April 1, 2023 – March 31, 2024
CENVAR ROOFING Benefit Guide

CENVAR ROOFING

YOUR BENEFITS PACKAGE

Please review this guide to learn about the benefit options available to you, so you can make informed decisions about your benefits for April 1, 2023 - March 31, 2024. When you make well-informed decisions, you can help reduce your out-of-pocket health care costs, and help control the rising costs of health care premiums.

This Benefit Summary does not provide all of the details about all of the benefit programs. Additional information is available in each program's Certificate of Coverage (COC). The COC's are available by request from the Human Resources Department.

This brochure summarizes the coverage that is available during the upcoming 2023-2024 plan year. If you have any questions, please contact Human Resources. Additional contact information is shown at the end of this guide.

ELIGIBILITY

You are eligible for Cenvar Roofing benefits on the first of the month following 60 days if you are scheduled to work 40 hours or more per week.

You may enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include your legal spouse and your children up to age 26 regardless of student status.

WHEN TO ENROLL

You can enroll for coverage within 30 days of your eligibility date or during the annual open enrollment period. If you do not enroll for coverage within 30 days of your eligibility date, you will not be able to elect coverages during the Plan Year April 1 , 2023 - March 31, 2024, unless you have a qualified change in family status.

MAKING CHANGES

The choices you make when you are first eligible remain in effect for the plan year which ends on March 31, 2024. Once you enroll for coverage, you must wait until the next open enrollment period to change your benefits or add or remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS.

The following are a few examples:

- Marriage or divorce
- Birth or adoption of a child
- Loss of other health coverage
- Change in your dependent's eligibility status because of marriage, age, etc.

If you have a Qualified Family Status Change, you must complete and provide Human Resources Department supporting documentation within 30 days of the Qualifying Event.

WHEN BENEFITS END:
Coverage in the Cenvar Roofing medical, vision, dental and life coverages for you and your covered dependents ends the last day of the month. Disability coverage ends on your last day of employment. Dependent children are covered until the end of the month in which they turn age 26.

Covered employees and dependents enrolled in the medical, vision, and dental are permitted to continue coverage at their own expense as provided by federal law (COBRA).

You may convert the life insurance plans within 30 days of termination. Conversion is available to employees under age 70. You have 31 days to complete the paperwork and pay the premium. You may contact Principal at 800-245-1522

MEDICAL COVERAGE

As a foundation for your good health, Cenvar Roofing provides a selection of medical plans offering quality, flexibility and value. Choose the plan that best meets your needs. Review the chart below for additional coverage details:

	HealthKeepers 25 500/20	HealthKeepers 30 5000/30	HealthKeepers HSA 4500/40
	In-Network	In-Network	In-Network
	You Pay:	You Pay:	You Pay:
Deductible - Calendar Year			
Individual **Family**	$500 $1,000	$5,000 $10,000	$4,500 $9,000
Out-of-Pocket Maximum - Calendar Year			
Individual **Family**	$4,000 $8,000	$8,200 $16,400	$6,900 $13,800
Physician Office Visit	$25 copay	$30 copay	$25 copay*
Specialist Office Visit	$50 copay	$50 copay	$50 copay*
Preventive Care	No charge	No charge	No charge
Emergency Room	20%*	30%*	40%*
Urgent Care	$50 copay	$50 copay	$50 copay*
Outpatient Hospital Services	20%* or $300	30%* or $400	40%*
Inpatient Hospital Services	20%*	30%*	40%*
Mental Health			
Outpatient	$25 copay	$30 copay	0%*
Inpatient	20%*	30%*	40%*

** after deductible*

This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.

PRESCRIPTION DRUGS

	HealthKeepers 25 500/20	HealthKeepers 30 5000/30	HealthKeepers HSA 4500/40
	In-Network	In-Network	In-Network
	You Pay:	You Pay:	You Pay:
Prescription Drugs—Retail	**Up to 30 days**	**Up to 30 days**	**Up to 30 days**
Deductible	N/A	N/A	After Medical Deductible
Generic	$10 copay	$15 copay	$15 copay
Brand Preferred	$40 copay	$50 copay	$60 copay
Brand Non-Preferred	$70 copay	$85 copay	$100 copay
Specialty	20% up to $300	20% up to $300	40% up to $500
Prescription Drugs—Mail Order	**Up to 90 days**	**Up to 90 days**	**Up to 90 days**
Generic	$25 copay	$38 copay	$38 copay
Brand Preferred	$100 copay	$125 copay	$150 copay
Brand Non-Preferred	$175 copay	$213 copay	$250 copay
Specialty	N/A	N/A	N/A

This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.

Finding Participating Providers:

The best way to locate participating providers is to access your Anthem portal at www.anthem.com or via the Sydney mobile app.

If you have not yet enrolled, or are considering one of the other plans, you can do a provider search on the Anthem Website. For the in-network providers choose Healthkeepers network.

HEALTH SAVINGS ACCOUNTS

Those employees who enroll in the HSA 4500/40 qualified High Deductible Health Plan are eligible to open a Health Savings Account. The account will be opened through Optum Bank. A Health Savings Account allows you to save money on a tax-free basis to use for your out of pocket health expenses.

ELIGIBILITY

You are eligible to open an HSA if:

- You are enrolled in a High Deductible Health Plan
- You are not Covered by your spouse's Health Plan, FSA or HRA
- You are not eligible to be claimed as a dependent for tax return purposes
- You have not received Department of Veterans Affairs Medical benefits in the past 90 days
- You are not enrolled in Medicare, Medicaid or Tricare

HSA DISTRIBUTION RULES

Distributions from your HSA are tax-free if they are taken for "qualified medical expenses". Your HSA can only be used for expenses that incurred on or after the date HSA was established.

HSA distributions can be taken for qualified medical expenses for the following people:

- The account holder (person covered by the HDHP)
- Spouse of that individual (even if not covered by the HDHP)
- Dependents of that individual (even if not covered by the HDHP

QUALIFIED MEDICAL EXPENSES

The IRS defines expenses that are considered "qualified medical expenses" for HSA distributions. If you use HSA funds for expenses beyond what the IRS defines as qualified, you will be subject to income tax on the distribution and an additional 20 percent penalty. Examples of qualified medical expenses include:

- Most medical care that is subject to your deductible (copays, coinsurance, doctor visits, inpatient or outpatient treatment, etc.)
- Prescription drugs
- Dental and vision care
- COBRA, qualified long-term care insurance, health insurance premiums paid while receiving unemployment benefits, health insurance after you turn 65 except for a Medicare supplemental policy

INELIGIBLE MEDICAL EXPENSES

Expenses that are not considered "qualified medical expenses" include:

- Insurance premiums (other than the exceptions listed above)
- Surgery purely for cosmetic reasons
- Expenses covered by another insurance plan

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For the **2023** calendar year, an individual can contribute up to $3,850 to a health savings account **HSA** or $7,850 for a family (increase of $200 for self, $450 for family from 2022). Ages 55+ $1,000 catch-up contribution (no change).

VIRTUAL DOCTORS VISITS

Virtual Visits are an additional benefit available to employees and their covered dependents. With virtual visits, you can be treated for various general health and general pediatric care concerns from the comfort of your home or office. If you are enrolled in a medical plan, you will have access to board-certified doctors and pediatricians. This service can be accessed via online video, or phone.

When your primary care physician is not available, or even if you are traveling, an online doctor's visit can provide you access to general medical care and prescription refill requests. Please note that some states do not allow for medications to be prescribed via virtual doctor visits. Examples of concerns that can be treated include allergy and asthma, pink eye, headache, respiratory or ear infections, and many more.

Take advantage of this on-demand service for a $0 copay for PCP or $50 specialist per consultation on the HealthKeepers 25 500/20 and 30 5000/30 plans and a $59 charge on the HSA 4500/40 plan. No deductible. Live Health Online has added the ability to speak with a Dermatologist. A Dermatology visit is subject to the plan's specialist cost. Mental Health Specialist have also been added.

SYDNEY HEALTH APP

With Sydney, you can find everything you need to know about your Anthem benefits personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with chatbot technology
- View and use digital ID cards
- *NEW!* Medical text visits are covered in FULL on the traditional plan or $39 charge on the HSA 4500 plan.

New! External VPC (Virtual Primary Care)

What is virtual primary care (VPC)?

Virtual primary care provides convenient and affordable access to urgent, routine/preventive, and chronic condition care through the Sydney℠ Health mobile app. Our virtual primary care providers can diagnose and treat many common health conditions, prescribe medications, and conduct wellness check-ins, at low or no cost.

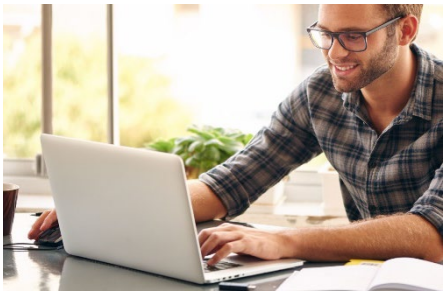
How does it work?

Through the Sydney Health app, members have access to a full range of virtual primary care services through a dedicated care team. They can chat with a doctor or have a video visit at a time and place that works for them. Through virtual primary care, members can:

- Use the interactive Symptom Checker or visit with a doctor over chat or video for urgent care services, 24/7.
- Access virtual primary care services (routine/preventive and chronic condition care) from 9 a.m. to 9 p.m. ET Monday to Friday, and 9 a.m. to 5 p.m. Saturday and Sunday. If members message their virtual primary care team after those hours, they will receive a response at the team's earliest convenience.
- Schedule a wellness check-in to share their health history and discuss their health goals with a doctor on a virtual video visit. The doctor will create a personalized care plan and follow up with the member after their visit, all through the app.

Virtual primary care provides you with:

- Urgent, preventive and chronic care
- Personalized care plans
- Lower healthcare costs
- Easy prescription refills



WELLNESS

No matter which plan you choose, we encourage you and your dependents to have an annual wellness exam. Most in-network preventive exams and well-child exams (including immunizations) are covered at 100% by the medical plans. Preventive exams can detect if you are at risk for or already have a chronic disease such as heart disease, diabetes, hypertension and certain cancers. Talk to your health care provider to find out which screenings are recommended for you and when you need them.

ANTHEM ENGAGEMENT 200

We understand that everyone has their own approach to achieving their wellness goals. Engagement 200 rewards employees and covered spouses up to $200 for taking part in a wide variety of condition management, preventive care, and wellness activities that offer you options to best meet your goals.

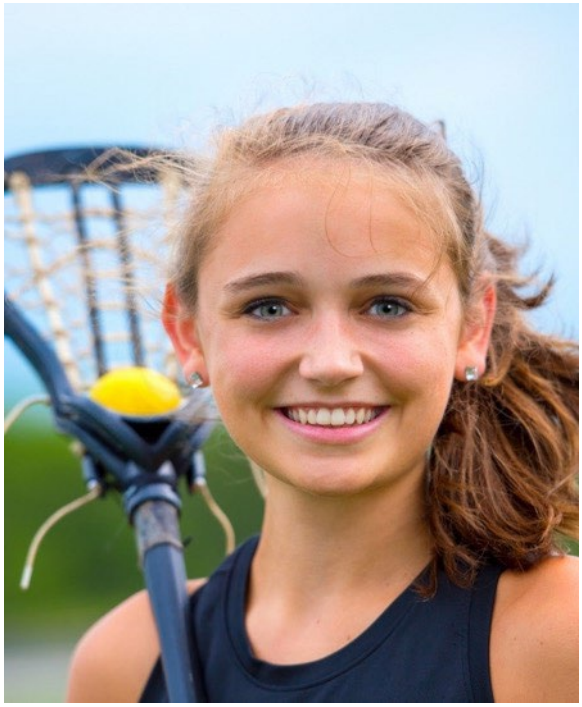
You can follow your progress and rewards earned through anthem.com or Sydney Health App. You and your covered spouse can earn a maximum of $200 by participating or completing a variety of activities. Refer to the Anthem Benefit Booklet for more details.

Activities include:

- Annual eye exam
- Annual adult wellness exam or well woman exam
- Cholesterol test
- Flu shot
- Mammogram
- ConditionCare
- Future Moms
- Well-being Coach Telephonic- Tobacco
- Well-being Coach Telephonic- Weight
- And more…

DENTAL COVERAGE

Strong teeth and gums are an important part of good health. Dental Insurance helps you pay for most necessary dental services and supplies, including diagnosis and preventive care, basic and restorative services and major services.



Visit Your Dentist Regularly

Regular preventive visits to your dentist can help protect your health. According to the Centers for Disease Control and Prevention, there may be associations between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births. Research is underway to further examine these connections.

Preventive services at 100% in-network, with no deductible on both plans

Plan Features	Ameritas	
	In-Network	
	You Pay : Low Plan	You Pay : High Plan
Annual Deductible		
Individual **Family**	$50 $150	$50 $150
Annual Maximum Paid by Plan	$1,000	$1,500
Diagnostic and Preventive Services (X-rays, cleanings, exams)	Covered in full	Covered in full
Basic and Restorative Services (Fillings, extractions, Endodontics, Periodontics)	20% after deductible	20% after deductible
Major Services (Onlays, Crowns, Implants, Prosthodontics)	No coverage	50% after deductible
Orthodontia (Adults & Children to age 19)	No coverage	50%
Orthodontia Lifetime Maximum	No coverage	$2,000
Benefit Rollover Feature	Included	Included

Dental Benefit Rollover Feature

Ameritas automatically rolls over a portion of each member's unused annual maximum for use in future years when a member may reach the plan's Annual Maximum.
To qualify, a member must submit at least one claim during the calendar year and all member claims for the calendar year cannot exceed $500. Members can rollover $250 per year for a maximum rollover amount of $1,000. That amount can be used in later years in addition to the maximum annual benefit. The employee and each dependent insured maintain separate rollover balances based on their own claim activity.

VISION CARE PROVIDED THROUGH AMERITAS

The vision plan includes benefits for eye exams, eyeglasses, and contact lenses. Visit an in-network provider to take advantage of higher benefits coverage, or visit an out-of-network provider for a reduced benefit.

Ameritas members can take care of their vision and have routine eye exams, while saving money on all of their eye care needs. To start using your benefit, visit www.vsp.com to find a provider or call member services for assistance.

Plan Features	AMERITAS	
	In-Network	Out-of-Network
	You pay:	Plan reimburses you:
Exams (once every 12 months	$10 copay	Up to $30
Frames (once every 24 months)	$130 allowance	Up to $45
Lenses (once every 12 months)		
Single Vision	$25 copay	Up to $30
Bifocal	$25 copay	Up to $50
Trifocal	$25 copay	Up to $65
Contact Lenses—In lieu of lenses and frames (once every 12 months)		
Elective	$60 copay up to $130 allowance	Up to $105

BASIC LIFE AND DISABILITY

Basic Life and AD&D

Life and Accidental Death and Dismemberment (AD&D) Insurance offer economic security for your loved ones if you die, become disabled, or experience an injury or illness. You automatically receive Basic Life and AD&D coverage through Principal in the amount of $50,000 this is provided to you at no cost.

Optional Life and AD&D Insurance

You have the opportunity to purchase additional life Insurance for yourself and your dependents at group rates. Consider costs such as funeral expenses, legal expenses, and general living expenses for surviving family members when selecting an appropriate amount of additional coverage.

- **Employee**: You can choose $10,000 Increments up to a $300,000 maximum. Guaranteed Issue: $150,000.
- **Spouse**: You may purchase up to 100% of voluntary employee life amount in increments of $5,000 to a maximum of $100,000, not to exceed 100% of employees amount. Guarantee Issue: $30,000
- **Child:** (children ages 14 days to 26) $2,500, $5,000 or $10,000 not to exceed 100% of employees amount. Guarantee Issue: $10,000

Short-Term Disability (STD)

Short-term disability income benefits are available to you to provide income benefits if you become disabled due to an injury or sickness. You pay the full cost of this coverage. You are able to enroll in Short-term disability when you are first eligible or at open enrollment. A pre-existing limitation will apply.

Weekly Benefit: 60% of your pre-disability earnings up to a maximum of $500
Elimination Period: 15th day due to an accident or Illness
Maximum Period of Benefits: up to 24 weeks

A 3/12 pre-ex means that the policy will not cover any disabilities during the first 12 months after the covered person's effective date of insurance that is caused or contributed by any sickness or injury for which the covered person sought treatment during the three months prior to the effective date of coverage.

PORTABILITY AND CONVERSION

Upon termination of employment your Basic Life policy and Voluntary Life plan will terminate. Your Basic Life plan has a conversion provision. Your Voluntary Life plan has a conversion and portability provision. You must submit your written request and your first premium to Principal within 31 days from your termination date if you wish to keep the plan. For additional information call 800-245-1522

MEDICAL UNDERWRITING FOR VOLUNTARY LIFE

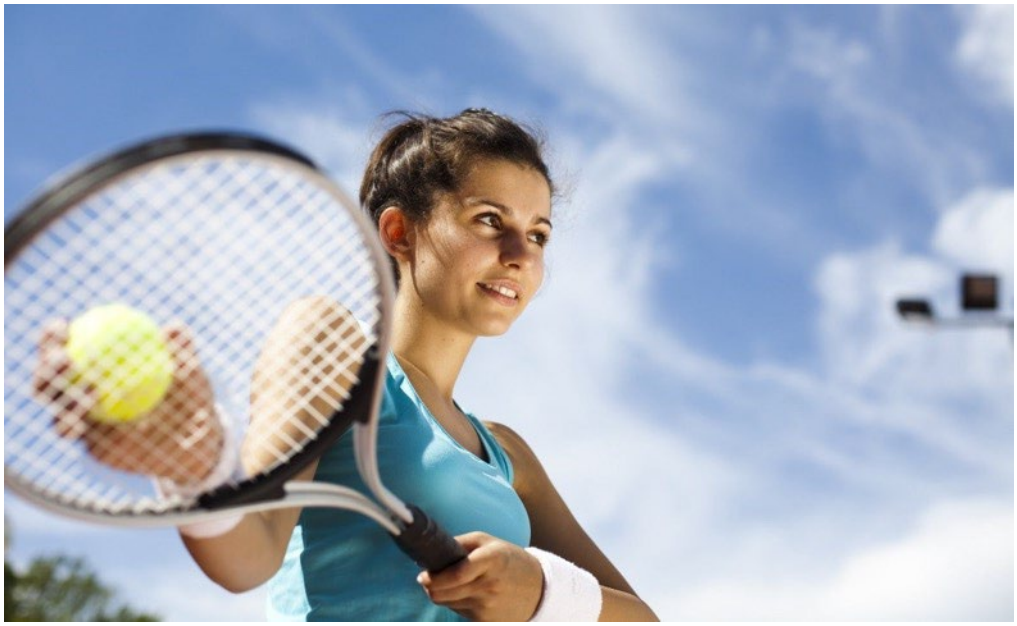
If you enroll when you are first eligible at Cenvar Roofing, you may elect up to the Guarantee Issue amount of $300,000 for employees, $30,000 for your spouse, and $10,000 for your children without evidence of insurability. If you request coverage at a later date, you will be required to complete Evidence of Insurability and be approved by Principal.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Telephonic employee assistance services provided by Magellan Health Services including 3 face to face counseling sessions per issue per year.

Additional services include Legal and Financial, provides assistance with legal and financial issues.

QUESTIONS?



CONTACTS

Benefit	Contact	Telephone	Website
Medical	Anthem	833-592-9956	www.anthem.com
Dental	Ameritas	800-487-5553	www.ameritas.com
Vision	Ameritas	800-487-5553	www.ameritas.com
Health Savings Accounts	Optum Bank	800-243-5543	www.mycdh.optum.com
Basic Life and AD&D	Principal	800-245-1522	www.principal.com
Voluntary Life and AD&D	Principal	800-245-1522	www.principal.com
Short-Term Disability	Principal	800-245-1522	www.principal.com

NOTICES

Full versions of the below notices along with Summary Plan Descriptions (SPD) and Summary of Benefits and Coverage (SBC) can be found by logging into the Cenvar Roofing enrollment portal, EASE. If you are unable to access these for any reason, contact Human Resources for a printed copy.

HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

COBRA – FIRST NOTICE OF COBRA RIGHTS

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

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

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

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

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

PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

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

MEDICAL PRE-TAX PREMIUMS PLAN

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

NO SUPRISES ACT

Summary: You will not be balanced billed when using an in-network facility if certain providers are not participating.

NOTES

NOTES

This booklet highlights some of your Cenvar Roofing benefit plans. Your actual rights and benefits are governed by the official plan documents. If there are any discrepancies between this booklet and the official plan documents, the plan documents will prevail. Cenvar Roofing reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.