



APRIL 1, 2022—MARCH 31, 2023

# 2022-23 BENEFITS GUIDE



# Welcome

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Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ➔ Your legally married spouse
- ➔ Your domestic partner (DP) and/or his/her children, where applicable by state law
- ➔ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ➔ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ➔ **Open Enrollment:** Changes made during Open Enrollment are effective April 1, 2022 - March 31, 2023.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ➔ Marriage or divorce
- ➔ Birth or adoption of a child
- ➔ Child reaching the maximum age limit
- ➔ Death of a spouse, DP, or child
- ➔ You lose coverage under your spouse's/DP's plan
- ➔ You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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# Enrollment

All Eligible Employees must sign up for a benefits counseling session with a Colonial Life enrollment specialist within the first month after your date of hire.

The Colonial specialist will walk you through our benefit elections portal [www.jrtmechanical.ease.com](http://www.jrtmechanical.ease.com). There, you will find detailed information about the plans available to you and your family throughout the year.

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**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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# Medical

We are proud to offer you medical plans that provide comprehensive medical and prescription drug coverage. The plan also offers many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the HMA network. The calendar-year deductible must be met before certain services are covered.

## Telemedicine

With telemedicine, members can connect with their regular provider, for example to follow up on a surgery or visit, by phone/video rather than by scheduling an additional visit.

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

| Key Medical Benefits  | Tier 3 Plan                |                             | Tier 2 Plan                |                             |
|---|----------------------------|-----------------------------|----------------------------|-----------------------------|
|   | In-Network                 | Out-of-Network <sup>1</sup> | In-Network                 | Out-of-Network <sup>1</sup> |
| <b>Deductible (per calendar year)</b>                         |                            |                             |                            |                             |
| Individual / Family   | \$1,000 / \$2,000          | \$2,000 / \$4,000           | \$2,000 / \$4,000          | \$4,000 / \$8,000           |
| <b>Out-of-Pocket Maximum (per calendar year)</b>              |                            |                             |                            |                             |
| Individual / Family   | \$2,000 / \$4,000          | \$4,000 / \$8,000           | \$4,000 / \$8,000          | \$8,000 / \$16,000          |
| <b>Covered Services</b>                                       |                            |                             |                            |                             |
| Office Visits<br>(physician/specialist)                       | \$10 / \$20 copay          | 50%*                        | \$20 / \$40 copay          | 50%*                        |
| Routine Preventive Care                                       | No charge                  | 50%*                        | No charge                  | 50%*                        |
| Outpatient Diagnostic<br>(lab/X-ray)                          | 20%                        | 50%*                        | 30%                        | 50%*                        |
| Complex Imaging   | 20%*                       | 50%*                        | 30%*                       | 50%*                        |
| Chiropractic  | \$20 copay                 | 50%*                        | \$40 copay                 | 50%*                        |
| Ambulance   | 20%*                       | 20%*                        | 30%*                       | 20%*                        |
| Emergency Room  | \$250 + 20%*               | \$250 + 20%*                | \$250 + 20%*               | \$250 + 20%*                |
| Urgent Care Facility  | \$20 copay                 | \$20 copay                  | \$60 copay                 | \$60 copay                  |
| Inpatient Hospital Stay                                       | 20%*                       | 50%*                        | 30%*                       | 50%*                        |
| Outpatient Surgery  | 20%*                       | 50%*                        | 30%*                       | 50%*                        |
| <b>Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)</b> |                            |                             |                            |                             |
| Retail Pharmacy (30-day supply)                               | \$10 / \$20 / \$40 / \$150 | \$10 / \$20 / \$40 / \$150  | \$10 / \$35 / \$75 / \$200 | \$10 / \$35 / \$75 / \$200  |
| Mail Order (90-day supply)                                    | \$20 / \$40 / \$80         | \$20 / \$40 / \$80          | \$20 / \$75 / \$150        | \$20 / \$75 / \$150         |

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Medical (Cont.)

New for 2022! We are proud to offer you High Deductible Health Plan (HDHP). Members enrolling in the HDHP plan would not be eligible for employer paid coverage at Vital Care. Vital Care is still a great savings option for all employees. Members that are enrolled in the HDHP plan with a health savings account will be able to use their HSA debit card to pay for the visit to Vital Care. Following is a brief description of the plan.

| Key Medical Benefits  | Tier 1 Plan                       |                                    |
|---|-----------------------------------|------------------------------------|
|   | In-Network                        | Out-of-Network <sup>1</sup>        |
| <b>Deductible (per calendar year)</b>                       |                                   |                                    |
| Individual / Family (EMB)                                   | \$6,000 / \$12,000 <sup>2,3</sup> | \$12,000 / \$24,000 <sup>2,3</sup> |
| <b>Out-of-Pocket Maximum(per calendar year)</b>             |                                   |                                    |
| Individual / Family (EMB)                                   | \$7,050 / \$14,100 <sup>2,3</sup> | \$14,100 / \$28,200 <sup>2,3</sup> |
| <b>Covered Services</b>                                     |                                   |                                    |
| Office Visits<br>(physician/specialist)                     | 20%*                              | 50%*                               |
| Routine Preventive Care                                     | No charge                         | 50%*                               |
| Outpatient Diagnostic<br>(lab/X-ray)                        | 20%*                              | 50%*                               |
| Complex Imaging   | 20%*                              | 50%*                               |
| Chiropractic  | 20%*                              | 50%*                               |
| Ambulance   | 20%*                              | 20%*                               |
| Emergency Room  | 20%*                              | 20%*                               |
| Urgent Care Facility  | 20%*                              | 50%*                               |
| Inpatient Hospital Stay                                     | 20%*                              | 50%*                               |
| Outpatient Surgery  | 20%*                              | 50%*                               |
| <b>Prescription Drugs(Tier 1/ Tier 2 / Tier 3 / Tier 4)</b> |                                   |                                    |
| Retail Pharmacy (30-day supply)                             | 20%*                              | 50%*                               |
| Mail Order (90-day supply)                                  | 20%*                              | 50%*                               |

**\*Benefits with an asterisk( \*) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. If you enroll one or more family members, you must meet the Individual deductible before the plan starts to pay expenses for any one individual.
3. The HSA has both an embedded individual deductible and out of pocket maximum. The Family amounts are a maximum per family, no matter how many family members are enrolled.

## The HSA

The HDHP comes with a type of savings account called a health savings account, or HSA. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

### Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- Your contributions may not exceed the annual IRS limits listed below.

| HSA Contribution Limit        | 2022    |
|-------------------------------|---------|
| Employee Only                 | \$3,650 |
| Family (employee + 1 or more) | \$7,300 |
| Catch-up (age 55+)            | \$1,000 |

- You can withdraw HSA funds tax-free to pay for current qualified health care expenses, or save them for the future, also tax-free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.
- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969.
- For a complete list of qualified health care expenses, refer to IRS Publication 502.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

# Dental

We are proud to offer you a dental plan.

## Principal DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Principal network.

Following is a high-level overview of the coverage available.

| Key Dental Benefits  | Base Plan                      |                             | Buy Up Plan                    |                             |
|--|--------------------------------|-----------------------------|--------------------------------|-----------------------------|
|  | In-Network                     | Out-of-Network <sup>1</sup> | In-Network                     | Out-of-Network <sup>1</sup> |
| <b>Deductible</b> (per calendar year)  |                                |                             |                                |                             |
| Individual / Family  | \$50 / \$150                   |                             | \$25 / \$75                    |                             |
| <b>Benefit Maximum</b> (per calendar year; preventive, basic, and major services combined) |                                |                             |                                |                             |
| Per Individual   | \$1,500                        |                             | \$2,000                        |                             |
| <b>Covered Services</b>  |                                |                             |                                |                             |
| Preventive Services  | 0%                             |                             | 0%                             |                             |
| Basic Services   | 20%*                           |                             | 20%*                           |                             |
| Major Services   | 50%*                           |                             | 50%*                           |                             |
| Orthodontia (Child Only)   | 50%*; \$1,000 Lifetime maximum |                             | 50%*; \$1,000 Lifetime maximum |                             |

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

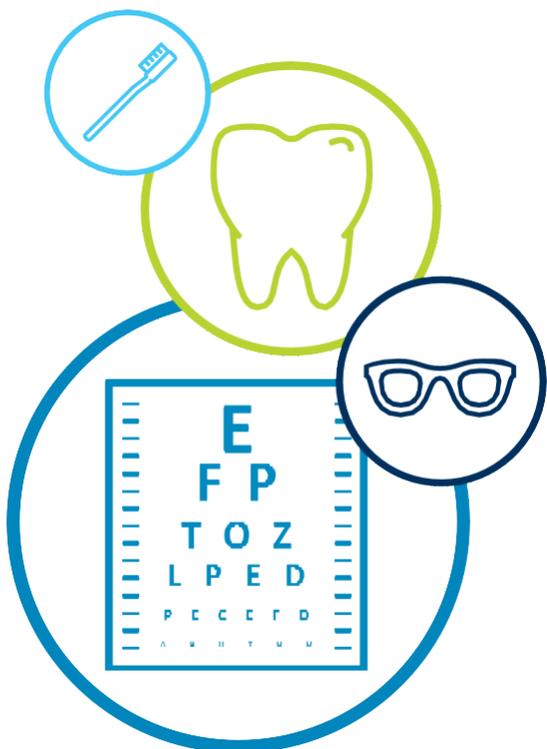
# Vision

We are proud to offer you a vision plan.

The **Principal** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Principal network.

Following is a high-level overview of the coverage available.

| Key Vision Benefits  | In-Network                          | Out-of-Network Reimbursement |
|--|-------------------------------------|------------------------------|
| <b>Exam</b> (once every 12 months)                               | \$10                                | Up to \$45                   |
| <b>Materials Copay</b>   | \$25                                | N/A                          |
| <b>Lenses</b> (once every 12 months)                             | \$25                                | Up to \$30                   |
| Single Vision  |                                     | Up to \$50                   |
| Bifocal  |                                     | Up to \$65                   |
| Trifocal   |                                     |                              |
| <b>Frames</b> (once every 24 months)                             | \$150 Allowance                     | Up to \$70                   |
| <b>Contact Lenses</b> (once every 12 months; in lieu of glasses) | Up to \$60 copay<br>\$150 Allowance | Up to \$105                  |



# Life and AD&D Insurance

**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Principal for yourself and your eligible family members.

|                   | Benefit Option   | Guaranteed Issue*  |
|-------------------|--|--|
| <b>Employee</b>   | \$10,000 increments; minimum of \$10,000 up to \$500,000 maximum | \$150,000 under age 70   |
| <b>Spouse/DP</b>  | \$5,000 increments; minimum of \$5,000 up to \$100,000 maximum   | \$30,000 under age 70  |
| <b>Child(ren)</b> | \$10,000   | \$10,000 (dependents under 14 days old received a \$1,000 benefit) |

\*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.

# Medical Waiver Stipend

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.

|                                      | Annual Stipend* |
|--------------------------------------|-----------------|
| <b>Employee</b>                      | \$500           |
| <b>Spouse/DP</b>                     | \$500           |
| <b>Child(ren)</b>                    | \$500           |
| <b>Employee &amp; Spouse/DP</b>      | \$1,000         |
| <b>Employee, Spouse/DP, Children</b> | \$1,500         |



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

# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Colonial Life are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

## Group Hospital Confinement

If you're admitted to the hospital for a covered accident or sickness, hospital indemnity insurance plans provide benefits that can help pay for hospital expenses that aren't covered by your health insurance, such as costs related to:

- Outpatient surgery
- Inpatient services

## Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000<sup>1</sup>? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

## Disability Income Protector

Like most, unless you know someone who has been disabled you may not see the value of Disability Insurance. You may think it won't happen to you, but if it does, you are vulnerable to lost income. Disability Income Protector pays cash benefits directly to you to help replace your lost income and help ensure your finances are not depleted. With Disability Income Protector, if you experience a short term disability due to a covered injury or sickness, you would be eligible for benefits after 7 days of disability and those benefits will continue for as long as your disability lasts, up to a maximum of 3 months.

## Whole Life

You have the option of purchasing whole life insurance to help your family prepare for the unexpected. In the event of your death, this benefit can help replace your family's loss of income, help with mortgage costs or educational needs—or leave a legacy for the next generation. Whole life offers level premiums and insurance protection for as long as you live. Whole life policies also build cash value over time that grows tax-deferred and can be used as savings. Or, it can be borrowed against if you need the money while you are alive.

1. MetLife Accident and Critical Illness Impact Study, October 2013  
2. Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168, December 2013. Agency for Healthcare Research and Quality, Rockville, MD.  
3. National Hospital Discharge Survey: 2010



# Valuable Extras

## We also offer the following additional benefits:

- Wellcard Savings if enrolled with Colonial
- LawAssure if enrolled with Colonial
- All employees that get an annual wellness physical based on age and gender, between April 1st, 2022 and March 31st, 2023, will get \$150 added to the next paycheck after 4/1/2023.

# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

## Medical

| Coverage Tier         | Employee Contribution (Weekly) |        |        |
|-----------------------|--------------------------------|--------|--------|
|                       | Tier 3                         | Tier 2 | Tier 1 |
| Employee Only         | \$48                           | \$37   | \$0    |
| Employee + Spouse/DP  | \$102                          | \$81   | \$44   |
| Employee + Child(ren) | \$80                           | \$61   | \$26   |
| Family                | \$142                          | \$110  | \$76   |

## Dental

| Coverage Tier         | Employee Contribution (Weekly) |             |
|-----------------------|--------------------------------|-------------|
|                       | Base Plan                      | Buy-Up Plan |
| Employee Only         | \$1.55                         | \$2.60      |
| Employee + Spouse/DP  | \$3.27                         | \$5.47      |
| Employee + Child(ren) | \$4.03                         | \$6.38      |
| Family                | \$6.04                         | \$9.70      |

## Vision

| Coverage Tier         | Employee Contribution (Weekly) |
|-----------------------|--------------------------------|
|                       | Vision Plan                    |
| Employee Only         | \$.25                          |
| Employee + Spouse/DP  | \$.56                          |
| Employee + Child(ren) | \$.53                          |
| 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 payroll 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.

# Contact Information

| Coverage           | Carrier       | Group Number | Phone #      | Website/Email   |
|--------------------|---------------|--------------|--------------|---|
| Medical            | HMA           | 020509       | 800-869-7093 | <a href="https://www.accesshma.com/for-members">https://www.accesshma.com/for-members</a> |
| Dental             | Principal     | 1088384      | 800-247-4695 | <a href="http://www.principal.com">www.principal.com</a>                                  |
| Vision             | Principal/VSP | 1088384      | 800-877-7195 | <a href="http://www.vsp.com">www.vsp.com</a>  |
| Life/AD&D          | Principal     | 1088384      | 800-247-4695 | <a href="http://www.principal.com">www.principal.com</a>                                  |
| Voluntary Benefits | Colonial      | E3338076     | 800-325-4368 | <a href="http://www.coloniallife.com">www.coloniallife.com</a>                            |

## Benefits Website

Our benefits website [www.jrtmechanical.ease.com](http://www.jrtmechanical.ease.com) can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

Elaine Muonio  
360-666-0330

[elainem@jrtmechanical.com](mailto:elainem@jrtmechanical.com)

