April 1, 2023-March 31, 2024

2023-2024

JRT MECHANICAL EMPLOYEE BENEFITS GUIDE

CONTENTS

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

GETTING STARTED

2023 BENEFITS

April 1, 2023 through March 31, 2024

MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the *Important Notices* section for more details.

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, JRT Mechanical Inc. supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability, retirement benefits, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

WHO'S ELIGIBLE FOR BENEFITS?

Employees

You are eligible if you are a full-time employee working 30 or more hours per week.

Employees with variable hours and seasonal schedules may be considered eligible for benefits. Refer to "Determining Eligibility" later in this guide for details.

Eligible dependents

- Legally married spouse or same or opposite gender domestic partner
- Natural, adopted or step children up to age 26. Including children of domestic partners.
- Children over age 26 who are disabled and depend on you for support
- Children named in a Qualified Medical Child Support Order (QMCSO)

For additional information, please refer to the benefit booklets for each benefit.

When you can enroll

You can enroll in benefits as a new hire or during the annual open enrollment period. New hire coverage begins on the first of the month following 30 days as long as you enroll within 30 days of becoming eligible.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment (the one time each year that you can make changes to your benefits for any reason).

CHANGING YOUR BENEFITS

Click to play video

LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit your change within 31 days after the event.

ENROLLING FOR BENEFITS

DO I NEED TO ENROLL?

All employees must log in to Ease or set up a phone call with a Colonial Life Agent to confirm or waive their benefit elections

Ease

Ease is an online system that enables you to make all your benefit decisions in one place. If you don't have access to a computer, you can access Ease from a tablet or smartphone, or enroll by by setting up a phone call with a Colonial Life Agent who will walk you through enrollment over the phone.

Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

Getting started

- LOG IN to Ease:

  jrt.ease.com

- ADD your personal and dependent information.
- SELECT your benefit plans for the coming year.
- REVIEW your choices and costs before finalizing.

Ease (Benefits Matter)
Benefits information on demand
★★★☆☆ 31

THE EASY WAY TO GET BENEFITS INFO

Click to play video

GET MYBENEFITS.LIFE®

On the web:
JRTM.MyBenefits.Life

On your smartphone

Download from the App Store or Google Play.

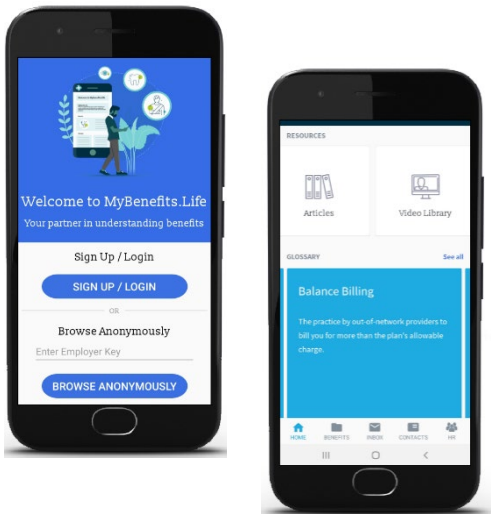
Login With Employer Key:
JRTM

MyBenefits.Life® gives you all your benefits information in one place

You can bank online, book a vacation online, and read the news online. Why should your benefits information be any different? MyBenefits.Life® is both a website and a mobile app that gives you access to the benefits information you need, when you need it.

Here's what you'll find on MyBenefits.Life®

Benefits	See benefit details and costs—for all plans you're eligible for, such as healthcare, disability, life insurance, and more
Search	Can't find it? Just search the site
Articles & Video Library	Have 2 minutes? Increase your benefits IQ with short explainer articles and videos
Financial Wellness	Want to understand your finances better? Learn how in the Digital Financial Wellness Center, powered by Prudential
Glossary	HDHP? EOB? Coinsurance? Get the definitions in plain English
Inbox	Get messages from your HR team
Enroll	Time to enroll? Get the link here
Documents	Important benefit plan notices ("the fine print")
Contacts	Find HR, benefits, and carrier contacts
Get Help	Need help? Reach helpful resources



HAVE QUESTIONS ABOUT YOUR BENEFITS?

Click to play video

CONTACT YOUR ALLIANT BENEFIT ADVOCATE

Email

benefitsupport@alliant.com

Phone

(800) 489-1390

Hours

Monday - Friday
8 a.m. to 8 p.m. ET
5 a.m. to 5 p.m. PT

Get help from a Benefit Advocate

Are you getting married and not sure how and when to add your new spouse to your plan? Is your stepchild eligible for your healthcare plan? Do you need help understanding the difference between an HSA and an FSA? A Benefit Advocate can help answer these questions and more.

Benefit Advocates are trained benefits expert who can help you understand and use your healthcare and other coverage. Contact your Benefit Advocate for issues such as:

- General benefit questions
- Eligibility and coverage
- Finding a network provider
- Health care claim or billing issues, when warranted
- Coverage changes due to life events (marriage, new child, divorce, etc.).

Claims assistance

If you need claims assistance, you'll need to complete a HIPAA Authorization Form to grant your Benefit Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues. Permission is granted on a limited time basis to only the individuals listed on the form. The form is revocable at any time. Your Benefit Advocate will provide the form to you when needed.

WHICH PLAN IS RIGHT FOR YOU?

Consider a PPO (Preferred Provider Organization) if:

- You want to be able to see any provider, even a specialist, without a referral
- You are willing to pay more to see out-of-network providers.

Plans To Consider

- PPO Medical Plan Option

Consider a High Deductible Health Plan (HDHP) if:

- You want to be able to see any provider, even a specialist, without a referral
- You are willing to pay more to see out-of-network providers
- You want tax-free savings on your healthcare costs
- You want to build a savings account for future healthcare costs for you and your eligible family members
- You want an extra way to add to your retirement savings.

Plans To Consider

- HDHP Medical Plan Option

MEDICAL

OUR PLANS

- TIER 3 PPO BUY UP
- TIER 2 PPO BASE
- TIER 1 HDHP

WHICH PLAN IS RIGHT FOR YOU?

That depends on your healthcare needs, favorite doctors, and budget. Here are some considerations.

Do you prefer specific doctors or hospitals?

If you want to stay with your favorite doctors and facilities, check whether they are in the plan's network. If they are not, but you are comfortable paying a bit more to see them, consider a plan with both in-network and out-of-network benefits.

What are your usual healthcare needs?

Do you have frequent doctor or urgent care visits? Do you have a condition that requires a specialist? Do you take prescription medications? Compare how each plan covers the services you need most often.

Consider the bottom line

How much is the monthly payroll deduction? Do you have to meet a deductible? What is the out-of-pocket maximum? How much of the cost is covered by the plan? How much are any copayments for office visits, prescriptions, etc. All of these factors together affect your total cost for healthcare.

TIER 3 PPO BUY UP
HMA

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.

	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE (Individual / Family)	$1,000 / $2,000	$2,000 / $4,000
ACCUMULATION PERIOD	Calendar year	
OUT-OF-POCKET MAXIMUM (Individual / Family)	$2,000 / $4,000	$4,000 / $8,000
OFFICE VISITS		
PRIMARY VISIT	$10 copay then plan pays 100%	50% after deductible
SPECIALIST VISIT	$20 copay then plan pays 100%	50% after deductible
PREVENTIVE CARE	Plan pays 100% *(see contract for limitations)*	50% after deductible
CHIROPRACTIC CARE	$20 copay then plan pays 100% (up to 12 visits per calendar year)	50% after deductible *(in-network limitations apply)*
DIAGNOSTIC LAB & X-RAY	20% after deductible	50% after deductible
URGENT CARE	$20 copay then plan pays 100%	$20 copay then plan pays 100%
EMERGENCY ROOM	$250 copay then 20% after deductible	
HOSPITALIZATION	20% then plan pays 100%	50% after deductible
OUTPATIENT SURGERY	20% then plan pays 100%	50% after deductible
PRESCRIPTION DRUGS (Tier 1/ Tier 2 / Tier 3 / Tier 4)		
Retail Pharmacy (30 day supply)	**$10 / $20 / $40 / $150**	**$10 / $20 / $40 / $150**
Mail Order Pharmacy (90 day supply)	**$20 / $40 / $80**	**$20 / $40 / $80**

MEDICAL	**Tier 3**	Tier 2	Tier 1
EMPLOYEE ONLY	**$49.85**	$38.31	$0
EMPLOYEE + SPOUSE	**$106.15**	$84.23	$45.92
EMPLOYEE + CHILDREN	**$83.31**	$63.46	$27.32
EMPLOYEE + FAMILY	**$147.69**	$114.46	$78.92

TIER 2 PPO BASE/MID Plan
HMA

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.

	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE (Individual / Family)	$2,000 / $4,000	$4,000 / $8,000
ACCUMULATION PERIOD	Calendar year	
OUT-OF-POCKET MAXIMUM (Individual / Family)	$4,000 / $8,000	$8,000 / $16,000
OFFICE VISITS		
PRIMARY VISIT	$20 copay then plan pays 100%	50% after deductible
SPECIALIST VISIT	$40 copay then plan pays 100%	50% after deductible
PREVENTIVE CARE	Plan pays 100% *(see contract for limitations)*	50% after deductible
CHIROPRACTIC CARE	$40 copay then plan pays 100% (up to 12 visits per calendar year)	50% after deductible *(in-network limitations apply)*
DIAGNOSTIC LAB & X-RAY	30% after deductible	50% after deductible
URGENT CARE	$60 copay then plan pays 100%	$60 copay then plan pays 100%
EMERGENCY ROOM	$250 copay then 20% after deductible	
HOSPITALIZATION	30% then plan pays 100%	50% after deductible
OUTPATIENT SURGERY	30% then plan pays 100%	50% after deductible
PRESCRIPTION DRUGS (Tier 1/ Tier 2 / Tier 3 / Tier 4)		
Retail Pharmacy (30 day supply)	**$10 / $35 / $75 / $200**	**$10 / $35 / $75 / $200**
Mail Order Pharmacy (90 day supply)	**$20 / $75 / $150**	**$20 / $75 / $150**

MEDICAL	Tier 3	**Tier 2**	Tier 1
EMPLOYEE ONLY	$49.85	**$38.31**	$0
EMPLOYEE + SPOUSE	$106.15	**$84.23**	$45.92
EMPLOYEE + CHILDREN	$83.31	**$63.46**	$27.32
EMPLOYEE + FAMILY	$147.69	**$114.46**	$78.92

Tier 1 HDHP HEALTH PLAN
HMA

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.

	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE (Individual / Family)	$6,000 / $12,000	$12,000 / $24,000
ACCUMULATION PERIOD	Calendar year	
OUT-OF-POCKET MAXIMUM (Individual / Family)	$7,050 / $14,100	$14,100 / $28,200
OFFICE VISITS		
PRIMARY VISIT	20% after deductible	50% after deductible
SPECIALIST VISIT	20% after deductible	50% after deductible
PREVENTIVE CARE	Plan pays 100% *(see contract for limitations)*	50% after deductible
CHIROPRACTIC CARE	20% after deductible	50% after deductible *(in-network limitations apply)*
DIAGNOSTIC LAB & X-RAY	20% after deductible	50% after deductible
URGENT CARE	20% after deductible	$60 copay then plan pays 100%
EMERGENCY ROOM	20% after deductible	20% after deductible
HOSPITALIZATION	20% after deductible	50% after deductible
OUTPATIENT SURGERY	20% after deductible	50% after deductible
PRESCRIPTION DRUGS (Tier 1/ Tier 2 / Tier 3 / Tier 4)		
Retail Pharmacy (30 day supply)	20% after deductible	50% after deductible
Mail Order Pharmacy (90 day supply)	20% after deductible	50% after deductible

MEDICAL	Tier 3	Tier 2	**Tier 1**
EMPLOYEE ONLY	$49.85	$38.31	**$0**
EMPLOYEE + SPOUSE	$106.15	$84.23	**$45.92**
EMPLOYEE + CHILDREN	$83.31	$63.46	**$27.32**
EMPLOYEE + FAMILY	$147.69	$114.46	**$78.92**

HEALTH SAVINGS ACCOUNT (HSA)

Click to play video

ARE YOU ELIGIBLE?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the HMA HDHP PLAN.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today, and save for expenses you may have in the future.

How the HealthEquity HSA works

- Your HSA account is set up automatically after you enroll.
- You can contribute up to the limit set by the IRS.

  Individual: $3,850 per year 2023
  Family: $7,750 per year 2023
  Are you age 55+? You can contribute an additional $1,000 per year
- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses, taxable but no penalties.

Find out more

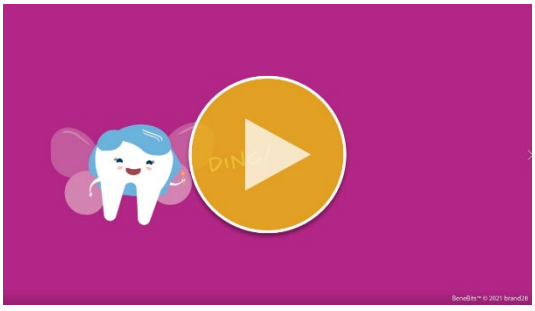
- Eligible Expenses
- Ineligible Expenses
- The Easy Guide to Using your HSA

DENTAL

OUR PLANS

- **NEW** WILLAMETTE BASE DMO
- PRINCIPAL BUY UP DPPO

Click to play video



Why sign up for Dental coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers three types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures
- **Orthodontia** treatment to properly align teeth within the mouth.

NEW WILLAMETTE BASE DMO

Willamette Dental Group - requires that you use a Willamette dental provider at one of their clinics. There is no dental coverage anywhere outside of a Willamette clinic. To locate a clinic, you can call 1.855.4DENTAL or go online to willamettedental.com then click on “Locations” and search by Zip Code. When you visit a Willamette clinic your services are covered in full after the copay

	COPAYS
Annual Deductible (Individual/Family)	No Deductible
Annual Plan Maximum (Per Individual)	No Annual Maximum*
General or Orthodontic Office Visit	$25 per visit
Fillings / Crowns	$35 / $350**
Upper or Lower Dentures / Bridge	$450 / $350
Root Canal	$250 - $350
Orthodontia Pre-Orthodontia Treatment Comprehensive Orthodontia Treatment	 $150*** $2,800

*Benefits for TMJ, implant surgery, and orthodontic surgery have a benefit maximum, if covered.
** Dental implant supported prosthetics (crowns, bridges, and dentures) are not a covered benefit.
*** Copay credited towards the comprehensive orthodontia treatment copay if patient accepts treatment plan.

PRINCIPAL BUY UP DPPO

PRINCIPAL

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.

	COPAYS
Annual Deductible	$25 / $75
Annual Plan Maximum	$2,000
Diagnostic & Preventive	Plan pays 100%
Basic Services	20% after deductible
Major Services	50% after deductible
Orthodontia	50% after deductible
Ortho Lifetime Max	$1,000 Lifetime maximum

DENTAL COST WEEKLY	Willamette Plan	Principal Buy Up Plan
EMPLOYEE ONLY	$1.76	$2.33
EMPLOYEE + SPOUSE	$3.71	$4.95
EMPLOYEE + CHILDREN	$4.50	$6.07
EMPLOYEE + FAMILY	$6.77	$9.06

VISION

OUR PLANS

- PRINCIPAL VISION PLAN

Why sign up for Vision coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don’t need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

Click to play video

PRINCIPAL VISION PLAN
VSP CHOICE NETWORK

Your vision checkup is fully covered after your Exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
COPAY		
Examination	$10	Up to $45
Materials	$25	N/A
Lenses (Single vision / Bi / Trifocal)	$25	Up to $30 / $50 / $65
Frames	$150 Allowance	Up to $70
Lenses (Single vision / Bi / Trifocal)	Up to $60 copay; $150 Allowance	Up to $105
FREQUENCY		
Examination	Once every 12 months	
Frames	Once every 24 months	
Eyeglass Lenses	Once every 12 months	
Contacts (Elective)	Once every 12 months in lieu of glasses	

VISION	Total Weekly Premium
EMPLOYEE ONLY	$.25
EMPLOYEE + SPOUSE	$.56
EMPLOYEE + CHILDREN	$.53
EMPLOYEE + FAMILY	$.90

EMPLOYEE CONTRIBUTIONS (Weekly)

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

MEDICAL	Tier 3 Weekly Cost	Tier 2 Weekly Cost	Tier 1 Weekly Cost
EMPLOYEE ONLY	$49.85	$38.31	$0
EMPLOYEE + SPOUSE	$106.15	$84.23	$45.92
EMPLOYEE + CHILDREN	$83.31	$63.46	$27.32
EMPLOYEE + FAMILY	$147.69	$114.46	$78.92

DENTAL	Willamette Base Plan HMO Weekly Cost	Principal Buy Up DPPO Weekly Cost
EMPLOYEE ONLY	$1.76	$2.33
EMPLOYEE + SPOUSE	$3.71	$4.95
EMPLOYEE + CHILDREN	$4.50	$6.07
EMPLOYEE + FAMILY	$6.77	$9.06

VISION	VSP Vision Weekly Cost
EMPLOYEE ONLY	$.25
EMPLOYEE + SPOUSE	$.56
EMPLOYEE + CHILDREN	$.53
EMPLOYEE + FAMILY	$.90

Domestic Partner (DP) Contributions: Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your DP's or DP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for DP coverage. This amount raises your taxable gross income. Also, the pay roll deductions to cover an DP must be taken on an after-tax basis. Supplemental Life/AD&D Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available during enrollment.

MEDICAL WAIVER STIPEND

ANNUAL STIPEND*	
EMPLOYEE	$500
SPOUSE/DEPENDENT	$500
CHILDREN	$500
EMPLOYEE + SPOUSE	$1,000
EMPLOYEE, SPOUSE/DP, CHILDREN	$1,500

**Amounts will be pro-rated per month based on eligibility in the JRT Mechanical medical plan.*

JRT Mechanical offers an after-tax cash payment to those employees who otherwise qualify for coverage under the JRT Mechanical Health & Welfare Plan but choose to opt-out of the JRT Mechanical Medical Plan due to being enrolled in other Minimum Essential Coverage (MEC), as defined by the Affordable Care Act ('ACA'),for the remainder of the plan year and who will be enrolled in such coverage throughout the 2022 plan year. I understand that the MEC that I, my spouse and/or children have does not include coverage obtained from the individual market or through the State Marketplace (Exchange) or Federal Marketplace. By opting-out of the JRT Mechanical Medical Plan in this manner, you are electing to participate in the JRT Mechanical Section 125 Cafeteria Plan; however, your cash payments (the specifics of which are detailed in (JRT Mechanical Cafeteria Plan Document) under the opt-out program will be paid to you in after-tax dollars. The cash offer will be paid to those employees who qualify on April 1, 2022, as long as the employee is still an active employee and has provided the necessary proof to HR within the requisite time periods, as listed below. Note that if you lose MEC coverage, you must contact the HR Department, as you will no longer qualify to receive an opt-out incentive. You will have the right to enroll in our plan mid-year if you lose the other MEC coverage as long as you notify us within 30 days of the loss of coverage.

KNOW WHERE TO GO

Where you get medical care can have a significant impact on the cost. Here's a quick guide to help you know where to go, based on your condition, budget, and time.

Type	Appropriate for	Examples	Access	Cost
Nurseline 	Quick answers from a trained nurse	• Identifying symptoms • Decide if immediate care is needed • Home treatment options and advice	24/7	**$0**
Online visit 	Many non-emergency health conditions	• Cold, flu, allergies • Headache, migraine • Skin conditions, rashes • Minor injuries • Mental health concerns	24/7	**$**
Office visit 	Routine medical care and overall health management	• Preventive care • Illnesses, injuries • Managing existing conditions	Office Hours	**$$**
Urgent care, walk-in clinic 	Non-life-threatening conditions requiring prompt attention	• Stitches • Sprains • Animal bites • Ear-nose-throat infections	Office Hours, or up to 24/7	**$$$**
Emergency room 	Life-threatening conditions requiring immediate medical expertise	• Suspected heart attack or stroke • Major bone breaks • Excessive bleeding • Severe pain • Difficulty breathing	24/7	**$$$$$**

PREVENTIVE CARE SCREENING BENEFITS

TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

You take your car in for maintenance. Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you haven't met your yearly deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Visit **cdc.gov/prevention** for recommended guidelines.

Preventive care is covered in full only when obtained from an IN-NETWORK provider.

Not all exams and tests are considered preventive

Exams performed by specialists are generally not considered preventive and may not be covered at 100 percent.

Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

**

JRT offers an annual incentive of $150 to all eligible employees that get their wellness physical based on age and gender between April 1st 2023 and March 31st 2024. This incentive will be paid to you on your next check after 4/1/24 if you enter the date and location of your physical when you enroll in EASE in March 2024.

PRESCRIPTIONS BREAKING YOUR BUDGET?

Click to play video

THE FORMULARY DRUG TIERS DETERMINE YOUR COST

$	Generic Drug
$$	Brand Name Drug
$$$	Specialty Drug

Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug equivalents.

To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.

FILLING YOUR PRESCRIPTIONS

PrudentRx - $0 Out-of-Pocket Cost on Eligible Specialty Medications

Pennant's medical plans include the PrudentRx solution for specialty medications to help you save money! All eligible employees will be automatically enrolled, but additional steps may be needed. This program is designed to lower your out-of-pocket costs by assisting you with enrollment in drug manufacturers' discount copay cards/assistance programs. Employees that participate in the PrudentRx solution will have a potential $0 out-of-pocket cost for eligible prescriptions PrudentRx's trained member advocates will reach out to eligible employees to confirm enrollment.

Please note: All prescriptions are subject to the deductible on the HDHP but with the PrudentRx program, your cost/coinsurance will be $0/0% for eligible medications once you meet your deductible. For more information contact PrudentRx at 1-800-578-4403.

VOLUNTARY PLANS

OUR VOLUNTARY PLANS

- PRINCIPAL SUPPLEMENTAL LIFE/AD&D
- COLONIAL VOLUNTARY WORKSITE

You're unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

JRT Mechanical Inc. offers plans to help:

- replace income if you're injured or ill
- bridge the gap for special healthcare needs

You pay the entire cost for these plans, but rates may be more affordable than individual coverage. And you get the added convenience of paying through payroll deduction.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. Or, you don't have to sign up for voluntary benefits at all. The choice is yours.

LIFE AND AD&D INSURANCE (Employee paid)

Voluntary Life and AD&D

Voluntary Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident.

WHAT'S GUARANTEED ISSUE?

If you select coverage above a certain limit (the "guaranteed issue") or after your initial eligibility, you will need to provide additional information about your health status in order to qualify for the requested amount of coverage.

A NOTE ABOUT TAXES

Company-provided life insurance coverage over $50,000 is considered a taxable benefit. The value of the benefit over $50,000 will be reported as taxable income on your annual
W-2 form.

	BENEFIT OPTION	GUARANTEED ISSUE*
EMPLOYEE	$10,000 increments; minimum of $10,000 up to $500,000 maximum	$150,000 under age 70
SPOUSE/DEPENDENT	$5,000 increments; minimum of $5,000 up to $100,000 maximum	$30,000 under age 70
CHILDREN	$10,000	$10,000 (under 14 days old: $1,000)

**During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.*

Make sure that you have named a beneficiary for your life insurance benefit, and update it if your family or marital status changes.

COLONIAL VOLUNTARY WORKSITE

Make an appointment with a Colonial Life agent:

calendly.com/jrt-mechanical

Colonial Life also offers the following:

- Wellcard Savings if enrolled with Colonial Life
- LawAssure if enrolled with Colonial Life

Hospital indemnity insurance provides a lump-sum benefit for a covered hospital confinement or outpatient surgery to help with co-payments and deductibles.

Accident insurance helps offset unexpected medical expenses that can result from a covered accidental injury.

Critical illness insurance helps supplement major medical coverage by providing a lump-sum benefit that can be used to help pay the direct and indirect costs related to a covered critical illness. *If Cancer option offered, add the following: This coverage also includes a benefit for the treatment and care of cancer.*

Disability insurance replaces a portion of your income to help make ends meet if you become disabled from a covered accident or sickness.

Whole life insurance provides guaranteed features – cash value accumulation, premium rates and death benefit (minus any loans and loan interest) – that help ensure those benefits will be there to help protect your family's way of life.

With most Colonial Life insurance products:

- Benefits are payable directly to you, unless you specify otherwise.
- Benefits are payable regardless of any other insurance you may have with other insurance companies.
- Coverage is available for your spouse and dependent children.

FINANCIAL WELLNESS

PLANS TO HELP YOU SAVE

- Empower 401(k) Retirement Savings Plan

VISIT THE FINANCIAL WELLNESS CENTER ON MYBENEFITS.LIFE®

Log on to **JRTM.MyBenefits.Life** (Employer Key **JRTM**) to visit the Financial Wellness Center, powered by Prudential. You'll find tools to help you spend smart and save. Check out the articles, videos, and interactive tools like budgeting and life insurance calculators.

Is it time for a "financial wellness" checkup?

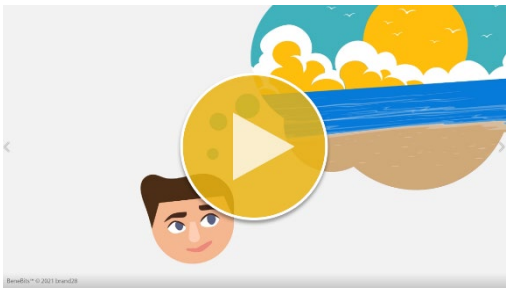
Are you worried about money—making your paycheck last? Paying down debt? Making a big purchase like a car or home? And can you even think about preparing for retirement?

Ignoring your financial health can take a toll on your quality of life today and block opportunities for the future. And worrying about money matters can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money now and in the future.

SAVE NOW, ENJOY LATER

Click to play video



WHAT ARE YOUR PLANS?

Many of us can't plan past the weekend, never mind thinking about a retirement nest egg. Our 401(k) retirement plan will help you set a retirement savings goal and stick to it.

The important thing is to start now and set aside what you can, even if you think it's too small an amount.

With compound interest, that "small amount" can grow over time. You'll be a retirement saver before you know it.

401(k) Retirement Savings Plan—up to $22,500 per year (or more)

Our 401(k) Retirement Savings Plan helps you save for retirement. The plan offers tax savings NOW through pre-tax contributions. All regular employees age 18 and over are eligible to join the plan.

Visit the Empower website at www.empowermyretirement.com to manage your account, investments and contributions.

Empower offers a variety of quality investment options. You'll also have access to special services such as automatic account rebalancing and personal investment assistance from a licensed investment counselor.

Maximum annual contribution limit [CALENDAR YEAR]	Up to $22,500 per year. If you're age 65+ save an additional $1,000 per year. IRS limits are evaluated annually and may change.

Customer Care Center
(800)-338-4015

Customer service specialists
Weekdays from 6 AM - 8 PM MST
Saturday from 7:00 AM – 3:30 PM MST

- Participant website assistance
- Contribution amount changes
- Balance inquiries & investment changes
- Loan and withdrawal quotes & requests
- Rollover assistance

PAID HOLIDAYS

Paid time off policies

There is no perfect, one-size-fits-all balance between work and home. We provide time off so you can take some "me time" to relax, recover from illness, and take care of personal and family business. Our time off benefits include paid time off for holidays, vacation, and illness.

Refer to your employee handbook for information on eligibility and specific leave policies.

2023 paid holidays

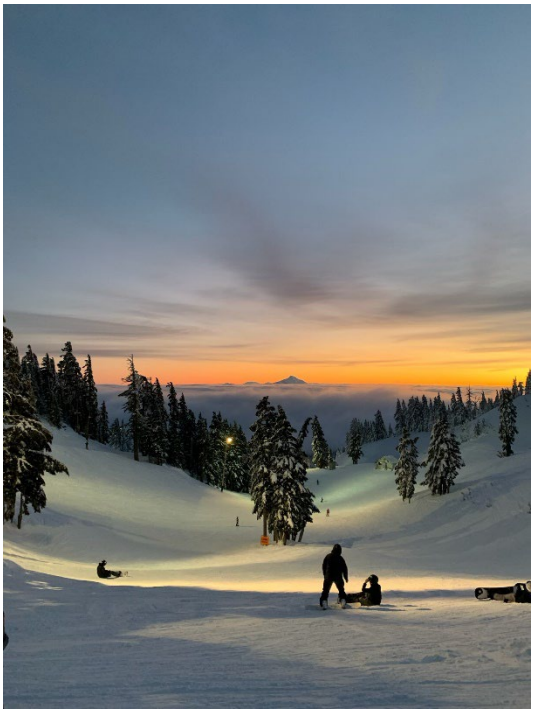
JRT Mechanical provides paid holidays for all full-time employees. Additional holidays may be designated at the company's discretion.

	SALARY	HOURLY	FOREMAN
New Year's Day	X	X	X
Memorial Day *	X	X	X
Independence Day	X		X
Labor Day	X		X
Thanksgiving Day	X	X	X
Day after Thanksgiving	X		
Christmas Day	X	X	X

**Memorial Day is paid for hourly & foreman after 5+ years of tenure.*

Part-time & temp. are not eligible for paid holiday benefits..

TIME AWAY FROM WORK



Paid time off policies

All employees receive paid time off based on their length of service & number of hours they work. Paid time off can be used for vacation, holidays, sick or personal days. Paid time off begins accruing on the employees hire date.

Note: Up to 160 hours may be carried over to a subsequent calendar year. Employees may not choose to receive pay for their unused paid time off at the end of each year.

Employees must take paid time off to receive benefits.

Your paid time off starts accruing immediately after you begin work at JRT. The time is available to use after 90 days.

Yearly PTO Accrual		
Anniversary Date	**Years Worked**	**Hours Accrued**
Part-time	ALL	1 hr. sick leave per 40 hrs worked
2022	0-1	52 hrs
2021	2	80 hrs
2020	3	80 hrs
2019	4	80 hrs
2018	5	80 hrs
2017	6	88 hrs
2016	7	96 hrs
2015	8	104 hrs
2014	9	112 hrs
2013	10	120 hrs

IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Your medical, dental and vision benefit contributions for 2023
- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- A Benefits Glossary to help you understand important insurance terms.

PLAN CONTACTS

HELPFUL RESOURCES

Benefits Portal/App
MyBenefits.Life®
JRTM.MyBenefits.Life

Enrollment Website
Ease
jrt.ease.com

Benefit Advocate
benefitsupport@alliant.com
(800) 489-1390

Colonial Life
Make an appointment:
calendly.com/jrt-mechanical

MEDICAL, PRESCRIPTION DRUGS

Healthcare Management Administrators, Inc. (HMA)
Policy # 020509
accesshma.com
Member Services
(800) 869-7093

HEALTH SAVINGS ACCOUNT (HSA)

HealthEquity
healthequity.com
Member Services
(800) 346-5800

DENTAL, VISION, LIFE AND AD&D

Principal
Policy # 1088384
principal.com
Member Services
(800) 986-3343

Vision Service Plan (VSP)
Policy # 1088384
vsp.com
Member Services
(800) 877-7195

GLOSSARY

-A-

AD&D Insurance
An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount
The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)
A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit
A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service.
After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing
In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is $100 but the plan's allowable charge is only $70, an out-of-network provider may bill YOU for the $30 difference (the balance).

Beneficiary
The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug
A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA
A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim
A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance
Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment
A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible
The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an ***aggregate*** or ***embedded*** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

Dental Basic Services
Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive
Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments.
Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services
Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

-E-

Eligible Expense
A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service
A service that your health plan doesn't pay for or cover.

-F-

Formulary
A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug
A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered
A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA) An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)
A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

High Deductible Health Plan (HDHP)
A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

GLOSSARY

-I-

In-Network
In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more, or may not be covered.

-L-

Life Insurance
An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance
Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order
A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment
The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network
Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of- network services at all.

Out-of-Pocket Cost
A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum
Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

Outpatient Care
Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy
A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year
A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug
Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non- preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services
Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)
The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP, and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance
Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine / Teledoc
A virtual visit to a doctor using video chat on a computer, tablet or smartphone.
Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care
Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations
Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit
An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

IMPORTANT PLAN INFORMATION

HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the accompanying Annual Notices document.

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available accompanying Annual Notices document. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

SUMMARY PLAN DESCRIPTIONS (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format.

STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the JRT Mechanical Inc. Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

DETERMINING ELIGIBILITY

LOOK-BACK MEASUREMENT METHOD

The information below explains how your eligibility for healthcare coverage is determined, in accordance with the rules of the Affordable Care Act (ACA).

Under the ACA, employers are required to report specific benefits information to IRS on “full-time” employees as defined by the ACA. A “full-time” employee is generally an employee whose works on average 130 hours per month. ACA full-time status can affect or determine major medical benefits eligibility but is not a guarantee of benefits eligibility. JRT Mechanical Inc. uses the look-back measurement method to determine group health plan eligibility.

NEW EMPLOYEES HIRED TO WORK FULL-TIME: If you are hired as a new full-time employee (work on average 130 or more hours a month), you and your dependents are generally eligible for group health plan coverage as of the first of the month following 30 days of employment.

NEW EMPLOYEES HIRED TO WORK A PART-TIME, VARIABLE HOUR OR SEASONAL SCHEDULE: If you are hired into a part-time position, a position where your hours vary and JRT Mechanical Inc.is unable to determine — as of your date of hire — whether you will be a full-time employee, or you are hired as a seasonal employee who will work for six (6) consecutive months or less (regardless of monthly hours worked), you will be placed in an initial measurement period (IMP) of April 1 through March 31. Your IMP will begin on April 1. If, during your IMP, you average 130 or more hours a month, you will become full-time and, if otherwise eligible for benefits, you will be offered coverage as of the first of the month following this date. Your full-time status will remain in effect during an associated stability period that will last 180 days. If your employment is terminated during that stability period, and you were enrolled in benefits, you will be offered coverage under COBRA.

ONGOING EMPLOYEES: An ongoing employee is an individual who has been employed for an entire standard measurement period. A standard measurement period is the 180 day period during which JRT Mechanical Inc. counts employee hours to determine which employees work full-time. Those employees who average 130 or more hours a month over the standard measurement period will be deemed full time and, if otherwise eligible for benefits, offered coverage as of the first day of the stability period associated with the standard measurement period. Full-time status will be in effect during an associated stability period for 180 days. If your employment is terminated during a stability period, and you were enrolled in benefits, you will be offered continued coverage under COBRA.

JRT Mechanical Inc. uses the standard measurement period and associated stability period annual cycle set forth below:

MEASUREMENT PERIOD: STARTS: April 1. DURATION: March 31. Time to determine if you work 130+ hours per month on average – used to establish if you are "full-time" or "part-time" for medical eligibility.

STABILITY PERIOD: STARTS: April 1. DURATION: March 31. Time during which you will be considered "full-time" or "part-time" for medical plan eligibility - based on hours worked during preceding Measurement Period.


RT
MECHANICAL INC.