Benefits You Receive

M.E. Simpson Co., Inc. is pleased to offer our employees United Healthcare's Dental PPO Plan. You may see the provider of your choice. However, if you see a Network provider, discounted network fees will apply for your services. This chart shows how the plan works and how each type of service is covered. This is only a summary; please refer to your plan certificate for further details.

United Healthcare - PPO Dental Plan P4877		
Type of Service	In-Network	Out-of-Network
<b>Deductible per Calendar Year</b>	\$ 50 per Individual \$150 maximum per Family	\$ 50 per Individual \$150 maximum per Family
<b>Annual Maximum Benefit Per Person</b>	\$1,000	\$1,000
<b>Preventative Services – No Deductible</b> e.g. routine exams, cleanings, x-rays	100% of Network Fee	100% of Reasonable & Customary Charge
<b>Basic Restorative Services</b> e.g. fillings	80% of Network Fee	80% of Reasonable & Customary Charge
<b>Major Restorative Services</b> e.g. surgery, periodontics, endodontics	50% of Network Fee	50% of Reasonable & Customary Charge

Please visit [www.myuhc.com](http://www.myuhc.com) to locate providers in the Dental Options PPO 30 Network.

United Healthcare's plan includes extended benefits during pregnancy, oral cancer screenings for adults that cover light contrast screenings and bush biopsies.

Your plan also includes a Maximum Benefit Award program. As long as a dental service has been performed during the calendar year and used less than the maximum threshold, a portion of your unused maximum benefit may carry over to next year's maximum benefit, up to a total Annual Maximum Benefit of \$2,000.

# Vision Insurance



## **Employer Pays**

M.E. Simpson Co., Inc. pays 70% of the cost of premium for you and your eligible dependents.

## **Employee Pays**

You pay 30% of the cost of premium for you and your eligible dependents.

## **Employee Contributions per Pay Period**

<b>Employee Only</b>	\$ 1.02
<b>Employee and Spouse / Domestic Partner*</b>	\$ 2.05
<b>Employee and Child(ren)</b>	\$ 2.10
<b>Employee and Family</b>	\$ 3.12

Based on 26 pay periods, employee contributions are deducted on a pre-tax basis, saving you taxable income based on your tax status.

\*Domestic Partner coverage requires a completed Affidavit of Domestic Partnership.

# Vision Insurance



## Benefits You Receive

M.E. Simpson Co., Inc. offers our employees United Healthcare’s Vision PPO Plan. You may see the provider of your choice, however by choosing a Network Provider, discounted network fees will apply for your services, leaving you with more benefit dollars to use. The chart below gives a side-by-side comparison of the benefits when you use in-network and out-of-network providers. This is only a summary; please refer to your plan certificate for further details.

United Healthcare – Vision Plan SH107		
Plan Feature	In-Network	Out-of-Network
<b>Vision Exam Annually</b>	\$10 Copay	Reimbursed up to \$40
<b>Prescription Lenses Annually</b> (in lieu of contact lenses) <b>Single Vision</b> <b>Bifocal</b> <b>Trifocal</b>	\$25 Copay	Reimbursed up to \$40 \$60 \$80
<b>Frames Every 24 months</b>	\$130 Allowance	Reimbursed up to \$45
<b>Contact Lenses Annually</b> (in lieu of lenses and frames)  <b>Elective (non-disposable)</b>  <b>Non-elective</b>	\$150 Allowance  Covered in full	Reimbursed up to \$125  Reimbursed up to \$210
<b>Discounts (not available out-of-network)</b>  <b>Laser Vision</b>  <b>Additional Materials (e.g. Progressive lenses, Anti-Reflective Coating, Transitions, etc.)</b>	Partnership with QualSight LASIK  Discounts available, 20% to 30% depending on service and provider  Hearing Aids discount at <a href="http://www.uhchearing.com">www.uhchearing.com</a>	

Please visit [www.myuhcvision.com](http://www.myuhcvision.com) to locate providers in the Vision Network.

# Life and AD&D Insurance



## **Employer Pays**

M.E. Simpson Co., Inc. pays 100% of the cost of premium for you.

## **Employee Pays**

You pay none of the cost of premium.

## **Basic Life & AD&D Insurance**

M.E. Simpson Co., Inc. is pleased to offer full-time employees \$15,000 of Life and Accidental Death and Dismemberment (AD&D) insurance through United Healthcare.

Basic Life and AD&D is a financial resource for your loved ones in the event of your death. Please complete the Beneficiary Designation portion of your Enrollment Form.

A Waiver of Premium (WOP) benefit is included. This WOP benefit enables you to continue your Life Insurance coverage without anyone having to pay the premium if you are disabled before age 60. You must complete a WOP Claim Form to receive this benefit.

Life insurance benefits will be reduced by 35% at age 65 and 50% by age 70.

# Voluntary Life and AD&D Insurance



## Employer Pays

M.E. Simpson Co., Inc. does not contribute toward the cost of premium for you or your eligible dependents. This is a voluntary benefit.

## Employee Pays

You pay the full cost of the premium for you and your eligible dependents.

## Voluntary Life Insurance

M.E. Simpson Co., Inc. offers Voluntary Life and AD&D insurance you can purchase for you and your eligible dependents, through Lincoln Financial Group.

Employees who want to supplement their employer provided Life and AD&D benefit may purchase additional amounts of Life and AD&D insurance for themselves and/or their eligible dependents.

You can purchase coverage for yourself in increments of \$10,000 up to an overall benefit maximum, the lesser of 5 times Your Basic Annual Earnings, or \$500,000.

You can purchase coverage for your spouse in increments of \$5,000 to a benefit maximum of \$250,000, but the amount cannot exceed 50% of the amount elected for yourself.

And, for your dependent children up to age 26, you may elect \$10,000 coverage.

You must elect coverage for yourself in order to elect coverage for your dependents.

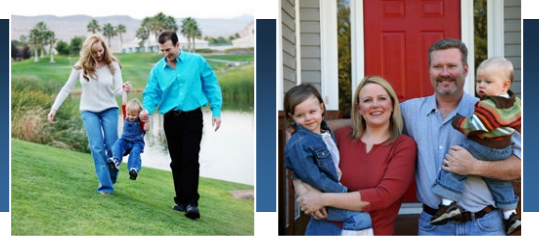
The Guarantee Issue amount for employees is \$150,000 and for spouses is \$50,000. Amounts elected over the Guarantee Issue amount will require approval by Lincoln Financial Group, which is obtained by completing an Evidence of Insurability form, available from Human Resources.

In the event your employment terminates with M.E. Simpson Co., Inc., this coverage is portable. You may continue your coverage directly with Lincoln Financial Group at group rates.

A medical Evidence of Insurability (EOI) form will be required for any employee who applies for coverage more than 31 days past his / her eligibility date. Coverage will not go into effect until the carrier approves your application. An EOI form is also needed if you:

- Apply for higher coverage than the maximum Guaranteed Issue amount.
- Want to increase your existing coverage at a later date.
- Decline coverage and then want it at a later date.

# Voluntary Life and AD&D Insurance



## Premium Rates

Employee premium is calculated using the employee's age and the spouse premium is calculated using the spouse's age at the time of renewal.

The Dependent Children rate does not apply per child; it includes coverage for all of your eligible children whether you have 1 child or several children.

### Employee & Spouse Monthly Cost for Each \$1,000 of Voluntary Life and AD&D Insurance

Age	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Rates	\$.111	\$.13	\$.165	\$.185	\$.203	\$.294	\$.441	\$.806	\$1.227	\$2.342	\$3.787	\$3.787
Example	Employee age 32 elects \$100,000 of Coverage: $\$100,000 \div 1,000 = 100 \text{ units} \times \$0.165 = \text{Monthly Premium } \$16.50$											

### Dependent Child(ren) Monthly Cost for Each \$1,000 of Voluntary Life and AD&D Insurance

Example	Rate for all ages is \$0.20 per \$1,000 Example: $\$10,000 \div 1,000 = 10 \text{ units} \times \$0.20 = \text{Monthly Premium } \$2.00$											
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The benefit amount reduces by 35% at age 65 and has a Maximum benefit cap of \$50,000 at age 70.

# Short-Term Disability Insurance



## **Employer Pays**

M.E. Simpson Co., Inc. pays 100% of the cost of premium for you.

## **Employee Pays**

You pay none of the cost of premium.

## **Short-Term Disability Insurance**

M.E. Simpson Co., Inc. is pleased to offer our employees Short-Term Disability (STD) insurance through Unum. In the event you become disabled from a non-work-related injury or sickness, including maternity, disability benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Disability benefits for maternity begin from the date of birth of the baby and are payable for six weeks for a vaginal delivery and eight weeks for a cesarean section, unless there are complications. The Elimination Period also applies.

The STD benefit is 60% of your weekly earnings to a maximum of \$1,500 per week. Benefits begin on the 15<sup>th</sup> day of disability and continue for up to 13 weeks, or until you are no longer disabled. Certain pre-existing conditions limitations may apply.

This is only a summary; please refer to your plan booklet for further details.

# Long-Term Disability Insurance



## Employer Pays

M.E. Simpson Co., Inc. pays 100% of the cost of premium for you.

## Employee Pays

You pay none of the cost of premium.

## Long-Term Disability Insurance

M.E. Simpson Co., Inc. is pleased to offer our employees Long-Term Disability (LTD) insurance through Unum. Long-Term Disability insurance is designed to protect your income should you become unable to work due to an extended non-work related injury or illness, without causing undue financial hardship.

The LTD benefit is 60% of your monthly earnings to a maximum of \$8,000 per month. Benefits begin on the 91<sup>st</sup> day of disability and continue to your Social Security Normal retirement age, or until you are no longer disabled. Certain pre-existing conditions limitations may apply.

This is only a summary; please refer to your plan booklet for further details.



# Pre-Tax Employee Contributions



## Benefits You Receive

M.E. Simpson Co., Inc. offers a Section 125 Premium Only Plan to provide you with an important tax advantage. This Plan allows your insurance premium contributions to be made on a pre-tax basis, which actually lowers your taxable income.

You do not need to do anything. Your medical, vision and dental contributions are automatically deducted from your pay on a pre-tax basis, saving you taxable income based on your tax status.

# 401(k)



## Benefits You Receive

M.E. Simpson Co., Inc. offers a 401(K) plan that enables you to set aside pre-tax dollars (salary deferral) for retirement. The plan is a defined contribution plan and includes both employee contributions and an employer matching program.

You are eligible to participate in the 401K Plan if you are an eligible employee of M.E. Simpson Co., Inc., and have met the minimum age (18 years old) and service requirement of 6 consecutive months from your date of employment. Entry dates into the plan are defined as January 1<sup>st</sup> or July 1<sup>st</sup>, coinciding with or next following the date you satisfy the eligibility conditions for age and service.

Additionally, you will need to complete a Salary Reduction Agreement which you may request from your plan administrator. This agreement will allow you to determine the amount you wish to defer under the Plan.

You will be able to share in any matching contributions M.E. Simpson Co., Inc. makes. The employer matching schedule is shown based on a percentage of gross pay.

Employee Contribution	Employer Matching
1%	1%
2%	2%
3%	3%
4%	3.5%
5%	4%
6%	4%

The maximum amount that M.E. Simpson Co., Inc. will match is 4% of gross pay for any employee contributions of 5% or greater.

This is only a summary; please refer to your Summary Plan Description or other Plan documents for further details.

# Paid Holidays



## **Paid Holidays**

New Year's Day

Martin Luther King Day

Memorial Day

Fourth of July

Labor Day

Veterans Day\*

Thanksgiving Day

Day after Thanksgiving

Christmas Eve Day

Christmas Day

\*Any Military Veteran employed by M.E. Simpson Company, Inc. will have the option of taking Veterans Day (November 11<sup>th</sup>) as an 8-hour paid holiday. If the Veteran chooses to work that day due to scheduling issues, the Veteran will receive 8 hours of holiday pay on their next check.

## Notice of Important Benefit Documents

This notice is to inform you of the availability of important benefit documents. In addition to those documents you are provided upon enrollment, more details can be found in the summary plan description, summary of material modifications, insurance certificates and other supporting documents.

These documents also include the Required Notices, including Women's Health and Cancer Rights, Special Enrollment Rights, Medicaid and Children's Health Insurance Program Reauthorization Act (CHIPRA), Newborn's and Mothers' Health Protection Act Notice, COBRA Continuation, Medicare Part D Notice, etc.

M.E. Simpson has created a folder where all of these documents can be viewed. Please go to [www.hrconnection.com](http://www.hrconnection.com), enter User Name: MESimpson and Passord: Benefits2016!

The documents are available under the Benefits tab along the top bar and then under Additional Benefits and Important Benefit Documents.

If you wish to receive a hard copy of this information, at no cost, please contact Human Resources.



***The information in this Benefits Summary is presented for illustrative purposes only. The text contained in this Summary was taken from various summary plan descriptions and benefit information. Every effort was taken to accurately report your benefits. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. Please request a summary plan description/plan document for additional details. 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.***