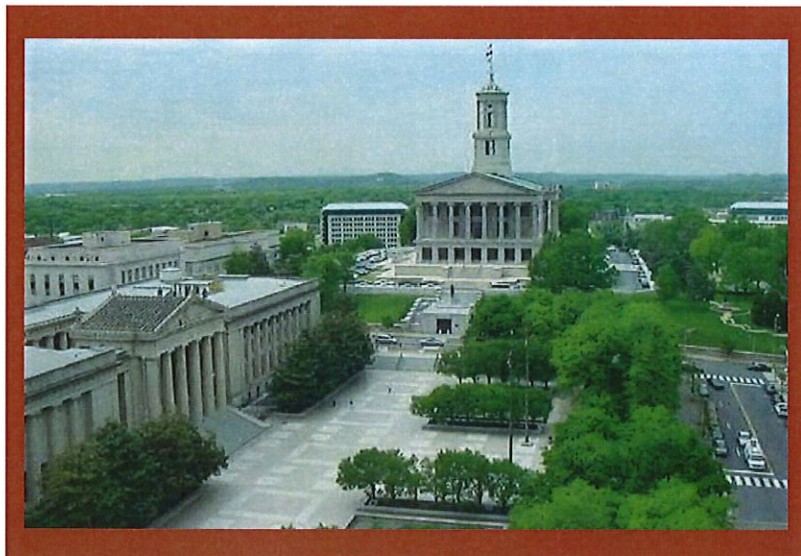
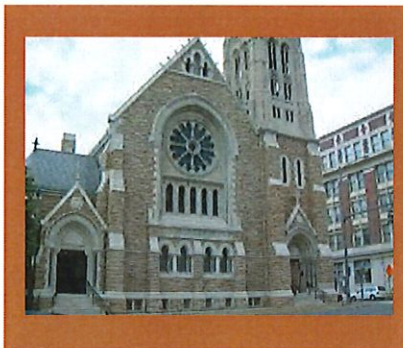


Employee Benefit Guide

January 1, 2021 – December 31, 2021



This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.



WASCO

INC

ENGINEERED MASONRY EXCELLENCE



This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.

WHO IS ELIGIBLE?

If you are a full-time employee working 30 or more hours per week you are eligible for benefits the first of the month following 60 days of regular full-time employment. Your legal spouse and dependent children up to age 26 are eligible to participate in your benefit plans.

If you or your children are or could be eligible for Medicaid or the Children's Health Insurance Program (CHIP) and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. Please see page 26 for more information.

HOW TO ENROLL

Please complete and return the enrollment form found inside your benefits information package.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

MID-YEAR CHANGES

Unless you have a qualifying event, you cannot make changes to the benefits You elect until the next open enrollment period. The Health Insurance Portability And Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events. If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself And/or your eligible dependents in coverage at a later date if there is a loss of other coverage.

If you experience a qualified "change in status," you must make any associated enrollment or benefit changes within 30 days of the event except for a Medicare or Medicaid entitlement event, in which case you must make changes within 60 days of the event.

You have the right to elect coverage during the plan year if your or your dependent's Medicaid/Children's Health Insurance Program (CHIP) coverage terminates due to discontinuation of eligibility under the program or if you become eligible for a, Medicaid/CHIP premium assistance subsidy (if available in your state) providing you request enrollment within 60 days of the loss of coverage or eligibility for premium subsidy. **Qualified changes in status include:** Change in legal marital status; Change in number of dependents; Change in employment status of employee, spouse, or dependent; A dependent newly satisfies or ceases to satisfy eligibility requirements; Change in place of residence; Loss of certain other health coverage; Court judgment, decree, or order; Medicare or Medicaid entitlement; Significant cost or other coverage changes; Family Medical Leave Act (FMLA) leave of absence; Reduction of hours; Exchange/Marketplace enrollment. Please note that there are several conditions and/or limitations that apply to the events listed above. **Please contact Human Resources if you have any questions or believe that you may qualify for an election change.**



QUESTIONS ?

**Brown & Brown of Tennessee**

Cara Arnold
Account Executive
615- 620-7714
Carnold@bbtennessee.com

WASCO

John Golden
V.P. of Safety & Insurance
615-244-9090
jwg@wasco-inc.com

Plan	Carrier	Phone	Website
Medical	United Healthcare Group #910193	1-800- 842-8000	UHC Choice Plus Network www.myuhc.com Preventive Care Guidelines www.uhcpreventivecare.com
Dental	United Healthcare Group #910193	1-877-816-3596	National Options PPO 20 Network Myuhc.com
Vision	United Healthcare Group #910193	1-800-638-3120	www.myuhcvision.com
Life and AD&D Insurance	Mutual Of Omaha Group ##G000ARV	1-800-877-5176	www.mutualofomaha.com
Disability Insurance	Mutual Of Omaha Group ##G000ARV	1-800-877-5176	www.mutualofomaha.com
Employee Assistance Program (EAP)	United Healthcare Group #910193	1-800-842-8000	www.liveandworkwell.com
Medical Gap Plan	Crescent Group # G1050-17	1-800-445-7227	www.mygilsbar.com

EMPLOYEE CONTRIBUTIONS

The WASCO Benefits Plan is designed under “Section 125” of the IRS Code. This allows you to take advantage of federal and state laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, any required contributions for medical, dental, and vision will be made with pre-tax dollars. You may only change your pre-tax benefit elections once per year, during open enrollment, unless you experience a qualified “change in status.” You may waive participation in the Section 125 Plan and elect to pay all contributions with after-tax dollars. Contact Human Resources for a waiver form if you elect to pay for your benefits with after-tax dollars.

Medical Plans Weekly Contributions			
Coverage Level	Option 1	Option 2	Option 3
Employee Only	\$41.51	\$30.23	\$18.86
Employee & Spouse	\$149.57	\$126.00	\$102.40
Employee & Child(ren)	\$122.93	\$101.42	\$81.92
Employee & Family	\$208.94	\$187.95	\$179.19

Medical Gap Plans Weekly Contributions	
Coverage Level	Rate
Employee Only	\$8.77
Employee & Spouse	\$23.15
Employee & Child(ren)	\$23.34
Employee & Family	\$37.25

Dental Plans Weekly Contributions	
Coverage Level	Rate
Employee Only	\$5.10
Employee & Spouse	\$11.50
Employee & Child(ren)	\$11.50
Employee & Family	\$18.25

Vision Plan Weekly Contributions	
Coverage Level	Rate
Employee Only	\$1.75
Employee & Spouse	\$3.50
Employee & Child(ren)	\$3.25
Employee & Family	\$5.40



Voluntary Life Insurance Weekly Rates								
Employee Benefit	Age Bands							
	20-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$100,000	\$1.38	\$1.85	\$3.46	\$6.69	\$10.15	\$17.31	\$29.54	\$52.15
\$75,000	\$1.04	\$1.38	\$2.60	\$5.02	\$7.62	\$12.98	\$22.15	\$39.12
\$50,000	\$0.69	\$0.92	\$1.73	\$3.35	\$5.08	\$8.65	\$14.77	\$26.08
\$25,000	\$0.35	\$0.46	\$0.87	\$1.67	\$2.54	\$4.33	\$7.38	\$13.04
Spouse Benefits								
\$20,000	\$0.28	\$0.37	\$0.69	\$1.34	\$2.03	\$3.46	\$5.91	\$10.43
Child(ren) Life Options to age 26								
\$5,000	\$0.23							
\$10,000	\$0.46							

Voluntary Short Term Disability Weekly Rates

WASCO / LOVELLS 2020 SHORT-TERM DISABILITY RATE SHEET

Hourly Wage	Weekly Benefit	Weekly Deduction	Hourly Wage	Weekly Benefit	Weekly Deduction	Hourly Wage	Weekly Benefit	Weekly Deduction
\$14.00	\$336.00	\$4.26	\$19.75	\$474.00	\$6.02	\$25.50	\$612.00	\$7.77
\$14.25	\$342.00	\$4.34	\$20.00	\$480.00	\$6.09	\$25.75	\$618.00	\$7.84
\$14.50	\$348.00	\$4.42	\$20.25	\$486.00	\$6.17	\$26.00	\$624.00	\$7.92
\$14.75	\$354.00	\$4.49	\$20.50	\$492.00	\$6.24	\$26.25	\$630.00	\$8.00
\$15.00	\$360.00	\$4.57	\$20.75	\$498.00	\$6.32	\$26.50	\$636.00	\$8.07
\$15.25	\$366.00	\$4.65	\$21.00	\$504.00	\$6.40	\$26.75	\$642.00	\$8.15
\$15.50	\$372.00	\$4.72	\$21.25	\$510.00	\$6.47	\$27.00	\$648.00	\$8.22
\$15.75	\$378.00	\$4.80	\$21.50	\$516.00	\$6.55	\$27.25	\$654.00	\$8.30
\$16.00	\$384.00	\$4.87	\$21.75	\$522.00	\$6.63	\$27.50	\$660.00	\$8.38
\$16.25	\$390.00	\$4.95	\$22.00	\$528.00	\$6.70	\$27.75	\$666.00	\$8.45
\$16.50	\$396.00	\$5.03	\$22.25	\$534.00	\$6.78	\$28.00	\$672.00	\$8.53
\$16.75	\$402.00	\$5.10	\$22.50	\$540.00	\$6.85	\$28.25	\$678.00	\$8.61
\$17.00	\$408.00	\$5.18	\$22.75	\$546.00	\$6.93	\$28.50	\$684.00	\$8.68
\$17.25	\$414.00	\$5.25	\$23.00	\$552.00	\$7.01	\$28.75	\$690.00	\$8.76
\$17.50	\$420.00	\$5.33	\$23.25	\$558.00	\$7.08	\$29.00	\$696.00	\$8.83
\$17.75	\$426.00	\$5.41	\$23.50	\$564.00	\$7.16	\$29.25	\$702.00	\$8.91
\$18.00	\$432.00	\$5.48	\$23.75	\$570.00	\$7.23	\$29.50	\$708.00	\$8.99
\$18.25	\$438.00	\$5.56	\$24.00	\$576.00	\$7.31	\$29.75	\$714.00	\$9.06
\$18.50	\$444.00	\$5.64	\$24.25	\$582.00	\$7.39	\$30.00	\$720.00	\$9.14
\$18.75	\$450.00	\$5.71	\$24.50	\$588.00	\$7.46			
\$19.00	\$456.00	\$5.79	\$24.75	\$594.00	\$7.54			
\$19.25	\$462.00	\$5.86	\$25.00	\$600.00	\$7.62			
\$19.50	\$468.00	\$5.94	\$25.25	\$606.00	\$7.69			



MEDICAL PLAN

The medical plans are through United Healthcare.

Preferred Provider Organization (PPO) Plans allow you to choose to see PPO providers or non-network providers. When you use a provider who participates in the Choice Plus Network(s) your out-of-pocket expenses for covered services will be lower. Therefore, it is to your advantage to use PPO providers, but it is not required. You can search for providers at www.myuhc.com or on the mobile app.



Plan Features	Option 1 Includes Care Cash!	Option 2 Includes Care Cash!	Option 3*
Deductible	\$5,000 single \$10,000 family	\$5,000 single \$10,000 family	\$5,000 single \$10,000 family
Coinsurance	70% / 30%	80% / 20%	80% / 20%
Out-of-Pocket Maximum (includes deductible & copays)	\$6,600 single \$13,200 family	\$6,600 single \$13,200 family	\$6,400 single \$12,800 family
Doctor Office Visits			
PCP	\$35	\$50 – Over age 19 \$0 – Under age 19	CYD+20%
Specialist Virtual Visit	\$70 \$0	CYD, then \$75** \$0	CYD+20% \$59 charge
Preventative Well Care	\$0	\$0	\$0
Urgent Care	CYD+30%	CYD, then \$100**	CYD+20%
Emergency Room	CYD+30%	CYD, then \$350**	CYD+20%
Inpatient Hospitalization	CYD+30%	CYD, then \$1,000**	CYD+20%
Outpatient Hospitalization	CYD+30%	CYD, then \$250**	CYD+20%
Lab, X-ray & other Diagnostic testing	CYD+30%	CYD, then \$75**	CYD+20%
Major Diagnostic (MRI, MRA, CAT, & PET scans)	CYD+30%	CYD, then \$250**	CYD+20%
Prescriptions			
Tier 1	\$10	\$10	CYD+20%
Tier 2	\$35	\$35	CYD+20%
Tier 3	\$70	\$70	CYD+20%
Mail Order	2.5x Retail Copay	2.5x Retail Copay	CYD+20%

CYD = Calendar Year Deductible

The deductibles shown above are embedded deductibles. This means that the most one person can only meet is his/her deductible and out-of-pocket maximum. One person cannot meet the full family deductible/out-of-pocket maximum.

**If you elect Option 3 you are eligible to open a Health Savings Account (HSA) through your personal bank. An HSA is a tax advantage savings account. If you do choose to open a personal HSA account you are NOT eligible to enroll in the Crescent Medical Gap plan.*

****You will only pay the copays in red on Option 2 AFTER you meet the deductible.**

Please refer to your certificate for plan details.

CARE CASH – AVAILABLE WITH OPTIONS 1 AND 2 ONLY



When you need
care, Care Cash™
may help.



What is Care Cash?

A preloaded debit card that helps guide you to eligible care (and helps pay for it).
Your card comes loaded with \$200 for individuals or \$500 for family plans.

What network care can I use it for?



Virtual Visits

Virtual urgent care for common concerns
(from the flu to allergies).



UnitedHealthcare Premium® Care Physicians

Doctors who meet benchmarks — based on
national standards — for quality and cost
efficiency (from specialists to family clinicians).



Primary Care

The place to start for routine care
(from physical to behavioral health).



Urgent Care

From care at convenience clinics (for flu shots
and minor injuries) to urgent care (for broken
bones and infections).

Learn more.

uhc.com/carecash

United
Healthcare®

Care Cash provides a pre-loaded debit card which can be used for certain health care expenses. The information provided in connection with Care Cash is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional to determine what may be right for them.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

The UnitedHealthcare Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com. You should always visit myuhc.com for the most current information. Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. You should also discuss designations with a physician before choosing him or her. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician. Please visit myuhc.com for detailed program information and methodologies.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

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CARE CASH – AVAILABLE WITH OPTIONS 1 AND 2 ONLY



Request your card to put \$200 in your pocket.

Your plan comes with a Care Cash™ debit
card for eligible expenses.



Claim card at:
uhc.com/carecash



Support
1-888-201-4286



United
Healthcare

CARE CASH – AVAILABLE WITH OPTIONS 1 AND 2 ONLY

Care Cash

How do I use it?

Once your Care Cash card arrives in the mail, you can use it on certain eligible expenses like copays, deductibles and other out-of-pocket costs.

What kind of care can I use Care Cash for?



Virtual Visits

Virtual urgent care for common concerns (from the flu to allergies).



UnitedHealth Premium® Care Physicians

Doctors who meet benchmarks — based on national standards — for quality and cost efficiency (from specialists to family clinicians).



Primary Care

The place to start for routine care (from physical to behavioral health).



Urgent Care

From care at convenience clinics (for flu shots and minor injuries) to urgent care (for broken bones and infections).

How do I get my card?

- 1 Go to uhc.com/carecash
- 2 Log in to request your card*
- 3 Activate your card when it arrives in the mail

*If you've never logged in to myuhc.com, create an account and then find Care Cash under the "Coverage & Benefits" tab.

Care Cash provides a pre-loaded debit card which can be used for certain health care expenses. The information provided in connection with Care Cash is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional to determine what may be right for them.

Virtual Visits: phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in these circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

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Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

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Take advantage of preventive care to help manage your health

UnitedHealthcare is dedicated to helping people live healthier lives, and we encourage our members to receive age and gender appropriate preventive health care services.

Preventing disease and detecting health issues at an early stage, if they occur, are important to living a healthy life. Following the recommended guidelines, based on your age and gender, along with the advice of your doctor, may help you stay healthy. For specific health questions and concerns, talk with your doctor and follow his or her direction as to the preventive care services that may be right for you.

Under the Affordable Care Act (ACA)¹, most UnitedHealthcare members are eligible to receive certain preventive health care services, based upon age, gender and other factors without cost sharing, (100% without charging a co-payment, co-insurance or deductible), as long as you obtain the services from a health plan network provider. Diagnostic (non-preventive) services are also covered for UnitedHealthcare members. These services may require a co-payment, co-insurance or deductible. Always refer to your plan documents for your specific coverage.



Tools
Care24


Providing help and information at your fingertips.

With Care24®, you have access to health and well-being information and support — 7 days a week, 24 hours a day just by calling the toll-free phone number on your health plan ID card. Care24 connects you with registered nurses or counselors who can help you with health concerns, personal or family matters, financial and emotional needs and more.



Nurses at the ready.

Registered nurses are available to help you with questions about health conditions or symptoms and provide information to help you:

- Learn to recognize when self-care, a Virtual Visit, a doctor visit or the emergency room may be appropriate.
- Care24 nurses are here to help you find a doctor or specialist, and check if the doctor is in your network and available. We may even be able to make the appointment for you.
- Understand medication interactions and how to help reduce your prescription costs.



Counselor support.

Counselors are available to help you address a wide range of personal concerns such as emotional distress, relationship worries, anxiety, grief and much more. When you call, you also can connect with legal* and financial professionals.



Local resources.

A Care24 professional may offer to find local, in-person help in some situations. Counselors may also be able to connect you with other helpful resources in your community.



Call Care24 information on:

- Routine illness.
- Minor injuries.
- Stress and anxiety.
- Relationship worries.
- Coping with grief and loss.
- Questions to ask your doctor.
- Personal legal concerns.*
- Men's, women's and children's health.
- Prevention.
- Self-care information.
- Help finding a doctor.
- Information on medications.

Questions or concerns? Contact us today.

You can take advantage of Care24 nurses and counselors by calling the member phone number on your health plan ID card. Or visit myuhc.com® where through Live Nurse Chat you can connect with a registered nurse, 24 hours a day.



*Because of the potential for conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or an entity through which the caller is receiving Care24 services, directly or indirectly (e.g., employer or health plan).

Nurses can't diagnose problems nor recommend specific treatment. They are not a substitute for your doctor's care.

The Care24® program integrates elements of traditional employee assistance and workplace programs with health information lines for a comprehensive set of resources. It is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply.

Insurance coverage provided by or through United Healthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Facebook.com/UnitedHealthcare Twitter.com/UHC Instagram.com/UnitedHealthcare YouTube.com/UnitedHealthcare

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Access Virtual Visits

With a virtual visit you can see and talk to a doctor online, any time.



amwell.com



doctorondemand.com

You have access to a network of virtual visit provider groups. To learn more about virtual visits and our network please log into **myuhc.com**® or the UnitedHealthcare **Health4Me**® app.

Once you choose a virtual visit provider group you will be directed to their website from **myuhc.com** or their app from Health4Me. You also have the option of going directly to their website or app to access care. You can download their app directly from **Google Play**™ or the **Apple**® **App Store**®.

Virtual visits are covered under your health plan benefits either way you decide to access care.



Apple and App Store are registered trademarks of Apple, Inc. Google Play is a trademark of Google, Inc.

Access to virtual visits and prescription services may not be available in all states or for all groups. Go to myuhc.com for more information about availability of virtual visits and prescription services. Always refer to your plan documents for your specific coverage. Virtual visits are not an insurance product, health care provider or a health plan. Virtual visits are an internet based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for virtual visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Services, Inc. or their affiliates.

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Advocate4MeSM

Health care can be confusing, time consuming and stressful. You know it and research confirms it. According to a member health insurance plan study by J.D. Power, consumers have a difficult time making the best health care decisions.¹

Unlike other advocacy models that rely on a concierge approach, UnitedHealthcare has created a circle of caring support designed to deliver uniquely personalized, consistently helpful interactions with the goal to achieve proven outcomes.

A circle of caring support



Advocate4Me is designed to provide:

- Reduced medical and pharmaceutical costs
- Increased health engagement
- Decreased gaps in care
- Increased employee satisfaction with the health plan
- Reduced calls to your HR department
- A simple, personalized experience

Give employees the relief of knowing the help they need is already at their side. They simply need to reach out.

Advocate4Me organizes all aspects of care around your employees to answer their questions and solve their issues, including financial, benefits and claims, pharmacy, provider search, plan selection, wellness, emotional health, clinical support and complex health care support.

The Advocates “own the inquiry” and stay with the employee to make sure the problem or question is resolved; this level of hands-on accountability helps to remove the burden from employees in getting help and employers in providing support.

UnitedHealthcare hires high-caliber employees with a range of specialized skills, including nurses, to serve as Advocates. A team of specialists, like pharmacists and medical directors, support the Advocates.

Using robust data and sophisticated technology, **employees get the Advocate who is best able to understand their situation** and provide the support needed at that moment.





Health4Me

Your family's health, in your hands.

UnitedHealthcare Health4Me™ provides instant access to your family's critical health information — anytime/anywhere. Whether you want to find a physician near you, check the status of a claim or speak directly with a health care professional, Health4Me is your go-to resource.



It's responsive.

The Easy Connect service lets us know of anything you may need help with. A representative will get back to you with information about claims, benefits and more without having to wait on hold.



It goes where you go.

Use the location search feature to find a physician or facility near you. Whether you need a specialist or general practice, the largest selection of network doctors is at your command.



It simplifies.

Add your most commonly used contacts to the "Favorites" tab. Now searching for your child's pediatrician or your dad's physician is simply a touch away.



It's personal.

From emailing your health plan ID card information to checking on medical spending accounts, Health4Me is the resource that is designed to work for you. And you can rest assured that your information is absolutely confidential.

Key features include*

- Search for Physicians or Facilities by location or specialty
- Store favorite Physicians and Facilities
- View Claims
- Have an Easy Connect Representative contact you to answer any questions
- View and Share health plan ID card information
- Contact an experienced registered nurse 24/7
- Choose to view plan members independently or the plan as a whole
- Check health related financial account balances
- Locate Urgent Care facilities and ER's
- Check status of deductible and out-of-pocket spending
- Complete confidentiality



App Store is a service mark of Apple, Inc. Android is a trademark of Google, Inc.

*Some features may not be available for all employer plans. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Services, Inc. or their affiliates. Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oregon, Inc., and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by UnitedHealthcare Services, Inc. or its affiliates. For informational purposes only. NurseLine™ nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. NurseLine services are not an insurance program and may be discontinued at any time.

MEDICAL GAP PLAN

The medical gap plan pays 1st dollar on your deductible for both In and Outpatient Benefits for UHC Medical plans.

Inpatient Benefit – Up to \$3,000

The Gilsbar Gap Plan includes coverage for confinement and services rendered as an inpatient in a hospital—room charges, surgery, in-hospital physician charges, and emergency room treatment (if admitted to hospital). The family benefit limit equals three times the individual Inpatient Hospital Benefit.

Outpatient Benefit – Up to \$2,000

The Crescent Gap Plan includes coverage for services rendered in a hospital emergency room, hospital outpatient facility, outpatient surgical facility, or MRI facility. The family benefit limit equals three times the individual Outpatient Hospital Benefit.

Filing claims is easy. Be sure to show your Crescent Medical card at the same time you show your UHC ID card. The provider will call to verify that you do have coverage and will file the claim electronically for you. If your provider refuses to file for you, or you forget your ID card, you can easily file for reimbursement after you receive your Explanation of Benefits (EOB) and itemized bill. Just call the number on the back of your I.D. card and they will tell you where to send it.

Weekly Cost		Outpatient Benefit	Inpatient Benefit
Single	\$8.77	\$2,000	\$3,000
Employee + Spouse	\$23.15	\$2,000 per person	\$3,000 per person
Employee + Child(ren)	\$23.34	\$2,000 per person, max of 3	\$3,000 per person, max of 3
Family	\$37.25	\$2,000 per person, max of 3	\$3,000 per person, max of 3

- You must be enrolled in the WASCO Medical plan through UHC in order to elect this benefit.
- If you elected to cover dependents on the medical plan, you are not required to purchase the Crescent Gap Plan on the entire family. Therefore, you could elect family coverage with UHC but only purchase single coverage with the Crescent Gap Plan.



Please refer to your certificate for plan details.

Guidelines

Claims Filing Process

The covered member must submit a copy of the Explanation of Benefits from their major medical carrier, a copy of the charges from their physician and a NW/Gilbar claim form (once per family per year). This form can be completed on www.mygilbar.com

Eligibility Guidelines

A person must be covered by a Health Benefit Plan (must have common deductible for all conditions) to be eligible for benefits under the Supplemental Health Insurance Plan. Health Benefit Plan means any self-funded or fully insured major medical or comprehensive medical plan through which an Insured Person has coverage. Health Benefit Plan does not include any other comprehensive major medical plan or any limited medical program. Plan benefits do not fit the definition of other health coverage underneath a Health Savings Account (HSA) as determined by the Internal Revenue Service.

Enrollment

Enrollment in MedPair is the same as in a group Health Benefit Plan. With the exception of new hires, employees may only enter the plan via open enrollment.

Payment

Please do not include an initial month premium check with enrollment materials. Electronic payment is available through Gilbar.

COBRA

MedPair from Nationwide is subject to COBRA, which requires certain group health plans to provide a temporary continuation of group health coverage that otherwise might be terminated. COBRA requires continuation of coverage to be offered to covered employees, their spouses, their former spouses, and their dependent children when group health coverage would otherwise be lost due to certain specific events. These include the death of the covered employee, termination or reducing the hours of employment, divorce or legal separation from a covered employee and a loss of dependent status (and therefore coverage) under the plan. Please notify your COBRA administrator of this and inform Gilbar if there are COBRA persons to be included under MedPair.

Exclusions

No Benefits are payable under the Policy for the following, except as required by state mandates. In addition, the charges listed below will not be recognized toward the satisfaction of any deductible.

- Any expenses incurred during any period the covered person does not have coverage under a Health Benefit Plan;
- Suicide or any attempt thereof, while sane or insane;
- Any intentionally self-inflicted injury or sickness, while sane or insane
- Rest care or rehabilitative care and treatment;
- Voluntary abortion except:
 - Where the insured or dependent life would be endangered if the fetus were carried to term; or
 - Where medical complications have arisen from abortion
- Any injury or sickness as a result of participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority. For purposes of this exclusion, participation means to take an active part in common with others; "Riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law;
- A covered person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause of loss occurred. A violation of law includes both misdemeanor and felony violations.
- Participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee jumping, scuba diving, stunt driving, rock climbing, flying ultra-light aircraft, skydiving, hang gliding or any hazardous sports activity for exhibition purposes;
- Injury or sickness as a result of air travel except:
 - As a fare-paying passenger on a commercial airline on a regularly scheduled route; or
 - As a passenger for transportation only and not as a pilot or crew member
- Any injury that occurs while a covered person has been determined to be intoxicated:
 - By judicial or administrative judgment or order;
 - By evidence of an alcohol concentration in the blood, breath or urine of a covered person which equals or exceeds the limits set by applicable motor vehicle laws; or
 - By other evidence demonstrating the covered person was under the influence of any alcohol, narcotic, barbiturate or hallucinatory drug, unless the same was administered on the advice of a physician and was taken according to the prescribed dosage; and the use of such substance was a proximate cause of the injury
- Alcoholism or drug use, unless administered on the advice of a physician and was taken according to the prescribed dosage;
- Procedures associated with sex changes;
- Any treatment, drugs or surgery considered experimental by the American Medical Association, the Health Care Finance Administration or the Federal Drug Administration;
- Any loss while the covered person is in the service of the Armed Forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the Armed Forces. Upon notice to the Company of entering the Armed Forces, the Company will return to the covered person pro rata any premium paid, less any benefits paid, for any period during which the covered person is in such service;
- Injury or sickness for which compensation is payable under any Workers' Compensation Law, any Occupational Disease Law or similar legislation;
- Mental illness or functional or organic nervous disorders, regardless of the cause;
- Dental or vision services, including, but not limited to, treatment, surgery, extractions or x-rays, unless:
 - Resulting from an injury occurring while the coverage of a covered person under the policy is in force and if performed within 12 months of the date of such accident; or
 - Due to congenital disease or anomaly of a dependent newborn child;
- Routine examinations, other than well child examinations if the Physician Office Visit Benefit is listed in the Schedule of Benefits, such as health exams, periodic check-ups or routine physicals



Nationwide



Underwritten by Nationwide Life Insurance Company. Products are not available in all states; residents in the following states will be excluded from coverage: KS, MN, NH, VT, WA. All coverage is subject to availability, underwriting approval, and specific state mandates. The benefits and exclusions outlined in this proposal are for illustrative purposes only and are not guaranteed until all underwriting requirements have been satisfied. MedPair does not cover 100% of out of pocket expenses.

DENTAL PLAN



The dental plan is through United Healthcare.

Preferred Provider Organization (PPO) Plans provide you with the freedom to use a dentist of your choice or access the PPO network of dentists. If you use a dentist participating in the PPO network, your out-of-pocket expenses will be reduced, as fees are subject to a negotiated rate. If you use a non-network provider, you are responsible for paying the difference in cost between the non-network provider's charges and the allowed amount.

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart.

Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

We're happy to say that there are no benefit or cost changes to your dental benefits for 2021. The following chart outlines the dental benefits we offer.

	Amount You Pay (In-Network)
Preventive Services	Exams, cleanings, x-rays, sealants, space maintainers – 0%
Deductible	Applies to basic and major services only \$25 per individual or \$75 per family
Basic Services	Fillings, simple extractions, endodontics, periodontics, emergency treatment – 0%
Major Services	Dentures, crowns, bridges, implants, inlays/onlays – 40%
Orthodontia	50% up to a lifetime maximum of \$1,000 For dependent children, up to age 19
Annual Maximum	\$1,000 (preventive services do not apply to the annual maximum)

Using out-of-network providers will increase your expenses.

Please refer to your certificate for plan details.

VISION PLAN

The vision plan is through United Healthcare.

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems. WASCO's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.



Services	In-Network Benefits
Exam	\$10 copay
Materials Copays:	\$10 copay
Eyeglass Lenses Allowances:	
Single Vision Lined Bifocal Lined Trifocal Lenticular	\$10 copay
Frames Retail Allowance	\$130 retail frame allowance
Contact Lenses Allowance:	\$150 allowance for a contact lens (If you choose contact lenses you will not be eligible for frames until 12 month from the date the contact lenses were obtained).
Frequency – Exams	Once every 12 months
Frequency – Lenses/Contact Lenses	Once every 12 months
Frequency – Frames	Once every 24 months

****In-Network benefits are shown above.***

Using out-of-network providers will increase your expenses.



Please refer to your certificate for plan details.

DISABILITY INSURANCE

WASCO provides full-time employees with the option to purchase to Voluntary Short-Term Disability income benefits.

In the event you become disabled from a non work-related injury or sickness, disability income 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.

Voluntary Short-Term Disability covers 60% of your weekly earnings to a maximum of \$1,000 per week in the event you are disabled.

VOLUNTARY SHORT-TERM DISABILITY (STD) – If you waive the STD coverage in the past, you can enroll during Open Enrollment. The pre-existing condition limitation will apply.

PRE-EXISTING CONDITION EXCLUSION - Benefits are not payable for conditions that existed 3 months prior to the effective date of your coverage until you have been covered for 12 months

BASIC LIFE INSURANCE

If you are enrolled in the medical plan, WASCO provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance. Mutual of Omaha Life insurance can help provide for your loved ones if something were to happen to you.

WASCO pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information during the year.

At the Age of: The Original Amount of Insurance Will Reduce to:

70 65%

75+..... 50%

Life and disability actively at work - All active work and/or active employment requirements that pertain to the policy to be eligible for coverage must be satisfied. Insurance coverage for eligible dependents may be delayed if they are confined (at home, in a hospital, or in any other institution or facility) or disabled on the date insurance would otherwise begin, in accordance with the terms of the policy

If life coverage ends or reduces, you may be eligible continue the coverage. If you have any questions regarding the conversion or portability, contact your Benefits Administrator or call toll-free number provided by Mutual of Omaha, 1-800-877-5176.



Please refer to your certificate for plan details.

VOLUNTARY LIFE INSURANCE

Voluntary Life Insurance

WASCO employees can purchase Voluntary Life insurance. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

You may elect an amount of life insurance from \$25,000 to \$500,000, in increments of \$25,000 to a maximum of 5 times your annual earnings.

At initial eligibility the guarantee issue amount is 5 times your Annual Earnings or \$100,000, whichever is less. (If you elect coverage over the guarantee amount or after your initial eligibility, you will be required to complete an Evidence of Insurability form with health questions).

If you are currently participating, and you have not reached the maximum benefit amount, during annual enrollment you are allowed to increase your benefit by \$25,000 or \$50,000 without answering health questions.

Dependent Voluntary Life Insurance

You may elect for an amount of life insurance for your spouse of \$20,000. At initial eligibility, the guarantee issue amount for your Spouse is \$20,000.

You may elect \$10,000 of life insurance for your dependent children, provided the amount elected does not exceed 100% of your amount of life insurance. Each eligible dependent child must have the same amount of insurance. The guarantee issue amount for your dependent child(ren) is \$10,000.

Benefit Reduction(s)

As you grow older, the amount of life insurance for you and your spouse will be reduced according to the following schedule:

At the Age of: The Original Amount of Insurance Will Reduce to:

70	65%
75.....	45%
80	30%
85	20%
90	15%

Coverage	Minimum	Guarantee Issue	Maximum Amount
For You	\$25,000	5 x your annual salary to a max of \$100,000	5 x your annual salary to a max of \$500,000
Spouse	\$20,000	100% of employee's benefit, up to \$20,000	100% of employee's benefit, up to \$20,000
Dependent Child	\$5,000	100% of employee's benefit, up to \$10,000	\$10,000

***The coverage is not in force until you receive written approval from Mutual of Omaha.
Please refer to your personalized enrollment form for rates. Rates are based on employee age.***

All active work and/or active employment requirements that pertain to the policy to be eligible for coverage must be satisfied. Insurance coverage for eligible dependents may be delayed if they are confined (at home, in a hospital, or in any other institution or facility) or disabled on the date insurance would otherwise begin, in accordance with the terms of the policy

If life coverage ends or reduces, you may be eligible continue the coverage. If you have any questions regarding the conversion or portability, contact your Benefits Administrator or call toll-free number provided by Mutual of Omaha, 1-800-877-5176.



Please refer to your certificate for plan details.