

2019 Benefits Enrollment Guide

Welcome to Graybar!

At Graybar, our benefits revolve around our motto of “Plan Well, Invest Well, Live Well.” We help you plan well by offering life insurance, disability and flexible spending accounts. Employees can invest well with retirement saving tools such as our profit sharing and savings plan including a 401(k) match benefit. Graybar’s benefits package helps you live well with a comprehensive health care package including medical, prescription drug, dental, vision and a life assistance program. We also offer paid vacation time and holidays.

This benefits enrollment guide is provided to assist you in making an informed decision about the benefit programs that you choose for yourself and, if applicable, your eligible family members. It provides an overview of the comprehensive benefits package available to regular, full-time employees and their eligible dependents. The guide also provides timing for and instructions related to enrollment and dependent confirmation.

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ENROLLING IS EASY!

Review the benefit details provided herein and on the Graybar Benefits site.

To enroll online:

Visit the Graybar Benefits site at gbe.me/benefits and Click Enroll Now.

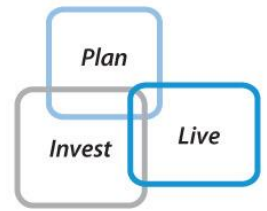
Questions or need to access from home?

Visit gbe.me/benefits

Call your Director, Human Resources or the Human Resources Service Center (HRSC) at 1-800-694-2347



A Comprehensive Benefits Package



Standard Benefits Provided At No Cost

- Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance – 1.5 times base pay plus incentives, maximum \$250,000.
- Salary continuation for Short Term Disability (STD) – Up to 100 percent of salary, depending on years of service, for up to six months.
- Long Term Disability (LTD) – 60 percent of salary, to age 65 or beyond.
- Life Assistance Program

Optional Benefits You May Choose

- Medical Coverage – Choose Graybar's medical plan, SmartChoice, or you can buy-up to the ChoicePlus option.
- Flexible Spending Account (FSA) – Choose a Health FSA and/or Dependent Care FSA for tax-free reimbursement.
- Dental Insurance – Choose between two plans, a preventive only plan (Silver) or a more robust plan that includes orthodontia (Gold).
- Vision Insurance – Plan coverage includes annual exams, frames and lenses.
- Optional Term Life (OTL) Insurance – For you, choice of one to six times base pay, maximum \$1,500,000; spouse, \$25,000 increments to \$250,000; child(ren), \$10,000 or \$20,000. See page 10 for higher coverage levels available only during your first 30 days of employment.
- Auto and Home Insurance – Discounts available.



ACTION REQUIRED

- You have 30 days to enroll in medical, dental, vision, FSA and/or optional term life insurance. Coverage is effective on your 31st day of active employment.
- If you enroll in a medical plan and qualify for the Non-Tobacco User Discount (\$600 annual savings!), be sure to enroll for 2019.
- Make all benefit plan elections on or before your 30th day of employment.



MEDICAL PLAN

The following is an overview of medical plan provisions under Graybar's SmartChoice Plan, administered by Anthem.



SmartChoice Plan Provisions	In-Network
Annual deductible (applies prior to coinsurance)	Individual: \$1,300 Family: \$2,600
Annual out-of-pocket maximum	Individual: \$5,200 Family: \$10,400
Physician / Office Professional	
Preventive	\$0 copayment
Primary care	\$30 copayment
LiveHealth® Online	\$30 copayment
Specialist	\$40 copayment
Diagnostic test in office or at independent lab	Included in office visit copayment
All other professional services	20% coinsurance
Outpatient Services	
Ambulance	20% coinsurance
Emergency room	20% coinsurance
Urgent care	\$40 copayment
Lab, X-ray & imaging (CT/PET scan, MRI, etc.)	20% coinsurance
Outpatient surgery	20% coinsurance
Therapy – physical, speech, occupational*	\$40 copayment
Durable medical equipment	20% coinsurance
All other outpatient services	20% coinsurance
Inpatient Hospitalization	
Facility fees	20% coinsurance
Surgeon's fees	20% coinsurance
Skilled nursing facility	20% coinsurance
Home healthcare	20% coinsurance

Noted coinsurance percentages are paid by the member, once the calendar year deductible has been satisfied. The deductible starts over Jan. 1 of each year.

40% coinsurance applies for out-of-network covered services.

The deductible does not apply to preventive services, prescription coinsurance or any services covered with a copayment.

*Physical and occupational therapy limited to 30 combined visits annually; 20 visit annual maximum for speech therapy.



ChoicePlus is an alternate medical plan that offers lower deductibles and out-of-pocket maximums for the same covered services, but with significantly higher premiums.

How is ChoicePlus different from SmartChoice?



- Higher premium
- Physician, urgent care and therapy copayments: same as SmartChoice
- Annual deductible:
 - » Single = \$500
 - » Family = \$1,000
- Emergency room copayment: \$250
- Applicable coinsurance:
 - » In-network = 10%
 - » Out-of-network = 30%
- Annual out-of-pocket maximum:
 - » Single = \$3,000
 - » Family = \$6,000

PRESCRIPTION

The prescription benefit provisions are the same for all Anthem medical plan participants.

Plan Provisions	Retail (up to 30-day supply)	Home Delivery (up to 90-day supply) and Specialty (up to 30-day supply)
Generic	20% coinsurance ▪ minimum \$10	20% coinsurance ▪ minimum \$10 ▪ maximum \$50
Preferred Brand	25% coinsurance ▪ minimum \$25	25% coinsurance ▪ minimum \$62.50 ▪ maximum \$150
Non-Preferred	45% coinsurance ▪ minimum \$50	45% coinsurance ▪ minimum \$125 ▪ maximum \$300

Generics Preferred

Under Graybar's prescription plan, generic drugs are preferred. All generic drugs approved by the U.S. Food and Drug Administration (FDA) offer the same high quality, strength, purity, and stability as their brand-name equivalent. If choosing a brand-name drug over the generic, you will be responsible for the cost difference.

National Preferred Formulary

For a list of preferred medications, refer to the Express Scripts formulary located on the Graybar Benefits site, or call Express Scripts.

Specialty Pharmacy

Specialty medications treat serious health conditions such as cancer and rheumatoid arthritis, as well as rare diseases that require specialized handling. Specialty medications are complex and expensive and may require intensive patient monitoring.

Express Scripts' specialty pharmacy is focused on providing home delivery of specialty medications. Their licensed pharmacists and registered nurses are dedicated to and focused solely on treating complex conditions.

If your doctor prescribes a specialty medication, a specialty pharmacy representative will provide the following enhanced services and personalized care:

Expedited, scheduled delivery	Drug-interaction monitoring
24/7 support – call	Helpful refill reminder

Members pay 45% coinsurance for up to a 30 day supply of specialty medicine. Minimum \$125. Maximum \$300. No deductible.

Home Delivery & Smart90® for Maintenance

Access up to a 90-day supply of long-term, **Maintenance Medications through Express Scripts' Home Delivery or Smart90® options.** This plan provision offers fewer trips to the pharmacy **and you'll only need** to make one payment every three months.

Through the program, you are allowed two 30-day courtesy fills at any network pharmacy for maintenance medications. After that, you must switch to a 90-day **supply filled by Express Scripts' Home Delivery service** or at a Walgreens retail location.

Check out Express Scripts' Maintenance Medication list on the Graybar Benefits site. Smart90 does not apply to short-term, non-maintenance medications.

Clinical Prior Authorization and Step Therapy

If a generic alternative is not available, certain brand-name prescriptions require prior authorization (approval) from the plan before they will be covered. Prior authorizations must be renewed with Express Scripts on a yearly basis.

If a generic alternative is not available, Express Scripts' step therapy program requires that a preferred or lower cost medication must be accessed prior to coverage of a more expensive or non-preferred medication. You will be alerted by your doctor or at the pharmacy if prior authorization or step therapy is required.

Express Scripts Online Resources

Visit www.express-scripts.com for the following:

- Review drug coverage and copayments
- Find generic or lower-cost alternatives
- Register for Home Delivery and order refills online
- Search for a participating retail pharmacy



ANTHEM MEDICAL PLAN RESOURCES

National PPO Network

Anthem Blue Cross Blue Shield's PPO (preferred provider organization) network lets you see providers across the country. In fact, more than 95% of hospitals and 90% of doctors across the U.S. contract with a Blue Cross Blue Shield network. As a PPO member, you pay less out of your pocket — and the plan covers more — when you receive in-network care.

Summary of Benefits and Coverage

Anthem's Summary of Benefits and Coverage (SBC) provides an overview of benefit levels along with a uniform glossary of terms commonly used in regard to health plan coverage. Our SBC can be found on the Graybar Benefits site. If you are also eligible for coverage from a spouse's plan, the format should be very similar to the SBC that they have access to.

Your Personal Healthcare Consultant

Anthem's Custom Care Management Unit (CCMU) provides all Anthem plan participants with access to personalized support for a wide range of conditions at no extra cost. As health plan members, you and your enrolled family members are offered the support needed to:

- Handle a serious or complex condition and get the help you need;
- Understand what to expect if you spend time in the hospital and how to follow your doctor's plan of care when you come home;
- Arrange care if you need surgery or a procedure;
- Make a plan of care so you can meet goals, such as losing weight, eating better or quitting smoking; and
- Answer questions about your family's healthcare needs.

Your personal healthcare consultant can provide an upfront review of certain services to ensure you're not left holding the bill. They'll work hand-in-hand with you and your physician to access the care you need at the most cost-effective price.

CCMU nurses have access to a vast number of resources such as dietitians, pharmacists, social workers, medical directors and behavioral health specialists that they can contact on your behalf. The team will also guide plan members to Express Scripts resources to ensure optimal savings are being achieved.

LiveHealth® Online

For those under-the-weather days, see a doctor without leaving your home. Anthem's LiveHealth Online uses two-way video to connect you with U.S. board certified doctors over the internet. You don't need to schedule an appointment, drive to the doctor's office and wait for your appointment. You can see a doctor on-the-go, right from your mobile device. Anthem Medical Plan participants can visit with a doctor online for a \$30 copayment.

Doctors can answer your questions, review your health history, make a diagnosis and even prescribe basic medications, if you need them. To learn more, visit the Graybar Benefits site on the portal or www.livehealthonline.com.

Additional information regarding all benefits, including detailed Summary Plan Descriptions, benefit summaries and forms are available on the Graybar Benefits site at gbe.me/benefits.

Health Advocate™

Health Advocate provides you and your family with confidential, one-on-one help from an industry expert who knows the ins and outs of the complex healthcare system. Health Advocates team of trained Personal Health Advocates is skilled at working with healthcare providers, insurance plans and other health-related organizations to resolve complex clinical and administrative issues. Whether it's deciding the right course of treatment, understanding care options, or resolving a billing issue, Health Advocate will help you no matter what the issue — saving time, money and worry.

Anthem plan members, their spouses, dependent children, parents and parents in-law are provided free access to Health Advocate. More information on this resource can be found on the Graybar Benefits site. For healthcare questions or assistance, visit healthadvocate.com/members or call 1866-695-8622.

Quit For Life® Program

The Quit For Life program, coordinated by Optum®, is provided free of charge to Anthem plan members and their eligible dependents over the age of 18. When you join the Quit For Life program, you will create a quitting plan that is designed to meet your individual needs and provide you with as much help as you need, when you need it. You'll have access to an online learning and social support community, a printed workbook, nicotine replacement therapy support and toll-free access to dedicated Quit Coaches® who are always ready to offer you expert support.

The Quit For Life program will teach you techniques and provide the tools needed to be ready, both physically and emotionally, to quit using tobacco for life. Call 1-866-QUIT-4-LIFE (1-866-784-8454) or log on to www.quitnow.net for details or to enroll in the Quit For Life program. Details are also available on the Graybar Benefits site.

Future Moms

We know your goal is to have a safe delivery and a healthy baby. That's why we offer Anthem's Future Moms, a voluntary program to help you take care of your baby before you deliver. Register for Future Moms and you'll get:

1. 24/7 toll-free access to a registered nurse who will answer your questions and discuss any pregnancy-related issues with you; and
2. A helpful book, useful tools and educational materials to help you handle any unexpected events.

Enroll in Future Moms by calling Anthem's customer service number on your ID card and ask to speak to a Future Moms representative.



Anthem.com

When you register at www.anthem.com as a plan participant you will have 24-hour access to the services below:

- Check medical benefit eligibility
- Review covered services and copayments
- Check medical and FSA claim status
- Determine your overall health status by completing the MyHealth Assessment
- View Anthem's Wellness Toolkit
- Preventive programs, including wellness visits, immunizations and routine exams
- Order a replacement medical ID card

Online Provider Finder

You may use Anthem's Online Provider Directory, even before you enroll. To access provider information:

- Go to www.anthem.com and select Menu, then "Find A Doctor" under Care
- Search as a guest
- Enter National PPO (BlueCard PPO) as the plan/network
 - Members in the St. Louis area should choose ALT NET, then Blue Access Choice
 - Members in Georgia should choose ALT NET, then Blue Open Access



FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) are a great way to provide tax savings to you and your family when paying for eligible health care expenses and/or dependent day care expenses. An FSA allows you to set aside a certain amount of your paycheck into an account before paying income taxes. During the year you can be directly reimbursed from your account for qualified expenses.

Because your spending account deductions are made on a pre-tax basis, you can save 20-40% of your out-of-pocket expenses related to health and dependent care. Your money goes further because you do not have to pay taxes on the money set aside in these accounts.

The Health FSA, administered by Anthem, allows you to bank \$2,500 per year for medical, dental, vision and other qualified health care expenses. This health FSA is used to pay for out of pocket expenses not covered by health, dental and vision insurance such as deductibles, copays and coinsurance. A list of eligible FSA expenses is posted on the Graybar Benefits site. Examples include prescription and office visit with a health FSA copays, glasses or contacts, vision correction surgery and orthodontia.

You can be reimbursed up to your annual contribution election, even if those funds haven't been fully deducted from your paycheck yet.

The Dependent Care FSA, also administered by Anthem, allows you to set aside up to \$5,000 per year for daycare expenses (\$2,500 per year if married filing separately). As soon as money has been deducted from your paycheck and posted to Anthem as our plan administrator, you can reimburse yourself up to the total amount that has been contributed year-to-date.

Annual Election Considerations

- Determine how much you expect to spend on qualified health and/or dependent care expenses for the remainder of the calendar year. Use Anthem's FSA estimated savings calculator at www.benefitadminsolutions.com/fsaestimator to estimate how much you should put into your FSA and calculate your savings.
- Plan carefully - all unused FSA dollars are forfeited at the end of the plan year. Claims for expenses incurred during one calendar year can be filed no later than February 28th of the following year.

Enroll Online. Elections DO continue from year to year unless you make a change at open enrollment.



How much may I contribute annually?

- Up to \$2,500/year for Health FSA
- Up to \$5,000/year for Dependent Care FSA (\$2,500 individually if married, but filing taxes separately)

Convenient Reimbursement Options

Anthem provides several avenues for FSA claim reimbursement:

1. For health FSA claims, you can use your FSA debit card. (You will automatically receive a debit card by mail 1-2 weeks after your coverage effective date.); or
2. Submit claims online at www.anthem.com (to utilize this feature, you must be able to scan your receipts); or
3. Fax claims toll-free; or
4. Mail claims.

For reimbursement options 2-4 above, FSA participants can elect to have reimbursements directly deposited in their checking account. A direct deposit form is available on the Graybar Benefits site.

Regardless of the reimbursement method you choose, please keep all receipts for FSA-eligible expenses. Anthem will generally require that you submit receipts.

DENTAL INSURANCE

MetLife offers two dental plan options: Gold and Silver. Both plans provide 100% preventive in-network care at no cost. Additional services are available in- and out-of-network at varying deductibles depending on your needs. See a comparison of the Dental benefits below. The difference between plans:

- The Silver plan is a great choice for employees who typically seek out preventive services only and would like to save money with a lower monthly premium. The maximum annual benefit is \$500.
- The Gold plan is a more comprehensive choice, including a higher plan benefit maximum (the plan pays up to \$1,500 annually) and orthodontia coverage for dependent children through age 19.



After you pay an annual deductible (excluding in-network preventive services), the plan pays the noted coinsurance levels. You pay the remaining balance, if any.

There is a two-year enrollment requirement for either dental plan. When you elect the Silver or Gold Plan you will be unable to switch options or drop coverage with less than 24 months of continuous coverage.

Coverage Type	Gold Plan		Silver Plan	
Benefits Levels	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
Preventive – Cleanings, oral exams	100%, no deductible	90% after deductible	100%, no deductible	90%, after deductible
Basic – fillings	80% after deductible	70% after deductible	80% after deductible	60% after deductible
Major – bridges and dentures	50% after deductible	40% after deductible	50% after deductible	30% after deductible
Orthodontia	50% after deductible	40% after deductible	No Coverage	No Coverage
Deductible				
Individual	\$25	\$50	\$50	\$100
Family	\$50	\$100	\$100	\$200
Annual Benefit Maximum				
Per Person	\$1,500		\$500	
Orthodontia Lifetime Maximum				
Per Person	\$1,000		Not Applicable	

* In-Network benefit levels are paid by the plan as a percentage of PDP Fees. This refers to the fees that the participating Preferred Dental Provider (PDP) has agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefit maximums.

** Out-of-Network benefits are paid as a percentage of R&C fees. This refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

Network Dentists

A Participating Dental Provider (PDP) is a general dentist or specialist who has agreed to accept MetLife's negotiated fees as payment in full for services provided to plan participants. PDP fees typically range from 15-45% below the average fees charged in a dentist's community for the same or substantially similar services.

You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more since you will be responsible to pay for any difference between the dentist's fee and your plan's payment for the approved service.



Special Coverage for Residents of Louisiana, Mississippi, Montana and Texas

To comply with state regulations, coverage for employees who reside in the states of Louisiana, Mississippi, Montana or Texas is slightly different than noted on this page. Out-of-network benefit levels and deductible match the in-network levels. Reasonable and Customary (R&C) calculations still apply.



Dental Visits

If you enroll in the dental plan, you will not receive a dental ID card. Simply make a dental appointment and bring a claim form with you, especially if you are seeing a new dentist. Forms are available online at www.metLife.com/MyBenefits or you can request one by calling 800-942-0854. Simply fill out the top portion of the form with your personal information and your dentist will complete the rest. Claim forms can also be found on the Graybar Benefits site.

Online Support

Once enrolled in the dental plan, login at www.mybenefits.metlife.com to:

- View personalized dental claim history
- Print/view the plan coverage
- Obtain dental expense claim form
- Find a Preferred Dental Provider (PDP)
- View other helpful dental resources

Follow these steps to register with MetLife:

- Go to www.mybenefits.metlife.com
- Enter the company name – Graybar
- Click on “Register Now” to get started

VISION INSURANCE

A vision program is available through EyeMed. The Managed Vision Plan is 100% employee paid. See the benefit summary (right) for the copays that enrollees pay when they seek out-of-network providers. Conversely, see the out-of-network benefit column for the maximum benefit paid by EyeMed for out-of-network services.

To make an appointment, contact an in-network provider direct or you can make an appointment online at www.eyemed.com. Customer service is available toll-free at (866)723-0514.

If you decide not to enroll in the Managed Vision Plan, you and your eligible dependents will be automatically enrolled through EyeMed’s Discount Program. The EyeMed Discount Vision program is automatically available at no monthly cost to you. See the separate Benefit Summary on the Graybar Benefits site for more information.

* \$120 allowance, 20% off balance over \$120

** \$110 allowance

Service	Frequency	In-Network Copay	Out-of-Network Benefit
Eye Exam	12 months	\$10	Up to \$20
Frames	12 months	\$0 *	Up to \$20
Eyeglass Lenses	12 months (combined for lenses)	\$10	Up to \$20 to \$40
Contact Lenses		\$10 **	Up to \$50

LIFE INSURANCE

Basic Life and AD&D Insurance

Graybar provides full-time employees with life insurance equal to one-and-a-half times their annual salary (maximum \$250,000) at no cost. An equal amount of Accidental Death & Dismemberment (AD&D) Insurance is provided at Graybar's expense. Coverage is effective on the first active day of full-time employment.

Optional Term Life Insurance

Optional Term Life Insurance can provide additional coverage for you and your eligible family members, as follows:

- Employee 1 to 6 times base annual earnings, maximum \$1,500,000
- Spouse* \$25,000 increments, up to \$250,000 or 100% of your shared basic and optional term life insurance amount, whichever is less
- Child(ren)* \$10,000 or \$20,000, not to exceed 100% of your employee amount

Coverage is available for one or more children at the same coverage level and cost. Rates are NOT multiplied by the number of children covered.

*Dependent coverage is only available if employee coverage is elected, approved and maintained.

Statement of Health

If you would like to elect coverage for yourself in excess of three times your salary or \$500,000, you will need to submit a Statement of Health (SOH). A couple of weeks following enrollment, you'll receive an email from Prudential with instructions on how to complete your SOH online. Your spouse must complete a timely SOH if you elect coverage above \$100,000 for them.

If your SOH is denied by Prudential, coverage will automatically become effective at three times your base annual earnings, to a maximum of \$500,000 for you and/or up to \$100,000 for spouse coverage.

LIMITED TIME ONLY LIFE INSURANCE ENROLLMENT WITH NO MEDICAL QUESTIONS

As a new employee, you can elect the following amounts of optional term life (OTL) insurance without completion of a statement of health form:

- Employee - up to 3 times your base annual earnings, to a maximum of \$500,000
- Spouse - up to \$100,000, not to exceed 100% of your combined basic life and OTL coverage amount
- Child(ren) - up to \$20,000, not to exceed 100% of your combined basic life and OTL coverage amount

Enrollment during the first 30 days of employment is the only time that you can elect up to these OTL coverage levels without a Statement of Health. If you wish to add or increase coverage for yourself or a dependent during a future enrollment period, you and/or your spouse will be required to submit a Statement of Health that is satisfactory to Prudential.

Will Preparation

All Optional Term Life Insurance program participants are eligible for simple will preparation services at no added cost. To get started, go to www.estateguidance.com and enter your promotional code: Graybar.



DISABILITY INSURANCE

Household expenses must be paid, even if you are unable to work due to a disability. The following benefit programs are offered to all full-time employees at no expense on your first day of active employment:

- ✓ Graybar's Short Term Disability plan replaces up to 100% of your income for illnesses and injuries with shorter durations. See grid for benefit details. Benefits begin after the end of a 7 day elimination period and continue for as long as you are disabled up to a maximum duration of 6 months.

- ✓ Long Term Disability insurance replaces 60% of your income (maximum \$10,000 per month) for extended illness. Benefits are payable for an eligible disability period up to age 65, or beyond if disability occurs at age 60 or above. Benefits begin after the end of the elimination period (6 months).

Your plan's maximum benefit period and any specific limitations are described in Graybar's Summary Plan Description.

Short Term Disability Benefit

Service Level	Off-the-job STD benefit*
1 day, but less than 1 year	2 weeks at 100% pay; then 1 week at 50%
1 year, but less than 5 years	1 month at 100% pay; then 5 months at 50%
5 years, but less than 10 years	3 months at 100% pay; then 3 months at 50%
10 years, but less than 15 years	4 months at 100% pay; then 2 months at 50%
15 years, but less than 20 years	6 months at 100% pay
20 years or more	

* Similar on-the-job STD benefits are available, in combination with available Workers' Compensation benefits, as applicable.

LIFE ASSISTANCE PROGRAM

Graybar's Life Assistance Program, administered by Cigna, is available 24/7 to you and your eligible dependents at no cost. Graybar recognizes that sometimes professional advice is needed, and encourages you to reach out, if necessary. The Life Assistance Program can assist you in facing a variety of personal challenges such as emotional distress, family or financial problems, substance abuse or work/life balance issues.

The program offers unlimited calls and up to three face-to-face sessions with a behavioral counselor each year per issue. In addition to behavioral counseling, the Life Assistance Program includes limited legal and financial consultation as well as discounts for additional services.

Find more information about the program on the Graybar Benefits site or by visiting www.cignabehavioral.com/cgi.

While Graybar intends to provide its various benefits programs, the company reserves the right to modify or terminate such programs at any time

ENROLLMENT

Newly hired employees have 30 days from their 1st day of active employment to complete their enrollment online. Any coverage elections you make for medical, dental, vision, FSA and optional term life insurance coverages become effective on your 31st day of active employment.

Detailed instructions are provided on page 14-15.

WORKING SPOUSE RULE

Your legal spouse and dependent children are eligible for medical coverage. Contributions are noted on page 13. A spousal surcharge of \$150 per month (\$69.23 bi-weekly) applies to any Graybar-sponsored medical plan if your spouse:

1. works an average of 30 hours or more per week;
2. is eligible for medical coverage through his/her employer; and
3. you cover him/her on a Graybar medical plan.

An additional \$150 monthly (\$69.23 bi-weekly) spousal surcharge will apply. If the spousal surcharge applies, you must select the Working Spouse plan on Step 5 of your online enrollment. See the Working Spouse Rule on the Graybar Benefits site for additional details.

The Spousal Surcharge does not apply if: you are not married; you are not covering your spouse on the medical plan; or your spouse also works at Graybar.

NON-TOBACCO USER DISCOUNT

Graybar is committed to promoting the health and well-being of you and your family. The goal of our healthcare program is not only to make sure you have access to the services you need when you are sick, but also to help you live a healthier life.

If you are not a tobacco user, we reward your commitment to a healthier lifestyle. Non-tobacco users are eligible to receive a \$50 monthly non-tobacco user discount company medical premiums. An employee is considered a non-tobacco user if they are not currently using and have not used any form of tobacco within the last six months in any amount, including occasional social use.

See the Non-Tobacco User Discount overview on the Graybar Benefit site for further details.



IMPORTANT! If you qualify to receive the \$50 Non-Tobacco User Discount, you must make a new election each year. That's a savings of \$600 annual.



Attempting to Quit? The discount may also be applied when you enroll in the Quit For Life program and participate on five or more Quit Coach calls.





2019 BIWEEKLY PREMIUMS

Premiums are calculated using 26 biweekly pay periods. Divide the premiums by two if you are paid weekly. Open Enrollment information applies to all regular, full-time employees and those whose collective bargaining agreements provide for plan participation.

MEDICAL



	SmartChoice	ChoicePlus
EmployeeOnly	\$49.95	\$80.96
Employee&Spouse	\$132.54	\$200.76
Employee & Child(ren)	\$127.56	\$189.59
Employee & Family	\$204.31	\$300.45

If you qualify and are covered on the SmartChoice, ChoicePlus or Kaiser HMO plan, elect the Non-Tobacco User plan online to obtain the discount. Don't forget to select the Non-Tobacco User Credit Plan on step 7 when enrolling. The \$50 monthly non-tobacco rate (\$23.07 bi-weekly) offers an annual savings of \$600 when compared to the tobacco rate noted above. (Due to state regulations, the discount does not apply to Hawaii HMO participants.)

NOTE: The above rates do not include the \$150 monthly Working Spouse Surcharge (\$69.23 bi-weekly) that applies if your spouse has access to their own employer-sponsored health plan and is covered by a Graybar medical plan. See details on page 12 and online.

DENTAL



	Silver	Gold
EmployeeOnly	\$10.39	\$14.98
Employee&Spouse	\$20.78	\$29.96
Employee & Child(ren)	\$22.86	\$32.95
Employee & Family	\$26.25	\$36.93

VISION



EmployeeOnly	\$2.53
Employee&Spouse	\$5.08
Employee & Child(ren)	\$6.35
Employee & Family	\$6.98

OPTIONAL TERM LIFE



Optional Term Life insurance rates vary by age and coverage amounts. Step 5 in the enrollment process will calculate your premium, as well as that of your spouse and/or children, if applicable. The premium rate table is also provided on the next page.

REVIEW » ENROLL » CONFIRM

30 DAY ENROLLMENT PERIOD

Enrolling Is Easy!

From the Graybar Benefits site at gbe.me/benefits, click on the New Employees tab » Welcome to Graybar! » Enroll Now!

Please take all of the following steps within your first 30 days of employment to ensure proper completion of the process. If you do not enroll in your first 30 days of employment, coverage must wait until open enrollment, or within 31 days of a qualifying life event.

Enrollment Steps:

- Read and accept the Terms and Conditions.
- Take steps 1 through 7 by confirming profile information, adding dependents, enrolling in plan options and reviewing your enrollment.
- If you're covering eligible dependents, click on Edit, Dependents and Beneficiaries in Step 2 to provide their social security number(s).
- On step 8, you must click Save to finalize your elections.

Follow-up:

- Print and **review** your benefit confirmation statement to ensure that your selections have been saved.
- If you've entered dependent information, send **dependent confirmation** documents to the HRSC Return applicable dependent confirmation documents directly to the HRSC within the 30 day enrollment period. Submit an HR Service Center Ticket from the portal » My Pages » Employee Links » Support Services » HR Service Center » Create HR Service Center Ticket.
- Complete your life insurance beneficiary designation online with Prudential.

Questions?

Review information on the Graybar Benefits site, check with management or call the HRSC at 1-866-MY-WBE-HR (1-866-694-2347).

Optional Term Life Insurance Premiums

Employee and spouse rates vary depending on age. Monthly premiums per \$1,000 of coverage:

25 - 29	\$0.05	\$0.05
30 - 34	\$0.07	\$0.07
35 - 39	\$0.08	\$0.08
40 - 44	\$0.09	\$0.08
45 - 49	\$0.13	\$0.12
50 - 54	\$0.19	\$0.18
55 - 59	\$0.36	\$0.35
60 - 64	\$0.54	\$0.53
65 - 69	\$1.04	\$1.01
70+	\$1.70	N/A
Child(ren)		
15 days to age 26	\$0.08	



Enter and/or verify that your personal information, and that of any eligible dependents, is correctly noted on Steps 1 and 2 of the enrollment screens. Missing or incomplete information, such as dependent **social security numbers**, can delay or disrupt enrollment.



Dependent Confirmation

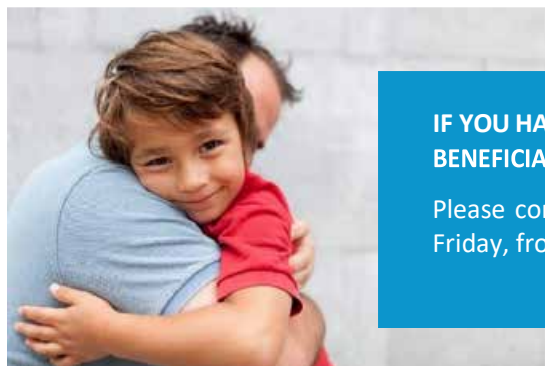
Graybar required documentation for each eligible dependent is required, as follows:

Eligible Dependents	Required Document
Employee's legal spouse, unless they are legally separated or divorced	Government-issued marriage license or most recently filed joint tax return (mark through income numbers)
Employee's child (natural, step-child or legally adopted/ placed for imminent adoption) under the age of 26	Government issued certificate of live birth (contact HRSC for other acceptable documents). For step-child(ren), confirmation of marital status is required, as noted above.
Employee's child, subject to a Qualified Medical Child Support Order	Copy of Qualified Medical Child Support Order
Disabled child of any age if the disability began under the age of 26	Contact the Human Resources Service Center for assistance

Beneficiary Designation

You are the named beneficiary for life insurance covering your spouse or any eligible children. However, you must take steps to designate one or more beneficiaries for Basic Life, AD&D and any Optional Term Life Insurance for you. This ensures that the right person(s) would receive your life insurance benefit in the event of your death.

To designate your beneficiary online, visit www.prudential.com/mybenefits, select "Register Here", enter 52031 in the Control Number field, and complete the required information. You will need your beneficiary's full name, full address, phone number, social security number and date of birth.



IF YOU HAVE ANY QUESTIONS REGARDING MAKING A BENEFICIARY DESIGNATION

Please contact Prudential at (800) 778-3827, Monday through Friday, from 8 a.m. to 8 p.m. Eastern time.

ID CARDS

If you enroll in the following plans, your ID cards will arrive 1-2 weeks after your effective date:

- ✓ Anthem SmartChoice or ChoicePlus Plans – you'll receive separate cards for medical (Anthem) and prescription (Express Scripts)
- ✓ Vision Plan
- ✓ Health FSA Debit Card

Carry these ID cards with you and present the appropriate card when receiving care. Contact the applicable vendor(s) for additional cards, if needed.

LIFE EVENTS and OPEN ENROLLMENT

Open Enrollment

Graybar holds an open enrollment period annually in the fall. At that time, you can review and make changes to your coverage. Any changes will be effective the following January 1st.

Life Event Changes

Other than your new employee enrollment period within the first 30 days of employment, and Graybar's once annual open enrollment period, you can only add or drop coverage for you or your dependents if you experience a valid life event such as marriage, birth, adoption, etc. and make a subsequent change to coverage within 31 days.

PROFIT SHARING and SAVINGS PLAN

Employee Savings

You are eligible to begin making voluntary before-tax and/ or after-tax contributions to the Profit Sharing and Savings Plan on the first day of the month after the date you complete six months of service with the company.

Once you meet this eligibility requirement, you may contribute up to 50% of your eligible pay (subject to IRS annual limits) through before-tax (Account K), Roth after-tax (Account R) or traditional after-tax (Account C) payroll deductions, or a combination of all three. However, no more than 10% may be after-tax (Account C) savings.

You will be automatically enrolled to participate in the before-tax savings (Account K) at a contribution rate of 3% of pay. You have the ability to change this default election or opt out during a 30 day window prior to your eligibility date.

Company Match

Graybar will match your before-tax (Account K) contribution and/or Roth (Account R) contribution. The match is equal to 50% of your before-tax contribution up to 6% of pay (maximum match of 3%). You become eligible for the Company Match (Account D) beginning the first of the month after the completion of one year of service and 1,000 hours of service.

Profit Sharing

You become eligible for the company's Profit Sharing contribution beginning the first of the month after the date you complete one year of service and 1,000 hours of service. Each year, if company profit is sufficient, and at the Board of Directors' discretion, the company may make a contribution to the Employer Contribution Account (Account B) on each employee's behalf. The contribution equals a specific and uniform percentage (maximum of 15%), determined each year, of each of the plan member's eligible compensation for the year.

You share in the company's contribution if you meet the noted eligibility requirements and were actively employed (on the job) during any part of that year and are a plan member on December 31 of that year.

Enrollment

Prior to completing six months of service, Vanguard, (the record keeper and trustee) will automatically send you an enrollment kit that includes information on the investment options, how to begin making employee after-tax and/ or before-tax contributions and the timing of automatic enrollment.



Vesting

You are always fully vested in the value of your monies in either Account K or Account C. However, you become 100% vested in the value of your monies in the Company Match (Account D) and company Profit Sharing Contribution (Account B) following three years of company service.

When you are vested, withdrawals and loans are permitted, with certain restrictions. You may invest your employer and/or employee contributions among nine Core Investment Options or one of the age-specific Target Retirement Funds.

Rollovers

You may elect to roll over before-tax or Roth after-tax money from a former employer's 401(k), 403(b), 457 or other qualified plan into the Rollover Account (Account M) or Roth Rollover Account (Account RR) of Graybar's Profit Sharing Plan at any time. You do not have to meet the one-year service eligibility requirement. Money rolled over into the Profit Sharing Plan may be invested among the plan's investment options. Money in the Rollover Accounts are available for withdrawals and loans while you are an active employee. To receive a rollover kit, which includes directions on rolling money into the plan, contact Vanguard at (800) 523-1188.

For more detailed information on the Profit Sharing Plan, please refer to the Summary Plan Description and General Instructions (GI) 4.10 on Graybar's portal.

CONTACT INFORMATION			Graybar Human Resources Service Center (HRSC) (866) 694-2347
Dental Plan MetLife Group # 29035 (800) 942-0854 MetLife.com/mybenefits	Disability Cigna STD Group # SHD985327 LTD Group # LK980284 (800) 362-4462 to file a claim Cigna.com/customer-forms	Group Medical & FSA Plans Anthem Blue Cross Blue Shield Group # 003320760 (877) 239-3558 Anthem.com Anthem LiveHealth Online LiveHealthOnline.com	
Health Advocate Support (866) 695-8622 HealthAdvocate.com/members	Life Assistance Program Cigna Behavioral Health (800) 538-3543 CignaBehavioral.com/cgi	Managed Vision & Discount Plans EyeMed Vision Care Managed (866) 723-0514; Group #9662685 Discount (866) 723-0391; Group #9232877 EyeMed.com	
Optional Term Life Insurance Prudential Statement of Health Unit (800) 778-3827	Prescription Drug Program ExpressScripts Group #JWSA (888) 786-5615 Express-Scripts.com	Profit Sharing Vanguard Group #090916 (800) 523-1188 Vanguard.com	