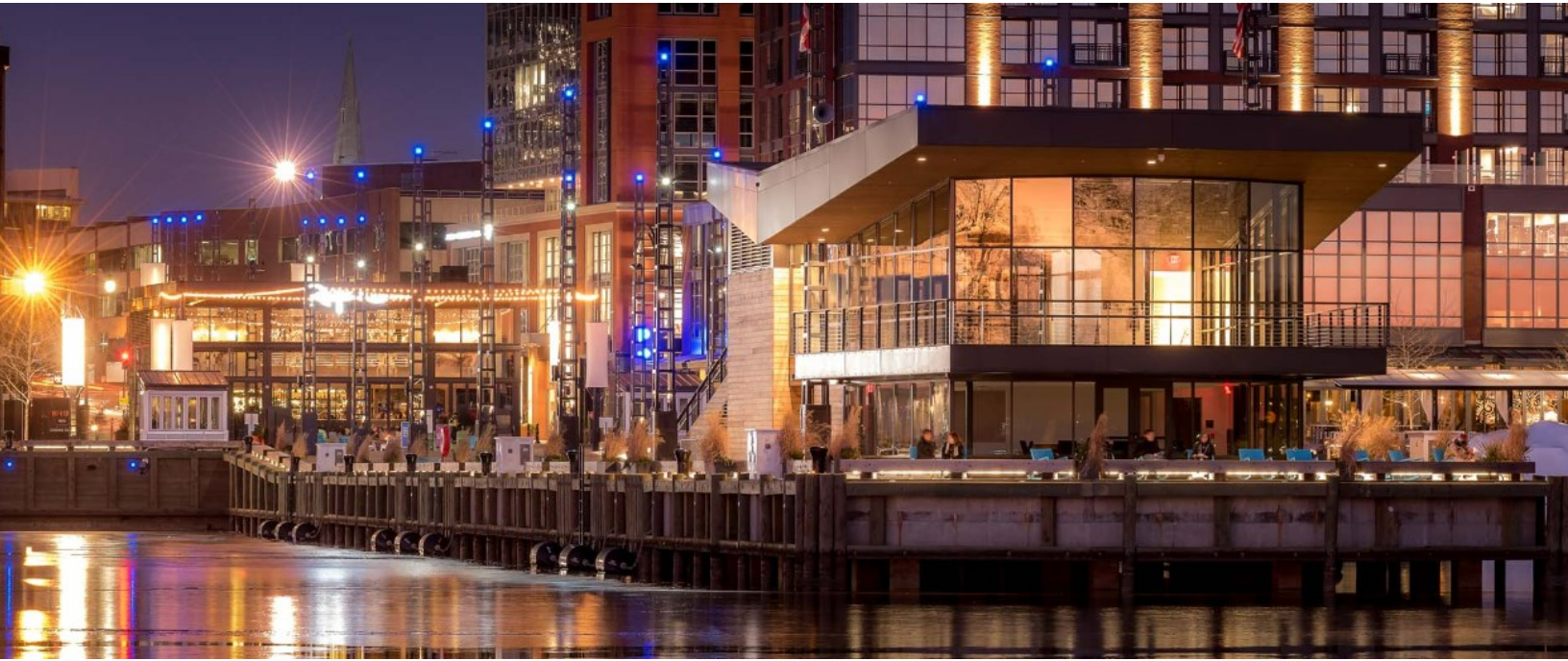




Allen + Shariff

MEP Engineering | Project Management



2024 BENEFITS GUIDE



Allen + Shariff

MEP Engineering | Project Management

Welcome employees and families of Allen + Shariff to our 2024 benefit year...

Allen + Shariff Corporation (A+S) is pleased to offer a wide range of benefits to our employees. These company sponsored benefits are an important part of your total compensation package. They represent a valuable asset to our employees and your families, and show an investment by A + S in you. We are proud of the benefits we offer, and are committed to continuously improving them to offer a rich benefits package and a reasonable cost for all full-time regular employees.

You have likely read or heard of increasing costs within the Medical world. We changed our Medical carrier this year to offer continued competitive premiums with the same plan design. We also increased the Disability benefit amounts to ensure a higher claim benefit should you need to use the coverage.

Our Annual Benefits Open Enrollment is from December 6th through December 13th this year. It is your annual opportunity to make changes/elect new/terminate current benefits within this guide.

If you have any questions, please do not hesitate to contact our A+S Human Resources team at 443-545-1005 or via email at smatis@AllenShariff.com or our new broker office, McGriff (bymann@mcgriff.com).

Thank you,

Zack Shariff

CEO, Allen + Shariff Corporation

Contents

2	<u>Welcome</u>	14	<u>Vision</u>
3	<u>Contents</u>	15	<u>Short & Long Term Disability</u>
4	<u>Eligibility</u>	16	<u>Life & AD&D</u>
5	<u>Contacts & Resources</u>	17-18	<u>Additional Benefits</u>
6	<u>Benefit Costs</u>	19	<u>Terms to Know</u>
7	<u>Medical</u>	20	<u>How to Enroll</u>
8	<u>Medical Plan Comparison</u>	21	<u>Important Notices</u>
9-10	<u>Keeping Connected</u>		<ul style="list-style-type: none">• Medicare Part D Creditable Coverage Notice• Newborns' Act Disclosure• WHCRA Enrollment/ Annual Notice• Special Enrollment Notice• Surprise Medical Bills• COBRA Notice• Notice of Privacy Practices• CHIP (Children's Health Insurance Plan)
11	<u>Health Savings Accounts (HSA)</u>		
12	<u>Flexible Spending Accounts (FSA, DCA)</u>		
13	<u>Dental</u>		

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors accurately are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Summary, contact Human Resources.

© 2023 McGriff Insurance Services, LLC. All rights reserved. McGriff Insurance Services, LLC is a subsidiary of Truist Insurance Holdings, Inc.

Eligibility

Full-time employees who work 30 hours per week or more are eligible for Medical, Dental and Vision benefits on the first of the month following 30 days of employment.

Full-time employees who work 40 hours per week or more are eligible for Life and Disability Vision benefits on the first of the month following 30 days of employment.

Eligible Dependents

- Spouses, Domestic partners and dependent children of the employee are also eligible to participate in our benefit plans.

Important Tax Implications

The IRS has determined that employment-based health benefits for domestic partners or non-spouse cohabitants can be excluded from taxable income only if the recipients are legal spouses or legal dependents.

The federal and state governments do not tax benefits for spouses. But the federal government taxes benefits for domestic partners because it does not recognize those relationships. Also, in some instances, an employee who receives benefits for a domestic partner has to pay for the premium with after-tax dollars and then pay taxes again on the cost of the benefits because it counts as income.

Making Changes to Your Benefits

Most benefit deductions are withheld from your paycheck on a pre-tax basis (medical, dental, vision) and therefore your ability to make changes to these benefits is restricted by the IRS. Once enrolled, most pre-tax benefit elections cannot be changed until the next annual Open Enrollment period, unless you have a qualifying life status change.

Open Enrollment will occur December 6th through December 13th, 2023 with plan changes effective January 1, 2024.

To initiate coverage as a new hire or have become newly eligible, you have 30 days to enroll in coverage. If you do not enroll within this time frame, you will not be eligible until the next Open Enrollment period.

During the plan year, you are able to make benefit changes as a result of a Qualified Life Status Change (like marriage, divorce, birth, adoption, death, change in employment, etc.) as allowed under Section 125 of the IRS Code, you must:

- Notify Human Resources within 30 days of the date of the qualifying event
- Provide proof of your life status event
- Log into KTBSonline.com to complete enrollment/change or contact (Company Name) Human Resources Department

Hello! This guide is intended to summarize your benefits and includes links to more information. Click on the **underlined links**

Contacts & Resources

Find more details about the benefits offered to you by contacting your insurance carrier or logging in to the Kelly Enrollment Portal at ktbsonline.com. Register on the insurance carrier websites (noted in table below) to access plan information, including your ID cards, coverages, claims, network providers, and more. Search for the carrier apps on Google Play™ or the App Store® to access your benefits information anytime, anywhere from your mobile device.

If you have questions about or need assistance with enrolling, you may contact Human Resources or our partners at McGriff Insurance.



		Phone	Website/Email
Medical	Evolution Healthcare	800-311-3842	www.myevhc.com
HSA (Health Savings Account)	Benefit Strategies (VOYA)	888-401-3539	www.benstrat.com
FSA (Flexible Sending Account)	Benefit Strategies (VOYA)	888-401-3539	www.benstrat.com
Dental	United Healthcare	800-815-8958	www.myuhc.com
Vision	VSP	800-877-7195	www.vsp.com
Short and Long Term Disability	Lincoln Financial	800-423-2765	ww.lfg.com
Life and AD&D Insurance	Lincoln Financial	800-423-2765	ww.lfg.com
Allen + Shariff	Sharon Mattis Administrative Manager	410-381-7100	smattis@allenshariff.com
McGriff	Bethany Mann, Account Manager	301-644-6543	bymann@mcgriff.com

Employee Assistance Program (EAP)

When life is stressful the EAP is just a phone call away with Lincoln Financial EmployeeConnect.. EAP coordinators are available 24/7 for confidential conversations and referrals for you and your family members. The service allows you to connect with a specialist for depression, stress, anxiety, and more. Call 888-628-4824 or visit www.guidanceresources.com. User name is LFGsupport and the Password is LFGsupport1.

Benefit Costs per pay (based on 24 pays)

MEDICAL RATES	PLAN A HSA	PLAN B	PLAN C	PLAN D
Employee Only	\$5.00	\$50.94	\$69.78	\$80.43
Employee + Child(ren)	\$91.04	\$186.38	\$235.05	\$247.47
Employee + Spouse	\$136.45	\$252.86	\$312.27	\$325.72
Family Coverage	\$246.39	\$413.81	\$499.25	\$514.52

DENTAL & VISION RATES	DENTAL	VISION
Employee Only	\$6.85	\$1.53
Employee + Child(ren)	\$15.03	\$2.63
Employee + Spouse	\$13.71	\$2.57
Family Coverage	\$22.97	\$4.23



Medical Plans

A + S employees have the choice between four medical plans.

Administered through EVHC, all plans use the CIGNA PPO network and CVS Caremark pharmacy.

- Plan A HSA offers a \$1600 high deductible with a HSA. Coverage is In-Network only.
- Plan B offers a \$500/\$1500 deductible for In-Network only coverage
- Plan C offers a \$100/\$2000 deductible for In-Network coverage and \$2500/\$5000 for Out-of-Network coverage.
- Plan D has no deductible.

Additional services include:

Teledoc—[virtual visits](#)

Livongo—[Diabetes management program](#), [overview](#) and [FAQ](#)

HealthJoy - [virtual healthcare assistant](#)

Active & Fit - [fitness discount](#)

CRX—[voluntary RX international mail order](#)

Search for providers using the EVHC.com site under [My Links](#) (pages 25-26)

EVHC Connect

One number for 24/7 benefit navigation, Member Advocacy, clinical guidance and Nurse

EVHC Connect Representatives are available 24/7 for member assistance

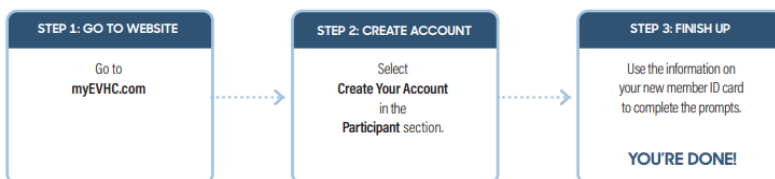
- Check claims status and eligibility
- Approve pre-certifications
- Order ID cards
- Connect to YourCare health and wellness team
- Pharmacy Benefits Manager
- Third-party wellness of disease management

Member Advocacy or Registered Nurse access for complex issues

- Help with medical bills and EOBS
- Out-of-pocket negotiations and claims appeals
- Referrals to community and government resources
- Finds in-network providers
- Elder-care and special needs issues
- Education on diagnosis and treatments
- Assistance for pre-and post-doctor visits

REGISTER ONLINE after you receive your Member ID card

If you have NOT previously used myEVHC.com, follow the steps below to create your account.



If you have any questions, just call the number located at the top of your ID card.

Medical Plan Comparison

	Plan A HSA	Plan B	Plan C		Plan D
	In-Network only	In-Network only	In-Network	Out-of-Network	In-Network only
DEDUCTIBLE					
Individual	\$1,600	\$500	\$1,000	\$2,500	None
Family	\$3,200	\$1,500	\$2,000	\$5,000	None
OUT-OF-POCKET MAX					
Individual	\$3,000	\$3,000	\$3,000	\$6,000	\$3,000
Family	\$6,000	\$6,000	\$6,000	\$12,000	\$6,000
OUT-OF-NETWORK					
Coverage	Not available	Not available	Yes	Yes	Not available
OFFICE VISITS					
Preventive Care	No charge	No charge	No charge	20% after Ded	No charge
Primary Care	10% after Ded	\$30 copay	\$15 copay	20% after Ded	Plan pays 80% after deductible
Specialist	10% after Ded	\$60 copay	\$30 copay	20% after Ded	Plan pays 80% after deductible
EMERGENCY/URGENT CARE					
Urgent Care Center	10% after Ded	\$75 Copay	\$75 copay	20% after Ded	
Hospital Emergency Room	10% after Ded	\$350 Copay	\$350 copay	Treated as In-Network	Plan pays 80% after deductible
HOSPITALIZATION					
Inpatient Facility Services	10% after Ded	20% after Ded	\$250 copay	20% after Ded	Plan pays 80% after deductible
Outpatient Facility Services	10% after Ded	20% after Ded	Deductible only	20% after Ded	Plan pays 80% after deductible
PRESCRIPTION DRUGS					
Rx Deductible	Combined with Medical	none	none	none	none
Rx Out of Pocket Maximum	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
Tier I – Generic	\$10	\$10	\$10	\$10	\$10
Tier II– Preferred	\$35	\$35	\$35	\$35	\$35
Tier III—Non-preferred	\$60	\$60	\$60	\$60	\$60
90 Day Maintenance	2.5 X Retail	2.5 X Retail	2.5 X Retail	2.5 X Retail	2.5 X Retail

Refer to the Summary Plan Description for full details.

Keeping you connected

Online self-service of your health benefits

with myEVHC.com

Opt in for electronic communications

By opting in, you can receive helpful info about your benefits and health via email and engage on-the-go. You can also receive an email when your electronic explanation of benefits (EOB) is available.

Access your benefits and claims

Quickly access benefits and claims information for you and your family.

Review all your expenses in one place

You can review all your claims, deductible, and out-of-pocket balances with just a few clicks.

Connect through the Message Center

Connect with customer service when you have questions, including the ability to immediately send a question about a claim while viewing its details.

Get a full look at your benefits

Click the My Benefits tile to review the details of your plan, including your coverage, your member ID, and your dependents and their information.

Find a Provider

You can click the link in the My Links tile to find an in-network provider near you. (The exact wording of this link will vary depending on the specifics of your plan.)

Opt in for fast electronic communications

Review your claims and deductible and out-of-pocket amounts

View your coverage and dependent info

Click Español to view the portal in Spanish

Ask a question

Find a provider



Visit myEVHC.com to login or register.



R450-1218_EV(2-23)

Keeping you connected

[myEVHCmobile](#)

Access the information you will need the most while you are on the go!

- See your deductible and out-of-pocket maximum
- Show your ID card to providers
- View claims status
- Find a doctor
- And much more...

Hello! This guide is intended to summarize your benefits and includes links to more information. Click on the **underlined links** throughout to learn more about the benefits you are offered.



[myEVHOnline](#)

View and pay your medical bills in one place with myEVHOnline

- Better visibility—you will see all your medical expenses in one place, eliminating the need to sort through multiple bills from multiple providers
- More control—you can select which bills to pay and add them to the online shopping cart when you're ready to pay
- Multiple payment options—payments can be made by debit, credit or tax-free account such as an HSA or FSA for ease and convenience

[myEVHCwire](#)

Digital communication tool that connects with members via mobile messaging to help get the most out of their benefits. Through EVHC wire, helpful messages can be sent about

- Preventive Screening reminders
- Creating more confident healthcare customers
- Helping members understand HAS (Health Spending Accounts)
- Seasonal Healthcare tips
- Plan benefits and network
- Using Benefits wisely for better health and savings

Health Spending Accounts through VOYA

What is a Health Savings Account – A Health Savings Account (HSA) is a tax-exempt, personal bank account that allows individuals to accumulate funds to pay for out-of-pocket medical related expenses under a qualified High Deductible Health Plan (HDHP).

Eligibility – To be eligible to participate in an HSA, you must satisfy the following:

- Must be enrolled in a qualified HDHP,
- Must not be covered by any other health plan that is not a HDHP, including FSAs and HRAs,
- Must not be entitled to Medicare (entitlement meaning both eligible and enrolled), and
- Must not be claimed as a dependent on another person's tax return.

When you elect to enroll in Plan A HSA, you are automatically enrolled in a Health Savings Account (HSA) through VOYA. If you are not eligible for an HSA account for one of the reasons above, please advise the HR team.

HSAs can be used to pay for qualified expenses such as medical deductibles and copays, prescriptions, dental and vision care, and more. You have the opportunity to have pre-tax dollars deducted from your paycheck and deposited into your account. A + S will make a one time contribution of \$500 when you newly enroll in the HSA plan.

The IRS annual maximum contributions for 2024 are \$4,150 for individual coverage and \$8,300 for family coverage. Persons age 55-64 may set aside an additional \$1,000 in catch-up contributions each year. HSA participants may not participate in a Health Care Flexible Spending Account or Health Reimbursement Arrangement.

VOYA Benefit Strategies has a variety of helpful information on their website, www.benstrat.com, including:

- [Benefit Strategies | HSA FAQ \(benstrat.com\)](http://www.benstrat.com)
- [HSA overview brochure](#)
- [HSA Mobile how-to guide](#)
- [Quick start guide for the Employee HSA portal](#)
- [HSA eligible expenses](#)
- [HSA "GPS" guide](#)

Hello! This guide is intended to summarize your benefits and includes links to more information. Click on the **underlined links** throughout to learn more about the benefits you are offered.

Flexible Spending Accounts through VOYA

With a Flexible Spending Account (FSA) you can set aside pre-tax dollars to pay for eligible out-of-pocket health care and/or dependent care expenses. UHC administers the FSA accounts. **IMPORTANT:** these accounts require annual enrollment so you must go online to enroll in them each year to participate during that benefit year.

Health Care FSA

Employees enrolled in the traditional PPO medical plan can enroll in the Health Care FSA. **The IRS annual maximum FSA contribution for 2024 is \$3,200.** Once you have elected your FSA amount, you may not change it without a qualifying life event. You can use any pre-tax funds to pay for qualified medical, dental, vision, and certain over-the-counter purchases, such as feminine care products, and contact lens cleaning supplies. View eligibility requirements, list of eligible expenses and other FSA FAQ's at irs.gov/pub/irs-pdf/p502.pdf or from the [Voya site](https://www.benstrat.com) at www.benstrat.com.

Dependent Care FSA

Use Dependent Care FSA funds to pay for qualified daycare expenses for children aged 12 and younger or an adult dependent incapable of self-care. Eligible expenses include daycare, preschool, summer day camp, elder care, and in-home aids. Visit irs.gov/publications/p503 to see a complete list of IRS-qualified dependent care expenses or from the [Voya site](https://www.benstrat.com) at www.benstrat.com.

The IRS maximum contributions into your Dependent Care FSA for 2024 is \$5,000 for a single parent or married individuals filing a joint return; and \$2,500 for married individuals filing separately. Other IRS rules may apply. It is advised that you seek advice from your tax advisor. Dependent Care funds are only available as you contribute them through payroll deductions.

FSA Reminders

- “Use it or lose it.” FSA funds must be incurred by the end of the plan year and you have a 120-day grace period to submit claims after the plan year ends.
- You may only use Health Care FSA funds for health care expenses, and Dependent Care FSA funds for dependent care expenses.
- Save your receipts. No matter how you access your funds, be sure to keep your receipts to validate your reimbursements.
- You must enroll in the FSA each year, for which your annual contribution is in effect for the plan year of January 1 through December 31, 2024. A qualifying event is the only permissible time during the plan year to make a change to this contribution.

Dental Benefits

A + S offers [dental coverage](#) through UnitedHealthcare. This plan allows you to use in-network or out-of-network benefits. However, you will be responsible for paying the difference between the allowed amount and what the dentist may charge, also known as "balance billing," when you visit an out-of-network provider.

You can locate UHC In-network dentists at www.myuhc.com. Go to Find a Dentist, Employer Plan, put in your zip code, and then choose the National Options PPO network.

	IN NETWORK	OUT OF NETWORK
Annual Maximum per calendar plan year	\$2,000 per person	\$1,000 per person
Annual Deductible No deductible for Preventive	Individual: \$50/ Family: \$150	Individual: \$50/ Family: \$150
Preventive Services Oral exams, dental cleanings, X-rays, etc.	Plan pays 100%, no deductible	Plan pays 100% *, no deductible
Basic Services Filings, simple extractions, periodontics, etc.	Plan pays 90% after deductible	Plan pays 80% * after deductible
Major Services Bridges, dentures, crowns, etc.	Plan pays 60% after deductible	Plan pays 50% * (40% for Implants) after deductible
This is meant to be a brief summary only. For full plan details refer to the SPD.		
*Out of Network reimbursement is based on the Maximum Allowable Charge (MAC). If there is a difference between the MAC and what the provider's office charges, the difference is paid by you.		

Timing limitations (see the attachment for more detailed listing):

- Periodic oral evaluations are limited to two times per consecutive 12 months.
- Fluoride treatments are limited to covered persons under the age of 16 years, and limited to two times per consecutive 12 months.
- Crowns—limited to one time per tooth per consecutive 60 months. Covered only when filing cannot restore the tooth.
- Implant services—limited to one time per tooth per consecutive 60 months

Vision Benefits



A + S offers [vision coverage](#) through VSP Vision Care. The vision plan allows you to use in-network or out-of-network providers. However, when using out-of-network providers, you will pay expenses at the time of service and file a claim for reimbursement.

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who is right for you, and discovers savings with Exclusive Member Extras.

The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

BENEFITS COVERAGE WITH A VSP PROVIDER	DESCRIPTION	IN NETWORK CO-PAY	FREQUENCY
WellVision Eye Exam	Focuses on your eyes and overall wellness Routine Retinal screening	\$10 Up to \$39	Every 12 months
Essential Medical Eye Care	Additional exams beyond routine care— may coordinate with medical coverage	\$20 per exam	Available as needed
Prescription Glasses		\$25	
Frames	Up to \$150 Featured Frame Brands allowance \$130 frame allowance 20% savings on the amount over your allowance	Included in prescription glasses	Every 24 months
Lenses	Single vision, lined bifocal, and lined trifocal lenses Impact resistant lenses for dependent children	Included in prescription glasses	Every 12 months
Lens Enhancements	Standard Progressive lenses Premium progressive lenses Custom progressive lenses Avg savings of 40% on other lens enhancements	\$0 \$80-\$90 \$120-\$160	Every 12 months
Contacts (instead of glasses)	\$130 allowance for contacts; copay doesn't apply Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
Additional savings on glasses, sunglasses, laser vision correction, Exclusive Member Extras This is meant to be a brief summary only. For full plan details refer to the official plan documents.			

Disability

Whether you are disabled and unable to work due to an accident or illness, A + S offers Short and Long-Term Disability benefits options through Lincoln. Disability is insurance for your paycheck should you become disabled due to an off-the-job injury or illness. This coverage will provide a percentage of your salary once you satisfy the waiting period. Refer to the Plan Summaries for all details and specifics.

Short-Term Disability

A + S offers Short-Term disability (STD) insurance and pays the full cost of coverage. The weekly benefit provides a benefit of 70% of your pre-disability earnings up to a maximum of \$2,500 per week, payable up to 12 weeks. Benefits starts on the 8th consecutive day of total disability.

Long-Term Disability

A + S offers Long-Term disability (LTD) and pays the full cost of coverage. The monthly benefit provides a benefit of 60% of your monthly pre-disability earnings to a maximum of \$10,000 per month. Benefits begins after 90 consecutive days of total disability, and last up to Social Security Normal Retirement Age.



Group Life/AD&D & Voluntary Life/ AD&D

Basic Group Life Insurance and AD&D (Accidental Death & Dismemberment coverage)

A + S provides each employee with Basic Life and AD&D insurance through Lincoln, and pays for the full cost of coverage. Eligible employees receive two times your salary up to a maximum Life benefit of \$350,000. Age reduction starts at age 70 and will reduce your benefit amounts.

Ensuring your beneficiary information is correct at enrollment and throughout the year is essential. Log in to Kelly at ktbsonline.com or contact HR to update your information anytime.

Voluntary Supplemental Life and AD&D (Accidental Death & Dismemberment coverage)

A + S employees have the option to supplement their Basic Life coverage by purchasing additional amounts through Lincoln. Voluntary Life/AD&D coverage may also be purchased to cover a spouse and/or child(ren) after electing coverage for yourself.

Each year at Open Enrollment, you have the opportunity to increase or elect up to two benefit levels with guaranteed acceptance, provided you or your spouse have not been previously declined.

Employees must elect coverage for the spouse and /or dependent to elect coverage.

Rates are available when you enroll online in KTBS. For employees, the rate is based on the employee's actual age. For spouses, the rates are based on the age of the employee.

	Employee	Spouse	Child(ren)
Increments	\$10,000	\$5,000	\$10,000 max
Guaranteed Issue*	\$100,000	\$10,000	All amounts
Maximum Benefit	\$500,000 (not to exceed 5 x your salary)	\$250,000 (not to exceed 50% of employee amount)	14 days to 6 months: \$250 6 months to age 26: \$10,000
Age Reduction	65% of benefit amount at age 65, 40% at age 70	65% of benefit amount at age 65, benefits terminate at age 70	Coverage terminates at age 26

**Guarantee Issue is available at your initial eligibility. The Guarantee Issue amount is the highest amount of coverage that you or your dependents may elect without completing an Evidence of Insurability (EOI) form. If you elect an amount of coverage above the guaranteed issue limit, the benefit amount over the Guaranteed Issue level will not go into effect until your EOI has been reviewed and approved and payroll deductions have begun. This is meant to be a brief summary only. For full plan details refer to the SPD.*

Additional Benefits *from Lincoln*

Value Added Services (Included at no additional charge for employees and immediate family members):

Employee Assistance Program administered by ComPsych

This program is designed to handle any immediate issue 24/7 with confidential support, guidance and resources

- In-person help with short-term issues (***up to five (5) face-to-face counseling sessions***)
- Toll-free phone and Web access 24/7
- Phone Access to legal counsel and a 25% discount on follow-up services
- Work/life services for assistance with:
- Childcare, eldercare and adoption
- Relationships
- Financial Issues

Website: www.guidanceresources.com (User Name: LFGsupport Password: LFGsupport1)

LifeKeys administered by ComPsych

This program provides life insurance related resources including

- EstateGuidance® will preparation
- GuidanceResources® online
- Identity Theft Resources

Beneficiary Services for up to one year following the death of a covered individual (up to six (6) face-to-face sessions and unlimited counseling)

Website: www.guidanceresources.com (Web ID: LifeKeys)

Emergency TravelConnect Program by On Call International

This program includes travel, medical and safety-related services while traveling more than 100 miles from home (personal or professional). From a simple weather forecast to emergency medical assistance halfway around the world, On Call International has a professional staff and resources to provide support 24/7.

Phone: 1.866.525.1955

Website: www.mysearchlightportal.com (ID: LFGTravel123)

Additional Benefits

401k Plan

Allen + Shariff Profit Sharing & 401(k) Plan provides eligible employees with an opportunity to save for retirement. The plan will allow an employee to choose a salary contribution and direct their investments to suit their own planning needs. A + S will make a matching contribution to your account based on the own employee contributions. A + S matches the first 3% of your compensation contribution, and 50% of the next 2% of your compensation that you contribute to the plan for each payroll period.

Please see complete details in the Summary Plan Description provide to eligible employees.

Tuition Reimbursement

A + S encourages employees to further their education, and will provide financial assistance to regular, full-time employees who wish to pursue a formal course of study to:

- Sustain professional competence
- Learn additional skills to benefit A + S in your current profession.

Professional Development

A + S supports the professional development of our employees. We support enhancing your knowledge and skills and understand the importance of being involved in professional and community organizations. A + S may pay for the memberships and provide time away from the office to enable such development, when appropriate.

Holidays

Each year, Human Resources will distribute a schedule of the paid holidays recognized by A + S.

- New Year's Day
- Memorial Day
- Independence Day (July 4th)
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Eve (1/2 Day)
- Christmas Day

A+S at their discretion may provide the days between Christmas and New Year's Day as paid holidays.

Paid Time Off

Thank you to our employees for their hard work and dedication each and every year. Our paid time off program is for full time employees.

Paid time off hours begin on the first day of employment and accrue for full time employees as:

- Less than 3 years of employment—6 hours per pay accrual
- Three years or more years of employment—8 hours per pay accrual

Paid time off accrues to a maximum of 300 hours.

Please contact Human Resources for additional information on any Additional Benefits.

Terms To Know

Deductible - Amount an employee pays out of pocket prior to the insurance company paying a percentage of the provider charges.

Coinsurance - The amount of payment split between the employee and the insurance company. Example: Insurance company pays 80% and employee pays 20% of the charges after the deductible is met.

Out-of-Pocket Maximum - The maximum an employee is responsible for paying out of pocket in any one calendar year prior to the insurance company paying the entire eligible amount for the remaining of the calendar year.

Network Providers - Doctors, Hospitals and other healthcare providers who have an agreement/contract with insurance companies agreeing to charge a discounted amount for services they render.

Pre-Authorization - Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

Pre-Determination - If you are having a major procedure done, your doctor or dentist can submit a pre-determination to the

insurance company so you can know in advance of treatment how much of the bill you will be responsible for.

Explanation of Benefits (EOB) - The EOB is mailed to the employee after a claim is received and processed by the insurance company. The EOB will describe how the claim was processed and outline what portion of the charges are applied to the deductible, what portion the employee is responsible for, and explain if there is a denial or error processing the claim.

Guaranteed Issue - The maximum amount of voluntary life insurance you can choose when making your initial election that does not require the answering of medical questions.

Evidence of Insurability (EOI) - The form containing medical questions that are required to be answered if you decide to elect voluntary life insurance after you have previously declined coverage, or if you decide to increase your current coverage. This may also be needed if you decide to add disability coverage after you have previously declined.

How To Enroll

Our benefits portal, [KTBSonline.com](https://ktbsonline.com), enables you to make your benefit elections whenever and wherever it is most convenient. [Instructions](#) are provided for assist in the sign-on process. This site will guide you, step-by-step, through the enrollment process. For each benefit, you will be able to review your choices, if applicable, select your coverage level, and include any dependents you want to cover for that benefit.

If you have questions about your benefits or need assistance enrolling, contact Human Resources or our partners at McGriff. For tech support, call the Kelly Benefits Customer Service Call Center at 877-290-9580, Monday - Friday 8:30 a.m.-5:30 p.m.

First Time KTBSonline Users

- 1.Go to ktbsonline.com. (We strongly recommend the most recent version of Google Chrome or Firefox).
- 2.Click on the “Register” link located on the right-hand side of your screen.
- 3.When prompted, enter your Last Name, Date of Birth, and your Social Security Number. For security purposes you will also be asked to type a randomly generated security code. Click “Continue.”
- 4.Follow the directions provided on the site to complete your registration and setup your online account.

Returning KTBSonline Users

- 1.Go to ktbsonline.com. (We strongly recommend the most recent version of Google Chrome or Firefox).
- 2.Enter your Username and Password within the Secure Benefits Login section and then click “Login.”

Have all the information ready for each dependent you wish to cover including Social Security numbers and dates of birth before you begin enrollment.



Important Notices

A printed copy of the full versions of the below notices can be found at [Notices](#) and [CHIP](#), in the Kelly Document Library, you may contact HR for a printed copy of these notices as well as the plan summaries .

HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES

Summary: HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

Summary: This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

COBRA – FIRST NOTICE OF COBRA RIGHTS

Summary: This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

[PRESCRIPTION DRUG COVERAGE AND MEDICARE](#)

Summary: Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

MEDICAL PRE-TAX PREMIUMS PLAN

Summary: Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

[CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE \(CHIPRA\)](#)

Summary: This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer-sponsored health coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Summary: Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Summary: Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

