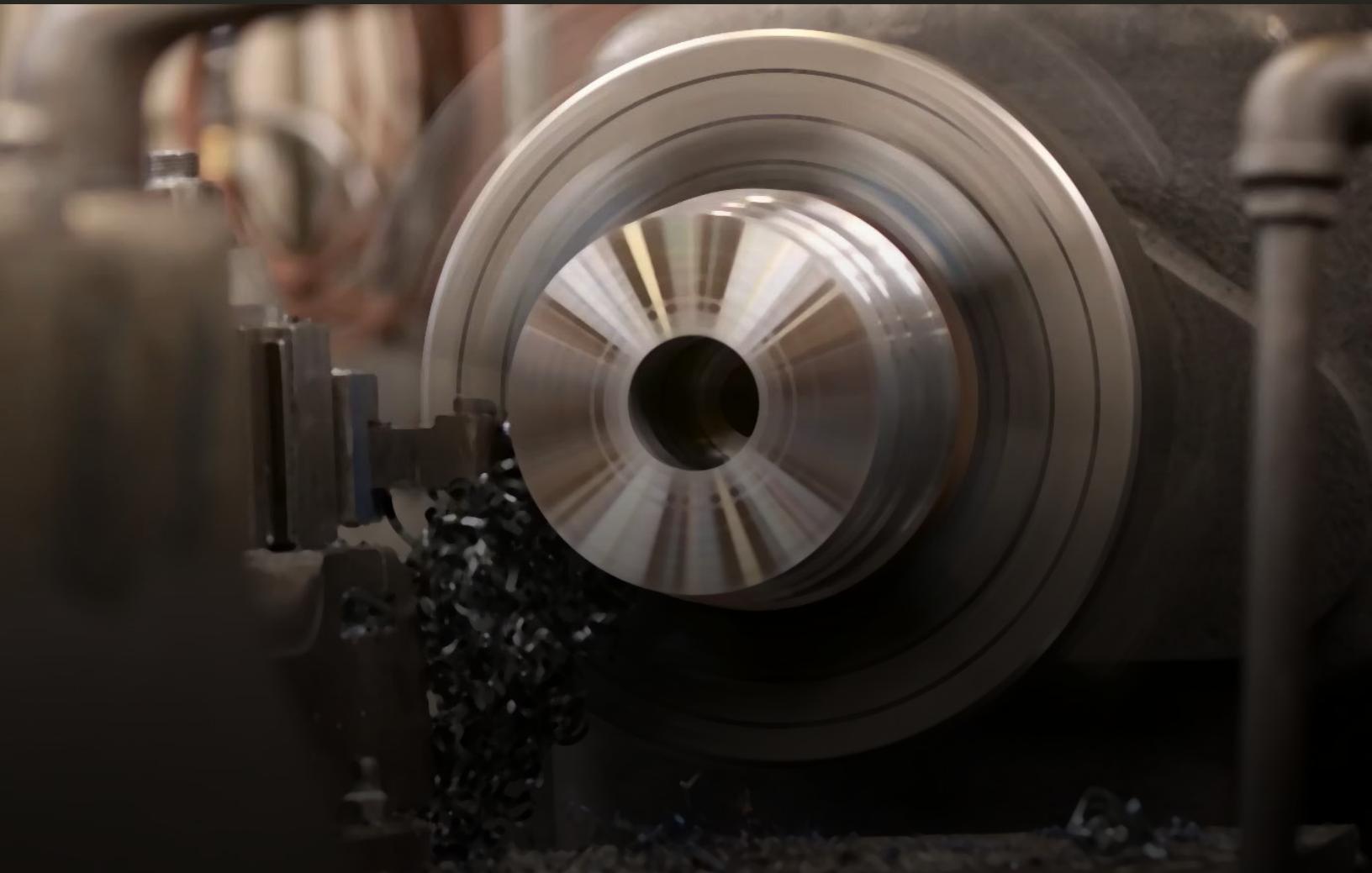


B&D Industrial



2023 BENEFITS GUIDE



WELCOME TO YOUR 2023 BENEFITS

Dear B&D Industrial Employees:

This booklet is a summary of the 2023 benefits package offered through your B&D Industrial employment. Our goal is for every employee to understand what benefits we offer and the value of these benefits. As you read through, you will see various programs ranging from health care options to retirement benefits (401k and/or ESOP) and Life & Disability Insurance. Please take a moment to familiarize yourself with any of the plans that require an election from you to ensure you choose the appropriate benefit selection for you and your family.

We strongly encourage you to use the preventative services that are free through our healthcare plan. Anyone can have an unforeseen accident or injury, but by having your annual screenings you can avoid preventable diseases, increase your life span by catching issues earlier, or modify your lifestyle to avoid heading down a path of a future disease.

We will continue to have the Patient Navigator concierge service to assist you in navigating the complex issues that can arise with your healthcare needs.

We are excited to announce two enhancements to our benefits offerings, effective 1/1/2023:

- We will increase the 401(K) match to .50 cents on each dollar up to 5%
- We will be enhancing our healthcare plan by moving from the First Health network to the full Aetna network.

Thank you for choosing to be an employee of B&D!

Sincerely,



Brian Davis



Lauren Lanter



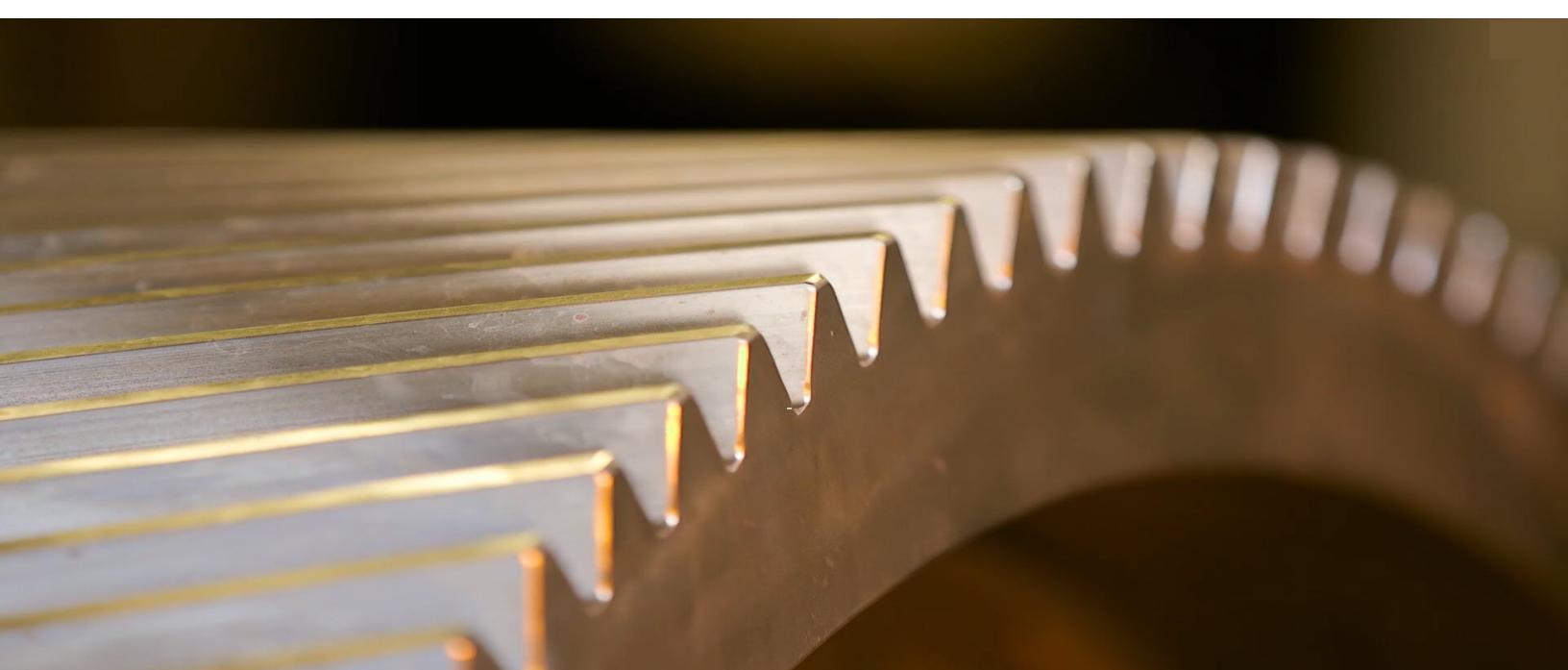
Ben Nations

PLEASE NOTE: This guide contains the basic information about your benefits program. It does not cover every provision, limitation or exclusion, but it does provide a general description of each benefit plan. Every effort has been made to ensure that the information is accurate. However, the guide is not an insurance policy. If there is any question as to coverage, benefit eligibility or interpretation, the insurance contract and the Certificate of Coverage you receive from the insurance carrier will govern the administration of your benefits. If you would like additional or specific information, please contact the Human Resources Department.

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For your convenience, the federally mandated Disclosure Notices, Summaries of Benefits and Coverage (SBCs) and other benefit summaries may be found in the Paycor portal.





VENDOR CONTACT LIST

BENEFIT PLAN CARRIER	PHONE	WEBSITE/EMAIL ADDRESS
TRINITY CAPTIVE Patient Navigator 24/7 Call A Doc	833.841.6702 844.362.2447	www.trinitycaptivegroup.com www.247CallADoc.com
AWM SUMMIT - FSA	800.723.8908	awm.summitfor.me
ANTHEM BLUE CROSS BLUE SHIELD - DENTAL	877.330.5973	www.anthem.com
ANTHEM BLUE CROSS BLUE SHIELD - VISION	866.723.0515	www.anthem.com
GUARDIAN - BASIC LIFE, VOLUNTARY LIFE, & LONG-TERM DISABILITY	888.600.1600	www.guardiananytime.com
TRANSAMERICA - 401(K) INCLUDING LOAN PROCESSING	800.401.8726	www.ta-retirement.com
ESPYR - EMPLOYEE ASSISTANCE PROGRAM	800.869.0276	www.espyr.com
OAKBRIDGE INSURANCE AGENCY HELP DESK	706.298.2354	benefits2@oakbridgeinsurance.com
AFLAC	1-800-433-3036	www.aflacgroupinsurance.com

BENEFIT ELIGIBILITY

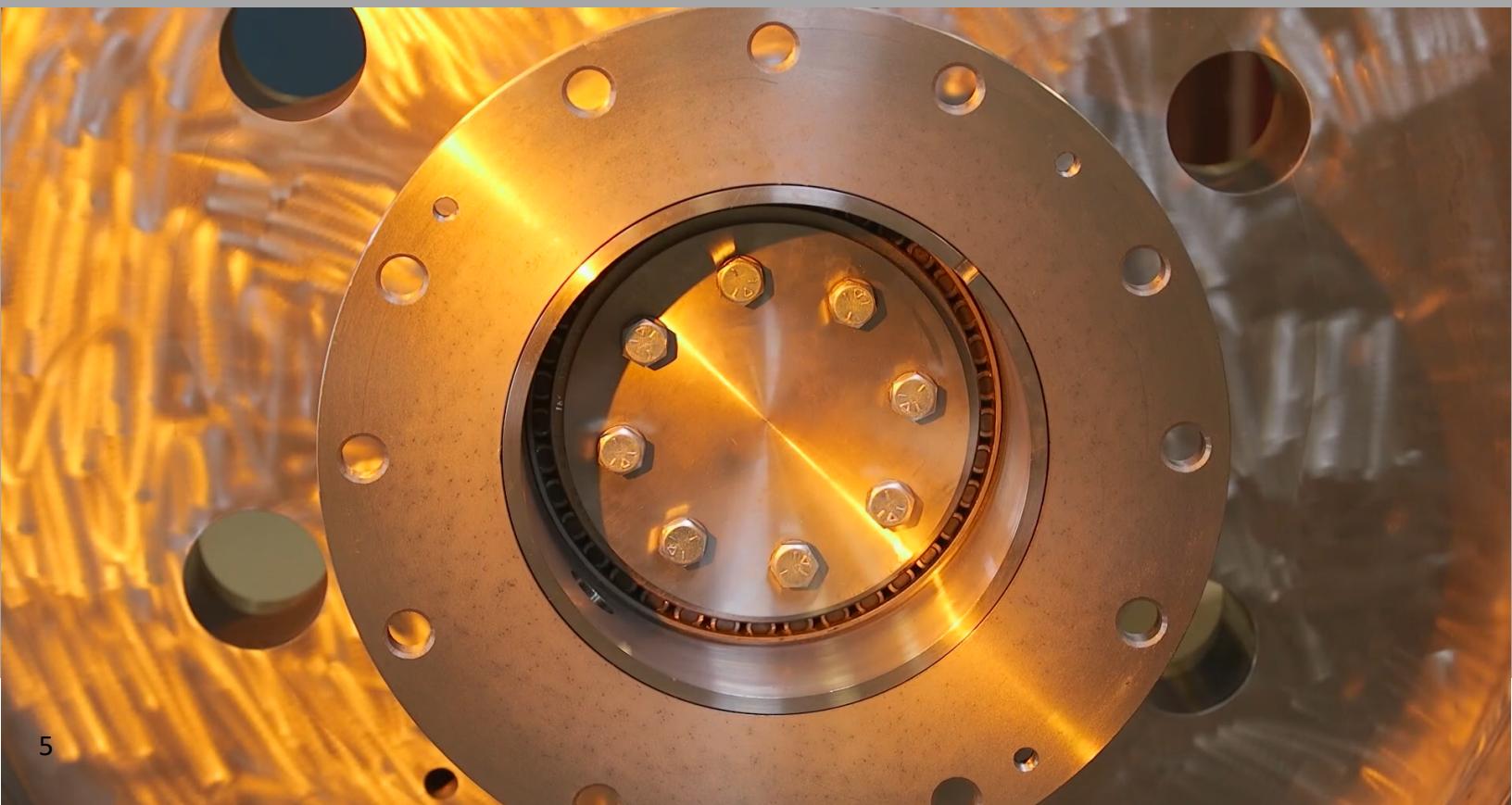
Full-time employees who work a minimum of 30 hours or more per week are eligible for benefits.

Benefits go into effect on the **first day following 30 days** of full-time employment. You can enroll in benefits at the time you are hired, during open enrollment, and within 30 days of a qualifying event.

When you enroll in the employee benefits program, you will make premium payments through payroll deductions with pre-tax dollars through the Section 125 Plan for medical and dental for eligible dependents. Please note that you and/or your dependents cannot terminate your coverage from the pre-tax benefits for any reason other than a qualifying event or until the beginning of the next plan year.

Termination or other changes in medical coverage occur on the date of separation of employment with B & D Industrial or on the date an employee's status changes from full-time to part-time status. The following dependents are also eligible:

- ***Your legal spouse***
- ***Your children up to age 26***



QUALIFYING LIFE EVENT

If you have a qualifying event, you must notify the Benefits Department and make the necessary plan changes within 30 days of the event. In most cases, only changes consistent with the qualifying event can be made. The following is a list of qualifying events:

- Marriage, divorce or death of yourself or a dependent
- Birth or adoption of a dependent child
- Change in the employee, spouse, or dependent child's employment status
- Change in the employee, spouse, or a dependent child's residence that would affect eligibility for coverage
- Employee's receipt of a qualified medical child support order or letter from the Attorney General ordering the employee to provide (or allowing the employee to drop) medical coverage for a child
- Changes made by a spouse during his/her annual enrollment period with another employer
- The employee, spouse or dependent child becoming eligible or ineligible for Medicare or Medicaid
- Significant employer or carrier-initiated changes in or cancellation of the employee, spouse or dependent child's health coverage

30 DAYS

You have 30 days from the qualified life event to make changes to your coverage. Depending on the type of event, you may need to provide proof of the event, such as a marriage license. If you do not make the changes within 30 days of the qualified event, you will have to wait until the next open enrollment period to make changes (unless you experience another qualified life event).





ENROLLING IN YOUR BENEFITS



Log in to Paycor and click



Click "People"

Click "Benefits"

Click "Benefits Advisor"

Click "Start Enrollment"



Shop

Elect the benefits you want.



Check

Check for Accuracy



Save

Save & submit your elections



Print

Print a copy of your elections for your records.

MAKING THE MOST OF YOUR PLAN

Getting the most out of your plan depends on how well you understand it.
Keep these important tips in mind.

In-network providers / pharmacies:

You will always pay less if you see a provider within the medical and pharmacy network.

Preventive care:

In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.

Preventive drugs:

Many preventive drugs and those used to treat chronic conditions like diabetes, high blood pressure, high cholesterol and asthma are designated on the Chronic/Preventive Condition Drug List as preventive. These prescriptions are covered based on Tier categories when you use an in-network pharmacy

Pharmacy coverage: Medications are placed in tiers based on drug cost, safety and effectiveness. These tiers also affect your coverage.

- ***Generic*** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.
- ***Brand preferred*** – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
- ***Brand non-preferred*** – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.
- ***Specialty*** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

Mail order pharmacy: If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the mail order pharmacy to save on a 90-day supply of your medication.

MEDICAL BENEFITS

Trinity Captive Group with Aetna Network | 833.841.6702 | www.trinitycaptivegroup.com

To find an in-network provider, call or email Patient Navigator at (833) 841-6702 or
 TrinityCaptive@HealthCareHighways.com

TRINITY CAPTIVE GROUP HEALTH PLAN			
	Patient Navigator	In-Network (Aetna)	Out-of-Network
DEDUCTIBLE: (CALENDAR YEAR DEDUCTIBLE)			
Individual	\$0	\$750	\$1,500
Family	\$0	\$1,500	\$3,000
COINSURANCE			
Carrier portion	100%	80%	60%
Member portion	0%	20%	40%
OUT-OF-POCKET MAXIMUM			
Individual	\$0	\$2,000	\$3,000
Family	\$0	\$6,000	\$9,000
OFFICE VISITS			
Preventive Care	N/A	\$0	\$0
Primary Care (Labs, X-Rays)		\$20	\$25
Specialist Labs, X-Rays)		\$40	\$50
24/7 Call A Doc		\$0	
Urgent Care		\$50 Co-pay	\$60 Co-pay
HOSPITAL SERVICES			
Inpatient	\$0	Ded; 80%	Ded; 60%
Outpatient	\$0	Ded; 80%	Ded; 60%
Outpatient Diagnostic (Labs, X-Rays)	\$0 (Green Imaging)	Ded; 80%	Ded; 60%
Emergency Room	Free if True Emergency; Non-Emergency: \$750 Penalty + Coinsurance		

Medical/Rx Plan Cost Per Pay Period			
	Monthly	Semi-Monthly	Weekly
Employee Only	\$194.39	\$97.19	\$44.86
Employee + Spouse	\$442.05	\$221.03	\$102.01
Employee + Child(ren)	\$383.54	\$191.77	\$88.51
Employee + Family	\$631.50	\$315.75	\$145.73

MEDICAL BENEFITS

Trinity Medical Insurance Member Portal

1.

Member Portal - Sign up.

Go to www.trinitycaptivegroup.com and click on the member tab to access member portal. Login to access the member portal where you can find your claims history, view member ID cards, and more.

www.trinitycaptivegroup.com

2.

Find your healthcare provider.

Most preventive screenings and immunizations are covered by your health plan, so it's a good idea to call your primary care provider (PCP) and get your first checkup on the calendar.

If you need assistance finding a local provider, accessing your information, or have a question, our Patient Navigator is here to provide extra support 833-841-6702, 8 AM to 5 PM, Monday through Friday.

3.

Save money by staying in-network.

Check your member handbook for benefits details. Your Health Plan has options at time of need, however, your medical situation and your choice on where to seek care can impact what you may have to pay out-of-pocket or whether the provider is considered in-network or out of network.

4.

Know your pharmacy benefits.

Login to the pharmacy portal at mymaxorlink.com/maxorplus or call 888-596-0723. Enrolling with myMaxorLink will allow access to lower cost prescriptions and other health benefit updates.

[myMaxorLink](http://mymaxorlink.com/maxorplus)





You've got this

Your online provider directory makes healthy simpler

Finding a doctor or other health care professional is an important part of staying healthy. Our online directory helps make it simpler. It offers you up-to-date information about providers — and it's available online, anytime.

Provider details

To visit our online directory, simply go to aetna.com/asa. Begin searching for a doctor using your location — ZIP, city, county or state. You can use either the general or category search to see provider details that typically include:

- Board certification
- Hospital affiliation
- Medical school/year of graduation
- Gender
- Website address (if available)
- Specialties
- Languages spoken

You can also see additional provider information that can include: participation information, other office locations, whether they're accepting new patients, maps, driving directions and more.

Additional features

You'll be able to find specialty care, too. Like a list of transplant facilities or pediatric congenital heart surgery facilities that are part of our Institutes of Excellence™ network.

Narrowing your search

Want to refine your search even further? Multiple options are available. You can easily:

- Filter by provider characteristics — such as:
 - Specialty
 - Languages spoken
 - Gender
 - Board certification
 - Hospital affiliation
 - Accepting new patients
 - Performance — such as Aexcel** providers or Institutes of Excellence and Institutes of Quality® facilities
- Expand or reduce the geographic radius of your results
- Sort by best matched or distance
- View a map to see the locations of results and get driving directions
- Print results

If you wish to view additional information about providers, detail pages are available (on selected providers).

**Aetna Signature
Administrators®**

aetna.com/asa

**Aetna's Aexcel program-designated high-performance specialists in 12 specialties: cardiology, cardiothoracic surgery, gastroenterology, general surgery, neurology, neurosurgery, obstetrics and gynecology, orthopedics, otolaryngology, plastic surgery, urology and vascular surgery.

Aetna is the brand name of one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Information is believed to be accurate as of the production date; however, it is subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.

YOUR HEALTH, YOUR CHOICE: Patient Navigator

With your B&D health insurance, you get access to a team of healthcare navigators. The Patient Navigator concierge service offers free services to all members by providing:

- Explanation of Benefits
- Claims Questions
- Billing Questions
- Assistance with Balance Billing
- Provider Search for discounted or free imaging and surgeries Facility Questions
- Scheduling Doctor, Imaging, Testing and Surgical Appointments



PATIENT NAVIGATOR

Phone: (833) 841-6702

Email: TrinityCaptive@HealthCareHighways.com

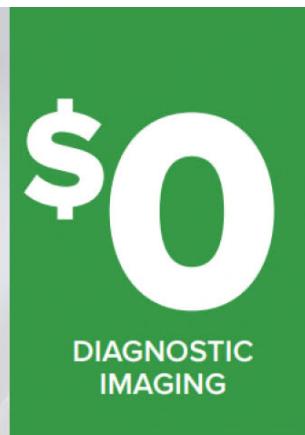
Patient Navigator*

As an employee benefit, a dedicated care coordination team is included to help you navigate and make the most of your healthcare services. The patient navigator team provides you with personalized, one-on-one care coordination and assistance to help eliminate barriers to your health care needs. The patient navigator services include:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Care decision support • Quality and prevention • Chronic disease support • Complex care support | <ul style="list-style-type: none"> • Medication support • Transition of care • Behavioral Health • Provider Selection Assistance |
|--|--|

You should call:

- If you have a general medical insurance-related question that you would like answered via our informational consultations
- Anytime you would like to save the time and expense of scheduling your own imaging or surgeries



Services:

MRI (OPEN & CLOSED)	X-RAY
CT	BONE DENSITY (DXA)
PET	NUCLEAR MEDICINE
ULTRASOUND	ARTHROGRAM
MAMMOGRAM	ECHOCARDIOGRAM



Scan here to learn more about us!

YOUR HEALTH, YOUR CHOICE: Telemedicine

Many of your time-consuming and expensive visits to the doctor's office for common, minor conditions are unnecessary when you have **free 24/7 access to Call-A-Doc** when you enroll in B&D's medical plan. With a **\$0 copay**, you won't be waiting in line at Urgent Care Clinics, or seeing a nurse or assistant when you want to talk to a doctor. Our physicians can help diagnose your condition, develop a treatment plan, and even send a prescription to your local pharmacy, quickly, easily, and conveniently! You can call or click a button to talk to a doctor, it's that easy. Your choice of telephonic, video, or email consolations.

For Example:

- Anytime you need to treat minor, common medical conditions quickly from the comfort of your own home
- If you have a general health-related question that you would like answered via our informational consultations
- Anytime you would like to save the time and expense of a trip to the doctor or clinic for non-emergency care
- When you are traveling or are away from a primary care physician
- When you'd like to skip the lines at urgent care or pharmacy clinics
- When you would like to talk to a doctor, instead of a nurse or assistant
- When a routine sinus infection, UTI or common condition reoccurs
- When the kids get an ear infection or other typical childhood ailment

Sample List of Condition Treatments

Some of the conditions we can treat via phone or online video consultation:

- | | | |
|-------------------------|------------------------------|---------------------------|
| • Allergies | • High Blood Pressure | • Constipation |
| • Bronchitis | • Acne | • Hemorrhoids |
| • Poison Ivy | • Sore Throat | • Fever |
| • Respiratory infection | • Pink Eye | • Vomiting |
| • Nausea | • Asthma | • Urinary Tract Infection |
| • Cold & Flu Symptoms | • Sinus and Nasal Conditions | |
| • Ear Infection | • Headaches/Migraines | |
| • Stomach Virus | • Rashes | |
| • Acid Reflux | | |



ACTIVATE YOUR 24/7 CALL-A-DOC ACCOUNT TODAY!

PRESCRIPTION BENEFITS

Trinity Captive Group with Aetna Network | 833.841.6702 | www.trinitycaptivegroup.com

To find an in-network provider, call or email Patient Navigator at (833) 841-6702 or TrinityCaptive@HealthCareHighways.com

MAXOR PRESCRIPTION PLAN

PRESCRIPTION DRUGS	Rx	Mail Order	<u>90 day Retail</u>
Tier 1 – Preferred Generic	\$5 Co-pay	\$12.50 Co-pay	\$12.50 Co-pay
Tier 2 – Preferred Brand	\$20 Co-pay	\$50 Co-pay	\$50 Co-pay
Tier 3 – Non-Preferred Brand	\$50 Co-pay	\$125 Co-pay	\$125 Co-pay
Tier 4 – Specialty	20% - \$300 Max		N/A

ENROLL NOW

Your plan includes myMaxorLink™

Make the most of your pharmacy benefits with myMaxorLink™.

myMaxorLink™ sends you messages about lower cost prescriptions and other health benefit updates for free*.

No app required.

*Carrier message and data rates may apply.



Sign-up in seconds

1. Have your member ID card ready
2. Call (888) 596-0723 or go to mymaxorlink.com/maxorplus

You are enrolled!

Member Portal and App

The MaxorPlus Member Portal and App connect you to your benefits and empower you to make the best purchasing decisions for you and your family.

Download our app for free from Apple App Store or Google Play.



DENTAL PLAN

Anthem Blue Cross Blue Shield | 1-877-330-5973 | www.anthem.com

Dental Network: Essential Choice Complete Network

It's important to have regular dental exams and cleanings so problems are detected before they become painful — and expensive. B&D's dental plan through Anthem is flexible in that it allows you to receive dental care from any licensed provider; however, choosing an in-network dentist will save you money because there is no balance billing with the network provider. They must accept the negotiated contract rates.

Usual, Customary and Reasonable (UCR): This term is used to define the amount most frequently charged for a service in a geographic area. When using non-network dental providers, Anthem reimburses claims based upon the 80th percentile UCR. Because the non-network provider is not contracted with Anthem, the provider can balance bill you for any amount they charge above 80th UCR. The balance bill amount is in addition to your portion of the coinsurance per the schedule of benefits.

DENTAL BENEFITS		Group # GA7229D001
Deductible		\$50 Employee, \$150 Family
Preventive Services		80%
Basic Service		80%
Major Services		50%
Non-Network Reimbursement		80th % UCR
Oral Exams/Cleanings/X-Rays		80%
Periodontics		80%
Endodontics		80%
Crowns/Dentures/Bridges		50%
Annual Maximum		\$1,000
Orthodontia Benefit		50%
Orthodontia Lifetime Maximum Children up to age 19 only		\$1,000

DENTAL BENEFIT COST			
	Monthly	Semi-Monthly	Weekly
Employee Only	\$6.31	\$3.15	\$1.46
Employee & Spouse	\$14.06	\$7.03	\$3.24
Employee & Child(ren)	\$12.35	\$6.17	\$2.85
Family	\$20.57	\$10.28	\$4.75

VISION PLAN

Anthem Blue Cross Blue Shield | 1-866-723-0515 | www.anthem.com

Vision Network: Blue View Vision

The vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. B&D's vision insurance is provided through Anthem. The vision plan allows you to use the benefits in-network or out-of-network, however staying in-network will save you money.

When obtaining covered eyewear from a Blue View Vision provider, members may choose to add any of these lens enhancements at no extra cost: Transitions lenses (for a child under age 19), Standard polycarbonate lenses (for a child under age 19) or Factory scratch coating. With the Blue View Vision Plan, you have over 36,000 doctors and more than 27,000 locations nationwide. You can choose between independent doctors, retail stores and online options that are all in-network.

VISION BENEFITS		
	In-Network	Out-of-Network
Exam Frequency	Every 12 Months	Every 12 Months
Vision Exam	\$10 Copay	Up to \$42 reimbursement
Lens Frequency	Every 12 Months	Every 12 Months
Single Lenses	\$10 Copay	Up to \$40 reimbursement
Bifocal Lenses	\$10 Copay	Up to \$60 reimbursement
Trifocal Lenses	\$10 Copay	Up to \$80 reimbursement
Standard Progressive	\$55 Copay	Up to \$60 reimbursement
Frame Frequency	Every 12 months	Every 24 Months
Frames	\$130 Allowance after \$20 copay	Up to \$45 reimbursement
Contacts Frequency	Every 12 months	Every 12 Months
Contacts (in lieu of Glasses)	\$130 Allowance, then 15% off balance	Up to \$105 reimbursement
Elective conventional	\$130 Allowance (no additional discount)	Up to \$105 reimbursement
Disposable		
Medically Necessary	Covered in full	Up to \$210 reimbursement

VISION BENEFIT COST			
	Monthly	Semi-Monthly	Weekly
Employee Only	\$8.85	\$4.43	\$2.04
Employee & Spouse	\$12.79	\$6.40	\$2.95
Employee & Child(ren)	\$14.17	\$7.09	\$3.27
Family	\$22.04	\$11.02	\$5.09



FSA ACCOUNT

AWM SUMMIT | 1-800-723-8908 | awm.summitfor.me

An FSA empowers you to set aside pre-tax money from every paycheck to help pay for qualified medical expenses. Please visit awm.summitfor.me for a complete list of eligible medical expenses.

HOW IT WORKS:

Get your money right away

You'll have to access to the entire annual election amount the first day of the plan year.

Spend now, contribute later.

FSA Type	Max Annual Contribution
Health Care FSA	\$3,050
Dependent Care Account	\$5,000 / household

Timing Matters

You only have one year to spend your FSA money. Unused funds are forfeited to your employer-usually at the end of the plan year. Check with B&D Industrial HR to see if your plan has a carryover or grace period for unused funds.

Limited Election Period

Elections can only be made during open enrollment unless you have a qualifying life event.

Using Your Funds

Qualified medical payments can be made in the following ways:

- Debit card transactions: Swipe your FSA debit card at the pharmacy or doctor's office for instant payment. Be sure to save all receipts.
- Reimbursement: If paying out-of-pocket for expenses, submit a claim for reimbursement directly on the member portal and have funds electronically transferred to your personal banking account.

FSA funds may be used for:

- Doctor co-pay
- Pharmacy co-pay
- Hospital
- Surgery and Lab expenses
- Dental costs
- Orthodontic/Braces expenses
- Vision expenses like glasses and contacts
- Dependent Care at a licensed nursery school or day care facility



It's Time to Enroll in Flex Benefits

Flexible Spending Accounts (FSAs) are a great way to save taxes on money you spend for medical and dependent care expenses

That's because you do not pay income tax or Social Security tax on your election amount (the money you set aside). A Health FSA account is used for medical expenses, and a Dependent Care FSA (also known as a Dependent Care Assistance Plan) is used for child care expenses.

Health FSA

In a Health FSA account, you can put aside funds (up to the max per year, depending on your plan) to pay for unreimbursed medical, dental and vision expenses (that is, bills that are not paid by any insurance). This money is deducted from your pay before Federal and State withholding and FICA taxes are calculated. To access your FSA funds to pay medical expenses, just use your Mastercard® debit card to pay the bill (avoiding out-of-pocket cost), or file a manual claim for reimbursement by fax, email, postal mail, online, or via mobile app. Reimbursements can be deposited directly into your bank account.

To see a list of qualified medical expenses, see page 5.

Dependent Care Assistance Plan

With a Dependent Care FSA, you can set aside up to \$5,000 through your employer's cafeteria plan to cover care expenses for dependents while you're at work. DCAP applies to children from birth until their 13th birthday and can reimburse for daycare, preschool and pre-kindergarten, before- and after-school care, and summer camp (day camp only). You can also use a Dependent Care FSA to cover care costs for adult dependents who cannot take care of themselves while you're working.

Flexible Spending Account (FSA) Contribution Limits:

Health FSA: \$3,050

Dependent Care FSA: \$5,000

FSA Debit Card

Your employer is offering an FSA debit card to allow you to pay for eligible expenses without being out-of-pocket and waiting for reimbursement. The debit card is a payment facilitator that can be used at healthcare facilities, doctors, dentists and orthodontists, vision care providers, drug stores, and selected retailers.



You will receive a blue Summit benefits debit card.

Your debit card will be automatically approved when used for FSA-eligible items at any approved IIAS Qualified Merchant. When using your debit card, be sure to keep all receipts. Your benefits administrator may request them at any time to verify your purchase.



FSAs & Debit Card FAQs

Q: What if I am not covered or I do not have my dependents covered under my company's health insurance plan?

A: You and your family can still participate in the Health FSA or Dependent Care reimbursement account.

Q: Why should I participate in the Health FSA when I already have health insurance?

A: The Health FSA is used to pay for expenses that are not covered by most health insurance policies, such as co-payments, co-insurance, prescription drugs, glasses and contacts, orthodontics, dental care, and certain over-the-counter items, to name a few.

Q: Do I need to have a lot of expenses?

A: No. You should put aside only enough funds to cover what you expect to spend during the plan year. If you do not use the money, the IRS mandates that you lose it, unless your plan allows unspent Health FSA monies (up to a maximum of \$570) to be carried over to the next plan year. Review your Summary Plan Description (SPD) to see if your plan includes Carryover.

Q: How do I figure how much to set aside?

A: Review receipts and check registers to see what you typically spend out-of-pocket on medical expenses for yourself and qualified family members. Then think about what might be different this year that would cause an increase or decrease. *Use the FSA worksheet provided.*

Q: What is the minimum/maximum amount that I can put into my account?

A: These amounts are determined by your employer and specified in your SPD. The maximum cannot exceed the IRS-mandated maximums. *See the top of page 2.*

Q: When must expenses be incurred in order to receive reimbursement under the Health FSA?

A: Eligible medical expenses must be incurred during the plan year and while you are a Plan participant. "Incurred" means that the service or treatment has been provided. If you pay for an eligible expense in advance, you cannot be reimbursed until the service or treatment has actually been received. You also cannot be reimbursed with current plan year funds for expenses incurred before the plan year began:

- Before your election form became effective;
- After the close of the plan year; or
- After a job separation or loss of eligibility (unless incurred during an applicable COBRA continuation period).

FSA Worksheet

Use this to estimate the amount you want to set aside in your flexible spending accounts

Insurance Deductibles	\$ _____
Insurance Co-Pays.....	\$ _____
Dental Deductibles.....	\$ _____
Dental Expenses.....	\$ _____
Vision Deductibles.....	\$ _____
Vision Expenses	\$ _____
Hearing Expenses.....	\$ _____
Prescriptions	\$ _____
Medical Equipment.....	\$ _____
Chiropractor.....	\$ _____
Other Medical Expenses	\$ _____
Total Out-of-Pocket	
Medical Expenses	\$ _____
Divide by No. of Pay Periods Per Year.....	÷ _____
= Per-Payroll Deduction	
For Health FSA	\$ _____

Dependent Care for Children under 13 years of age

Cost Per Week	\$ _____
Multiply by 52 weeks	X _____
Total Annual Cost.....	\$ _____
(Maximum \$5,000)	
Divide by No. of Pay Periods Per Year	÷ _____
= Per-Payroll Deduction	
For DCAP	\$ _____

Eligible/Non-Eligible Expenses

FSA Eligible Health Care Expenses

Please note that we do not intend this list to be comprehensive tax advice. For more detailed information, please consult IRS Publication 502 or see your tax advisor. *If prescribed for a particular ailment or medical condition; provider letter required.

Acupuncture	Home health and/or hospice care	Physical therapy
Alcoholism treatment	Hospital services	Psychiatric care
Allergy shots and testing	Insulin	(psychologists, psychotherapists)
Ambulance (ground or air)	Laboratory fees	Radial keratotomy
Artificial limbs	LASIK eye surgery	Schools (special, relief, or handicapped)
Blind services and equipment	Medical alert (bracelet, necklace)	Sexual dysfunction treatment
Car controls for handicapped*	Medical monitoring and testing devices*	Smoking cessation programs
Chiropractor services	Nursing services	Surgical fees
Coinsurance and deductibles	Obstetrical expenses	Television or telephone for the hearing impaired
Contact lenses	Occclusal guards	Therapy treatments*
Crutches, wheelchairs, walkers	Operations and surgeries (legal)	Transportation (essentially and primarily for medical care; limits apply)
Dental treatment	Optometrists	Vaccinations
Dentures	Orthodontia	Vitamins*
Diagnostic tests	Orthopedic services	Weight loss programs*
Doctor's fees	Osteopaths	X-rays
Drug addiction treatment & facilities	Oxygen/oxygen equipment	
Drugs (prescription)	Physical exams (except for employment-related physicals)	
Eye examinations and eyeglasses		

Important Notice About Over-the-Counter (OTC) Medications

With passage of the Coronavirus Aid, Relief and Economic Security Act (CARES Act) in March 2020, OTC medications are once again eligible for purchase with FSA/HSA funds without the need for a prescription. In addition, menstrual care products are now also eligible for purchase with FSA/HSA funds without the need for a prescription. You can use either your debit card to purchase these items or submit the purchase receipt for reimbursement.

Common FSA Eligible OTC Medications and Products

Acne medications & treatments	Braces & supports	Laxatives
Allergy & sinus, cold, flu & cough remedies	Contact lens solution	Medicated bandaids & dressings
Antacids & acid controllers	Contraceptives (condoms, gels, foams, suppositories, etc.)	Menstrual Care Products
Antibiotic & antiseptic sprays, creams & ointments	CPAP equipment & supplies	Motion sickness remedies
Anti-diarrheals	Diabetic testing supplies/equipment	Smoking cessation aids
Anti-fungals	Durable medical equipment (power chairs, walkers, wheelchairs, etc.)	Nicotine patches and medications
Anti-gas & stomach remedies	Eczema & psoriasis remedies	smoking cessation aids
Anti-itch & insect bite remedies	Eye drops, ear drops, nasal sprays	OTC varieties of Insulin
Anti-parasitics	First aid kits	Pain relievers (aspirin, ibuprofen, acetaminophen, naproxen, etc.)
Digestive aids	Hemorrhoidal preparations	Reading glasses
Baby care (diaper rash ointments, teething gel, rehydration fluids, etc.)	Home diagnostic (pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.)	Sleep aids & sedatives
Bandages and bandaids	Hydrogen peroxide, rubbing alcohol	Wart removal remedies, corn patches
Breast pumps for nursing mothers		

All OTC items listed are examples.

These items are commonly mistaken as eligible but do not meet the requirements:

Cosmetic surgery and procedures	Health programs, health clubs and gyms	Teeth whitening
Cosmetic Dental Procedures (incl. teeth whitening)	Insurance premiums (not reimbursable under FSA)	Vitamins & supplements without prescription

LIFE, DISABILITY AND RETIREMENT

BASIC LIFE: GUARDIAN

Each full-time employee has a 100% company paid basic life policy equal to **three times your annual base salary up to a maximum of \$300,000**. You are able to convert your life insurance to an individual policy without evidence of insurability within 30 days of the termination of coverage. You are also eligible for employer paid basic dependent life insurance in the amount of **\$1,000 for spouse** and **\$1,000 for child(ren)**. Life benefit amount begins to reduce at age 65. Contact HR for more information.

VOLUNTARY EMPLOYEE AND DEPENDENT LIFE

INSURANCE: GUARDIAN

Employees have the option to purchase voluntary life insurance for themselves, their spouse and/or children at reduced rates, with the guaranteed issue amounts listed below, without having to answer any medical questions. The rates for this program vary, depending on the amount of insurance requested and an employee and spouse's age. Benefits for the employee and spouse reduce at age 65 then again at 70. Your voluntary life insurance is portable within 30 days of the termination of coverage.

New Hires: As a new employee, you are eligible and have a one-time opportunity to purchase life insurance up to the guarantee issue amount without any medical questions. If you do not elect coverage during your first 30 days of employment, you will be able to purchase life insurance during the year or at the next open enrollment but will be subject to evidence of insurability.

During Open Enrollment: All employees not currently enrolled in the plan will need an Evidence of Insurability (EOI). Employees currently enrolled in employee Voluntary Life coverage can increase their current amount \$10,000 without an EOI up to the Guarantee Issue Amount. Any amounts over \$10,000 will need an EOI.

EMPLOYEE	
Minimum	\$10,000
Maximum	\$100,000 in increments of \$10,000
Guarantee Issue	\$100,000
SPOUSE	
Minimum	\$5,000
Maximum	50% of Employee Benefit up to \$50,000
Guarantee Issue	\$25,000
Guarantee Issue with additional amounts	\$50,000
CHILD	
Minimum	\$1,000
Maximum	10% of Employee Benefit up to \$10,000
Guarantee Issue	\$10,000

LONG-TERM DISABILITY

B&D provides Basic Long-Term Disability (LTD) coverage at no cost to full-time employees working 30 hours or more per week. Based on your eligibility you may be eligible to receive **60% pre-disability earning, up to a maximum monthly benefit of \$10,000**. LTD benefits are limited once employee reaches Social Security age 65. Contact HR for more information.

401(K) RETIREMENT PLAN: TRANSAMERICA

B&D offers both a traditional and a ROTH 401(K). Through the 401(k) plan, you and B&D Industrial work as partners to help build your financial security for retirement. Eligible employees may contribute up to 100% of the legal limit of your eligible salary. Contributions begin the 1st of the month following your 90th day of employment. B&D matches **\$0.50 of each dollar up to 5%** of your annual contribution. The plan does accept rollover contributions. Contact HR for more information.

- Relationships
- Problems with your children
- Substance abuse
- Stress, anxiety or depression
- Job pressures
- Marital conflicts
- Empty-nesting
- Debt obligations
- Finding child or elder care
- Planning for college
- Finding pet care
- Retirement planning
- Estate planning

Call: 1-800-869-0276 | Online: espyr.com

SHORT-TERM DISABILITY

B&D Industrial offers in-house **short-term disability benefits based upon years of service** to full-time employees working 30 hours or more per week. Contact HR for more information.

EMPLOYEE STOCK OWNERSHIP PLAN (ESOP)

Our ESOP is a qualified retirement benefit plan designed to [provide employees with an ownership interest in the company](#). Our legacy of excellence and the culture that has sustained it since 1947 is due, at least in part, to B&D's proud tradition as an independent, family-owned company. The decision to put that future and leadership directly in the hands of the people who have helped build it seemed a natural next step in our evolution.

Giving employees equity stake in the company has motivated each of us to exceed the expectations of not only our customers, but also each other. The benefits of the ESOP go beyond the immediate. The plan helps ensure that tenured employees benefit from their dedication to B&D Industrial at retirement. Some of the Benefits of the ESOP:

- It is funded with tax-deductible contributions by the employer in the form of company stock.
- 100% of the contribution is made by the employer for the employee's benefit.
- The annual % amount of gross salary is determined each year. Typically, it is on or around 3%.
- The ESOP is governed by a trustee who follows strict IRS guidelines and acts for the exclusive benefit of the participants and the plan.
- The accumulated balance in a participant's account is distributed to the participant after retirement or termination of employment with the company once eligibility requirements are met.
- The employee is fully vested in 6 years; he or she sells back their stock to B&D either upon retirement or when leaving the company.

Besides building a significant nest egg, pride-in-ownership is also part of the ESOP package for B&D and its people. The privileges of being an "[employee-owner](#)" includes sharing in the company's success at the end of the day, as well as having a voice in how B&D evolves as a profitable enterprise.





BENEFIT RATES SUMMARY

Medical/Rx Plan Cost – Aetna/Maxor			
	Monthly	Semi- Monthly	Weekly
Employee Only	\$194.39	\$97.19	\$44.86
Employee & Spouse	\$442.05	\$221.03	\$102.01
Employee & Child	\$383.54	\$191.77	\$88.51
Family	\$631.50	\$315.75	\$145.73

Dental Benefit Costs - Anthem			
	Monthly	Semi- Monthly	Weekly
Employee Only	\$6.31	\$3.16	\$1.46
Employee & Spouse	\$14.06	\$7.03	\$3.24
Employee & Child	\$12.35	\$6.17	\$2.85
Family	\$20.57	\$10.28	\$4.75

Vision Benefit Costs - Anthem			
	Monthly	Semi- Monthly	Weekly
Employee Only	\$8.85	\$4.43	\$2.04
Employee & Spouse	\$12.79	\$6.40	\$2.95
Employee & Child	\$14.17	\$7.09	\$3.27
Family	\$22.04	\$11.02	\$5.09



ACCIDENT INSURANCE

Aflac | 1-877-442-3522 | www.aflac.com

An accident plan helps protect you and your loved ones from financial loss caused by injury due to an accident or accidental death. The Accident Insurance plan includes:

- 24-hour coverage
- Over 50 benefits, including, medical fees, hospital, wellness, ambulance, and physical therapy
- Accidental death and dismemberment benefits
- Coverage can also be purchased for your spouse and/or children. Your deduction will be taken pre-tax from your paycheck
- Benefits are payable regardless of any other insurance programs
- No limits on the number of claims you can file

BENEFIT OVERVIEW		
BASIC BENEFIT AMOUNT		
Wellness	\$50	
Hospital Admission	\$750	
Hospital Confinement	\$225 per day	
Hospital Intensive Care Unit	\$450 per day	
Rehabilitation Unit	\$75 per day	
Ambulance	\$150	
Emergency Room	\$125	
Lacerations	\$75 - \$300	
Coma	\$5,000	
Dislocation	\$240 – \$3,000	
Fracture	\$320- \$4,000	
Accidental Death (EE/SP/Child)	\$50,000 / \$25,000 / \$10,000	
Common Carrier Accidental Death (EE/ SP/Child)	\$100,000 / \$50,000 / \$20,000	
Single Dismemberment (EE/SP/Child)	\$7,500 / \$3,000 / \$1,500	
Double Dismemberment (EE/SP/Child)	\$15,000 / \$6,000 / \$3,000	
Loss of multiple fingers or toes (EE/SP/ Child)	\$875 / \$375 / \$175	
Paralysis (Quadriplegia/Paraplegia)	\$7,500 / \$3,500	
Transportation	\$300 ground / \$900 air	
Lodging	\$150 per night	
	WEEKLY	SEMI-MONTHLY PREMIUM
Employee	\$3.42	\$7.42
Employee & Spouse	\$5.45	\$11.83
Employee & Children	\$6.78	\$14.69
Employee & Family	\$8.81	\$19.10

This information is for illustration purposes, full plan design(s) and product detail are provided in the AFLAC brochure.



CRITICAL ILLNESS

Aflac | 1-877-442-3522 | www.aflac.com

A critical illness plan helps protect your finances from being depleted by a critical illness. A critical illness plan will pay you a lump sum benefit if you are diagnosed with a critical illness covered under the plan. The AFLAC critical illness plan pays benefits that can be used for non-medical, critical illness related expenses such as lost income, childcare, mortgage payments, prescription drugs or direct medical expenses. Key provisions of the critical illness plan include:

- The benefit is paid directly to you or your spouse (not the provider), at the time of diagnosis regardless of whether you seek treatment.
- It is NOT designed to replace your medical coverage but to supplement it.
- Your deduction will be taken after-tax from your paycheck.
- Guarantee Issue - meaning there is no evidence of insurability required, although pre-existing condition limitations apply.
- You can purchase coverage for your Spouse.

BENEFIT OVERVIEW					
BASIC BENEFIT AMOUNT	OPTION 1	OPTION 2			
Primary Insured & Covered Spouse	\$10,000	\$20,000			
Insured dependent Child	\$5,000	\$10,000			
OPTIONAL/ADDITIONAL BENEFITS					
Critical Illness Cancer					
Primary Insured & Covered Spouse	\$10,000	\$20,000			
Recurrence Benefit (does not include Critical Illness Cancer Benefit)	100%	100%			
Wellness Benefit – employee & spouse	\$50	\$50			
CATEGORY 1 – GROUP CRITICAL ILLNESS		BENEFIT PERCENTAGE			
Heart Attack	100%	100%			
Stroke	100%	100%			
Major Organ Transplant (including heart)	100%	100%			
CATEGORY 2 – GROUP CRITICAL ILLNESS		BENEFIT PERCENTAGE			
Major Organ Transplant (other than heart transplant)	100%	100%			
End Stage Renal Failure	100%	100%			
Sudden Cardiac Arrest	100%	100%			
Coronary Artery By-Pass Surgery (open heart)	25%	25%			
CATEGORY 3 – OPTIONAL CANCER		BENEFIT PERCENTAGE			
Invasive Cancer	100%	100%			
Carcinoma in Situ	25%	25%			
The total maximum percentage paid in Category 1, 2 and 3 is 100% of the Basic Benefit Amount. Pre-existing condition limitations apply.					
NON-TOBACCO EMPLOYEE RATES (Smokers rates are higher)					
ATTAINED AGE		\$10,000 OF COVERAGE			
		WEEKLY	SEMI MONTHLY		
18 - 25		\$.98	\$ 2.13		
26 - 30		\$ 1.29	\$ 2.80		
31 - 35		\$ 1.49	\$ 3.23		
36 - 40		\$ 1.93	\$ 4.18		
41 - 45		\$ 2.32	\$ 5.02		
46 - 50		\$ 2.76	\$ 5.98		
51 - 55		\$ 4.25	\$ 9.21		
56 - 60		\$ 4.14	\$ 8.97		
61 - 65		\$ 8.53	\$ 18.48		
66 +		\$ 15.09	\$ 32.70		
		WEEKLY	SEMI MONTHLY		
\$20,000 OF COVERAGE					

This information is for illustration purposes, full plan design(s) and product detail are provided in the AFLAC brochure.



HOSPITAL INDEMNITY

Aflac | 1-877-442-3522 | www.aflac.com

A Hospital Indemnity plan provides benefits resulting from hospital visits. The plan covers both injuries and sickness.

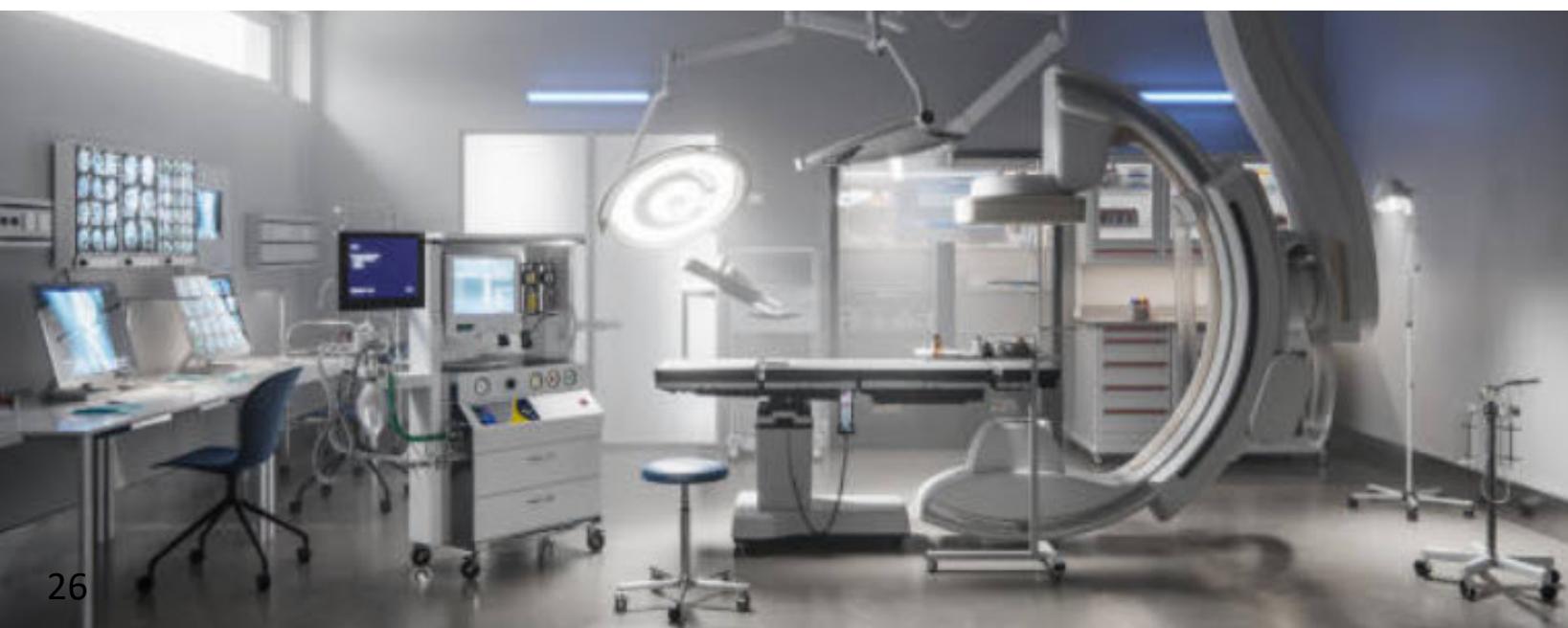
Includes benefits for:

- Hospital Admission
- Hospital Confinement and ICU
- Surgical and anesthesia benefits
- Hospital emergency room/physician visit benefit
- Out-of-hospital prescription drug benefit
- Plan pays regardless of any other insurance programs

BENEFIT OVERVIEW

BASIC BENEFIT – (AND MANY MORE)		
	WEEKLY PREMIUM	SEMI-MONTHLY PREMIUM
Hospital Admission	\$500	
Hospital Confinement (Per Day)	\$100	
Hospital Intensive Care Unit (Per Day)	\$100	
Surgical Benefit (Per Procedure)	\$250	
Hospital Emergency Room	\$50	
Prescription Drug (Out-of-hospital)	\$20	
	WEEKLY PREMIUM	SEMI-MONTHLY PREMIUM
Employee	\$7.39	\$16.01
Employee & Spouse	\$14.05	\$30.44
Employee & Children	\$12.13	\$26.28
Employee & Family	\$18.79	\$40.71

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