BENEFITS GUIDE

An overview of the wide array of benefits provided by Company XXX , to help you enjoy increased well-being and financial security

PREPARED BY CHRISTENSEN GROUP, INC FOR Company XXX

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WE'VE GOT YOU COVERED

Company XXX is proud to offer a comprehensive benefits package for you and your family. This program is designed to take great care of you when you need it.
Make sure to explore your options to help you make the selections that best meet your needs.

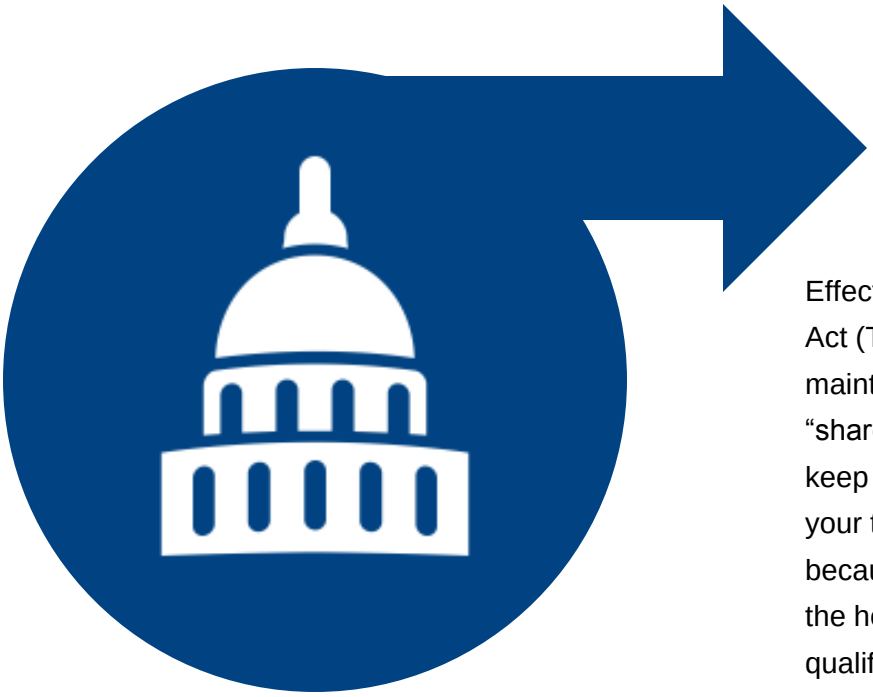
INTRODUCTION

As an employee of Company XXX enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2021 plan year, Company XXX has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Company XXX is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your Company XXX benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.



UPDATE ON HEALTH CARE REFORM

Effective January 1, 2019 the Tax Cuts and Jobs Act (TJCA) repealed the individual mandate to maintain health insurance or be responsible for a “shared responsibility payment”. We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the “marketplace”).

OVERVIEW OF BENEFITS

CHANGES AND QUALIFYING EVENTS

WHEN COVERAGE BEGINS AND ENDS

Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued or the Group Insurance Policy is terminated.

QUALIFYING EVENTS

- Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:
  - Changes in employment status
  - Changes in legal marital status
  - Changes in number of dependents
  - Taking an unpaid leave of absence
  - Dependent satisfies or ceases to satisfy eligibility requirement
  - Family Medical Leave Act (FMLA) leave.
  - A COBRA-qualifying event
  - Entitlement to Medicare or Medicaid
  - A change in the place of residence of the employee, resulting in the current carrier not being available

OVERVIEW OF BENEFITS

Company XXX provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

BENEFITS AT-A-GLANCE

Coverage	Carrier
Medical	BlueCross BlueShield of Minnesota
Dental	Delta Dental of Minnesota
Vision	EyeMed
Life	Lincoln Financial Group
Long-Term Disability	Lincoln Financial Group
Short-Term Disability	Lincoln Financial Group

ELIGIBILITY

Full Time Employees working at least 30 hours per week

MEDICAL PLAN

SUMMARY OF COVERAGE

Plan Features	$6,900-100% HSA Preventive Rx
IN NETWORK	
Calendar Year Deductibles (Indiv / Family)	$6,900 / $13,800
Preventive Care	100% Coverage
Primary Care Visit	Ded; Then 100% Coverage
Specialist Visit	Ded; Then 100% Coverage
Diagnostic Exam	Ded; Then 100% Coverage
X-Rays	Ded; Then 100% Coverage
Outpatient Procedure	Ded; Then 100% Coverage
Inpatient Visit	Ded; Then 100% Coverage
Emergency Room	Ded; Then 100% Coverage
Urgent Care	Ded; Then 100% Coverage
Pharmacy / RX (30 Day Supply)	Ded; Then 100% Coverage
Calendar Year Out-of-Pocket Max (Indiv / Family)	$6,900 / $13,800
OUT OF NETWORK	
Calendar Year Deductibles (Indiv / Family)	$10,000 / $20,000
Coinsurance	Ded; Then 50% Coverage
Calendar Year Out-of-Pocket Max (Indiv / Family)	$20,000 / $40,000
MONTHLY PRICING	
Employee	$50.00
Employee + Spouse	$100.00
Employee + Child(ren)	$300.00
Employee + Family	$500.00

MEDICAL PLAN

KEY TERMS TO REMEMBER

ANNUAL DEDUCTIBLE

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).

OUT-OF POCKET MAXIMUM

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance

*Except for Grandfathered medical plans

COPAYS AND COINSURANCE

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the providers.

PLAN TYPES

- EPO/PPO – A network of doctors, hospitals, and other health care providers
- HMO – A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care
- POS – Combines aspects of a PPO and HMO
- HDHP – A plan that has higher annual deductibles in exchange for lower premiums.

MEDICAL PLAN

NETWORK OPTIONS

Aware

The Aware network includes all Blue Cross Blue Shield contracted providers.
Search the Aware network at https://www.bluecrossmnonline.com/find-a-doctor/landing?productName=AWARE&productId=901&displayProductName=AWARE

MEDICAL PLAN

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Company XXX , all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

WHICH PREVENTIVE CARE SERVICES ARE COVERED?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

"AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE"

- **Routine Physical Exam**
- **Well Baby and Child Care**
- **Well Woman Visits**
- **Immunizations**
- **Routine Bone Density Test**
- **Routine Breast Exam**
- **Routine Gynecological Exam**
- **Screening for Gestational Diabetes**
- **Obesity Screening and Counseling**
- **Routine Digital Rectal Exam**
- **Routine Colonoscopy**
- **Routine Colorectal Cancer Screening**
- **Routine Prostate Test**
- **Routine Lab Procedures**
- **Routine Mammograms**
- **Routine Pap Smear**
- **Smoking Cessation Programs**
- **Health Education/Counseling Services**
- **Health Counseling for STDs and HIV**
- **Testing for HPV and HIV**
- **Screening and Counseling for Domestic Violence**

MEDICAL PLAN

Value Adds (BCBS)

Wellbeats

Exclusive access to an on-demand fitness platform with 450+ workouts for all ages, abilities, and interests. No matter where you are in your fitness journey, Wellbeats has a starting place for you.

Blue365

Great deals for every aspect of life including 20% off at Reebok.com, discounted products through Jenny Craig or a gym membership for only $29 per month.

Omada

An online program that can help lose weight, feel great and lower risk for type 2 diabetes and heart disease through one-on-one guidance from a professional health coach and interactive tools.

Sharecare

Begin your health care journey online by completing the RealAge test that will reveal your age based on health and lifestyle habits. You will then receive a personalized recommendation on how to lower your RealAge.

Learn to Live

Mental health struggles are more common than cancer, diabetes, and heart disease and yet three out of four people don't get the help they need. Now there's an easy way to get it, in the privacy of your own home. To get started, visit learntolive.com/partners and use code Blue4.

MEDICAL PLAN

VIRTUAL CARE OPTIONS

Doctor on Demand (video chat)

See a doctor in minutes. Live video visits include assessment, diagnosis, and prescription when necessary. Video capabilities are required and service is available 24/7. Visits to treat conditions like colds, the flu, and allergies never cost more than $59. visit https://doctorondemand.com to get started!

Virtuwell (online questionnaire)

Answer a few questions at https://www.virtuwell.com 24 hours a day, 7 days a weeks! Within about an hour, Get a treatment plan prescriptions. Nurse Practitioners treat more than 60 common conditions. You're only charged Virtuwell can treat you, please unlimited follow-up calls about your treatment are free. A visits is never more than $59!

**Available anywhere in the U.S. to residents of AZ, CA, CO, CT, IA, MI, MN, NY, ND, PA, SD, VA, and WI.

HEALTH SAVINGS ACCOUNT (HSA)

THIS IS HOW AN HSA WORKS:

A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses – those you and your tax dependents may have now, in the future, and during your retirement.

This is a “portable” account. You own your HSA! It’s included in your employee benefits package, but after you set up your account, it’s yours to keep, even if you change jobs or retire.

WHY IS IT A GOOD IDEA TO HAVE AN HSA?

HSAs benefit everyone who is eligible to have this account – single individuals, families, and soon-to-be retirees. You save money on taxes in three ways:

Tax-free deposits
The money you contribute to your HSA isn’t taxed (up to the IRS annual limit)

Tax-free earnings
Your interest and any investment earnings grow tax-free

Tax-free withdrawals
Money used toward eligible health care expenses isn’t taxed – now or in the future

Setting aside pre-tax dollars into your HSA you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30 percent tax bracket, you can save $30 on every $100 spent on eligible health care expenses.

HSA funds roll over from year to year and accumulate in your account. There is no “use-it-or-lose-it” rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future, or during retirement. And when you have a certain balance in your HSA, investment opportunities are available.

2020 HSA LIMITS

Single Coverage: $3,550
Family Coverage: $7,100

FURTHER

FLEXIBLE SPENDING ACCOUNT (FSA)

This is how an FSA works:

- You set aside money for your FSA from your paycheck before taxes are taken out.
- Then use your pre-tax FSA funds throughout the plan year to pay for eligible medical, dental, & vision expenses or dependent care expenses. (depending on which plan(s) you elect)
- These funds are use it or loss it, so plan carefully.
- If you are enrolled in an HSA medical plan, you are only allowed to spend these dollars on dental & vision expense.

Medical FSA
Election Maximum: $2,750
Carry Over: If you do not use all your fund during the plan year, you can carry over up to $500 to use during the following plan year
Dependent Care FSA
Election Maximum: $5,000 ($2,500 if married, filling separately)
Using your Plan Dollars
The Flexible Spending plan runs January 1st, 2020 – December 31st, 2020. Funds not claimed by March 1st, 2021 will be lost per IRS rules.

HEALTH FSA ELIGIBLE EXPENSES

- Medical expenses: co-pays, co-insurance, and deductibles
- Dental expenses: exams, cleanings, X-rays, and braces
- Vision expenses: exams, contact lenses and supplies, eyeglasses, and laser eye surgery
- Professional services: physical therapy, chiropractor, and acupuncture
- Prescription drugs and insulin
- Over-the-counter health care items: bandages, pregnancy test kits, blood pressure monitors, etc.

DEPENDENT CARE FSA ELIGIBLE EXPENSES

- Care for your child who is under age 13
- Before and after-school care
- Baby sitting and nanny expenses
- Day care, nursery school, and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home

FURTHER

Phone: 651-662-5065 (800-859-2144)
www.hellofurther.com

DENTAL PLANS

SUMMARY OF COVERAGE

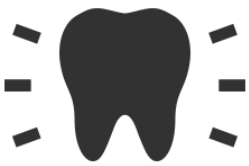
Plan Features	
IN NETWORK	
Annual Deductible (Individual / Family)	$50 / $150
Preventive Care	100%
Basic Procedures (Extractions, fillings, etc.)	80% after deductible
Major Procedures (Crowns, dentures, etc.)	50% after deductible
Child Orthodontia	50% ($1,000 lifetime maximum)
Calendar Year Maximum Benefit	$1,500
MONTHLY PRICING	
Employee	$36.80
Employee + Child	$86.02
Employee + Family	$139.76

FIND A PROVIDER

For the highest benefit level, use a Delta Dental PPO network provider.

https://www.dentaldentalmn.org
Click on find a dentist and then search your network
(Outside of Minnesota, visit https://www.dentaldental.com Click on find a dentist and enter your city & state)
or
Call Delta Dental at 651-406-5916 (or 800-448-3815)

DELTA DENTAL



VISION PLAN

SUMMARY OF COVERAGE

Plan Features	
IN NETWORK	
Vision Exam	Not Covered
Lenses	
Single	$25 Copay
Bifocal	$25 Copay
Trifocal	$25 Copay
Progressive	20% off Retail
Frames	$130 Allowance (20% off balance over $130)
Elective Contact Lenses	$130 Allowance
Medically Necessary Contact Lenses	Covered in Full
Frequency (Months)	
Lenses	Once every 12 months
Frames	Once every 24 months
Contacts	Once every 12 months (in lieu of eyeglass lens)
MONTHLY PRICING	
Employee	$4.53
Employee + Spouse	$8.61
Employee + Child(ren)	$9.06
Employee + Family	$13.32

FIND A PROVIDER

For the highest benefit level, use a Insight network provider.

https://www.eyemed.com
Click on "find an eye doctor" and select the Insight network
or
Call EyeMed at 877-552-7376

LIFE

SUMMARY OF COVERAGE

Plan Features	$15,000
Employee Benefit Amount	$15,000
AD&D Benefit	$15,000
Plan is 100% paid by Company XXX	
The following shows how much benefits are reduced at certain ages:	
Age Band	**Benefit Reduction**
65-69	25%
70-74	50%
75+	75%

DISABILITY PLAN
SHORT TERM & LONG TERM

SHORT TERM DISABILITY

Plan Features	
Employee Benefit Amount	60%
Maximum Benefit Amount	$1,000
Elimination Period (Accident)	0 days
Elimination Period (Sickness)	7 days
Benefit Duration	13 weeks

LONG TERM DISABILITY

Plan Features	
Employee Benefit Amount	60%
Maximum Benefit Amount	$5,000
Elimination Period	90 days
Benefit Duration	Age 65

VALUE OF PRE-TAX BENEFITS

Section 125 Plan

Company XXX operates a Premium Only Section 125 Plan, which allows you to reduce your total taxable income by your portion of group insurance premiums. In effect, this is just like getting a raise - your withholding taxes are reduced, and your take-home pay increases!

Example: Employee earning $30,000 annually, paying $200/month for benefits

	Without Pre-Tax Benefits	With Pre-Tax Benefits
Gross Pay	$30,000	$30,000
Insurance Deductions/Payments	$0	$2,400
Taxable Income	**$30,000**	**$27,600**
Taxes at 25%	$7,500	$6,900
After-Tax Income	**$22,500**	**$20,700**
After-Tax Payment for Benefits	$2,400	$0
Take-home Pay	**$20,100**	**$20,700**
INCREASE IN TAKE-HOME PAY		**+$600**

CONTACTS

Carrier Name	Website	Email	Phone Number
BlueCross BlueShield of Minnesota	https://www.bluecrossmn.com/	Service.Center@bluecrossmn.com	(800) 262-0819
EyeMed	www.eyemed.com	contact@eyemedvisioncare.com	(866) 723-0596
Lincoln Financial Group	https://www.lfg.com	CustServSupportTeam@LFG.com	(800) 423-2765
Delta Dental of Minnesota	https://www.dd.com	contact@dd.com	(800) 111-1111

NOTES

LEGAL NOTICES

This is an example of the Legal Notice layout. Working with Greg on creating all notices, will include same notices we currently use.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after your employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

• If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
• If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Human Resources.

LEGAL NOTICES

WHCRA Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy- related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the Company health plans. Therefore, deductibles and coinsurance apply based on the plan you have chosen. (See your health plan certificate for specific information.) If you would like more information on WHCRA benefits, contact your health plan carrier.

Newborns' Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).