

White Castle Roofing



2024 **Benefit Enrollment**
It's Time To Talk
About Your Benefits



ENROLL FOR 2024 BENEFITS

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White Castle Roofing is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical), and White Castle Roofing provides other benefits at no cost to you (life insurance). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

BENEFITS OFFERED

- Medical
- Health Savings Account (H.S.A.)
- Voluntary Dental
- Voluntary Vision
- Life Insurance
- Voluntary Short-Term Disability
- Accident

ELIGIBILITY

You and your dependents are eligible for White Castle Roofing benefits on the first of the month following 60 days of employment.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



MEDICAL & PHARMACY

Administered by Aetna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

	OAMC 3000 80 7150		OAMC 3000 80 6500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$3,000 single / \$6,000 family	\$7,500 single / \$15,000 family	\$3,000 single / \$6,000 family	\$10,000 single / \$20,000 family
Annual Out-of-Pocket Maximum	\$7,150 single / \$14,300 family	\$15,000 single / \$30,000 family	\$6,500 single / \$13,000 family	\$20,000 single / \$40,000 family
Coinsurance	20%	50%	20%	50%
DOCTOR'S OFFICE				
Primary Care Office Visit	\$15 Copay	50% after deductible	\$0 Copay	50% after deductible
Specialist Office Visit	\$50 Copay	50% after deductible	\$100 Copay	50% after deductible
Preventive Care (screening, immunization) *Deductible/coinsurance may not apply to certain services	0%	50% after deductible*	0%	50% after deductible*
Diagnostic Test (x-ray, blood work)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
PRESCRIPTION DRUGS (30 DAYS SUPPLY) MAIL ORDER AVAILBLE				
Rx Deductible on All Tiers	N/A		\$250 single / \$375 family	
Generic Preferred	\$10 copay	30% after deductible	\$5 copay after Rx deductible	30% after deductible
Generic Non-Preferred	\$85 copay	30% after deductible	\$100 copay after Rx deductible	30% after deductible
Brand Preferred	\$40 copay	30% after deductible	\$50 copay after Rx deductible	30% after deductible
Brand Non-Preferred	\$150 copay	30% after deductible	\$100 copay after Rx deductible	30% after deductible
Specialty Preferred	\$30 copay	30% after deductible	\$150 copay after Rx deductible	30% after deductible
Specialty Non-Preferred	\$120 copay	30% after deductible	\$300 copay after Rx deductible	30% after deductible



MEDICAL & PHARMACY

	OAMC 3000 80 7150		OAMC 3000 80 6500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
HOSPITAL SERVICES				
Emergency Room	\$300 copay	20% after deductible*	\$250 copay per occurrence, then 20%	\$250 copay per occurrence, then 20%
Inpatient	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Ambulance Service	Emergency Use: 100% Covered; Non-emergency Use: Not Covered	20% after deductible*	Emergency Use: 20% no deductible; Non-Emergency Use: Not Covered	Same as In Network
MENTAL HEALTH SERVICES				
Inpatient Services	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Services	\$50 Copay	50% after deductible	Covered 100%	50% after deductible
SUBSTANCE ABUSE SERVICES				
Inpatient Services	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Services	\$50 Copay	50% after deductible	Covered 100%	50% after deductible
OTHER SERVICES				
Maternity Services	20% after deductible	50% after deductible	20% after deductible	50% after deductible
All other maternity hospital/physician services	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Spinal Manipulation Services (20 visits)	\$50 Copay	50% after deductible	\$100 Copay	50% after deductible
Physical, Occupational and Speech Therapy Services (20 visits each)	\$50 Copay	50% after deductible	\$100 Copay	50% after deductible
Skilled Nursing 60-day calendar year maximum (combined with inpatient rehabilitation)	20% after deductible	50% after deductible	20% after deductible	50% after deductible



MEDICAL & PHARMACY

	OAMC T HSA 2000 80 3425	
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Annual Deductible	\$2,000 single / \$4,000 family	\$4,000 single / \$8,000 family
Annual Out-of-Pocket Maximum	\$3,425 single / \$6,850 family	\$6,850 single / \$13,700 family
Coinsurance	20%	50%
DOCTOR'S OFFICE		
Primary Care Office Visit	20% after deductible	50% after deductible
Specialist Office Visit	20% after deductible	50% after deductible
Preventive Care (screening, immunization) *Deductible/coinsurance may not apply to certain services	Covered 100%	50% after deductible*
Diagnostic Test (x-ray, blood work)	20% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	50% after deductible
PRESCRIPTION DRUGS		
Generic Preferred	\$10 copay after deductible	30% after deductible
Generic Non-Preferred	\$85 copay after deductible	30% after deductible
Brand Preferred	\$35 copay after deductible	30% after deductible
Brand Non-Preferred	\$85 copay after deductible	30% after deductible
Specialty Preferred	20% coinsurance: \$200 max	30% after deductible
Specialty Non-Preferred	40% coinsurance: \$400 max	30% after deductible



MEDICAL & PHARMACY

	OAMC T HSA 2000 80 3425	
	In-Network	Out-of-Network
HOSPITAL SERVICES		
Emergency Room *Network deductible applies	20% after deductible	20% after deductible
Inpatient	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Ambulance Service *Network deductible applies	Emergency: 100% after deductible; Non-Emergency: Not Covered	Same as In Network
MENTAL HEALTH SERVICES		
Inpatient Services	20% after deductible	50% after deductible
Outpatient Services	100% covered after deductible	50% after deductible
SUBSTANCE ABUSE SERVICES		
Inpatient Services	20% after deductible	50% after deductible
Outpatient Services	100% covered after deductible	50% after deductible
OTHER SERVICES		
Maternity Services	20% after deductible	50% after deductible
All other maternity hospital/ physician services	20% after deductible	50% after deductible
Spinal Manipulation Services (20 visits)	20% after deductible	50% after deductible
Physical, Occupational and Speech Therapy Services (20 visits each)	20% after deductible	50% after deductible
Skilled Nursing 60-day calendar year maximum (combined with inpatient rehabilitation)	20% after deductible	50% after deductible



Health Savings Account (H.S.A.)

Benefit Option for 2024

HEALTH SAVINGS ACCOUNT (H.S.A.)

If you choose AETNA Option OMAC T H.S.A. 2000 80 3425, then you have the option to open a special bank account in which you can contribute pre-tax dollars from your paycheck to pay for medical, dental, and vision expenses for you and your immediate family members using non-taxable money .

- If you already have an H.S.A, you may continue using this account or you have the option to open a new account at the bank of your choice and transfer your funds. Please ensure that Payroll has the account you want to continue to fund.
- You will likely receive a debit card from your bank to use on your qualified expenses.
- Only available to those who choose health insurance ·OAMC T H.S.A. 2000
- In 2024, you may fund up to \$4,150 if you have single coverage.
- Family contributions are allowed up to \$8,300 for 2024
- Employees aged 55 years and older can make an additional contribution of \$1,000
- Unused money rolls over and accumulates from year to year
- Employee owns account
- Money must be used for qualified medical/dental/vision expenses or tax penalties apply
- Over the counter medicines do not qualify as eligible expenses (exceptions may apply)



VOLUNTARY DENTAL BENEFITS

Administered by Aetna

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the White Castle Roofing dental benefit plan.

SERVICES	IN-NETWORK AND OUT-OF-NETWORK
Annual Deductible	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$1,000
Preventive Dental Services (routine exams and routine cleanings (prophylaxis) are covered one time every 6 months, fluoride for children up to age 14 are covered one time per year, sealants, radiographs, labs & diagnostic tests, and space maintainers)	100%
Basic Dental Services (periodontal cleanings, emergency exams, fillings, non-surgical periodontics, simple extractions)	80% after deductible
Major Dental Services (oral surgery, periodontal surgery, complex endodontics, crowns, inlays, onlays, bridges, dentures)	50% after deductible
Orthodontia Services (covered to age 19)	50% to \$1,000 lifetime maximum



VOLUNTARY VISION BENEFITS

Administered by Aetna

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

SERVICE	IN-NETWORK (ANY STANDARD NETWORK PROVIDER)	OUT-OF-NETWORK (ANY QUALIFIED NON-NETWORK PROVIDER OF YOUR CHOICE)
Eye Exam — once every 12 months	\$10 copay	Up to \$30
LENSES — ONCE EVERY 12 MONTHS		
Single Vision Lenses	\$25 copay	Up to \$25
Lined Bifocal Lenses	\$25 copay	Up to \$40
Lined Trifocal Lenses	\$25 copay	Up to \$55
Frames — once every 12 months	\$150 allowance plus 20% off	Up to \$75
CONTACT LENSES — ONCE EVERY 12 MONTHS IF YOU ELECT CONTACTS INSTEAD OF LENSES/FRAMES		
Allowance	\$150 allowance	Up to \$120
Medically Necessary	Covered in full	Up to \$200
Separate Fitting Allowance	\$60 allowance	N/A



VOLUNTARY BENEFITS

Benefit Options for 2024

Life Insurance by Principal Financial Group

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by White Castle Roofing. The company provides basic life insurance of \$30,000 at no cost to you!

Voluntary Short Term Disability Insurance by Principal Financial Group

White Castle Roofing also provides disability insurance through Principal. This benefit replaces a portion of your income if you become disabled and are unable to work.

Disability Benefit Highlights

- STD helps you replace a portion of your income during the initial weeks of a disability
- STD covers disabilities incurred off the job and replaces the portion of your pre-disability earnings, less other income you may receive from other sources during the same disability. (Other sources include: Sick Pay, vacation pay, state disability benefits, Social Security, etc.)

	HOW IT WORKS	WHO PAYS FOR THE BENEFIT
Short-Term Disability	You receive 60% of your income up to \$1,200 per week. Benefits begin after 7 calendar days of absence from work for accident and sickness and continues for up to 12 weeks.	Employee



ACCIDENT INSURANCE

Administered by Principal

Accident plans can help lessen the stress about unexpected medical bills due to an accident. This plan pays you directly for out of pocket expenses occurred due to an accident. Some of the items this benefit will pay for are listed below. This is only a partial list:

Benefits if you or your spouse are accidentally injured off the job		
Injury ¹	Benefit	
Burn		
2nd degree up to 25% of body	\$500	
2nd degree over 25% of body	\$1,500	
3rd degree up to 25% of body	\$2,500	
3rd degree over 25% of body	\$5,000	
Coma	\$15,000	
Concussion	\$500	
Dental injury	\$500	
Dislocation ²	Open reduction (surgical)	Closed reduction (non-surgical)
Hip	\$7,500	\$3,750
Knee	\$5,000	\$2,500
Ankle, collarbone, elbow, foot (excluding toes), hand (excluding fingers), lower jaw, shoulder, wrist	\$3,000	\$1,500
Eye injury with surgical repair	\$500	
Fracture ²	Open reduction (surgical)	Closed reduction (non-surgical)
Hip, skull (depressed), thigh (femur)	\$10,000	\$5,000
Lower leg (fibula, tibia), pelvis, skull (non-depressed), vertebrae	\$5,000	\$2,500
Ankle, arm, collarbone, elbow, facial bones, foot (excluding toes), hand (excluding fingers), jaw, knee cap, shoulder blade, wrist	\$3,000	\$1,500
Sternum, vertebral processes	\$2,000	\$1,000
Rib, tailbone (coccyx)	\$1,000	\$500
Injuries not specifically listed	\$100	
Internal injury	\$1,500	
Knee cartilage injury with surgical repair	\$1,500	
Ruptured disc with surgical repair	\$1,500	

Coverage Tier	Cost—Monthly	Cost—Weekly
Employee Only	\$5.45	\$1.26
Employee + Spouse	\$8.84	\$2.04
Employee + Children	\$10.32	\$2.38
Family	\$16.22	\$3.74

GALLAGHER MARKETPLACE



Benefits With Gallagher Marketplace

Giving you year-round access to additional benefits that could save you money.

Gallagher Marketplace is your gateway for discovering and accessing unique benefits that best fit your lifestyle. Our program offers significant savings on things you are already buying—like home and auto, pre-paid legal services, identity theft protection, pet insurance, renters insurance, boat or RV insurance, employee discount perks as well as extended vehicle warranties.

With a centralized hub, you can explore an array of benefit options, available not only to Gallagher clients but also to their friends and families.

Discover what benefits your organization offers through Gallagher Marketplace.

The Value

- Whether full-time, part-time or contract workers, all employees and their families are eligible
- Benefit access and potential savings through bundling with the ability to choose from multiple carriers
- Potential costs savings compared to shopping on your own
- Licensed insurance advisors to help find the policy that meets your needs

The Convenience

- Enroll any time of the year, not just during open enrollment
- Simple sign-up with payment options
- Easily compare rates from multiple carriers
- Schedule a callback from licensed insurance advisors for a time that's most convenient
- All programs are portable so you can keep the coverage no matter where life takes you

How It Works

- 1 Visit **Gallagher Marketplace** to see your available benefits.
- 2 Select a product to view more details.
- 3 Click on the partner link to learn more, get a free no obligation quote or apply for coverage.
- 4 Enter your employer name when prompted

Scan the QR code to learn more



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Insurance is subject to availability and individual eligibility.

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EMPLOYEE CONTRIBUTIONS

Aetna Medical Plans

Option 1: OAMC 3000 80 7150

	<u>Semi-Monthly</u>	<u>Weekly</u>
Employee Only	\$127.74	\$29.48
Employee + Spouse	\$571.05	\$131.78
Employee + Child(ren)	\$500.49	\$115.50
Family	\$803.64	\$185.46

Option 2: OAMC 3000 80 6500

	<u>Semi-Monthly</u>	<u>Weekly</u>
Employee Only	\$111.65	\$25.77
Employee + Spouse	\$535.16	\$123.50
Employee + Child(ren)	\$467.82	\$107.96
Family	\$752.31	\$173.61

Option 3: OAMC T HSA 2000 80 3425

	<u>Semi-Monthly</u>	<u>Weekly</u>
Employee Only	\$137.27	\$31.68
Employee + Spouse	\$592.30	\$136.68
Employee + Child(ren)	\$519.83	\$119.96
Family	\$834.04	\$192.47

Aetna Dental Plan

	<u>Semi-Monthly</u>	<u>Weekly</u>
Employee Only	\$11.52	\$5.32
Employee + Spouse	\$24.92	\$11.50
Employee + Child(ren)	\$32.63	\$15.06
Family	\$48.55	\$22.41

Aetna Vision Plan

	<u>Semi-Monthly</u>	<u>Weekly</u>
Employee Only	\$3.58	\$1.65
Employee + Spouse	\$6.80	\$3.14
Employee + Child(ren)	\$7.16	\$3.30
Family	\$10.51	\$4.85

Short Term Disability

See Chart Below

STD Rate: Per \$10 of Benefit

Age	Rate
0-24	.333
25-29	.333
30-34	.373
35-39	.368
40-44	.407
45-49	.520
50-54	.631
55-59	.890
60+	1.074



CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	Aetna	866.633.2446 866.315.0335	www.aetna.com
Health Savings Account (H.S.A.)	Bank of Your Choice	n/a	n/a
Voluntary Dental	Aetna	800.872.3862	www.aetna.com
Voluntary Vision	Aetna	800.872.3862	www.aetna.com
Life Insurance	Principal Financial Group	800.986.3343	www.principal.com
Voluntary Short Term Disability Insurance	Principal Financial Group	800.872.3862	www.principal.com
Accident Insurance	Principal Financial Group	800.872.3862	www.principal.com
HR Manager	Gabby Molina	402.853.5958	gmolina@whitecastleroofting.com

Electronic Enrollment-BenefitSolver

- Every eligible employee must take action by enrolling or waiving electronically in BenefitSolver
- Watch for an email asking you to SIGN UP for 2024 benefits from BenefitSolver

It's easy to manage your benefits online

Quickly access your benefits for White Castle Roofing when you need them – from your desktop, phone or tablet.

You can manage benefits year-round with your online benefits system. Enroll in and update benefits, get benefit details, costs and additional resources— all in one easily accessible place.

Get started—Access the enrollment system for the first time:

1. Gather information: Full name, date of birth and Social Security Number for yourself and any dependents over age one. And if your dependent's address is different from yours, you'll need that as well.
2. Go to www.whitecastleroofingbenefits.com
3. **Enter your username and password.** Or, if you're a first-time user, select **Register** to set up your username, password and security questions. Use **benefits** as the company key.
4. Use the **Reference Center** to get information to make an informed decision.
5. Follow the prompts to begin your enrollment and continue through the selection process.
6. Confirm your choices.

Enrolling and updating benefits:

During enrollment time, you can enroll in your benefits all at once. Beyond enrollment, there are times you may need to update your benefits information, such as a change in personal information or experiencing a life change—like getting married or having a baby. Now you can update benefits and beneficiaries in one place.

1. Go to www.whitecastleroofingbenefits.com
2. Use the **Reference Center** to get information to make an informed decision.
3. Log in to enroll or update benefits. Then follow the prompts and continue through the selection process.
4. Confirm your choices.

Reviewing current benefit information

1. Go to www.whitecastleroofingbenefits.com
2. Click the down arrow next to your name in the upper right hand corner
3. Choose **Benefits Summary**

Forgot your password?

It happens. We'll have you up and running in no time.

1. Go to www.whitecastleroofingbenefits.com
2. Select **Forgot your username or password?**
3. Your company key: **benefits**
4. Enter required information, which may include your Social Security Number, date of birth, 5-digit zip code or security phrase.
5. Enter and confirm your new password.

Need help?

We're here for you.

Hannah King at 402-853-5961, hking@whitecastleroofing.com

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This benefit summary prepared by



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Insurance | Risk Management | Consulting