



Note: See Company handbook and/or Summary Plan Description (SPD) regarding each benefit for complete details

BENEFIT	COVERAGE	ELIGIBILITY	EMPLOYEE (EE) COST
<p>HEALTH INSURANCE</p> <p>UMR</p>	<ul style="list-style-type: none"> • Deductible <ul style="list-style-type: none"> PPO Provider \$ 1,000 Single/\$ 2,000 Family Non PPO Provider \$ 2,500 Single/\$ 5,000 Family • Out of Pocket Maximum <ul style="list-style-type: none"> PPO Provider \$ 2,500 Single/\$ 5,000 Family Non PPO Provider \$10,000 Single/\$20,000 Family • Office Services <ul style="list-style-type: none"> *Primary Care Physician (PCP) Co-Pay \$ 20 per visit *Specialist Co-Pay \$ 40 per visit • Prescription Drugs <ul style="list-style-type: none"> Generic Co-Pay 10% Brand Name Co-Pay 20% Non-Preferred Brand Co-Pay 30% Specialty 50% coinsurance after deductible <p>*Use of Non PPO may result in additional cost to EE</p>	<ul style="list-style-type: none"> • NOT AUTOMATIC • Full-time and Full-time Seasonal Employees • 1st of the month following 30 days of employment • Annual Open Enrollment <ul style="list-style-type: none"> ➢ Year Round Employee December for January 1st effective date ➢ Seasonal Employees Within 30 days of return to work 	<ul style="list-style-type: none"> • Single - \$168 per month • Family - \$387 per month
<p>TELEMEDICINE</p> <p>TELEDOC</p>	<ul style="list-style-type: none"> • 24/7/365 access to U.S. board-certified doctors and pediatricians by phone or online video • Co-Pay \$0 	<ul style="list-style-type: none"> • AUTOMATIC WITH HEALTH INSURANCE ENROLLMENT 	<ul style="list-style-type: none"> • No cost – employer provided
<p>DENTAL INSURANCE</p> <p>DELTA DENTAL</p>	<ul style="list-style-type: none"> • Diagnostic & Preventative: Exams/Cleaning No deductible or employee cost • Basic Services: Fillings & Extractions <ul style="list-style-type: none"> PPO Provider – 40% after deductible Premier or Non PPO Provider – 50% after deductible • Major Services: Crowns, Dentures, Bridges, Root Canals, Implants & Periodontal 50% after deductible • Orthodontic Services: For children up to age 19 50% deductible waived • Deductible <ul style="list-style-type: none"> PPO Provider - \$50/Single \$150/Family Premier or Non PPO Provider - \$100/Single \$300/Family • Maximum Benefit - Basic & Major Services \$1,000/calendar year/person • Maximum Benefit – Orthodontic Services \$1,500/person/lifetime 	<ul style="list-style-type: none"> • NOT AUTOMATIC • Full-time and Full-time Seasonal Employees • 1st of the month following 30 days of employment • Annual Open Enrollment <ul style="list-style-type: none"> ➢ Year Round Employee December for January 1st effective date ➢ Seasonal Employees Within 30 days of return to work 	<ul style="list-style-type: none"> • Employee pays 100% of premium based on selected coverage • Employee Only - \$24.00 per month • Employee + Spouse - \$48.00 per month • Employee + Children - \$58.00 per month • Family - \$91.00 per month



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<p>VISION INSURANCE</p> <p>VSP</p>	<ul style="list-style-type: none"> • Vision Exam – Every calendar year \$10 co-payment • Prescription Glasses – See lenses and frames \$15 co-payment • Lenses – Every calendar year Single/Lined Bifocal & Trifocal Polycarbonate for dependent children Co-payment included in prescription glasses Lens Enhancements - See SPD for details • Frames – Every other calendar year Co-payment included in prescription glasses Wide selection of frames - \$170 allowance Featured frames - \$190 allowance 20% savings on amount over allowance \$95 Costco frame allowance • Contact Lenses (instead of glasses) – Every calendar year \$150 allowance • Extra Savings & Benefits – Diabetic Eyecare Plus Program, sunglasses, retinal screening, laser vision correction <i>*VSP Choice Network benefits listed above. See SPD for out-of-network coverage.</i> 	<ul style="list-style-type: none"> • NOT AUTOMATIC • Full-time and Full-time Seasonal Employees • 1st of the month following 30 days of employment • Annual Open Enrollment <ul style="list-style-type: none"> ➢ Year Round Employee December for January 1st effective date ➢ Seasonal Employees Within 30 days of return to work 	<ul style="list-style-type: none"> • Employee pays 100% of premium based on selected coverage • Employee Only - \$7.60 per month • Employee + Spouse - \$15.22 per month • Employee + Children - \$16.28 per month • Family – \$26.02 per month
<p>LIFE INSURANCE</p> <p>SYMETRA</p>	<ul style="list-style-type: none"> • Employee \$50,000 • Spouse \$10,000 • Children \$10,000 Employee benefit amount reduced at age 65 & older – See SPD for age & coverage limits 	<ul style="list-style-type: none"> • AUTOMATIC • Full-time and Full-time Seasonal Employees • 1st of the month following 30 days of employment 	<ul style="list-style-type: none"> • Employee & Spouse/Dependent Coverage: No cost – employer provided
<p>AD&D</p> <p>SYMETRA</p>	<ul style="list-style-type: none"> • Benefits due to certain injuries or death from an accident • Loss of life, two limbs, sight of both eyes, one limb and sight in one eye, or speech and loss of hearing in both ears or quadriplegia - \$50,000 • Paraplegia or triplegia (paralysis of three limbs) - \$37,500 • Accidental loss of one limb, sight of one eye, or speech or hearing in both ears or hemiplegia - \$25,000 • Accidental loss of thumb and index finger of either hand or uniplegia - \$12,500 	<ul style="list-style-type: none"> • AUTOMATIC • Full-time and Full-time Seasonal Employees • 1st of the month following 30 days of employment 	<ul style="list-style-type: none"> • Employee Coverage : No cost – employer provided



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<p>VOLUNTARY LIFE INSURANCE</p> <p>SYMETRA</p>	<ul style="list-style-type: none"> Employee determines amount of coverage Additional coverage available for employee, spouse, and dependent children Guarantee issue limits 	<ul style="list-style-type: none"> Full-time and Full-time Seasonal Employees Must enroll within 30 days of effective date of employer provided life insurance to receive guarantee issue limits Enrolling after the first initial eligibility period may result in completing evidence of insurability (EOI) Limited Annual Open Enrollment <ul style="list-style-type: none"> ➤ Year Round Employee December for January 1st effective date ➤ Seasonal Employees Within 30 days of return to work 	<ul style="list-style-type: none"> Varies with amount of coverage and age
<p>SHORT TERM DISABILITY</p>	<ul style="list-style-type: none"> \$400/week – not to exceed 26 weeks – if unable to work because of a non-work related accident/illness Tax-free weekly benefit if premium paid by employee Weekly benefit is taxable wages if Company pays premium 	<ul style="list-style-type: none"> AUTOMATIC Full-time and Full-time Seasonal Employees January 1st following hire date and 1,000 hours worked. If laid off as of January 1st, first of month following return to work. 	<ul style="list-style-type: none"> \$1.00 per month (\$12.00 annually) May opt to have Company pay cost of premium upon initial enrollment or prior to January 1st each year thereafter
<p>LONG TERM DISABILITY</p> <p>SUN LIFE</p>	<ul style="list-style-type: none"> 60% of salary up to \$8,000 per month if unable to work because of a non-work related accident/illness Tax-free weekly benefit Elimination Period – 180 days Maximum Benefit Duration – Social Security Normal Retirement Age (SSNRA) Survivor Income Benefit Benefit Limitations Mental illness & substance abuse – 24 months/lifetime 	<ul style="list-style-type: none"> NOT AUTOMATIC Full-time and Full-time Seasonal Employees 1st of the month following 30 days of employment Annual Open Enrollment <ul style="list-style-type: none"> ➤ Year Round Employee December for January 1st effective date ➤ Seasonal Employees Within 30 days of return to work 	<ul style="list-style-type: none"> Employee pays 100% of premium based on selected coverage Rates are based on gross earnings
<p>EMPLOYEES ON SPOUSE'S HEALTH INSURANCE</p>	<ul style="list-style-type: none"> The Company will compensate employee \$200/mo if insured by spouse's group health insurance plan 	<ul style="list-style-type: none"> NOT AUTOMATIC Full-time and Full-time Seasonal Employees 1st of the month following 30 days of employment Year round employees must enroll each December for upcoming year Full-time seasonal employees must enroll each December for upcoming year or within 30 days of return to work 	<ul style="list-style-type: none"> No cost – employer provided



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<p>ACCIDENT INSURANCE</p> <p>ALLSTATE</p>	<ul style="list-style-type: none"> • Benefits are paid for you or a covered family member when they experience an accidental injury (away from work) and seek medical attention. See SPD for each benefit level payment schedule. • Base Policy Benefits - Initial & daily hospital confinements and intensive care • Rider Benefits – Ground & air ambulance, outpatient physician’s treatment, x-ray, urgent care, emergency room services, and dislocation/fracture. Also includes AD&D and functional loss. • Additional Enhancement Benefits – Lacerations, burns, skin grafts, brain injury diagnosis, open abdominal or thoracic surgery, ruptured spinal disc surgery, eye surgery, general anesthesia, blood & plasma, appliance, medical supplies, medicine, prosthesis, physical & speech therapy, rehabilitation unit, family member lodging, post-accident transportation, broken tooth, residence/vehicle modification, pain management, miscellaneous outpatient surgery, accident follow-up treatment, tendon, ligament, rotator cuff or knee cartilage surgery, CT scan & MRI 	<ul style="list-style-type: none"> • NOT AUTOMATIC • Full-time and Full-time Seasonal Employees • 1st of the month following 30 days of employment • Annual Open Enrollment <ul style="list-style-type: none"> ➢ Year Round Employee December for January 1st effective date ➢ Seasonal Employees Within 30 days of return to work 	<ul style="list-style-type: none"> • Employee pays 100% of premium based on selected coverage • Employee Only - \$8.48 per month • Employee + Spouse - \$19.50 per month • Employee + Children - \$24.51 per month • Family – \$31.61 per month
<p>CRITICAL ILLNESS INSURANCE</p> <p>ALLSTATE</p>	<ul style="list-style-type: none"> • Benefits are paid for you or a covered family member if diagnosed with a covered critical illness. See SPD for each benefit level payment schedule. • Initial Critical Illness Benefits – Heart attack, stroke, major organ transplant, end stage renal failure, coronary artery bypass surgery • Cancer Critical Illness Benefits – Invasive cancer & carcinoma in Situ • Second Event Benefits – Second event initial critical illness or cancer • Additional Benefit – Wellness benefit 	<ul style="list-style-type: none"> • NOT AUTOMATIC • Full-time and Full-time Seasonal Employees • 1st of the month following 30 days of employment • Annual Open Enrollment <ul style="list-style-type: none"> ➢ Year Round Employee December for January 1st effective date ➢ Seasonal Employees Within 30 days of return to work 	<ul style="list-style-type: none"> • Employee pays 100% of premium based on selected coverage • Rates are age and tobacco/non tobacco user rated • No extra charge to include eligible dependent children
<p>PRE-TAX PREMIUM PLAN</p>	<ul style="list-style-type: none"> • Pre-tax dollars pay premiums for health, dental, vision, accident, and critical illness insurance 	<ul style="list-style-type: none"> • AUTOMATIC immediately upon enrollment into health, dental, vision, accident or critical illness insurance plan • Must complete Pre-Tax Premium Opt Out Form to decline enrollment 	<ul style="list-style-type: none"> • No cost – employer provided



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401K PLAN / ROTH 401K FIDELITY INVESTMENTS	<ul style="list-style-type: none"> • New hires - 2% of wages automatically deducted from each paycheck and contributed to traditional 401k • Company makes 2½% non-elective contribution for all active employees at year end • Company matches employee elected contributions up to 50% of 5% • Vesting schedule may apply • Employee may contribute up to 60% of income not to exceed federal limit • 401k - tax deferred except for FICA/Medicare • Roth 401k - deducted after tax 	<ul style="list-style-type: none"> • AUTOMATIC enrollment when hired with 30 day window to opt out – if ≥18 years old • \$19,500 annual federal limit • ≥ age 50, \$26,000 annual federal limit 	<ul style="list-style-type: none"> • Employee determines amount of contribution
FLEX PLAN P & A Group	<ul style="list-style-type: none"> • FSA – Pre-tax dollars pay out-of-pocket medical, dental, and vision expenses, including prescriptions. Maximum - \$2,750/year • Dependent Care – Pre-tax dollars pay dependent care costs. Maximum - \$5,000/year/family 	<ul style="list-style-type: none"> • NOT AUTOMATIC • Full-time and Full-time Seasonal Employees • 1st of the month following 30 days of employment • After 1st year, all employees must enroll each December for upcoming year 	<ul style="list-style-type: none"> • \$26/yr
EMPLOYER (ER) CONTRIBUTION	<ul style="list-style-type: none"> • The Company will compensate employee \$12 per month 	<ul style="list-style-type: none"> • AUTOMATIC • Full-time and Full-time Seasonal Employees • Must be eligible & participate in Pre-Tax Premium Plan or Flex Plan 	<ul style="list-style-type: none"> • No cost – employer provided
PAID HOLIDAYS	<ul style="list-style-type: none"> • 8 hrs straight time pay for New Year’s Day, Memorial Day, July 4th, Labor Day, Thanksgiving, & Christmas 	<ul style="list-style-type: none"> • Full-time and Full-time Seasonal Employees • Full –time Seasonal Employees are not eligible during lay-off • Must work scheduled work day before & after holiday • Immediately when hired 	
FUNERAL LEAVE	<ul style="list-style-type: none"> • 8 hrs straight time pay for up to 3 days from regular work week upon death of parent, child or spouse • 8 hrs straight time pay for 1 day from regular work week upon death of other family members 	<ul style="list-style-type: none"> • Full-time and Full-time Seasonal Employees • Full –time Seasonal Employees are not eligible during lay-off • Immediately when hired 	
PAID DAYS OFF	<ul style="list-style-type: none"> • Based on 40 hours/week straight time • Number of days based on years of service; After 1 yr - 5 3 yrs – 11 9 yrs – 13 15 yrs - 15 2 yrs – 10 6 yrs - 12 12 yrs - 14 	<ul style="list-style-type: none"> • Full-time Year Round Employees • Full-time Seasonal Employees are NOT eligible • Must be approved in advance by supervisor 	
SAFETY BOOTS	<ul style="list-style-type: none"> • Employee reimbursed 25% of steel-toed boot cost when detailed receipt is submitted to Human Resources 	<ul style="list-style-type: none"> • Full-time and Full-time Seasonal Employees • Immediately when hired • Must be required to wear boots on the job 	



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SAFETY PRESCRIPTION GLASSES	<ul style="list-style-type: none"> Employee reimbursed up to \$50 for prescription safety glasses when detailed receipt is turned into Human Resources 	<ul style="list-style-type: none"> Full-time and Full-time Seasonal Employees Immediately when hired Must be required to wear safety glasses on the job and have prescription glasses 	<ul style="list-style-type: none">
EMPLOYEE ASSISTANCE PROGRAM (EAP)	<ul style="list-style-type: none"> Personal, legal, and financial management consulting. 	<ul style="list-style-type: none"> All Employees Immediately when hired 	<ul style="list-style-type: none"> Limited visits paid by employer
PER DIEM	<ul style="list-style-type: none"> Paid a daily rate for each scheduled work day employee is on time at job and available to work \$65/day Employee must be scheduled to work, show up, notify supervisor of arrival, and be staying away from home to qualify for rain day benefit 	<ul style="list-style-type: none"> Full-time and Full-time Seasonal Employees Immediately when hired Must be working on project 50 miles or more from home base to center of project Not payable if employee is driving Company vehicle back and forth to project Per Diem Request must be completed weekly, according to IRS satisfaction, and submitted to supervisor 	<ul style="list-style-type: none"> No cost – employer provided