



Wilbert's

BENEFITS SUMMARY

Plan Year: 2018



OUR EMPLOYEES ARE OUR MOST VALUABLE ASSET.

At Wilbert's, Inc. we are committed to offering a comprehensive employee benefits program that helps our employees stay healthy, feel secure and maintain a work/life balance.

STAY HEALTHY

- Medical and Dental
- Health Savings Account

FEELING SECURE

- Disability insurance
- 401(k) and Profit Sharing Plan
- Life and accidental death & dismemberment (AD&D) insurance

WORK/LIFE BALANCE

- Employee assistance program
- Paid time off (PTO)

2018 Benefits at a Glance

This is not a contract of binding agreement. The above information is provided in summary for easy comparison only. Refer to your plan booklet and handbook for actual details. In the event there is a discrepancy between the information presented here and the actual plan document, the plan document controls.



HEALTH INSURANCE

WHO IS ELIGIBLE AND WHEN:

Full-time employees working 30+hrs/week. Eligibility begins 90 days after employment.

BENEFITS YOU RECEIVE:

Benefit eligible employees have the option to choose from four (4) Excellus BCBS medical plan offerings.

EMPLOYEE PAYS:

EE is employee portion each week deducted from pay, and ER is employer portion. Depending on employee's years of service and what plan the employee chooses. Employees are also pay based on years of service the 0-4 years is on left of chart. 5-9 years is in the middle of the chart and 10+ years in on the right of the chart.

2018 Plans and Contributions - Weekly												
	0-4 Platinum				5-9 Platinum				10+ Platinum			
	EE	ER	% EE	% ER	EE	ER	% EE	% ER	EE	ER	% EE	% ER
Single	\$101.79	\$53.33	66%	34%	\$88.46	\$66.66	57%	43%	\$75.12	\$80.00	48%	52%
EE & Sp	\$203.57	\$106.67	66%	34%	\$176.91	\$133.33	57%	43%	\$150.25	\$160.00	48%	52%
EE & Child(ren)	\$173.04	\$90.66	66%	34%	\$150.38	\$113.33	57%	43%	\$127.71	\$136.00	48%	52%
Family	\$290.10	\$151.99	66%	34%	\$252.10	\$190.00	57%	43%	\$214.10	\$228.00	48%	52%
	0-4 Gold				5-9 Gold				10+ Gold			
	EE	ER	% EE	% ER	EE	ER	% EE	% ER	EE	ER	% EE	% ER
Single	\$79.15	\$53.33	60%	40%	\$65.82	\$66.66	50%	50%	\$52.48	\$80.00	40%	60%
EE & Sp	\$158.29	\$106.67	60%	40%	\$131.63	\$133.33	50%	50%	\$104.96	\$160.00	40%	60%
EE & Child(ren)	\$134.55	\$90.66	60%	40%	\$111.89	\$113.33	50%	50%	\$89.22	\$136.00	40%	60%
Family	\$225.57	\$151.99	60%	40%	\$187.57	\$190.00	50%	50%	\$149.56	\$228.00	40%	60%
	0-4 Silver				5-9 Silver				10+ Silver			
	EE	ER	% EE	% ER	EE	ER	% EE	% ER	EE	ER	% EE	% ER
Single	\$53.19	\$48.86	52%	48%	\$40.97	\$61.08	40%	60%	\$28.76	\$73.29	28%	72%
EE & Sp	\$106.38	\$97.73	52%	48%	\$81.94	\$122.17	40%	60%	\$57.51	\$146.60	28%	72%
EE & Child(ren)	\$90.43	\$83.07	52%	48%	\$69.66	\$103.84	40%	60%	\$48.89	\$124.61	28%	72%
Family	\$151.59	\$139.27	52%	48%	\$116.78	\$174.08	40%	60%	\$81.96	\$208.90	28%	72%
	0-4 Bronze				5-9 Bronze				10+ Bronze			
	EE	ER	% EE	% ER	EE	ER	% EE	% ER	EE	ER	% EE	% ER
Single	\$32.55	\$48.86	40%	60%	\$20.33	\$61.08	25%	75%	\$14.64	\$66.77	18%	82%
EE & Sp	\$65.11	\$97.73	40%	60%	\$40.68	\$122.16	25%	75%	\$29.29	\$133.55	18%	82%
EE & Child(ren)	\$55.34	\$83.07	40%	60%	\$34.57	\$103.84	25%	75%	\$24.90	\$113.51	18%	82%
Family	\$92.78	\$139.26	40%	60%	\$57.96	\$174.08	25%	75%	\$41.74	\$190.30	18%	82%



HEALTH INSURANCE

BENEFIT SUMMARY:

This chart gives a side-by-side look at the amount you owe when you use in-network providers.

2018 Excellus BCBS Medical Plan Summary				
Coverages (based on In- Network Providers)	Simply Blue Platinum	Simply Blue Gold	Simply Blue Silver	Simply Blue Bronze
HSA Eligible	No	No	Yes	Yes
Single Deductible	\$0	\$0	\$2,500	\$5,500
Family Deductible	\$0	\$0	\$5,000	\$11,000
Co-Insurance	0%	0%	15%	0%
Single Out of Pocket Max.	\$6,350	\$6,850	\$6,550	\$6,550
Family Out of Pocket Max.	\$12,700	\$13,700	\$13,100	\$13,100
Out of Network Coverage (Y/N)	Yes (refer to booklet for benefit summary)	Yes (refer to booklet for benefit summary)	Yes (refer to booklet for benefit summary)	Yes (refer to booklet for benefit summary)
Office Visit PCP	\$15 Copay	\$40	Subj. to Deductible/ Co-Insurance	\$30 Copay, Subj. to Deductible
Office Visit Specialist	\$25 Copay	\$60	Subj. to Deductible/ Co-Insurance	\$50 Copay, Subj. to Deductible
ER	\$150 Copay	\$250	Subj. to Deductible/ Co-Insurance	\$350 Copay, Subj. to Deductible
Urgent Care	\$25 Copay	\$60	Subj. to Deductible/ Co-Insurance	\$50 Copay, Subj. to Deductible
Inpatient Hospital	\$250 Copay	\$750	Subj. to Deductible/ Co-Insurance	\$500 Copay, Subj. to Deductible
Outpatient Surgical	\$150 Copay	\$250	Subj. to Deductible/ Co-Insurance	\$350 Copay, Subj. to Deductible
Vision Exam	\$25 Copay	\$60	Subj. to Deductible/Co- Insurance	\$50 Copay, Subj. to Deductible
Vision Hardware	\$60 Copay/ Year	\$60 Copay/ Year	Subj. to Deductible/Co- Insurance	\$60 Annual Allowance
RX (Generic/ Brand/ Non-Formulary)	\$5/\$25/\$50 Copay	\$15/ \$50/ 50% Copay	\$5/\$35/\$70; Subj. to Deductible	\$10/\$35/\$70; Subj. to Deductible

The above information is not a contract, please refer to your contract for specific benefit information.



DENTAL INSURANCE

WHO IS ELIGIBLE AND WHEN:

Full-time employees working 30+hrs/week. Eligibility begins 90 days after employment.

BENEFITS YOU RECEIVE:

Benefit eligible employees have an option to enroll in the dental plan offered through Excellus .

EMPLOYEE PAYS:

2018 Excellus BCBS Dental Plan Deduction Amount Per Paycheck (WEEKLY)				
Election	Total Monthly Premium	0 – 4 Year of Service	5 – 9 Years of Service	10+ Years of Service
Employee only	\$38.48	\$5.32	\$4.43	\$3.55
Employee + Spouse	\$76.96	\$10.65	\$8.88	\$7.11
Employee + Child(ren)	\$73.97	\$10.24	\$8.54	\$6.82
Family	\$121.59	\$16.84	\$14.03	\$11.22
WILBERT'S PREMIUM CONTRIBUTION %	Based on Years of Service	40% of Total Premium Cost	50% of Total Premium Cost	60% of Total Premium Cost

BENEFIT SUMMARY:

The chart below outlines how the plan works and what types of services are covered.

Coverages (based on In-Network Providers)	2018 Plan Year Dental Plan
Preventative (i.e. cleanings)	100%
Basic (i.e. fillings/extractions)	80%
Major (i.e. crowns/dentures)	50%
Orthodontia (Dependents to age 19)	50%
Annual Deductible	\$50 Single/ \$150 Family
Annual Maximum	\$1,500
Orthodontia Maximum (Lifetime)	\$2,000
Dependent Age Limit	26

The above information is not a contract, please refer to your contract for specific benefit information.



HEALTH SAVINGS ACCOUNTS

WHO IS ELIGIBLE AND WHEN:

Full-time employees working 30+hrs/week that are enrolled in an HSA qualified plan. Eligibility begins 90 days after employment.

BENEFITS YOU RECEIVE:

Health Savings Accounts (HSA) provide you with an important tax advantage that can help you pay for qualified medical, dental, and vision expenses on a pre-tax basis. By estimating your family's health care costs for the next year, you can lower your taxable income and save money.

- HSA monies can be used for eligible Health, Dental and Vision services
- The HSA is an employee-owned bank account in which you can deposit pre-tax money to save for future medical expenses or pay for services in which you are responsible for out of pocket (i.e. deductible, and co-insurance costs).
- The annual IRS contribution limits for 2018 are \$3,400/Single and \$6,750/Family.
- Individuals age 55 and older can also make additional "catch-up" contributions to their HSA. The maximum annual catch-up is \$1,000.
- Funds remain in the HSA from year to year, earning interest on a tax-free basis, and belong to you.

EMPLOYER PAYS:

Wilbert's HSA employer contribution is based on a Matching Schedule. Wilbert's will match your contribution amount up to a maximum of \$25 per week.



DISABILITY INSURANCE

WHO IS ELIGIBLE AND WHEN:

Full-time employees working 30+hrs/week. Eligibility begins 90 days after employment.

BENEFITS YOU RECEIVE:

Wilbert's, Inc. provides full-time employees with voluntary short- and long-term disability income benefits, which employees pay the premium cost for the coverages. 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, though.

	Short-term Disability	Long-term Disability
Benefits Begin	On the 8 th Day of Accident/Sickness	After 180 Days of Disability
Benefits Payable	Up to 25 weeks of disability	Up to 2 Years Own Occupation
Percentage of Income Replaced	60%	60%
Maximum Benefit	\$1,000/week	\$6,000/month

The above information is not a contract, please refer to your contract for specific benefit information.

EMPLOYEE PAYS:

Monthly Cost for STD/LTD Coverage		
Age	STD (Per \$10 of weekly benefit)	LTD (Per \$100 of Monthly Payroll)
<25	\$0.14	\$0.229
25-29	\$0.18	\$0.273
30-34	\$0.22	\$0.327
35-39	\$0.24	\$0.610
40-44	\$0.29	\$0.676
45-49	\$0.33	\$1.003
50-54	\$0.44	\$0.948
55-59	\$0.58	\$1.70
60-64	\$0.72	\$1.82
65-69	\$0.73	\$0.741
70+	\$0.33	\$0.316



LIFE INSURANCE

WHO IS ELIGIBLE AND WHEN:

Full-time employees working 30+hrs/week. Eligibility begins 1st of the month following 12 months of employment.

BENEFITS YOU RECEIVE:

BASIC LIFE AND AD&D INSURANCE

Wilbert's, Inc. provides full-time employees the option to enroll up to 1x's annual earnings to a maximum of \$150,000 of group life and accidental death and dismemberment (AD&D) insurance, and Wilbert's pays the full cost of this benefit. Contact HR to update your beneficiary information.

VOLUNTARY LIFE INSURANCE

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through weekly payroll deductions. You can purchase optional life insurance as follows: (amounts elected over the guaranteed issue amounts will require evidence of insurability for approval; and any amounts elected after the initial eligibility period requires evidence of insurability):

- Employee: Increments of \$10,000 up to \$250,000 (not to exceed 5x's annual earnings). Guaranteed Issue Amount- \$50,000
- Spouse: Increments of \$5,000 up to \$50,000, not to exceed 50% of employee coverage. Guaranteed Issue Amount- \$30,000
- Child(ren): Increments of \$2,000 up to \$10,000

EMPLOYEE PAYS:

Monthly Cost for Each \$1,000 of Employee, Spouse, Child(ren) Optional Life Insurance Coverage

Age	Employee	Spouse	Age	Employee	Spouse
<25	\$0.061	\$0.048	50-54	\$0.281	\$0.219
25-29	\$0.073	\$0.057	55-59	\$0.526	\$0.410
30-34	\$0.098	\$0.076	60-64	\$0.807	\$0.630
35-39	\$.110	\$0.086	65-69	\$1.552	\$1.212
40-44	\$0.122	\$0.095	70+	\$2.518	N/A
45-49	\$0.183	\$0.143			
Dependent Children	\$0.254				



EAP (EMPLOYEE ASSISTANCE PROGRAM)

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Services for you and your employees

- **EAP:** Three face-to-face visits per occurrence with experienced clinicians to help address any personal concerns.
- **Work/Life resources:** Information and referrals on child care, elder care, adoption, relocation, and other personal convenience matters.
- **ParentGuidanceSM:** Unlimited phone access for the new parent, either about to go or already on maternity leave; supports parenting needs and return-to-work preparation for the entire family.
- **GuidanceResources[®] Online:** Access to extensive content to help with personal or family concerns, and access to helpful planning tools, discount programs, and more.
- **Health risk assessments:** Online access to a health risk assessment survey, and a variety of health management tools and information.
- **Legal resources:** Unlimited phone access to ComPsych legal professionals and an initial consultation at no charge with a local attorney, and discounts on additional services.
- **Financial resources:** Unlimited phone access to financial professionals for information regarding personal finance and related issues. This also includes one face-to-face visit (up to 1 hour) with a local financial planner.
- **HR resources:** Supervisors and managers have phone access to HR professionals who consult on various workplace-related issues such as managing difficult employee situations.
- **Online will preparation:** Access to EstateGuidance[®] which offers the ease and simplicity of online will preparation. Employees can complete a will and download it to their computer.



401K-(RETIREMENT PLAN)

WHO IS ELIGIBLE AND WHEN:

Full-time employees working 30+hrs/week and that are 21 years and older. Eligibility begins 1 year and 1 month after employment.

BENEFITS YOU RECEIVE:

Employee 401K will Auto Enroll employees at 1 year and 1 month of employment at 3% with a company match of 3%

- Employees can change the contribution percentage at any time.
- The Company Match will match 100% on the first 3% of compensation deferred; 50% on the next 2% of compensation deferred.
- 401K Loans: are available upon approval of application, for up to 50% of vested account balance. 1000 minimum with \$125 set up fee.
- Hardship Loans are available upon approval of application, for certain “immediate and pressing” needs only. Taxes and Penalties will apply.
- Investment Options are: Target Date Funds and Mutual Funds.
- Employees are 100% Vested.

PROFIT SHARING

WHO IS ELIGIBLE AND WHEN:

Full-time employees working 30+hrs/week and that are 21 years and older. Eligibility begins when an employee has been here a full calendar year and on the day the disbursement is issued.

BENEFITS YOU RECEIVE:

Employees will receive a profit sharing bonus depending on the profitability of the company. The disbursements are placed in employee’s a percentage will be going into Employee’s retirement account and the final percentage will be a live check.

Vesting Schedule:

% Vested	Length of Service
0	One Year
25	Two Years
50	Three Years
75	Four Years
100	Five Years

Please see Human Resources for further questions.



PAID TIME OFF

WHO IS ELIGIBLE AND WHEN:

Full-time employees are eligible after one year of continuous employment.

BENEFITS YOU RECEIVE:

PTO:

40 hours upon being hired. This means .77 hours per pay period for the first year. All PTO must be approved by management via ADP. With each additional year employees will gain 8 hours of PTO, still being accrued throughout the year. This will cap after their 15th year at 160 hours. PTO may initially be taken in half-day (4 hours) increments. Any time above 4 hours in a day may be taken in hourly increments. All PTO requests are subject to approval by the employee's manager. Every effort will be made to permit employees to take planned PTO (such as time off for vacation purposes) at the time requested.

Years of Service	Accrual per Pay Period	Maximum Accrual
0 – 1 years	0.77 hours	40 hours / 5 days
1 – 2 years	0.92 hours	48 hours / 6 days
2 – 3 years	1.08 hours	56 hours / 7 days
3 – 4 years	1.23 hours	64 hours / 8 days
4 – 5 years	1.39 hours	72 hours / 9 days
5 – 6 years	1.54 hours	80 hours / 10 days
6 – 7 years	1.69 hours	88 hours / 11 days
7 – 8 years	1.85 hours	96 hours / 12 days
8 – 9 years	2.00 hours	104 hours / 13 days
9 – 10 years	2.15 hours	112 hours / 14 days
10 – 11 years	2.31 hours	120 hours / 15 days
11 – 12 years	2.46 hours	128 hours / 16 days
12 – 13 years	2.61 hours	136 hours / 17 days
13 – 14 years	2.77 hours	144 hours / 18 days
14 – 15 years	2.92 hours	152 hours / 19 days
15 + years	3.08 hours	160 hours / 20 days

Birthday PTO

8 hours of PTO given to employee after 90-day introductory period. This is to be used freely throughout the year as the employee wants. 8 hours will be given to the employee each consecutive year on their anniversary.

Carryover and Maximum

Employee will peak at 8 hours plus their given PTO accrual rate for that year. They must not carryover any more than their maximum.



Bereavement Time

Full-time employees are eligible. Employees will receive one day paid, and two days unpaid based on their regular rate of pay in the event of the death of an immediate family member. For the purposes of this policy, members of the immediate family include spouse, domestic partner, parents, children, stepchildren, grandparents, step-grandparents, grandparents-in-law, grandchildren, sisters, brothers, parents-in-law, sons/daughters-in-law, stepparents, stepparents-in-law, aunts, uncles, nieces, nephews, and cousins.

Additional Rules that must be included

- Employee must give at least a two-week notice for any planned absence from work. This is for paid and unpaid time off.
- Wilbert's allows 40 hours maximum of PTO to be used per pay period to be paid out.
- PTO must be used at minimum of 4 hours per instance. Can be used for any amount greater than 4 hours.

HOLIDAYS

As a full-time employee, you will receive the following paid holidays each year:

- | | |
|------------------|------------------|
| New Year's Day | Labor Day |
| Memorial Day | Thanksgiving Day |
| Independence Day | Christmas Day |

*At the beginning of each year management will notify employees when holidays will be observed for each of Wilbert's locations.

Holiday pay is based on the number of hours each employee is regularly scheduled to work at their straight time hourly rate, up to a maximum of 8 hours

Scheduling

PTO may initially be taken in half-day (4 hours) increments. Any time above 4 hours in a day may be taken in hourly increments. All PTO requests are subject to approval by the employee's manager. Every effort will be made to permit employees to take planned PTO (such as time off for vacation purposes) at the time requested. However, due to the nature of our business, coordination within and between departments is essential. Approval will depend on the department's workload and the number of people who are scheduled for PTO at that time. All requests must be submitted online via ADP. The following steps login to ADP, then on homepage you can select the Request Time off near your Time Off Balances. Another option would be selecting Myself, Time Off, Request Time Off. After you submit your time off a manger will be notified to approve.



REQUIRED NOTICES

The Woman's Health and Cancer Rights Act of 1998

The Act requires that all group healthcare programs that provide medical and surgical benefits with respect to a mastectomy must provide coverage for:

- ☑ Reconstruction of the breast on which the mastectomy has been performed;
- ☑ Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- ☑ Prostheses and treatment of physical complications of all stages of mastectomy, including lymph edema.

These services must be provided in a manner determined in consultation with the attending physician and the patient. This coverage may be subject to annual deductibles, co-pays and coinsurance provisions applicable to other such medical and surgical benefits provided under the program.

The Health Insurance Portability and Accountability Act of 1996

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the rules issued by the U.S. Department of Health and Human Services, require CRFS' healthcare programs (medical, prescription drug, vision and dental) protect the confidentiality of your private health information. The intent of HIPAA is to make sure that private health information that identifies (or could be used to identify) you is kept private. This individually identifiable health information is known as "protected health information" (PHI). The programs also hire professionals and other companies to advise the programs and help administer and provide healthcare benefits. The programs require these individuals and organizations, called "Business Associates," to comply with HIPAA's privacy rules.

In some cases, you may receive a separate notice from one of the programs' Business Associates. That notice will describe your rights with respect to benefits administered by that individual/organization.

Special Enrollment Provision

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).

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

Loss of Coverage for Medicaid or a State Children's Health Insurance Program.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a state children's health insurance program with respect to coverage under this plan,



you still may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Important Warning

If you decline enrollment for yourself or for an eligible dependent **you must complete the "Form for Employee to Decline Coverage."** On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan. [Further, anyone whom you enroll during annual open enrollment will be treated as a "late enrollee" (unless the person happens to be entitled to special enrollment during the annual open enrollment period). For late enrollees, the preexisting condition exclusion (PCE) period is 18 months, not the normal 12 months (of course, that 18-month PCE period can be reduced by creditable coverage under another plan as described below).