

Wayne Brothers
COMPANIES

2025 EMPLOYEE BENEFITS GUIDE

Benefit Year

June 1, 2025 - May 31, 2026

SUMMARY OF MATERIAL MODIFICATION (SMM) FOR PLANS SUBJECT TO ERISA and ANNUAL NOTICES

HOURLY

WELCOME TO WAYNE BROTHERS

2025 BENEFITS GUIDE



Our employees are our most valuable assets; that is why at Wayne Brothers, we are committed to a comprehensive employee benefit program that helps our employees and their families stay healthy, feel secure, and maintain a work/life balance.

This guide provides a general overview of your benefit choices so that you can select the coverage that is right for you and your family. Our program offers a broad range of plan options and has been carefully designed to meet the needs of our diverse workforce.

With choice comes responsibility and planning. In order to maximize your benefits and minimize your costs, please take the time to:

- Enroll on time
- Read and understand each benefit offering
- Ensure that you and your family are educated consumers of health care services and choices

Stay Healthy

- Medical, Prescription, Dental, and Vision
- Program Resources

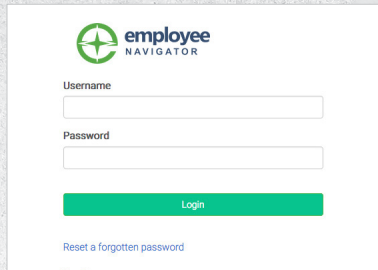
Feeling Secure

- Short-Term Disability Benefits
- Basic Term Life and Accidental Death & Dismemberment
- Voluntary Term Life and Accidental Death & Dismemberment
- 401(k) Retirement Savings

Work/Life Balance

- Employee Assistance Program
- Travel Assistance Program
- Identity Theft
- Paid Time Off (PTO) and Holiday Pay
- Family and Military Leave Policies
- Tuition Reimbursement Program
- Tickets at Work

ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

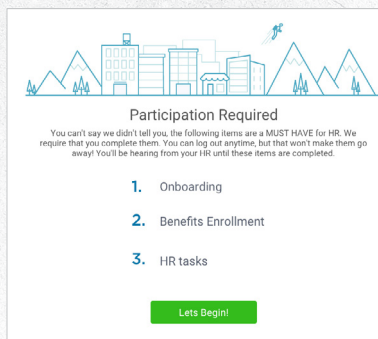


The login form for Employee Navigator. It features the company logo at the top left, followed by fields for 'Username' and 'Password'. A green 'Login' button is centered below the password field. A link for 'Reset a forgotten password' is located at the bottom left.

Step 1: Log In

Go to www.employeenavigator.com and click "Login":

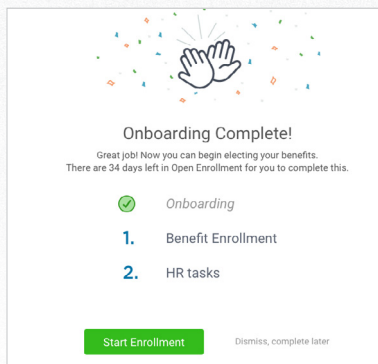
- **Returning users:** Log in with the username and password you selected. Click "**Reset a forgotten password**".
- **First time users:** Click on your "**Registration Link**" in the email sent to you by your admin or "**Register as a new user**". Create an account, and create your own username and password.



A screen titled 'Participation Required' with a city skyline illustration. It explains that certain items are mandatory for HR and lists three tasks: 1. Onboarding, 2. Benefits Enrollment, and 3. HR tasks. A green 'Let's Begin!' button is at the bottom.

Step 2: Welcome!

After you login click "**Let's Begin**" to complete your required tasks.



A screen titled 'Onboarding Complete!' with a hand icon and confetti. It congratulates the user and states there are 34 days left in Open Enrollment. It shows a progress list: 1. Onboarding (checked), 2. Benefit Enrollment, and 3. HR tasks. Buttons for 'Start Enrollment' and 'Dismiss, complete later' are at the bottom.

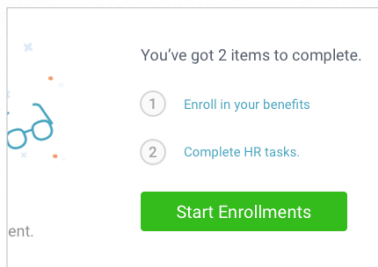
Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits.

Once you've completed your tasks click "**Start Enrollment**" to begin your enrollments.

STEP 3 TIP

If you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**".



A screen titled 'You've got 2 items to complete.' with a glasses icon. It lists two tasks: 1. Enroll in your benefits and 2. Complete HR tasks. A green 'Start Enrollments' button is at the bottom.

Step 4: Start Enrollments

After clicking "**Start Enrollment**", you'll need to complete some personal & dependent information before moving to your benefit elections.

STEP 4 TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

ENROLL IN YOUR BENEFITS: ONE STEP AT A TIME

Who am I enrolling?

- ☒ Myself
- ☐ Elizabeth Reynolds (Spouse)
- ☐ Gwen Reynolds (Child)

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **"Who am I enrolling?"**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Click **"Save & Continue"** at the bottom of each screen to save your elections.

If you do not want a benefit, click **"Don't want this benefit?"** at the bottom of the screen and select a reason from the drop-down menu.

Plan Cost	Employer Contribution	My Cost
\$138.46	\$138.46	\$0.00

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **"Sign & Agree"** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

STEP 7 TIP

If you miss a step you'll see **"Enrollment Not Complete"** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **"Start Tasks"**. If your HR department has not assigned any tasks, you're finished!

You can login to review your benefits 24/7!



ELIGIBILITY

To determine the benefits for which you may be eligible, please refer to the chart below. You are eligible to participate in these plans upon meeting each plan's eligibility requirements. You also have the option to enroll your eligible dependents.

Eligible dependents may include:

- Your federally recognized legal spouse
- Dependent children to age 26, regardless of full time student status or marital status
- Your unmarried child(ren) of any age who, prior to age 26, is incapable of self-support due to a mental or physical disability and who are totally dependent on you

Additional information on the eligibility requirements is available in the Summary Plan Description (SPD) and/or Certificate for each line of coverage. Limitations and exclusions may apply.

Plan	Employment Status	New Hire Waiting Period / Effective Date
Medical / Rx, Dental & Vision	Full-Time and > 30 hours per week	90 day waiting period with a 91st day effective date (Exception: Flexible Spending Account has a 1 year waiting period with an effective date of the first of the month following.)
Basic Life / AD&D	Full-Time and > 30 hours per week	
Voluntary Life / AD&D	Full-Time and > 30 hours per week	
Flexible Spending Accounts (FSAs)	1 Full Year Employed Full-Time and > 30 hours per week	
Short-Term Disability	Full-Time and > 30 hours per week	
EAP	Full-Time and > 30 hours per week	
Retirement Savings 401(k)	Full or Part-Time and Age 18	
Accident, Hospital Indemnity, and Critical Illness	Full-Time and > 30 hours per week	

If you leave Wayne Brothers and are rehired, working full-time and were enrolled in benefits prior to your termination, see below for re-election rules:

- Rehired within 0-30 days: Elections will be effective on your rehire date
- Rehired within 31-89 days: Elections will be effective the first of the month following your rehire date
- Rehired after 90+ days: Your elections are treated as a new hire with a waiting period of 90 days and 91st day effective date

Change in Status

Once your new hire elections have been made, you cannot make changes until the next annual enrollment period unless you experience a qualified life event, also referred to as a qualified change in status, such as:

- A change in your legal marital status (such as marriage, divorce or death of a spouse)
- A change in the number of dependents (such as birth or adoption of a child, or death of a dependent)
- A change in your spouse's employment status (including commencement or termination of employment, a change from full-time to part-time status or vice versa)
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage as a dependent
- You or your spouse or dependent become eligible for Medicare or Medicaid

You have **30 days** from the date of the qualifying event to notify Human Resources and provide appropriate documentation to change your benefits. Requests received after 30 days will not be accepted.

Please note: Not every change in status permits a change in benefit plan elections. A change in election is permitted only when it is determined that the change in status affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan.

* Section 125 of the Internal Revenue Code (IRC) governs how employers provide benefits to employees on a pre-tax basis. After an employee has made an initial enrollment election, Section 125 does permit "change in status" changes outside of annual benefits Open Enrollment for certain, specific reasons as outlined in the Permitted Election Changes Regulation of Section 125 (1.125-4).

Wayne Brothers is required to follow the Internal Revenue Code consistently, or all employees could become immediately responsible for paying taxes on benefits. To ensure this does not occur, we fully adhere to the requirements of the IRC for the protection of all employees.

Important information you should know in order to manage your health care expenses effectively:

- Using in-network medical providers, pharmacies and facilities is the most effective way to manage your out-of-pocket expenses. Find an in-network provider at www.bluecrossnc.com and click "Find a Doctor"
- Establish a Primary Care Physician
- Use virtual visits or retail health clinics before urgent care and the emergency room when appropriate
- **REMINDER!** Our Prescription Mail Order Program offers a 3-month supply (up to 90 days) for the price of 2 retail fills! Your cost is equal to 2 copays instead of 3 when you use the Mail Order service, saving you on your out-of-pocket expenses!

TELADOC PRIMARY360 (P360)

Be sure to register for Teladoc visits, offered through Teladoc P360!

Prepare for the “what ifs” by activating your telehealth account today. For convenient care that’s ready to use when you need it most.

Our BCBS NC Blue Options PPO plan includes Virtual Visit services from Teladoc. Teladoc has enhanced their telehealth services, and is now referred to as Primary360 and they have expanded the type of services you can receive virtually to include: Acute (same as before), Preventive, Behavioral Health, Chronic and Specialty care.

Skip the waiting room and the germs! Virtual visits offer these time-saving benefits:

- Video consults available 24 hours a day, seven days a week (even holidays).
- Takes just minutes to get connected with a board certified physician.
- No appointment needed—though you can make one with a specific doctor.
- Pediatricians are available, if your covered child gets sick.
- If you need a prescription the doctor can electronically send your prescription to the pharmacy closest to you.
- Whether you are on the couch, at work or traveling—you can use Teladoc anywhere in the USA.

Primary360 delivers more clinical expertise

Directly and through referrals to in-network specialist and other Teladoc health services.

Preventive Care

- Musculoskeletal pain
- Weight loss, diet and exercise
- Breast cancer screening
- Colorectal cancer screening
- Medications and Rx

Specialty Care

- Dermatology
- Nutritional guidance
- Musculoskeletal support

Acute Care

- Cold and flu
- Food poisoning
- Nasal congestion
- Sunburn
- UTIs

Chronic Care

- Prediabetes/diabetes
- Prehypertension/hypertension
- Weight management

Behavioral Healthcare

- Anxiety
- Depression
- Trauma
- Stress

How to Register for Teladoc

Registering for Teladoc is a quick and easy process. Once registered, you are four steps away from being well!

- Provide medical history
- Request a phone / video consult
- Talk with a certified doctor
- Resolve issue

We suggest registering once you have access to the Teladoc service. Registration takes less than 10 minutes and saves vital time when you’re not feeling well.

To Register, Follow These Easy Steps:

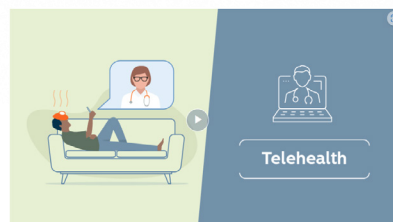
1. Download the Teladoc mobile app (iOS /Android-supported)



2. Go to [Teladoc.com](https://www.teladoc.com) and click “Log in/Register” and have your Member ID handy from your ID card. Or call 1-800-835-2362 and have your Member ID handy from your ID card.
3. Select “Get started” and enter all required fields (Ex: first/last name, DOB, member ID.). Next, your account information will show and you can complete the remaining fields, and click “Complete Registration” to create your Teladoc member
4. Next, you will be presented with the option to complete your medical history, or go to the home page to register eligible dependents or perform any other account functions.

* Helpful Hint: If scheduling a consult, have your debit or credit card handy (if a copay applies).

Primary 360 (P360)	Blue Options PPO
P360 Preventive Visit	\$0 copay
P360 Primary Care Physician Visit	\$30 copay
P360 Acute Care Visit	\$10 copay
P360 Behavioral Health Visit	\$10 copay
P360 Dermatology Visit	\$30 copay



Click here to view a short video about Telehealth

WHERE & WHEN TO GET HEALTHCARE

Primary 360/Teladoc Telehealth Services

Stomach bug during the holidays? Sunburn at the beach?
Coughing child on Sunday morning?

Our BCBS NC medical plan includes telehealth or virtual visits from Teladoc. It's a great option for minor health issues when you are on the go and when you can't see your regular doctor. Plus it's more convenient and less expensive than urgent care.

Key Features:

- **\$10 copay** per visit in-network
- Skip the waiting room!
- You can start a video consult with a doctor in less than 10 min (on average) - no appointment needed!
- Teladoc is available 24/7 access via smartphone, tablet or PC
- Cost less than a regular office visit saving you time and money
- Teladoc doctors are board certified with an average of 15 years experience

Activate Your Teladoc Account Today - So it's ready when you need it.

- Refer to Page 5 for step-by-step instructions to activate your account

Retail Health Clinics – Average Wait Time: 15 minutes

- **\$20 copay** per visit in-network
- Basic care from a nurse practitioner on a walk-in basis with extended hours
- Used for minor health concerns that need care quickly:
 - Like sore throats, ear infections, pink eye, skin rashes, bladder infections and those last minute sports physicals

Find the nearest Retail Health Clinic locations at:
www.ccaclinics.org/membership/clinic-locations
www.cvs.com/minuteclinic/clinic-locator
<http://www.walgreens.com/findcare/services>

Primary Care Physician – Scheduled Visits

- **\$40 copay** per visit in-network
- Helps you prevent disease and stay healthy
- Diagnose and treat a full range of health issues
- Refer you to the right care when you need a specialist
- Help with the healthcare needs of your whole family
- Costs less than the emergency room or urgent care centers

Urgent Care – Average Wait Time: 15 - 45 minutes

- **\$100 copay** per visit
- When your doctor is unavailable, get immediate quality care from a doctor on a walk-in basis with extended hours
- For immediate attention for minor to moderate issues: Like sports injuries, migraines, vomiting, sprains, back pain

Emergency Room – Average Wait Time: 4 hours

- **\$500 copay** per visit
- Care available 24/7 for severe emergencies from trained clinicians:
 - If you are facing an issue that threatens your life or health, never hesitate to go straight to the emergency room

Things to Think About

- Non-emergency care delivered in the ER costs 5 times more than in a doctor's office or clinic
- Research studies indicate that between 8-27% of ER visits are inappropriate and should have been treated in a less expensive care setting
- ER doctors rarely have relationships with the patients they see, nor do they typically have your full medical history, so they must order expensive tests to determine a diagnosis and course of treatment
- Patients, when possible, should be treated by their primary care physician for non-emergency conditions in order to promote consistent, preventive and quality care



Click here to view a short video about utilizing different healthcare providers.

HEALTHY LIFESTYLE

There are many variables in our lives and in our world that we can't control, but we make choices everyday about things we can control: what we eat, how much we move, and whether we use tobacco products. These choices directly impact our health. While sometimes it's hard to see the correlation, over time, the evidence is clear; health and quality of life is improved when we put the right food in our bodies, when we move the way we're supposed to move, and when we steer clear of tobacco – essentially when we take care of ourselves and treat our bodies well. Although that may sound easy, we know leading a healthy lifestyle can be anything but easy.

A first step in making better choices is “Knowing Your Numbers”. The chart below gives you key biometric measures, national standards and a place to track your numbers. Once you know your numbers, you can begin to set goals for improvement.

Know Your Numbers		
Biometric Measure	National Standards	What Are Your Numbers
Cholesterol Ratio	< 4.0 or 200 mg/dl	
HDL	> 40 men > 50 women	
Blood Pressure	<130/80 mm HG	
Fasting Blood Glucose • Fasting • Non-Fasting	70-99 mg/dl < 140 mg/dl	
Waist Circumference	< 40 inches men < 35 inches women	
Body Mass Index (BMI) • Underweight • Healthy Weight • Overweight • Obese	< 18.5 = 18.5 – 24.9 = 25.0 to 29.9 > 30	
Tobacco Use	None	

Regular exercise is a key step in improving your numbers! Whether that's walking in your neighborhood, following a couch to 5K exercise schedule, taking the stairs or joining a gym, sometimes starting with just one thing can set you on a path to a healthier lifestyle.

It takes about six to eight weeks to form a habit, regardless of whether it is a healthy habit or a "bad habit". And while you're forming that new, healthy habit, set yourself up for success by setting small, achievable goals rather than large, intimidating milestones.

First, before you begin an exercise regimen, be sure to visit your physician.

Second, figure out where you are. Like using the GPS in your car, before setting the course on your destination, you need to know where you begin the journey. Don't compare yourself to a friend, significant other, co-worker or even the “you” you were 20 years ago. Don't compare yourself to the “you” you will be, or want to be, in six months. Rather, honestly assess how much exercise you have had in the last six months to a year. Recent athletic activity is a precursor for selecting a proper training program.

Third, not using tobacco is another key to your health, but quitting can be very challenging. If you are a tobacco user, there are resources to help you quit.

You can access the QuitlineNC website at <https://www.quitlinenc.com>. Please refer to the Wayne Brothers' Wellness Page for details on how QuitlineNC can help you quit smoking, vaping, chewing and dipping and tools they can provide to help you make it happen.

WAYNE BROTHERS' WELLNESS

QuitlineNC

Whether you smoke, dip, vape or chew, QuitlineNC can help you quit for good!

- Friendly support and practical tips that really work
- You'll get help that fits your needs. Everybody is different and therefore you'll receive personalized help according to your own situation
- People who get help from QuitlineNC are twice as likely to quit for good

Help is confidential and provided at no cost.

- There is no cost to you for the call, coaching or the quit guide
- Calls to the Quitline are confidential
- Open 24 hours a day, 7 days a week
- Pregnant women receive extra support
- Help available in 170 languages



To enroll online for the telephone or web-only program, go to www.QuitlineNC.com.

QuitlineNC
1-800-QUIT-NOW

1-800-784-8669
TTY 1-877-777-6534

24 hours a day / 7 days a week
All calls are free and confidential

When you have the urge to use tobacco, here are just some ideas of what to do instead!

- Read a book
- Listen to music
- Walk the dog
- Talk to a friend
- Swim
- Drink a cool glass of water
- Start a journal or scrapbook
- Wash and wax the car
- Go for a walk or jog
- Listening to a relaxation CD
- Try painting/redecorating your room
- Treat yourself to an afternoon of shopping with friends
- Read a magazine
- Teach the dog a new trick
- Go fishing, hunting, or camping... and so so many more!

Benefits of Being Tobacco Free

Benefits for You

- Improves lung & heart health
- Protects bone health
- Reduces the risk of cancer
- Reduces the risk of painful and irregular menstrual cycles

Benefits for your child

- Promotes healthier brain development
- Lowers risk of miscarriage, stillbirth, and Sudden Infant Death Syndrome
- Lowers risk of being born too small or too early
- Fewer coughs, colds, and ear infections
- Less risk of asthma



MEDICAL PLAN COST

In order to be eligible for the Healthy Lifestyle reduced medical premium during this plan year June 1, 2025 - May 31, 2026, you must complete the Tobacco Affidavit available from Human Resources. Your payroll deductions for Healthy Lifestyle premiums will change after you have met the requirements.

Tobacco FREE: The Tobacco Affidavit Form is required to be completed and returned by all employees annually, regardless of your current tobacco status. You will indicate that you fall into one of the two categories below:

A. Non-tobacco User: Indicating you are not currently, nor have you in the past 6 months, used any tobacco product, including, but not limited to, those outlined below

B. Tobacco User: By indicating you are a tobacco user, you understand you will receive the Non-Healthy Lifestyle Premium

Definition of Tobacco Free: The enrolled individual has not used any tobacco products in the last 6 months. Tobacco products include, but are not limited to – cigarettes, e-cigarettes, pipes, cigars, chewing tobacco, smokeless tobacco, or any other tobacco product.

Medical	Weekly Rates	
	Non-Tobacco User Rates	Tobacco User Rates
Employee Only	37.94	\$61.04
Employee + Spouse	\$147.67	\$191.34
Employee + Child(ren)	\$85.36	\$127.53
Family	\$168.76	\$241.35

All eligible premiums (medical, dental, vision) are taken on a pre-tax basis, unless you opt out of this program.

If you do not return the Tobacco Affidavit to HR during each annual Open Enrollment period or your new hire initial eligibility period, then the Tobacco User premium will automatically apply.

Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Hunter White in HR at 615-925-9154 or via email at hunter.white@waynebrothers.com, and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

PREVENTIVE CARE SERVICES



The following services are covered without a co-pay, co-insurance or deductible when the services are provided by an in-network provider and are billed with preventive care coding. The services listed may also be subject to age, gender and frequency guidelines.

[Click here to view a short video about Preventive Care Services.](#)

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Immunization	X	X		X
Hepatitis A	X	X		X
Hepatitis B	X	X		
Herpes Zoster	X	X		X
Human Papillomavirus	X	X		X
Haemophilus Influenza Type B				X
Influenza (flu shot)	X	X		X
Inactive Poliovirus				X
Mumps, Measles & Rubella	X	X		X
Meningococcal	X	X		X
Pneumococcal	X	X		X
Rotavirus				X
Tetanus, Diphtheria, Pertussis	X	X		X
Varicella	X	X		X
Prevention & Preventive Medications				
Aspirin for the Prevention of Cardiovascular Disease	X	X		
Breast Cancer, medications		X		
Folic Acid Supplementation		X		
Gonococcal Ophthalmia Neonatorum, Medication				X
Iron Deficiency Anemia, Prevention				X
Tobacco Use in Children and Adolescents, Primary Care Interventions				X
Counseling				
Alcohol Misuse Screening & Behavioral Counseling	X	X	X	
Breastfeeding, Counseling		X	X	
Falls in Older Adults, Counseling & Medication	X	X		
Sexually Transmitted Infections, Counseling	X	X		X
Skin Cancer, Counseling	X	X	X	X
Tobacco Use in Adults, Counseling and Interventions	X	X		

PREVENTIVE CARE SERVICES

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Abdominal Aortic Aneurysm	X			X
Bacteriuria			X	
BRCA-Related Cancer in Women		X		
Breast Cancer		X		
Cervical Cancer		X		
Chlamydial Infection		X	X	
Colorectal Cancer	X	X		
Congenital Hypothyroidism				X
Depression in Adults	X	X		
Diabetes Mellitus	X	X		
Gestational Diabetes Mellitus			X	
Gonorrhea		X	X	
Hearing Loss in Newborn				X
Hepatitis B Virus in Pregnant Women			X	
Hepatitis C Virus Infection in Adults	X	X		
High Blood Pressure in Adults	X	X		
HIV Infection	X	X	X	X
Intimate Partner Violence and Elderly Abuse		X		
Iron Deficiency Anemia			X	
Lipid Disorders in Adults	X	X		
Lung Cancer	X	X		
Major Depressive Disorder in Children & Adolescents				X
Obesity in Adults	X	X		
Obesity in Children and Adolescents				X
Osteoporosis		X		
Phenylketonuria (PKU)	X	X		
Sickle Cell Disease in Newborns				X
Syphilis Infection (Pregnant Women)			X	
Visual Impairment in Children Ages 1 to 5				X

Note: *Source - USPSTF A and B Recommendations and www.healthcare.gov/preventive-care-benefits/

BCBSNC MEMBER RESOURCES

Provider
BCBSNC

Network
Blue Options

Cost Share
Associated with
Medical Plan
Enrollment

Resources	Getting the most out of your plan
Blue Connect	Your online source for tools and info about your health plan is at BlueConnectNC.com
Diabetes Free NC	Free educational and informational resources from a wellbeing test, to pre-diabetes, and full-on diabetes for anyone residing in NC. You do not have to be insured by a BCBSNC plan to access the information, programs and resources. Visit www.DiabetesFreeNC.com
Blue365	Find discounts and deals at bcbns.com/blue365
Healthy Outcomes Care Management	Find health and wellness programs available at BlueConnectNC.com and click on Wellness
Blue Distinction Centers & Blue Distinction Centers+	Find a center near you at BlueConnectNC.com , click on HealthNAV and select Find a Doctor, Facility or Medical Cost
Bluecard Program	Find in-network care away from home at BlueConnectNC.com , click on HealthNAV and select Find a Doctor, Facility or Medical Costs or call BlueCard Access at 800-810-BLU (2583)
HealthNav	Find the right care, read reviews and get cost estimates for care at BlueConnectNC.com and click on HealthNAV

How to Set Up a Blue Connect Account

- Go to www.bluecrossnc.com;
- Select the Members tab
- Click on About Blue Connect
- Enter your Subscriber ID (found on your BCBSNC insurance ID Card), Date of Birth, and Zip Code
- Create a User ID and Password (you will then be asked to retype your password)
- Choose a Security Question and answer
- Enter your preferred email address
- Click Finish



MEDICAL PLAN

Provider
BCBSNC

Network
Blue Options

Cost Share
Employer and
Employee Paid

Website
www.bluecrossnc.com

The Wayne Brothers medical plan is administered by BCBSNC. We recommend utilizing in-network providers for care whenever possible to realize your biggest out-of-pocket savings. Be sure to register for Telehealth Services with Teladoc.

In-Network Services	Blue Options PPO	
	In-Network You Pay	Out-of-Network You Pay
Plan Year Deductible*		
• Individual	\$3,000	\$6,000
• Family	\$6,000	\$12,000
Plan Year Out-of-Pocket Maximum* (Includes deductible, coinsurance and copays)		
• Individual	\$6,000	\$12,000
• Family	\$12,000	\$24,000
Preventive Care**		
• Screenings	Covered at 100%	Deductible, then 40%
• Other as defined by Federal Law	Covered at 100%	N/A
Telehealth Services with Teladoc		
• P360 Preventive Visit	\$0 copay	N/A
• P360 Primary Care Physician Visit	\$30 copay	
• P360 Acute Care Visit	\$10 copay	
• P360 Behavioral Health Visit	\$10 copay	
• P360 Dermatology Visit	\$10 copay	
Retail Convenience Clinic	\$20 copay	N/A
Primary Care Office Visit	\$40 copay	Deductible, then 40%
Office Visits		
• Specialists	\$60 copay	Deductible, then 40%
Urgent Care	\$100 copay	
Emergency Room	\$500 copay (Waived if admitted)	
Hospital		
• Inpatient & Outpatient	Deductible, then 20%	Deductible, then 40%
Coinsurance	You pay 20% Plan pays 80%	You pay 40%, Plan pays 60%

* Your plan has an embedded deductible which means MEMBERS must meet their individual deductible before COVERED SERVICES are paid according to the benefits under this PLAN. If DEPENDENTS are covered, you also have a combined family deductible. However, once the family deductible is met, COVERED SERVICES will be paid according to the benefits for all family MEMBERS. Your plan also has an embedded individual OUT-OF-POCKET LIMIT. Once a MEMBER meets their individual OUT-OF-POCKET LIMIT the PLAN will pay 100% of the ALLOWED AMOUNT for COVERED SERVICES for that individual. Once the family OUT-OF-POCKET LIMIT is met, it is met for all MEMBERS.

PLEASE NOTE: In-Network services are credited to your in-network deductible and in-network out of pocket limit.

Charges for Out of Network services apply to your out of network deductible and out of pocket limit.

**When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

PRESCRIPTION DRUGS

Provider

BCBSNC / Prime
Therapeutics
Specialty Drug
Accredo

Cost Share

Employer and
Employee Paid



Prescription
Drugs - Benefits
Overview

Click here to view a short video about
Prescription Drug Utilization.

In-Network Services	Retail - 30 Days	Mail Order - 90 Days
Copays - Tier 1 (Preferred Generic) - Tier 2 (Non-Preferred Generic) - Tier 3 (Preferred Brand) - Tier 4 (Non-Preferred Brand) - Tier 5 (Specialty provider is ACCREDO)	\$5 \$10 \$20 \$80 25% (\$80 min / \$250 max)	\$10 \$20 \$40 \$160 copay Not Available
Dispense As Written (DAW) Rule	MAC B - Mandatory generics. When a generic is available and member chooses a brand, the member will pay the brand copay and the cost difference between the two drugs, except when the provider has indicated DAW (Dispense as Written).	
Formulary and Network	Net Results Formulary and Broad Network	
Specialty Drugs	Specialty drugs require authorization and MUST be ordered through Accredo. The doctor prescribing the specialty drug should contact BCBS NC for the information on authorization requirements, quantity limits, and instructions on how to order from Accredo.	

How To Save on Your Drug Costs

- Use a pharmacy that is in-network. Most major pharmacies are in the network. Use your local pharmacy for a 30-day supply or less. Simply show your ID card at the pharmacy
- Use home delivery (mail order) for prescriptions you use for longer periods of time or maintenance medications (a supply of 90 days)
- Use Tier 1 drugs whenever possible, which are usually generics but not always. Generics are “copies” of brand drugs whose patent protection has expired and are approved by the FDA
- Discuss the formulary with your doctor. If generic is not an option, using preferred drugs will save you money over non-preferred drugs. Find a list of formulary drugs at <https://www.myprime.com/en/medicines.html/findmedicine#find-medicine>

Home Delivery Pharmacy, aka Mail Order - Medications delivered to your door.

Home Delivery is an easy, reliable way to get your medications on time and without the hassle. If you take prescription medications on a daily basis, then you know the impact missing a dose or running out of medication can have. Above all, it can jeopardize the plan you and your doctor have to keep you healthy.

Mail Order Pharmacy:

- **Up to a 90 day supply for the price of 60!**
- **Don't miss a dose.** Our automatic refill reminder service, makes it simple for you to fill prescriptions. It will remind you by email or by phone and lets you refill your prescription at the same time
- **Talk with a licensed pharmacist** anytime, day or night. A pharmacist is available 24 hours a day, seven days a week to answer any questions. If you prefer, we can even contact your doctor to talk about other medication options that may work better for you
- **Free, fast delivery.** You'll get free delivery of your prescriptions to the address of your choice. Initial orders may take 7 - 10 days. Refills typically ship in just 2 - 5 days
- **Be sure.** Licensed pharmacists carefully review each prescription against your known allergies, health conditions and other medications that you may be taking
- **Wherever you are.** Get your medication delivered right to your home, work or even on vacation (within the U.S.). It's shipped in confidential, tamper-resistant packaging that stands up to weather. (and medications that need to be kept cold are shipped with dry ice)

Visit [BlueConnectNC.com](https://www.BlueConnectNC.com) to use your existing BCBSNC login or call Prime Mail Order at **888-274-5180**.

PRESCRIPTION DRUG PROGRAMS

In order to control the nation's fastest growing healthcare cost segment and still provide a comprehensive benefit, Wayne Brothers' prescription benefit has several clinical programs in place. These programs are in place to ensure that you have access to safe, appropriate and effective medications.

Drug Utilization Review

This is a program to assist your physician and pharmacist in identifying inappropriate prescribing, dispensing and drug consumption that could cause a potential risk to your health. The following are some examples but not all inclusive of inappropriate prescribing, dispensing and drug consumption:

- When you are taking two or more drugs, when taken together can cause undesirable effects
- If you receive controlled substance prescriptions from more than two physicians or pharmacies
- Age edits are designed to ensure that medications are used only in appropriate age groups, e.g. Not for use in infants or the elderly
- Gender edits are designed to restrict access to drug therapies which are specific to male or female populations

Step Therapy

Step Therapy helps you choose the most cost effective and appropriate medicine for certain medical conditions. The first step in the step therapy process, "first line therapy," is usually a simple, inexpensive treatment that is known to be safe and effective for most people and for a specific medical condition. First-line therapy is usually a generic drug in the same therapy class. If the first-line therapy does not work, the next step is to try second-line therapy.

You may be subject to step therapy if you are filling a prescription in one of the following therapeutic drug classes:

- Ulcer drugs
- Endocrine/Metabolic agents
- Anti-Hypertensives
- Antiemetics
- Gastrointestinal Agents
- Diabetic Supplies
- Psychotherapeutic & Neurological Agents
- Analgesics - Anti Inflammatory
- Migraines
- Dermatologicals

Prior Authorization

Certain drugs require additional information from your doctor before your prescription can be filled. This process is called Prior Authorization. If you receive a prescription for medication that requires Prior Authorization, your doctor will have to provide information to the Prior Authorization Department before your prescription can be filled and covered under the prescription drug plan.

When you take a prescription for a drug that requires prior authorization, your pharmacist will receive notice from the online system that a Prior Authorization is required before your prescription can be filled. Your pharmacist should then notify your physician's office to contact BCBS/Prime Therapeutics.

When your doctor calls BCBS/Prime, he/she will be asked a series of questions to determine if you meet certain criteria for taking this drug. If you meet all of the criteria, a Prior Authorization is issued and your drug can be filled by your pharmacist. After your Prior Authorization has been approved by BCBS/Prime, either you or your doctor must contact your pharmacist so your prescription can be filled.

IMPORTANT: Each drug has a different length of time that it may be authorized. You can find out how long your prior authorization approval is from your doctor after your drug is initially approved.

Mobile Apps for Prescription Savings

There are free mobile apps for your iPhone, Android, or Windows phone. These apps will compare prescription drug costs in your area. You provide the drug name and quantity and it compares the costs at various pharmacies in your area. Rx Saver and Good Rx are just two available mobile apps.



Patient Assistance Programs

These are programs set up by drug companies that offer savings cards or coupons that reduce the cost of expensive brand medications. Each drug company has their own program rules around who is eligible. While the programs can significantly reduce your cost, they can also end at any time without notice. One website that may be helpful in navigating coupons and savings cards is www.rxpharmacycoupons.com.

Many times there is a lower cost drug alternative - so check with your provider first!

DENTAL

Provider
Ameritas

Network
Classic PPO

Website
www.Ameritas.com

Cost Share
Employee Paid

The Wayne Brothers dental plans are administered by Ameritas and provide a Core Plan and a Buy-Up Plan option. Choices allow you to elect a plan that best fits you and your family's needs. By visiting in-network providers, you will realize your biggest out-of-pocket savings. Both plans offer in-network preventive services covered at 100% and the Buy-Up Plan includes orthodontia benefits.

Benefit Detail	Dental	
	Core Plan You Pay	Buy-Up Plan You Pay
Calendar Year Deductible	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Calendar Year Maximum	\$2,000	\$2,000
Type I - Preventive Services	0%, no deductible	0%, no deductible
Type II - Basic Services	20% after deductible	20% after deductible
Type III - Major Services	50% after deductible	50% after deductible
Reimbursement Allowance Rate (All Type Services)	Usual and Customary paid at the 90th percentile	Usual and Customary paid at the 90th percentile
Late Entrant Waiting Periods • Preventive • Basic • Major • Orthodontia	None 6 months 6 months N/A	None 6 months 6 months 6 months
Orthodontia Services		
Type IV - Orthodontia Services Dependent Children Only (to age 19)	N/A	50%, no deductible
Orthodontia Maximum	N/A	\$1,000
Orthodontia Benefit Waiting Period	N/A	None
Orthodontia Late Entrant Waiting Period	N/A	6 months

Coverage Level	Weekly Rates	
	Core	Buy Up*
Employee Only	\$6.35	n/a
Employee + Spouse	\$12.18	n/a
Employee + Child(ren)	\$14.46	\$20.28
Family	\$20.28	\$28.16

* The Buy Up plan is only offered to those with Employee + Children or Family coverage. Employee Only and Employee + Spouse CANNOT elect the Buy Up plan.

VISION

Provider
Ameritas

Network
EyeMed Insight

Website
www.Ameritas.com

Cost Share
Employee Paid

The Wayne Brothers vision plan is administered by Ameritas. You may seek service from an in-network or out-of-network provider, but your costs will be lower when you stay in-network.

Services	In-Network	Out-of-Network
Exam	\$10 copay	Up to \$35 allowance
Frames	\$130 allowance plus 20% of amount above allowance	Up to \$65 allowance
Lenses • Single • Bifocal • Trifocal • Lenticular	\$25 copay \$25 copay \$25 copay \$25 copay	Up to \$25 allowance Up to \$40 allowance Up to \$55 allowance No benefit allowance
Fit & Follow Up	Standard: Member cost up to \$40 Premium: 10% off of retail	No benefit allowance
Contact Lenses • Elective • Medically Necessary	\$130 allowance plus 15% discount of amount above allowance Covered in full	\$104 allowance Up to \$200 allowance
Frequency (based on date of service) • Exam • Lenses • Frames	12 months 12 months 24 months	

Coverage Level	Weekly Rates
Employee Only	\$1.23
Employee + Spouse	\$2.34
Employee + Child(ren)	\$2.46
Family	\$3.62

Wayne Brothers has a Prescription Safety Glasses Program

Program allows employees to get a free pair of basic prescription safety glasses every two years. The employee pays only the cost of the eye exam and any options chosen beyond the basic prescription safety glasses. **This benefit is administered by Wayne Brothers and does not have any connection or requirement of your participation in the Vision plan provided through Ameritas.** Contact the Human Resources Department for additional information. This benefit is available after 90 days of employment.



FLEXIBLE SPENDING ACCOUNTS

Provider

Flores & Associates

Eligibility

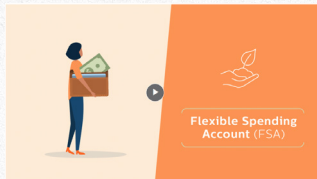
Upon 1 Year
Anniversary,
Within 30 Days

Website

www.flores.247.com

Cost Share

Employee Paid



Click here to view a short video about Flexible Spending Accounts.

Wayne Brothers offers you the option to participate in a Flexible Spending Account. We offer a Health Care Spending Account (HCFSA) and new this year a Dependent Care Account (DCFSA) through Flores & Associates. **You must be employed for one year to participate in this option!**

You can INCREASE your take-home pay while paying for eligible health care expenses and dependent care expenses.

How an FSA Works: Every year, during the open enrollment period you decide how much money you want to contribute to each account for the upcoming calendar year - see annual IRS limits below. The amount you designate for the year is taken out of your paycheck in equal installments each pay period and placed in the appropriate FSA account type. One big advantage to this is that for the Health Care FSA, the full amount that you designate is available on day one, meaning June 1 instead of as you accumulate via pre-tax payroll deductions! The contributions you may to an FSA are deducted from your pay BEFORE your Federal, State, or Social Security taxes are calculated. You do not need to be enrolled in the Wayne Brothers medical plan to take advantage of an FSA account. You may enroll in either account or both - you decide!

Health Care FSA may be used to pay for eligible medical, prescription, dental, and vision expenses not fully covered by your insurance plans for you and your tax eligible dependents. For a complete list of eligible expenses visit <https://www.flores-associates.com/EligibilityList.html>

Annual IRS Maximum Contribution Limits	Minimum	Maximum
Health Care FSA	\$100	\$3,300
Health Care FSA Carryover (funds as of May 31, 2026 into June 1, 2026 plan year)	\$100	\$660
Dependent Care FSA	\$100	\$5,000* (DCA limit \$2,500 if married and filing separately)

*Please take into account that our plan year includes 2 tax periods. Consult a tax advisor for information on how to avoid going over IRS limits.

Carryover Feature: If you are enrolled in the Health Care FSA as of May 31st, 2025, you are able to carry over unused funds left in your Healthcare FSA account at the end of the plan year. Any unused funds exceeding the \$660 threshold will automatically be forfeited.

Debit MasterCard: All Health Care FSA participants will receive a debit card to be used to pay for eligible expenses. The card is intended to only work to purchase eligible and authorized expenses. In many cases the claim will be completed at the point of purchase; in others participants may receive a request for receipts after the claim has been paid. Therefore, **please be sure to save all receipts** in the event Flores requests them to validate certain purchases. Flores may need to request documentation in order to comply with IRS regulations and documentation is ultimately your responsibility.

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent on your tax return.

Plan Carefully! Check your FSA balance throughout the year to ensure you use all the funds set aside for the plan year, as well as any amount you carryover to the next year within the allowed timeframe. Please review the important dates listed below.

Important Dates		
2025-2026 Plan Year Expenses	Expenses Incurred	Submit Expenses for Reimbursement
Health Care FSA	June 1, 2025 - May 31, 2026	June 1, 2025 - August 31, 2026
Dependent Care FSA	June 1, 2025 - May 31, 2026	June 1, 2025 - August 15, 2026

DISABILITY

Provider

Lincoln
Financial Group
(LFG)

Cost Share

Employee Paid

Evidence of Insurability (EOI)

If you did not purchase coverage when you were first eligible, you may elect coverage during Open Enrollment, subject to EOI.

Wayne Brothers offers all eligible full-time employees the opportunity to purchase short-term disability income benefits. Benefits are based on a 40-hour work week. You are not eligible to receive short-term disability income benefits if you are receiving workers' compensation benefits.

Short-term disability income benefits are provided in the event that an eligible employee becomes disabled for more than seven days due to a non work-related injury or illness. The plan pays 60% of pre-disability base earnings, to a maximum of \$1,000 per week, up to 12 weeks for a qualified disability. Benefit payments are payable on a tax-free basis.

Benefit Detail	Short Term Disability Income
Benefits Begin	8th day accident or illness
Benefit Duration	12 weeks
Percentage of Income Replaced	60%
Maximum Benefit Amount	\$1,000 per week

Rates	Age Band	Weekly Rates
Per \$10 of weekly benefit based on age	0-19	0.06784
	20-24	0.06784
	25-29	0.06300
	30-34	0.06946
	35-39	0.07592
	40-44	0.10338
	45-49	0.13084
	50-54	0.17123
	55-59	0.22777
	60-64	0.26170
	65-69	0.28270
	70+	0.30208

Rate Calculator

$\text{Hourly Rate} \times 40 = \text{Weekly Salary}$
 $\text{Weekly Salary} \times 60\% = \text{Weekly Benefit Amount}^*$

$(\text{Weekly Benefit Amount}^* / \$10) \times \text{Rate by age band} = \text{Weekly Premium}$

* If your weekly benefit amount is greater than \$1,000, then use \$1,000 in the maximum premium calculation.



DISABILITY

Provider

Lincoln
Financial Group
(LFG)

Cost Share

Employee Paid

Evidence of Insurability (EOI)

If you did not purchase coverage when you were first eligible, you may elect coverage during Open Enrollment.

Convenient, Quick, Easy

A simple way to file your short-term disability claim with One Call Claims

Less time, less paperwork

With One Call Claims, it's easy to submit your short-term disability (STD) claim over the phone in a matter of minutes.

Call 866-STD-CALL (866-783-2255)

Submit an STD claim over the phone if:

- You've been absent from work because of a non-work-related illness or injury, and will not be returning within the elimination period (the period of time before your benefits kick in) outlined in your company's policy
- You're within one week of a planned surgery or childbirth

What information do I need to provide?

- Name and date of birth
- Address and phone number
- Social Security Number
- Employer
- Group policy number
- Doctor's name, address, phone and fax numbers
- Your occupation and the last day you worked
- Your condition or diagnosis
- Direct deposit information

A claims examiner will process your claim and, if necessary, contact your employer and physician. If more information is needed from you, your employer or physician, the claims examiner will inform you of the necessary steps to complete the claim process.

When can I call?

Lincoln Financial Group® claims examiners are available at **866-STD-CALL (866-783-2255)**:

Monday – Thursday 8:00 a.m. - 8:00 p.m. ET

Friday 8:00 a.m. - 6:00 p.m. ET

Or by fax anytime at 877-843-3950

In some cases, a claim decision will be made the same day

What to expect

During the call, your claims examiner will explain the process and how they will work with your physician to gather the necessary information. In most cases, your physician will need to complete an STD Attending Physician's Statement.

There are three ways for your physician to receive this form:

1. You can supply your doctor's fax number during your call, and we will fax the form directly to their office.
2. Your claims examiner can send you the form for you to give to your doctor.
3. You can print the form at Lincoln4Benefits.com.

Once we receive all your information, we will make a claim decision. If we approve your claim, your benefits will be paid as outlined in your company's policy.

You can also access forms and personal benefit information online:

4. Go to LincolnFinancial.com and click the REGISTER link in the LOG IN / REGISTER dropdown in the top navigation panel.
5. Select Employee Benefits and follow the instructions.
6. Once you register, you can review coverage, claim status and policy information. You can also print forms and report claim information such as child delivery or a return-to-work date.

BASIC TERM LIFE AND AD&D INSURANCE

Provider

Lincoln
Financial Group
(LFG)

Cost Share

Employer Paid

The Company provides full-time employees with basic group term life insurance coverage and matching accidental death and dismemberment (AD&D) insurance. Refer to the Certificate of Coverage for detailed information or call Lincoln Financial Group directly.

Benefit Detail	Basic Life/AD&D Benefit
Basic Life/AD&D – Employee	\$30,000

VOLUNTARY SUPPLEMENTAL LIFE AND AD&D

Provider

Lincoln
Financial Group
(LFG)

Cost Share

Employee Paid

Evidence of Insurability (EOI)

At Open Enrollment, if not previously declined, withdrawn or pending, current employee coverage may be increased by \$10,000 or \$20,000, up to the \$150,000 GI, without providing EOI. Current spousal coverage may be increased by \$5,000 or \$10,000, up to the \$25,000 GI without EOI. Dependent child coverage may be added with Option A, or current coverage may be increased to Option B, without EOI. Current employees who did not elect coverage for themselves or their Spouse, can elect up to 2 increments without EOI at Open Enrollment ONLY. Employees must elect coverage for themselves to elect coverage for their Spouse or Child(ren). **Late Entrants MUST go through the EOI process for ANY amount elected.**

In addition to the employer paid life and AD&D insurance above, employees have the opportunity to purchase supplemental coverage for themselves and their dependents. In order to elect dependent coverage, the employee must also elect coverage. A brief summary of the plan and rates are shown in the charts below.

Benefit	Voluntary Term Life and AD&D
Employee (matching Life and AD&D)	\$10,000 increments; Minimum: \$10,000 Maximum: the lesser of \$500,000 or 5 x's annual salary (age 70+ \$50,000)
Employee Guaranteed Issue (GI)	\$150,000
Age Reduction Schedule*	45% at age 70, additional 15% at age 75, an additional 10% at age 80; additional 5% at age 85, an additional 5% at age 90 (coverage terminates upon retirement)
Spouse (matching Life and AD&D) (rate is based on employee's age)	\$5,000 increments up to 2.5 x's the employee's annual salary, not to exceed 50% of employee amount. (coverage reduces 35% upon employee's age 65 and terminates upon employee's age 70 or retirement, whichever occurs first)
Spouse Guaranteed Issue (GI)	\$25,000
Child (Life only, no AD&D) • Birth to 6 months • 6 months to age 19 (up to age 25 if unmarried & a full-time student)	\$1,000 benefit Option A: \$5,000 benefit / Option B: \$10,000 benefit
Child(ren) Options and Rates	Option A: \$5,000 benefit / Rate: \$.575/month Option B: \$10,000 benefit / Rate: \$1.15/month
Accelerated Death Benefit	Included – see Certificate of Coverage
Suicide Exclusion	2 Years
Waiver of Premium	Included for Employee (Total disability up to SSNRA)
Conversion and Portability Options	Included (must apply within 31 days of termination date)

Employee Age	Employee Monthly Rate per \$1,000	Spouse Monthly Rate per \$1,000
<30	\$0.15	\$0.14
30-34	\$0.17	\$0.16
35-39	\$0.21	\$0.20
40-44	\$0.32	\$0.31
45-49	\$0.52	\$0.51
50-54	\$0.88	\$0.87
55-59	\$1.69	\$1.68
60-64	\$2.20	\$2.19
65-69	\$3.67	\$3.66
70+	\$9.80	\$9.79

Supplemental Life Insurance with matching AD&D Sample Premium Calculation for \$50,000 Term Life and AD&D Benefits

(Based on Employee Age of 36 for Employee or Spouse coverage)

Supplemental Life/AD&D Rate:

(EE Age based, bracket 35-39)..... \$0.21

Supplemental Life/AD&D Election \$50,000

Monthly Premium:

(\$50,000 divided by \$1,000) x \$0.21 \$10.50

Weekly Premium:

(\$10.50 x 12 months, divided by 52 pay periods).....\$2.42

VOLUNTARY BENEFITS

Provider
Lincoln
Financial Group
(LFG)

Cost Share
Employee Paid

Wayne Brothers is offering employees the option of purchasing additional benefits through **Lincoln Financial Group**. You may elect: **Accident, Hospital Indemnity, and Critical Illness** insurance. These benefits are available to you, your spouse and dependent children. **You can elect these benefits even if you do not elect ANY OTHER benefit offered by Wayne Brothers and these benefits are portable.** This means you can keep this benefit by paying your premiums directly to Lincoln Financial Group if you leave Wayne Brothers.

Below is a brief description of some of the features of these 3 new benefits. **Benefit Summaries with details and your weekly cost for each of these coverages will be in Navigator.** Please reach out to Human Resources if you need assistance with accessing the benefit summaries.

Accident Insurance

- Covers **ON and OFF** the job **accidents**.
- Pays **YOU** a set amount based on the injury and treatment received for injuries caused by an accident. Some examples of covered injuries and type of care are Fractures, Dislocations, Concussion, Lacerations, Burns, Emergency Room Visit, Hospitalization, Rehab Facility, Follow Up care benefits, and much more.
- You don't have to answer medical questions to receive coverage; **this is guaranteed coverage.**

Hospital Indemnity

- Provides a lump-sum cash benefit directly to you to help you take care of unexpected expenses - anything from deductibles to child care to everyday bills should you be hospitalized.
- Benefit of **\$1,000** for the **initial day of admission** to the hospital for treatment of a sickness/an injury - maximum 1 day per calendar year
- Benefit of **\$200 for each day of confinement** in a hospital as a result of a sickness/an injury (benefits start the 2nd day of hospitalization and there is a maximum of 30 days per year); **\$1,000 for each full day or partial day of confinement in an ICU** as a result of a sickness/an injury (benefits start the 2nd day of hospitalization and there is a maximum of 30 days per year)
- **\$50 Wellness Benefit** - Receive a cash benefit **every year** you and any of your covered family members complete a single covered exam, screening, or immunization.
- You don't have to answer medical questions to receive coverage; **this is guaranteed coverage.**

Critical Illness Insurance

- Provides **cash benefits** if you or a covered family member is diagnosed with a critical illness or event while insured under this plan. **You can elect \$10,000, \$15,000, or \$20,000.** Your spouse and children can be covered for 50% of your elected amount
- Covered illnesses include **Heart Attack, Stroke, Major Organ Failure (including Renal/Kidney), Cancer (Invasive, Non-Invasive, and Skin Cancer** - other than melanoma). Also included are several Supplemental Illnesses such as Advanced COPD, Advanced ALS/Lou Gehrig's, Advanced Alzheimer's, Advanced Parkinson's disease, and Advanced Multiple Sclerosis. Eight Childhood illnesses also included.
- **Current Employees** - If you enroll during this open Enrollment for coverage beginning 6/1/2025 or later because of a change in family status, you will not need to answer any medical questions and coverage is guaranteed.
- **New Hires** - If you enroll for coverage during your initial enrollment period or later because of a change in family status, you will not need to answer any medical questions and coverage is guaranteed.

Employee Assistance Program (EAP)

Provider

MYgroup
800-633-3353

Visit online at:

www.mygroup.com

Services

Legal Assistance

800-633-3353

www.mygroup.com >

Username:

waynebrothers

Password: guest

Financial Assistance

Work-Life/EAP Assistance:

800-633-3353

www.mygroup.com >

Username:

organization specific

Password: guest

Scan this QR Code to
get to the MYgroup
website for IMMEDIATE
assistance :



MYGroup EAP

Get professional support for life's personal, family, and work-related matters. This benefit is FREE and CONFIDENTIAL.

An EAP is a company-sponsored benefit, connecting you to resources that are made to help you through your challenges.

And best of all, it's free for you and your eligible family members.

Our EAP program offers you and your family Assessment and Counseling

Help is available 24/7/365 through our toll-free number. When you and your family members call the EAP, you are offered a face-to-face, virtual or telephonic counseling session in which a thorough assessment can be conducted by a licensed, experienced clinician in your area. You also have the option of using BetterHelp (through their app) for your virtual sessions.

Reasons to use the EAP include:

Stress, relationship/marital issues, Parenting, Work-related concerns, Depression, Alcohol and Drug use/abuse, Grief and Loss, Preventative reasons, and More.

Why use an EAP?

An EAP is here to help you and your loved ones through life's ups and downs, including:

- Relationship/marital issues
- Parenting
- Stress
- Work-related concerns
- Depression
- Alcohol and drug use/abuse
- Grief and loss
- Balance your work and life:
 - Online resources
 - Childcare and elder care locators
 - Savings center
 - Legal and financial services
 - Identity theft recovery

Additional Online Services

7 content divisions: Parenting, Aging, Balancing, Thriving, Living, Working, and International
Monthly online seminars and eLearning courses with certificates of completion.

Searchable databases and resource links for childcare providers, elder care and related services, adoption resources, attorneys, certified financial planners, pet sitting, private and

public high schools and colleges, and volunteer opportunities

Over 100 streaming audio files and 100 video files covering a range of health topics.

Savings Center: discount shopping program offering up to 25% discounts on name-brand items
Relocation Center: an interactive program that allows users to preview communities across the U.S.

Legal Services

- Free telephonic legal advice
- Free 30-minute appointment for legal consultation with a local attorney
- In most cases, 25% discount on ongoing legal services - Legal forms available to download (such as wills, request for death certificate, etc.)
- Online legal encyclopedia
- Does not cover disputes or actions involving employer, EAP or business issues

If your life, or the life of a family member, has been impacted by a legal issue, you may need the expert counsel of an attorney. Your employee assistance program can help with a free consultation with a qualified attorney either on the phone or in person. Online support is also available with legal forms, a library of legal articles, even a simple will. Call or visit us online to get the legal answers you need.

Financial Services

- Free financial counseling appointments
- Issues addressed include bankruptcy, budgeting, buying a home, college savings, retirement planning
- Educational materials and financial worksheets provided prior to appointments
- 40 financial calculators available online
- ID theft recovery through credit monitoring
- Discounted credit reports

HOLIDAYS AND PAID TIME OFF (PTO)

Provider

Wayne Brothers

Cost Share

Employer Paid

Holidays

Wayne Brothers observes the following as paid holidays each year:

- Independence Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve
- Christmas Day

Paid Time Off (PTO)

Service	PTO Days Earned
After 1 year	5 days
After 3 years	8 days
After 5 years	10 days

You may “bank” a maximum of 40 hours for future use.

OTHER BENEFITS

Provider

Wayne Brothers

Cost Share

Employer Paid
Where Applicable

- FUTA – Federal Unemployment Payroll Taxes
- SUTA – State Unemployment Payroll Taxes
- FICA – Consists of Social Security taxes at 6.2% and Medicare taxes at 1.45%
- Workers Compensation Insurance
- Family & Military Leave
- Tuition Reimbursement
- Travel Allowance
- Free Parking
- Safety Incentive Bonus
- Jury Duty Pay

Work Hours:

- A normal workweek for full-time employees is Monday through Friday, 8:00 a.m. to 5:00 p.m.
- Flextime is available in some departments

Paydays, Direct Deposit, and Electronic Pay Stubs:

Wayne Brothers operates on a weekly pay day schedule. Pay days are officially Fridays. We make every effort to pay on Thursdays, but holidays or unexpected difficulties may require us to pay on Fridays. There are 52 pay periods per year. Your pay is sent to your bank via direct deposit.

BUILD LASTING MEMORIES WITH FAMILY AND FRIENDS

What is TicketsatWork?

Having fun, getting away, and saving money are important for your well-being.

This cost-free benefit provides you access to thousands of exclusive travel and entertainment discounts, so you can make the most of your time away from work.

How Do I Become a Member?

- Visit ticketsatwork.com and click Become a Member
- Use your company code or work email to create an account

Not by a computer? Use your phone camera or QR scanning app to access the site:

Company Code:
WAYNEBROTHERS



Movie Buffs, Travel Bugs, Thrill Seekers Entertainment Enthusiasts, Sports Fanatics. There's something for everyone with savings on:

- Hotels
- Theme Parks
- Concerts
- Sporting Events
- Movie Tickets
- Retail
- Restaurants
- Spas
- Sightseeing Tours
- Activities
- Rental Cars
- Gift Cards
- Broadway Shows
- Vegas Shows
- & More!

How Can I Benefit from TicketsatWork?

Through TicketsatWork, you will receive discounts and special access to theme parks and attractions including the Walt Disney World® Resort, Universal Studios®, Las Vegas and New York City shows and performances, Disneyland®, SeaWorld®, Six Flags, and Cirque du Soleil! Also check with ticketsatwork.com for savings on car rentals, hotels, tours and attractions across the US. If you're staying local, save on movie tickets, sporting events, and other special events. And feel free to share the code with friends and family!

How Do I Find Out What's New?

Once a month, TicketsatWork sends a monthly savings bulletin to your company. Ask about the bulletin today! You can also check back on TicketsatWork.com whenever you want to find the latest deals.

How Can I Order Tickets?

1. Visit www.ticketsatwork.com.
2. Click on the "Become a Member" box at the top of the homepage
3. You will then be prompted to create an account with your email address and company code
4. Or you can place your Order by phone. Call customer service at 800-331-6483. Orders are taken from 8:30 a.m.-12.a.m., 7 days a week (holidays included). Eastern Standard Time



RETIREMENT SAVINGS

Provider

Fidelity Investments

Cost Share

Employee
Contributions
Employer Match

Phone

1-800-835-5097

Website

www.401k.com

Am I saving enough for retirement?

A small increase in the amount you are saving can make a big difference in your account balance at retirement.

Do I have the right investment mix?

Review your investment strategy periodically.

Are my beneficiaries current?

It's not a pleasant subject to talk about, but it's important.

Take the time to name the person(s) who should receive your funds if you pass away. Review annually.

Wayne Brothers' sponsored retirement savings plan represents one of the best opportunities available for building your retirement nest egg. The plan makes investing easy, convenient and flexible. Eligible employees are automatically enrolled at 3% to maximize the match provided by Wayne Brothers. Employees make contributions on a pre-tax basis, reducing current federal, state, and Social Security taxes. Taxes are deferred until you are ready to withdraw from the account. You may make contribution changes whenever you like by logging into the Fidelity website.

Benefit Detail	401(k) Retirement Savings Plan
Eligibility	Entry in the Plan is the 1st of the month following 90 days of employment
Enrollment	Automatic enrollment at 3% 1st of the month following 90 days of employment
Contributions	1% - 90%, to IRS maximums
Employer Match	100% on the first 2% (at company's discretion); 50% up to the next 4%
Vesting Schedule	
• Employee Contributions	100%
• Employer Match	
• Less than 2 years	0%
• 2 years	20%
• 3 years	40%
• 4 years	60%
• 5 years	80%
• 6 + years	100%

IRS Contribution Limits	2024	2025
Contributions	\$23,000	\$23,500
Catch-up – 50 or older	\$7,500	\$7,500



[Click here to view a short video about 401k Retirement Plans.](#)

REQUIRED NOTICES

Summary of Material Modification (SMM)

This Benefit Enrollment Guide is your Summary of Material Modification (SMM). Please keep a copy of the SMM with your Summary Plan Description (SPD) for each plan, as these documents must be read together for a full understanding of your benefits. Copies of the SPDs are posted on the PlanSource website at <https://waynebrothers.ease.com> and printed copies are available upon request from your Corporate Benefits Department.

Health Care Reform Requirements

Under the Patient Protection and Affordable Care Act (PPACA), Wayne Brothers is required to provide health coverage that meets certain standards.

Pursuant to PPACA guidelines, the medical coverage offered by Wayne Brothers meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages. According to PPACA regulations, if you have an offer of health coverage from your employer that meets the minimum value standard, you will not be eligible for a tax credit through the Health Insurance Marketplace.

Note: If you decide to purchase a health plan through the Marketplace instead of accepting health coverage offered by Wayne Brothers, then you would also lose the employer contribution that Wayne Brothers pays toward the cost of your health coverage. In addition, this employer contribution, as well as your employee contribution, is pre-tax and excluded from income for Federal and State income tax purposes. Premiums you would pay for coverage through the Marketplace would be made on an after-tax basis. For more information, please visit www.healthcare.gov.

PPACA also requires Wayne Brothers to provide a Summary of Benefits and Coverage (SBC) to you. The SBC is intended to help you make an informed choice by summarizing, in a standard format, important information about the Wayne Brothers health coverage options. The SBC contains:

- Comparison of medical plans
- Glossary of terms
- Claim examples

We encourage you to review the SBCs, which are housed on the benefit enrollment portal <https://waynebrothers.ease.com>. Whether or not you choose to read the SBCs now is up to you, however, after you make your enrollment selections, you will be asked to acknowledge that you have been provided access to the SBCs.

HIPAA Notice of Special Enrollment Rights

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

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

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.

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

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

REQUIRED NOTICES

Newborns' and Mothers' Health Protection Act

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

Women's Health and Cancer Rights Act Annual and Enrollment Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under our plans. Therefore, the deductibles and coinsurance that apply can be found on pages 13 and 14 of this guide.

If you would like more information on WHCRA benefits, contact the Claims Administrator, BCBSNC. See back cover for contact details.

Women's Preventive Services

Non-grandfathered plans and issuers are required to provide coverage without cost sharing consistent with these guidelines in the first plan year that begins on or after August 1, 2012.

- A. Gestational diabetes screenings for pregnant women
 - B. Human Papilloma Virus (HPV) DNA testing for women >29 every three (3) years
 - C. Counseling on Sexually Transmitted Infections (STIs) for sexually active women
 - D. Annual HIV screening and counseling for sexually active women
 - E. At least one (1) Wellness Preventive Care visit annual for adult women. More if needed to cover all preventive services
 - F. Annual screening/counseling for interpersonal/domestic violence for women
 - G. Breastfeeding counseling for pregnant/post-partum women
 - H. Certain breast pumps for pregnant/post-partum women
 - I. Contraceptives/Sterilizations for women with reproductive capacity
 - J. The following contraceptive methods (with a prescription) for women with reproductive capacity:
- | | |
|--------------------------|--------------------------------|
| 11. Cervical caps | Generic oral contraceptives |
| Diaphragms | Transdermal contraceptives |
| Injections | NuvaRing® |
| Implantable Rods | Emergency contraception |
| IUDs | (aka “the Morning After pill”) |

REQUIRED NOTICES

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or 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. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

State	Program	Website	Phone Number
Alabama	Medicaid	http://myalhipp.com/	1-855-692-5447
Alaska	Medicaid	http://myakhipp.com/ Email: CustomerService@MyAKHIPP.com https://health.alaska.gov/dpa/Pages/default.aspx	1-866-251-4861
Arkansas	Medicaid	http://myarhipp.com/	1-855-692-7447
California	Medicaid	http://dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov	1-916-445-8322
Colorado	Medicaid & CHIP	https://www.healthfirstcolorado.com/ https://hcpf.colorado.gov/child-health-plan-plus https://www.mycohibi.com/	1-800-221-3943/State Relay 711 1-800-359-1991/State Relay 711 1-855-692-6442
Florida	Medicaid	https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html	1-877-357-3268
Georgia	Medicaid	https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	1-678-564-1162, Press 1 1-678-564-1162, Press 2
Indiana	Medicaid	https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/	1-800-403-0864 1-800-457-4584
Iowa	Medicaid and CHIP	https://hhs.iowa.gov/programs/welcome-iowa-medicaid https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas	Medicaid	https://www.kancare.ks.gov/	1-800-792-4884
Kentucky	Medicaid	https://chfs.ky.gov/agencies/dms/member/Pages/kihhipp.aspx Email: KIHIPPPROGRAM@ky.gov https://kynect.ky.gov https://chfs.ky.gov/agencies/dms	KI-HIPP: 1-855-459-6328 KCHIP: 1-877-524-4718
Louisiana	Medicaid	www.medicaid.la.gov www.ldh.la.gov/lahipp	1-888-342-6207 1-855-618-5488
Maine	Medicaid	https://www.mymaineconnection.gov/benefits/s/?language=en_US https://www.maine.gov/dhhs/ofi/applications-forms	1-800-442-6003 TTY: Maine relay 711 1-800-977-6740 TTY: Maine relay 711
Massachusetts	Medicaid and CHIP	https://www.mass.gov/masshealth/pa Email: masspremassistance@accenture.com	1-800-862-4840 TTY: 711
Minnesota	Medicaid	https://mn.gov/dhs/health-care-coverage/	1-800-657-3672
Missouri	Medicaid	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	1-573-751-2005
Montana	Medicaid	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Email: HHSHIPPProgram@mt.gov	1-800-694-3084
Nebraska	Medicaid	http://www.ACCESSNebraska.ne.gov	Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada	Medicaid	http://dhcfp.nv.gov	1-800-992-0900
New Hampshire	Medicaid	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	603-271-5218 HIPP program: 1-800-852-3345, ext. 15218

REQUIRED NOTICES

State listings and contact information continued from page 30.

State	Program	Website	Phone Number
New Jersey	Medicaid and CHIP	http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ http://www.njfamilycare.org/index.html	1-800-356-1561 CHIP Premium: 1-609-631-2392 CHIP: 1-800-701-0710 (TTY: 711)
New York	Medicaid	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina	Medicaid	https://medicaid.ncdhhs.gov/	1-919-855-4100
North Dakota	Medicaid	https://www.hhs.nd.gov/healthcare	1-844-854-4825
Oklahoma	Medicaid and CHIP	http://www.insureoklahoma.org	1-888-365-3742
Oregon	Medicaid	http://healthcare.oregon.gov/Pages/index.aspx	1-800-699-9075
Pennsylvania	Medicaid and CHIP	https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html https://www.pa.gov/agencies/dhs/resources/chip.ht	1-800-692-7462 1-800-986-5437
Rhode Island	Medicaid and CHIP	http://www.eohhs.ri.gov/	1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
South Carolina	Medicaid	https://www.scdhhs.gov	1-888-549-0820
South Dakota	Medicaid	http://dss.sd.gov	1-888-828-0059
Texas	Medicaid	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	1-800-440-0493
Utah	Medicaid and CHIP	https://medicaid.utah.gov/upp/ Email: upp@utah.gov https://medicaid.utah.gov/expansion/ https://medicaid.utah.gov/buyout-program/ https://chip.utah.gov/	1-888-222-2542
Vermont	Medicaid	https://dvha.vermont.gov/members/medicaid/hipp-program	1-800-250-8427
Virginia	Medicaid and CHIP	https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs	1-800-432-5924
Washington	Medicaid	https://www.hca.wa.gov/	1-800-562-3022
West Virginia	Medicaid and CHIP	https://dhr.wv.gov/bms/ http://mywvhipp.com/	304-558-1700 1-855-699-8447
Wisconsin	Medicaid and CHIP	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming	Medicaid	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either: U.S. Department of Labor, Employee Benefits Security Administration Centers for Medicare & Medicaid Services at www.dol.gov/agencies/ebsa or 1-866-444-EBSA (3272) or U.S. Department of Health and Human Services at www.cms.hhs.gov or 1-877-267-2323, Menu Option 4, Ext. 61565.

REQUIRED NOTICES

Genetic Information Nondiscrimination Act “GINA”

On November 9, 2010, the Equal Employment Opportunity Commission (“EEOC”) issued the final rule implementing Title II of the Genetic Information Nondiscrimination Act (“GINA”), which applies to all employers with fifteen or more employees, as well as unions, employment agencies and labor management training programs. This final rule is effective January 10, 2011, and prohibits the use of genetic information in the employment context, restricts an employer’s deliberate acquisition of genetic information, requires employers to maintain employee genetic information as confidential, and strictly limits employers from disclosing genetic information.

Prohibition on Use of Genetic Information by Employers

According to GINA, an employer may not discriminate against an applicant, employee or former employee on the basis of genetic information in hiring, compensation, promotion or demotion, seniority, discipline, employment termination, or any other term, condition or privilege of employment. GINA also prohibits employers from limiting, segregating, or classifying employees based on genetic information and prohibits entities from causing an employer to discriminate based on genetic information.

What is Genetic Information?

Genetic information is defined broadly to include:

- Genetic tests of an individual or a family member
 - The manifestation of a disease or disorder in an individual’s family medical history
 - An individual’s request or receipt of genetic services
 - Participation in genetic clinical research by an individual or a family member
 - The genetic information of a fetus carried by an individual or a pregnant family member
 - The genetic information of any embryo held by an individual or a family member using assisted reproductive technology
- information about the sex or age of an individual or a family member; however, is specifically excluded from the definition of genetic information

The Practical Effects of GINA

The following guidelines are designed to help employers comply with GINA’s requirements:

1. Post the revised Equal Employment Opportunity (“EEO”) poster, which includes GINA information and can be found at <http://www1.eeoc.gov/employers/poster.cfm>.
2. Update medical requests, such as Family and Medical Leave Act (“FMLA”) and fitness-for duty forms, to include the new safe harbor language.
3. Review and revise employee handbooks or other EEO statements and antidiscrimination/ anti-retaliation policies to include genetic information in the list of protected traits.
4. Review and revise, as necessary, social media policies to prevent GINA liability for inadvertent acquisition of information from employee social media profiles.
5. Train managers about casual conversations/communications with employees concerning their health or the health of their family members.
6. Maintain all genetic information in a separate and confidential medical file. However, there is no need for a separate GINA section if a medical file already exists, as genetic information can be kept in an ADA file.
7. Confirm that all company-sponsored wellness programs are compliant with the final rule. To learn more information regarding GINA please refer to the following website: <http://www.eeoc.gov/laws/statutes/gina.cfm>.

REQUIRED NOTICES

Important Notice from Wayne Brothers About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Wayne Brothers Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- 2.
3. Wayne Brothers has determined that the prescription drug coverage offered by the Health Care plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Wayne Brothers coverage will not be affected. When you become eligible for Medicare Part D you can keep this coverage if you elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the Wayne Brothers will end for the individual and all covered dependents. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Wayne Brothers coverage, be aware that you and your dependents may be able to get this coverage back.

When Will You Pay A Higher Premium (penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Wayne Brothers and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare

REQUIRED NOTICES

prescription drug coverage. In addition, you may have to wait until the following October to join.

A description of your medical and pharmacy coverage is described on pages 13 and 14 of this guide.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact Human Resources for further information listed on page 14 of this guide. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Wayne Brothers changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

REQUIRED NOTICES

Protected Health Information Notice

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully. If you have any questions about this Notice, please contact Human Resources. This Notice is effective on June 1, 2017.

Our Commitment Regarding Your Personal Health Information

Wayne Brothers, Inc. is committed to maintaining and protecting the confidentiality of our employees' personal information. This Notice of Privacy Practices applies to Wayne Brothers, Inc. Health, Dental, Employee Assistance Plans (EAPs), and Pharmacy benefit programs (collectively, the Plans). The Plans are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this Notice about our policies, safeguards and practices. When the Plans use or disclose your PHI, the Plans are bound by the terms of this Notice, or the revised Notice, if applicable.

How We May Use and Disclose Medical Information About You

HIPAA Notice of Privacy Practices, Effective Date: June 1, 2025

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions about this notice, please contact Human Resources. OUR OBLIGATIONS: We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

How We May Use and Disclose Medical Information

The following describes the ways we may use and disclose health information that identifies you (Health Information). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. **Research.** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

REQUIRED NOTICES

Special Situations. As required by law, we will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licenser. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

REQUIRED NOTICES

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Use and Disclosures That Require Us to Give You and Opportunity to Object and Opt Out

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Your Written Authorization is Required for other Uses and Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Human Resources. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Human Resources.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Human Resources.

REQUIRED NOTICES

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Human Resources. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Human Resources. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact Human Resources.

Changes to This Notice:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Human Resources. All complaints must be made in writing. You will not be penalized for filing a complaint. You may contact our office at:

Wayne Brothers, Inc.
357 Concrecere Pkwy
Davidson, NC 28036

The Plans may change the terms of this Notice at any time. If the Plans change this Notice, the Plans may make the new Notice terms effective for all of your PHI that the Plans maintain, including any information the Plans created or received before we issued the new Notice. If the Plans change this Notice, the Plans will make it available to you. Revised 01/2013.

CONTACT INFORMATION

Human Resources Contact

Hunter White - 615-925-9154/hunter.white@waynebrothers.com or go to www.waynebrothers.com

Payroll Contact

Barbara Turner - 704-956-2227 / Barbara.Turner@waynebrothers.com or go to www.waynebrothers.com



Provider Contacts

Medical and Prescription Drugs - Group #14161858

Blue Options Network / Health and Prescription Drugs
call BlueCross BlueShield of North Carolina at:

877-275-9787 or go to www.bluecrossnc.com



Dental - Group # 301840

Classic PPO Network
call Ameritas at:

800-487-5553 or go to www.ameritas.com



Vision - Group # 50680

EyeMed Insight Network
call Ameritas at:

866-289-0614 or go to www.ameritas.com to locate a provider, or www.eyemedvisioncare.com for plan benefit information



Flexible Spending Account (FSA)

call Flores & Associates at:
800-532-3327 or go to www.flores247.com



Short-Term Disability

call Lincoln Financial Group at:
800-423-2765 or go to www.lincoln4benefits.com



Life, AD&D, Accident, Hospital Indemnity, and Critical Illness

call Lincoln Financial Group at:
800-423-2765 or go to www.lincoln4benefits.com



Employee Assistance Program (EAP)

call Lincoln Financial Group at:
888-628-4824 or go to www.GuidanceResources.com



User Name: LFGsupport
Password: LFGsupport1

Retirement Savings

call Fidelity Investments at:
800-835-5097 (For assistance in Spanish: 1-800-587-5282)
or go to www.401K.com



The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of 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.

