

JB POINDEXTER & Co

2022

Team Member Benefits Guide



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a new Federal Law gives you more choices about your prescription drug coverage. Please see page 20 for more details.

Your 2022 Team Member Benefits Program

JB Poindexter & Co is committed to providing our team members with comprehensive benefit programs that provide protection, peace of mind, and savings. Whether it's health care, income protection, or other benefits like family support from CorporateCARE Solutions, we've got you covered. We are excited about what we have to offer you, our most valued asset.

Please read this information carefully. This guide is a summary and is not intended to be comprehensive, so please refer to the plan documents pertaining to each plan for more information. If you have any questions not answered by this guide or if you need assistance, please contact the Human Resources Department.

About Your Benefits

➤ Who is Eligible?

You and your dependents are eligible for benefits on the first day of the month following 30 days of full-time employment. Eligible dependents include spouses, children under age 26, and disabled dependents of any age.

➤ Important Message About Spousal Coverage

JB Poindexter & Co will not provide the primary medical insurance coverage for spouses who are employed and are eligible for health coverage through their employer. Spouses who are eligible for health coverage through their employer may still enroll in the JB Poindexter & Co Medical/Rx Plan, but the JB Poindexter & Co Medical/Rx Plan will be the secondary payer, and all claims will be subrogated prior to payment. Please note this does not apply to spouses who are unemployed or spouses who are employed but are not eligible for medical insurance through their employer.

➤ When Can I Enroll?

As a New Hire

Enroll online through Ceridian or schedule an appointment with a personal benefits counselor at myenrollmentschedule.com/benefits.

During Open Enrollment

Open Enrollment is your once-a-year opportunity to review and make changes to your benefit elections for the upcoming year.

Qualified Life Event

You have 30 days from the date of a qualified life event to notify Human Resources and submit election changes (see below).

In most cases, your benefit elections will remain in effect for the entire plan year (January 1–December 31). Certain coverage allows limited changes to elections during the year. Under these benefits you may only make changes to your benefit elections during the year if you have a Qualified Life Event. Qualified Life Events include but are not limited to:

- Marriage, divorce, or legal separation
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage, or reaching the dependent child age limit
- Changes in your spouse's employment or benefit coverage with another employer affecting benefit eligibility.

The change to your benefit elections must be consistent with the life event. **You have 30 days from the date of the life event to submit supporting documentation and complete the life event enrollment change.** Otherwise, you must wait until the next open enrollment period to make a change to your elections.

➤ Enrollment Counselors Are Here to Help!

We are pleased to continue enhancements designed to make benefits enrollment easier – team members will have the opportunity to speak with a Benefits Counselor to experience a personalized educational enrollment session. During your appointment, your Benefits Counselor will help you understand your benefit options, answer any questions, enroll you in benefits, and review your elections. Schedule your appointment online at www.myenrollmentschedule.com/benefits or call 866-998-2915.

Important Contacts

Benefit	Vendor	Phone	Website/Email
Enrollment Counselors	Gallagher	866-998-2915	Schedule an enrollment appointment at www.myenrollmentscheulde.com/benefits
Medical	Highmark Blue Shield	800-345-3806	www.highmarkblueshield.com
24-Hour Nurseline	Blues On Call	888-258-3428	
Prescription Drugs	OptumRx	800-797-9791	www.optumrx.com
Telemedicine	AmWell Doctor on Demand	855-818-3627 800-997-6196	www.amwell.com www.doctorondemand.com
Tria Health Pharmacy Advocate Program	Tria Health	1-888-799-8742	www.triahealth.com/enroll
Dental	Delta Dental	800-521-2651	www.deltadentalins.com
Vision	VSP	800-877-7195	www.vsp.com
Health Savings Account (HSA)	Highmark Blue Shield	800-345-3806	www.highmarkblueshield.com
Flexible Spending Accounts (FSA)	WEX Health (formerly Discovery Benefits)	866-451-3399	benefitslogin.wexhealth.com
Life/AD&D, Disability and Leaves of Absence (FMLA)	Unum	866-779-1054	www.unum.com
Hospital Indemnity, Critical Illness, and Accident	Unum	800-635-5597	www.unum.com
Employee Assistance Program	Unum	800-854-1446	www.unum.com/lifebalance
My Choice Care Program	CorporateCARE Solutions	844-888-2273	www.corporatecaresolutions.com
401(k) Savings Plan	Prudential	877-778-2100	www.prudential.com/online/retirement



The Benefit Advocate Center

J.B. Poindexter's Benefit Advocate Center is a valuable resource to help you get the most from your benefits program by providing a benefit advocate that you may speak with at no cost to you. Talk to a benefit advocate about your eligibility, enrollment, benefit questions, finding a provider, billing or claim questions, and more!

The Benefit Advocate Center is available Monday–Friday, 8:00 AM–6:00 PM in your local time zone.



833-257-6951



bac.jbpco@ajg.com

Download Your Team JBPCO App Today!

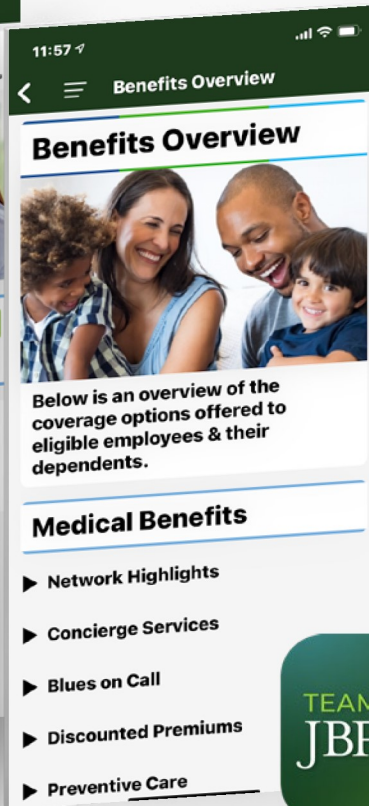
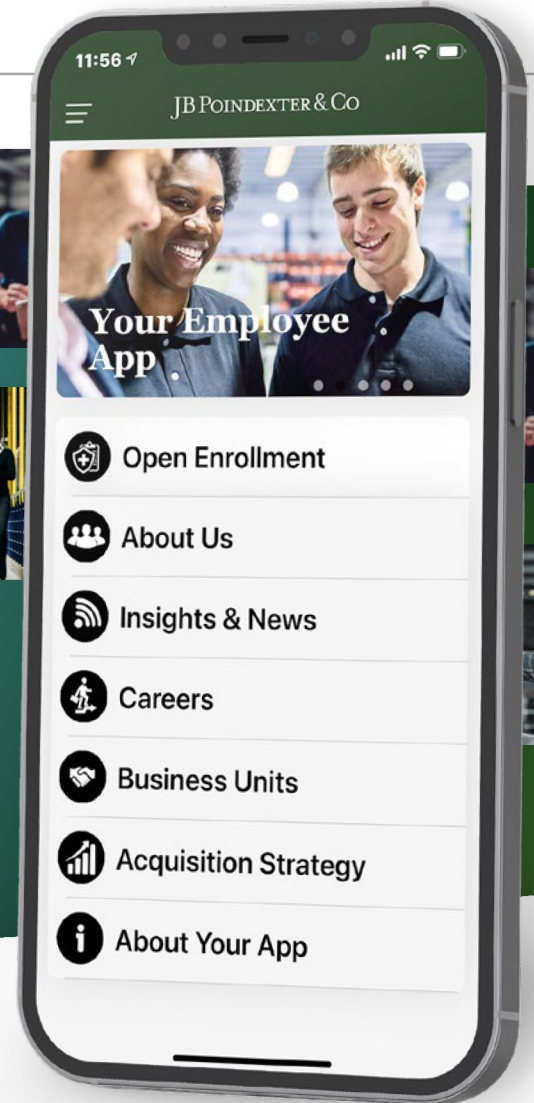
Available to All JB Poindexter & Co Team Members



Download on the
App Store



GET IT ON
Google Play



Everything you need in **ONE PLACE!**

Now Available on Your Smartphone!

- ✓ Access Your Resources 24/7
- ✓ Open Enrollment
- ✓ Health Benefits
- ✓ EAP 24/7 Help Line
- ✓ Customize Benefits
- ✓ Important Company Updates
- ✓ ...and More

Medical Coverage

JB Poindexter & Co offers three medical plans through **Highmark Blue Shield** to help you get the care you need at an affordable price. All three medical plans provide you with access to the national network of the providers and facilities in the **Blue Cross Blue Shield PPO Network**; however, each plan represents a different level of cost and coverage. We encourage you to review each option available to you and select the plan that best meets the needs of you and your family.

	Gold Plan (PPO)	Silver Plan (CDHP+HSA)	Bronze Plan (PPO)
IN-NETWORK BENEFITS			
Annual Deductible <i>Individual / Family</i>	\$1,200 / \$2,400	\$2,500 / \$5,000	\$6,000 / \$12,000
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Out-of-Pocket Maximum <i>Individual / Family</i>	\$5,000 / \$10,000	\$6,650 / \$13,300	\$8,000 / \$16,000
Employer HSA Contribution	N/A	You Only: \$800 You + 1 Dependent: \$1,600 You + 2+ Dependents: \$2,400	N/A
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Office Visit	\$25 copay	20% after deductible	\$50 copay
Specialist Office Visit	\$40 copay	20% after deductible	\$75 copay
Telemedicine Virtual Visit	\$10 copay	20% after deductible	\$10 copay
Urgent Care Center	\$40 copay	20% after deductible	\$75 copay
Diagnostic Tests <i>Routine labs, bloodwork, x-rays</i>	Plan pays 100%	20% after deductible	Plan pays 100%
Advanced Imaging <i>MRI, CAT, PET scan, etc.</i>	20% after deductible	20% after deductible	20% after deductible
Emergency Room	20% after deductible + \$200 copay (waived if admitted)	20% after deductible	20% after deductible + \$200 copay (waived if admitted)
Inpatient & Outpatient	20% after deductible	20% after deductible	20% after deductible
OUT-OF-NETWORK BENEFITS			
Annual Deductible <i>Individual / Family</i>	\$2,400 / \$4,800	\$5,600 / \$11,200	\$12,000 / \$24,000
Coinsurance	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
Out-of-Pocket Maximum <i>Individual / Family</i>	\$10,000 / \$20,000	\$13,300 / \$26,600	\$16,000 / \$32,000
Balance Billing	Yes	Yes	Yes

TERMS TO KNOW

Out-of-Pocket Maximum

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copays, and/or coinsurance, your plan will pay 100% of the cost of covered services for the rest of the year.

Deductible

The amount you pay for covered health care services before the plan will begin to pay.

Coinsurance

The percentage of costs you pay after you've met your deductible.

Copay

A fixed amount you pay for a covered health care service. Copays count toward your out-of-pocket maximum, but they do not count toward your deductible.

Prescription Drug Coverage

All JB Poindexter & Co Medical/Rx plans include comprehensive prescription drug coverage. You are automatically enrolled in prescription drug coverage when you enroll in any JB Poindexter & Co Medical Plan. Prescription drug benefits for the JB Poindexter & Co Medical/Rx plans are administered by **OptumRx**.

	Gold Plan (PPO)	Silver Plan (CDHP+HSA)	Bronze Plan (PPO)
Retail Pharmacy* 30-day supply			
Generic Drugs	You pay 20% (\$10 minimum / \$75 maximum)	You pay 20% after deductible	You pay 20% (\$10 minimum / \$75 maximum)
Preferred Brand Drugs	You pay 30% (\$10 minimum / \$125 maximum)	You pay 20% after deductible	You pay 30% (\$10 minimum / \$125 maximum)
Non-Preferred Brand Drugs	You pay 45% (\$10 minimum / \$150 maximum)	You pay 20% after deductible	You pay 45% (\$10 minimum / \$150 maximum)
OptumRx Home Delivery 90-day supply			
Generic Drugs	You pay 20% (\$20 minimum / \$150 maximum)	You pay 20% after deductible	You pay 20% (\$20 minimum / \$150 maximum)
Preferred Brand Drugs	You pay 30% (\$20 minimum / \$250 maximum)	You pay 20% after deductible	You pay 30% (\$20 minimum / \$250 maximum)
Non-Preferred Brand Drugs	You pay 45% (\$20 minimum / \$300 maximum)	You pay 20% after deductible	You pay 45% (\$20 minimum / \$300 maximum)

*The prescription drug plans cover prescriptions filled at in-network pharmacies ONLY. Visit www.optumrx.com to find an in-network pharmacy near you.

Filling Maintenance Medications

Please note that after you've filled 90 days of a maintenance medication, you must fill your prescription through OptumRx Home Delivery or at a participating CVS 90Saver location. You may fill your prescription at any in-network retail pharmacy for the first 90 days (three 30-day fills or one 90-day fill). After 90 days, your medication will be covered at the in-network benefit only if you fill your prescription through OptumRx Home Delivery or at a participating CVS location.

OptumRx Home Delivery
(800) 797-9791
www.optumrx.com

CVS 90Saver
Call your local CVS
www.cvs.com/transfer



\$0 Generic Preventive Medications

When you are prescribed a medication for preventive purposes, generics are covered at a \$0 copay on all JB Poindexter & Co Medical/Rx plans, including the Silver Plan before and after your deductible. Please note the \$0 copay applies only to generic drugs prescribed for preventive purposes. This does not apply to drugs prescribed for treatment or other purposes, such as an antibiotic prescribed for an infection or a statin prescribed to treat cardiovascular disease, making them subject to a copay, deductible, or coinsurance. Please review the OptumRx Preventive Drug List for details and discuss with your doctor to determine how your medication will be covered.

Tria Health

Pharmacy Advocate Program

Tria Health's Pharmacy Advocate Program provides one-on-one, confidential counseling over the phone with a Tria Health Pharmacist (coach) to ensure your medications are treating your conditions effectively. Your Tria Health pharmacist will work with you and your physician(s) to reduce the risk of medication-related problems and help save you money!

Who Should Participate?

Tria Health's Pharmacy Advocate Program is available for team members and/or dependents on JB Poindexter & Co's health insurance. Tria Health is recommended for team members who have any of the following conditions:

- Diabetes
- Heart Disease
- High Cholesterol
- High Blood Pressure
- Mental Health
- Asthma/COPD
- Osteoporosis
- Migraines

Why Participate?

Pharmacists are the experts in how medications work and can provide valuable feedback to you and your doctor(s). Your Tria Health pharmacist can help:

- Make sure your medications are working as intended
- Save money
- Answer any questions you have about your health
- Coordinate care with your doctor(s)

Active Team Members Can Receive up to \$150 a Year for Participating in Tria Health!

➤ Get Rewarded

By completing your appointment with a Tria Health pharmacist, you will receive a \$50 Tria Health Visa Rewards gift card. Team members can qualify to receive up to \$150 by attending three consultations within a 12-month period.

➤ Free Diabetes Test Strips and Wireless Glucose Meter

Active participants with diabetes will have FREE access to a wireless blood glucose meter, testing strips, and a mobile app designed to help you better manage your diabetes!

➤ Free iBlood Pressure Hypertension Cuff

Tria Health is excited to introduce our new blood pressure cuff for easy, at-home testing to help you better manage high blood pressure. Tria Health's cuff allows easy setup, testing and sharing with our pharmacists and your physician. Talk to a Tria Health pharmacist today and see if you qualify for this no cost solution.

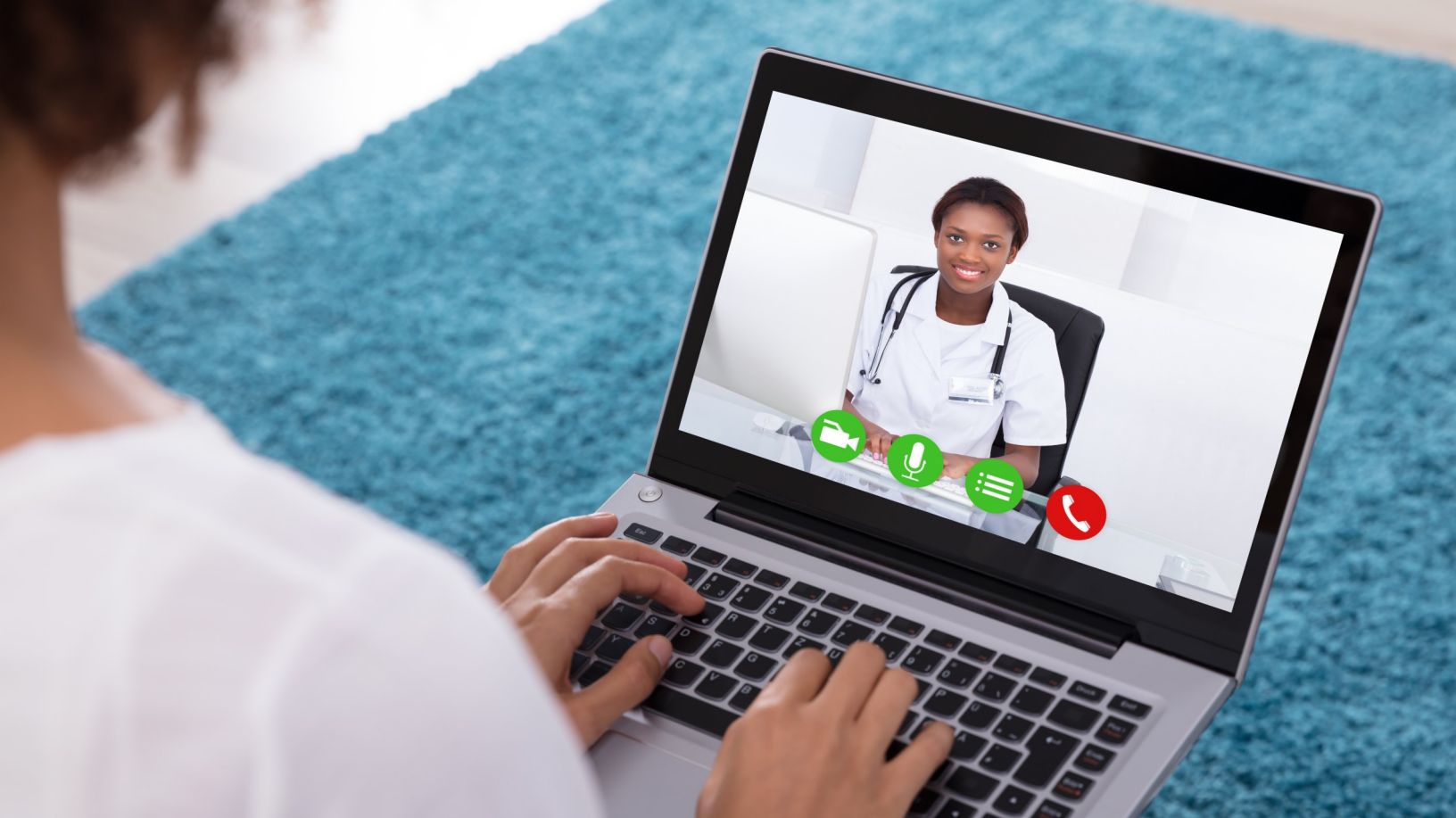


www.triahealth.com/enroll



1-888-799-8742





Telemedicine Benefits

Highmark Blue Shield provides you and your covered dependents with access to board-certified doctors anytime and anywhere it's most convenient for you—at home, work, or on the go through **AmWell** and **Doctor on Demand**. You have access to AmWell and Doctor on Demand's large networks of telehealth doctors ready to provide convenient, quality care by phone or secure video. Doctors can diagnose a wide range of non-emergency medical issues and even send prescribed medications to your pharmacy of choice. Telemedicine physicians can treat the following:

- Flu
- Allergies
- Cough
- Sore throat
- Fever
- Sinus infection
- Headache
- Nausea/vomiting
- Pink eye
- Rash
- Ear problems
- UTI

GOLD & BRONZE:
\$10 COPAY

SILVER CDHP:
\$59 PER VISIT*



www.doctorondemand.com
(800) 997-6196



www.amwell.com
(855) 818-3627

*Visit fee for a non-emergency medical consultation is \$59 per visit. Pay no more than \$59 per visit before your deductible is met on the Silver Plan.

Helpful Tips With Your Medical Plan

Where You Go Matters

Your medical plan covers a wide array of procedures to help keep your costs down, but did you know that the places you choose to go for health procedures can make a big difference in your out-of-pocket cost? When unexpected illnesses and accidents happens, many run immediately to the closest emergency room to get the issue resolved quickly. The emergency room is best equipped to handle life threatening situations. For non-life threatening situations, however, the cost of a trip to the emergency room is typically much higher than alternatives like urgent care, convenience care clinics, or telehealth. Here is look at a simple breakdown of some of the options available to you:



Convenience Care Clinics: Often times, your fastest and most inexpensive options. They can treat a variety of illnesses like: cold, cough, fever, flu, etc. CVS Minute Clinic and Walgreens Clinic are some examples of clinics available nationwide.

Primary Care Physician: This is your individual doctor. They treat a variety of issues for you, and provide you with individualized care. While they are excellent in treating ongoing issues, appointments can be hard to obtain, and costs are typically higher than convenience care clinics.



Urgent Care: Provides most primary care and emergency services at a much lower price than an Emergency Room, and comparable to your Primary Care Physician. Some examples of things they can treat and services they provide are: Cuts requiring stitches, severe cold and flu, preventative screenings, diagnostic testing, and much more.



Emergency Room: In the case of a true life threatening emergency, nothing can compare to care you receive at the emergency room. Deep lacerations, broken bones, loss of breathing, and life threatening injuries or illnesses should be immediately handled at your closest emergency room. On average, emergency rooms have the highest cost for service. Also, because emergency rooms prioritize service based upon need, they can be your longest wait times in non-emergency cases.



Not Sure Where to Go?

The **Benefit Advocate Center** can help! Speak to a trained benefits advocate as often as you want throughout the year to have your questions about where to go for care, claim issues, your health benefits, and more answered with one phone call.

The Benefit Advocate Center is available Monday–Friday, 8:00 AM–6:00 PM in your local time zone.



833-257-6951



bac.jbpco@ajg.com



2022 Wellness Incentives

At JB Poindexter & Co, we support healthy living. Our goal is to help team members adopt and maintain healthy behaviors. In keeping with our philosophy of personal responsibility for health, JB Poindexter & Co offers three (3) financial incentives for team members and family members covered under a JB Poindexter & Co Medical/Rx plan. When you take an active role in your health by getting vaccinated, receiving an annual physical, and avoiding tobacco products, you will get rewarded on your Medical/Rx premiums!

COVID-19 Vaccination — NEW for 2022!

Vaccines are our most powerful tool to stop the spread of COVID-19. Do your part for your health and the health of your loved ones by getting vaccinated. **Effective January 1, 2022, an additional \$65 per month will apply to the Medical/Rx premiums for any team member or spouse covered on a JB Poindexter & Co Medical/Rx Plan who is unvaccinated.** To avoid this surcharge, team members must provide proof of full vaccination (both doses of the Pfizer or Moderna vaccines, or the single dose of the Johnson & Johnson vaccine). Those who have a medical condition or have a sincerely held religious belief might be excused from this requirement by providing documentation from their primary care physician or their religious leader on the respective letterhead of the organization. Please contact Human Resources for more information.

Annual Physicals

Receiving an annual physical is an important way to stay on top of your health. **An additional \$65 per month applies to the Medical/Rx premium for any team member or spouse covered on a JB Poindexter & Co Medical/Rx Plan who does not receive an annual physical.**

- **If you were hired prior to January 1, 2022:** you (and your covered spouse, if applicable) must complete an annual physical between January 1–September 30, 2022. If you (and your covered spouse, if applicable) do not complete the annual physical requirement by the September 30, 2022 deadline, you will be subject to the higher insurance premium (\$65 per month) effective January 1, 2023.
- **If you started employment between January 1–May 31, 2022:** we will accept documentation of a physical exam performed under your prior medical plan coverage, provided that the physical was completed between January 1, 2022 and your hire date.
- **If you are hired on or after June 1, 2022:** you (and your covered spouse, if applicable) have a waiver for the first year. You (and your covered spouse, if applicable) will be subject to the requirement next year and will need to complete the required annual physical between January 1–September 30, 2023.

Tobacco Cessation

Tobacco products are some of the leading causes of cancer and can be detrimental to your health. **An additional \$43.34 per month will apply to the Medical/Rx premiums for any team member or family member covered on a JB Poindexter & Co Medical/Rx Plan who uses tobacco products.**

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all team members. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources at 713-655-9800 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Comparing Your Medical Plan Options

The main difference between a traditional PPO plan—like the Gold Plan and the Bronze Plan—and a Consumer Driven Health Plan (CDHP)—like the Silver Plan—is how and when you pay for your health care. Choosing the right medical plan is an important decision. Take the time to learn about your options to ensure you select the right plan for you and your family.



Consumer Driven Health Plan (CDHP)

- Lower cost per pay period
- Higher deductible
- You pay all medical expenses until your deductible is met
- Budget for your out-of-pocket expenses by funding a Health Savings Account (HSA), up to \$3,650 for individual coverage or \$7,300 for family coverage

VS.

Traditional PPO Plan

- Higher cost per pay period
- Lower deductible
- You have first dollar coverage on certain services that charge a copay — you do not have to meet your deductible first
- Budget for your out-of-pocket expenses with a Healthcare Flexible Spending Account (FSA) up to \$2,750



If you enroll in the Silver Plan, JB Poindexter & Co will contribute annually to your Health Savings Account (HSA):

- Team Member Only: \$800
- Team Member + One Dependent: \$1,600
- Team Member + Two or More Dependents: \$2,400

1. Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care? (PPO) Or, do you prefer to pay less out of your paycheck and only pay if you need care? (CDHP)
2. What planned medical services or prescriptions do you expect to need in the upcoming year?
3. Have you calculated how much you'll be able to set aside to a Health Savings Account (HSA) given the favorable Silver Plan (CDHP) premium rates?

**THREE
THINGS TO
CONSIDER**

	Gold Plan	Silver Plan	Bronze Plan
Coverage in the Blue Cross Blue Shield Network	✓	✓	✓
In-network preventive care covered 100%	✓	✓	✓
Lower deductible & out-of-pocket maximum	✓		
Lower premium cost per paycheck		✓	✓
Contribute pre-tax dollars from your paycheck to a Health Savings Account (HSA)		✓	

Health Savings Account (HSA)

A Health Savings Account (HSA), gives you the opportunity to set aside money via pre-tax payroll deductions, which you can then use to pay for qualified medical expenses for yourself and your eligible dependents using your HSA debit card. This includes doctor visits, prescriptions, dental and vision expenses, and more. HSA contributions are made with pre-tax payroll deductions, so you can decrease your taxable income and increase your take home pay by taking advantage of this account. **Please note that the HSA is ONLY available to team members enrolled in the Silver Plan.**

Key Features

- You can contribute tax-free dollars to your HSA, subject to the annual limits determined by the IRS.
- **For 2022, the IRS limits for combined employer and team member contributions are \$3,650 for individual coverage and \$7,300 for family coverage.** If you are age 55 or older, you can contribute an additional \$1,000.
- You can spend your HSA dollars when you have eligible expenses during the year or save them for the future—any unused balances roll over from year-to-year.
- Our Health Savings Accounts are administered through Highmark Blue Shield. Access your account online at www.highmarkblueshield.com or call 800-345-3806.

JB Poindexter & Co's 2022 HSA Contribution

For team members enrolled in the Silver Plan in 2022, JB Poindexter & Co will contribute annually to your HSA. JB Poindexter & Co's contribution to your HSA will be funded in equal amounts per pay period over the course of the plan year (January 1–December 31). If you are not enrolled for the full plan year, you will receive a prorated amount of the contribution based on the remaining pay periods in the year.

For 2022, JB Poindexter & Co will contribute:

- **\$800 for Team Member Only**
- **\$1,600 for Team Member + One Dependent**
- **\$2,400 for Team Member + Two or More Dependents**

Health Care Flexible Spending Account (FSA)

A Health Care Flexible Spending Account (FSA) allows you to set aside pre-tax dollars to pay for healthcare-related expenses, which include medical, prescription drugs, dental, and vision. **Important note: the Health Care FSA is only available to team members enrolled in the Gold Plan or the Bronze Plan.**

Key Features

- You can contribute tax-free dollars to your Health Care FSA, subject to the annual limit determined by the IRS. For 2022, you can contribute up to \$2,750 for the year.
- The IRS rules state that if you don't use the money in your account by the end of the plan year, you will lose any remaining funds in your account; however, our plan offers a grace period. For the plan year ending on December 31, 2022:
 - **Deadline to Incur Claims Using 2022 Funds:** March 15, 2023
 - **Deadline to File Claims Using 2022 Funds:** March 31, 2023
- Our Health Care Flexible Spending Accounts are administered through WEX Health. Access your account online at benefitslogin.wexhealth.com or call 866-451-3399.





Dental Coverage

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily-treated health problems. Keep your teeth healthy and your smile bright with the JB Poindexter & Co Dental Plan, administered by Delta Dental.

To locate a dentist in the Delta Dental Network, visit www.deltadentalins.com. Team members have access to the **Delta Dental PPO Network** as well as the **Delta Dental Premier Network**. It is important to note, however, that dentists in the PPO Network will have better negotiated prices than those in the Premier Network. **Generally, your out-of-pocket expenses will be lower when you select a dentist who participates in the Delta Dental PPO Network.**

Delta Dental PPO	In-Network & Out-of-Network
Annual Deductible <i>Individual / Family</i>	\$50 / \$150
Annual Maximum Benefit	\$1,500 per person
Diagnostic & Preventive Services <i>Oral exams, cleanings, routine x-rays</i>	Plan pays 100%; deductible waived
Basic Services <i>Fillings, oral surgery, periodontics, endodontics</i>	You pay 20% after deductible
Major Services <i>Crowns, inlays, onlays, dentures</i>	You pay 50% after deductible
Orthodontic Services Eligibility Lifetime Maximum	You pay 50% after deductible Adults & dependent children \$1,500 per person

Please note out-of-network claims will be reimbursed at the usual and customary amount, which may result in balance billing.

Vision Coverage

Regular eye examinations can not only assist in determining your need for corrective eyewear but also may detect general health problems in their earliest stages, such as diabetes and glaucoma. Protection for the eyes should be a major concern to everyone. Eye care is a vital component of a healthy lifestyle. With vision insurance through **VSP**, having regular exams and purchasing contacts or glasses is simple and affordable. VSP provides a flexible plan that allows you to safeguard your health while saving you money.

VSP Vision Plan	In-Network	Out-of-Network
Examination	\$10 copay	Reimbursed up to \$50
Lenses Single Vision Lined Bifocal Lined Trifocal	\$20 copay \$20 copay \$20 copay	Reimbursed up to \$50 Reimbursed up to \$75 Reimbursed up to \$100
Frames	\$150 allowance	Reimbursed up to \$70
Elective Contact Lenses	\$150 allowance*	Reimbursed up to \$105
Benefit Frequency Examination Lenses <u>OR</u> Contact Lenses Frames	Once every 12 months Once every 12 months Once every 24 months	

*Contact lens fitting applies to the contact lens allowance. Members receive 15% off contact lens exam and all other contact lens services.

Financial Protection

Basic Life and Accidental Death & Dismemberment (AD&D)

With Life and Accidental Death & Dismemberment (AD&D) insurance provided through Unum, your family will be protected with benefits and a variety of support services designed to help cope with both emotional and financial issues. JB Poindexter & Co provides all eligible team members with a Basic Life and AD&D benefit equal to **1x your annual salary up to \$500,000 at no cost to you.**

Voluntary Life and Accidental Death & Dismemberment (AD&D)

In addition to the Basic Life and AD&D insurance paid for by JB Poindexter & Co, you also have the option to purchase Voluntary Life and AD&D coverage for yourself, your spouse, and your child(ren). Please note some elections may require Evidence of Insurability (EOI). Elections requiring EOI will not become effective until and unless approved by Unum.

Voluntary Life Insurance		Voluntary AD&D Insurance	
Team Member Benefit Benefit Maximum Guarantee Issue	Increments of \$10,000 5x salary up to \$500,000 \$200,000	Team Member Benefit	Increments of \$10,000 up to 10x salary, not to exceed \$500,000
Spouse Benefit Benefit Maximum Guarantee Issue	Increments of \$5,000 \$250,000* \$50,000	Team Member + 1 Dependent	Team Member: See benefit above Spouse: 60% of team member benefit Child: 15% of team member benefit
Child(ren) Benefit** Benefit Maximum Guarantee Issue	Increments of \$2,500 \$10,000* \$10,000	Team Member + 2+ Dependents	Team Member: See benefit above Spouse: 50% of team member benefit Child: 10% of team member benefit

* Not to exceed 50% of team member benefit.

** Child amount is limited to \$1,000 until child reaches 6 months of age.

Note: Benefit age reduction schedule applies to Basic Life/AD&D and Voluntary Life/AD&D for team member and spouse—see policy for details.

EOI Rules: If you are newly eligible, you may elect up to the guarantee issue amount without Evidence of Insurability (EOI). If you waived coverage when you were first eligible or were denied coverage, any amount elected will be subject to EOI. If you currently have coverage, any changes in coverage over the guarantee issue amount will require EOI.

Short-Term Disability Insurance

Short-Term Disability Insurance is designed to replace a portion of your weekly income when you are unable to work due to a covered injury or sickness. JB Poindexter & Co provides Short-Term Disability Insurance for all eligible full-time team members **at no cost to you.** This plan is administered by Unum. For more details, please refer to the Summary Plan Description for a full description of benefits, limitations and exclusions.

Long-Term Disability Insurance

Long-Term Disability Insurance is designed to replace a portion of your monthly income in the event of a covered disability. A lengthy disability can be devastating, and is more common than you might think. Long-Term Disability Insurance can help provide security when you need it most. The Long-Term Disability plan is administered by Unum and is provided by JB Poindexter & Co for all eligible full-time team members **at no cost to you.** For more details, please refer to the Summary Plan Description for a full description of benefits, limitations and exclusions.

Keep Your Beneficiary Information Updated

When you enroll in benefits, you must designate a beneficiary (the person who will receive the benefit) for your Life and AD&D insurance. You may have both a primary and contingent (secondary) beneficiary, as long as the total percentage adds up to 100%. Open enrollment is a great time to revisit your beneficiary information. It is important to confirm that your beneficiary information (i.e., address, Social Security Number, date of birth) is correct. You can easily and quickly confirm and/or update beneficiary information through Ceridian.





401(k) Retirement Plan

JB Poindexter & Co is proud to offer a 401(k) plan where eligible team members can contribute all or a portion up to 80% of eligible compensation on a 401(k) before-tax basis. The team member's total combined before-tax contribution into their 401(k) account cannot exceed the IRS limits. The contributions you make to the plan on a before-tax basis will be taxed once withdrawn from the account.

Enrollment

All eligible team members will be automatically enrolled in the plan unless you decline participation within 30 days following your plan entry date. It is important to remember to assign a beneficiary by going to the plan Prudential's website. You're eligible to participate in the plan after you have completed thirty days of service. You can make changes to your contribution rate any time by logging into the Prudential website. Fund selections can be made anytime.

Eligible team members can go online <https://www.prudential.com/login/> to enroll in the plan and choose your own elections. You may also call our toll-free automated system anytime at **877-778-2100**.

Company Matching Contributions

The company, on a discretionary basis, may match a portion of the contributions you make to the 401(k) before tax. Company matching contributions are automatically invested in the same manner as your contributions. Make sure to take full advantage of the company match by participating in, and contributing to, the 401(k) plan.

Vesting

You are always 100% vested in the value of your contributions and any roll-in contributions to your account. Company match contributions are fully-vested after 3 years following your employment start date. All performance is subject to investment gains and losses.



Supplemental Benefits

All eligible team members have the opportunity to enroll in additional income protection benefits provided by Unum, including Accident, Critical Illness, and Hospital Indemnity coverage. These benefits are designed to supplement and strengthen your overall benefits package so that you are covered in the event of an accident, critical illness, or hospitalization. These benefits allow you to customize your coverage based on your needs and affordability. Please review the full plan documents for plan limitations or exclusions.



Accident Insurance

While your medical coverage is designed to cover the cost of treatment, this supplemental Accident policy can help to pay for out-of-pocket costs that arise due to a covered accidental injury. This policy pays cash benefits directly to you as the policyholder, which can be used however you want—groceries, rent or mortgage payments, childcare, etc. Covered accidents include sports-related injuries, burns, concussion, laceration, fractures, dislocations, and more!

Critical Illness Insurance

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffers a serious illness like a stroke, heart attack or cancer, Critical Illness insurance can help with expenses that Medical insurance doesn't cover, such as deductibles, out-of-pocket costs or services like experimental treatment. The lump sum benefit is paid directly to you when you need it most, upon diagnosis, so you can focus on your health.



Hospital Indemnity Insurance

Being hospitalized can be financially stressful. While your Medical insurance is designed to cover the cost of treatment, Hospital Indemnity Insurance pays a cash benefit directly to you as the policyholder, which can be used however you choose. Hospital Indemnity insurance helps provide financial peace of mind, allowing you to focus on recovery during your hospital stay—not your expenses. This plan has no pre-existing condition waiting period, and pregnancy is fully covered.

Dependent Care Flexible Spending Account (FSA)

A Dependent Care Flexible Spending Account (FSA) allows you to set aside pre-tax dollars from your paycheck to cover eligible dependent care expenses so you and your spouse can work, look for work, or attend school. Such dependents include children under age 13 who are claimed as a dependent for tax purposes, a disabled spouse and/or disabled child of any age.

Key Features

- You can contribute tax-free dollars to your Dependent Care FSA, subject to the annual limit determined by the IRS. For 2022, you can contribute up to \$5,000 for the year (maximum is \$2,500 if married and filing separate tax returns).
- The IRS rules state that if you don't use the money in your account by the end of the plan year, you will lose any remaining funds in your account. Any unused funds remaining in your account at the end of the year will be forfeited.
- Our Dependent Care Flexible Spending Accounts are administered through WEX Health. Access your account online at benefitslogin.wexhealth.com or call 866-451-3399.



CorporateCARE Solutions

The My Choice Care Program

JB Poindexter & Co is proud to partner with CorporateCARE Solutions to assist when you experience a breakdown in family care. This valuable company benefit enables you to leave your loved ones in the care of a professional caregiver and go to work with peace of mind. My Choice provides the option of selecting any caregiver or daycare center of YOUR choice.

CorporateCARE Solutions delivers premium Child and Adult Care by maintaining a nationwide network of highly vetted Nanny, Adult and Home Healthcare providers. My Choice is a desirable alternative when utilizing a caregiver you already know is paramount or when care is needed in a rural/remote location. My Choice may also be utilized when your care needs require an advanced or medical level of care

It's Easy to Get Care! Here's How It Works...

- Each team member receives **10 CARE Units (days) per year** until the company cap is matched.
- **\$5 per hour copay** to utilize services.
- Requests can be submitted 24/7 online at www.corporateCAREsolutions.com, via the CorporateCARE Solutions Mobile App, or by calling **1-844-888-CARE (2273)**.
- Same day care requests can be accommodated and are expected. Requests may be submitted up to 1 month in advance.
- Electronic notifications keep you informed throughout the staffing process.
- 12-hour cancellation policy.

How to Get Started

Visit www.corporateCAREsolutions.com and select Employee: "Get Started." Next, enter "JB Poindexter" and your Team Member ID number to register and create your username and password. Then you're ready to go! Your profile must be completed prior to submitting a Care Request.

Legal Notices

HIPAA Special Enrollment Rights

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources by calling (713) 655-9800.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Notice of Privacy Practices Reminder

J.B. Poindexter & Co. is committed to the privacy of your health information. The administrators of the J.B. Poindexter & Co. Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure. The Plan's policies protecting your privacy rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources at (713) 655-9800.

Summary of Material Modifications

This Team Member Benefits Guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act (ERISA) as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description.

Continuation Required by Federal Law

Federal law enables you and/or your dependents to continue health coverage if coverage would cease due to a reduction of your work hours or your termination of employment (other than for gross misconduct). Federal law also enables your dependents to continue health insurance if their coverage ceases due to your death, divorce, legal separation, or with respect to dependent children, failure to qualify as a dependent. Continuation must be elected in accordance with the rules of your employer's group health plan and is subject to federal law, regulations and interpretations. For more information, contact Human Resources at (713) 655-9800.

Newborns' & Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours as applicable).

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. If you would like more information on WHCRA benefits, contact Human Resources.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility—

ALABAMA	Medicaid
Website: http://myalhipp.com /Phone: 1-855-692-5447	
ALASKA	Medicaid
The AK Health Insurance Premium Payment ProgramWebsite: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	
ARKANSAS	Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	
CALIFORNIA	Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	
COLORADO Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	
FLORIDA	Medicaid
Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268	

GEORGIA	Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	
INDIANA	Medicaid
Healthy Indiana Plan for low-income adults 19-64Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	
IOWA	Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	
KANSAS	Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	
KENTUCKY	Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	
LOUISIANA	Medicaid
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488(LaHIPP)	
MAINE	Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740 TTY: Maine relay 711	
MASSACHUSETTS	Medicaid and CHIP
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	
MINNESOTA	Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	
MISSOURI	Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	
MONTANA	Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	
NEBRASKA	Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	
NEVADA	Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	
NEW HAMPSHIRE	Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext5218	
NEW JERSEY	Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	
NEW YORK	Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	
NORTH CAROLINA	Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	
NORTH DAKOTA	Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	
OKLAHOMA	Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

OREGON	Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	
PENNSYLVANIA	Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HI-PP-Program.aspx Phone: 1-800-692-7462	
RHODE ISLAND	Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rltte Share Line)	
SOUTH CAROLINA	Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	
SOUTH DAKOTA	Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	
TEXAS	Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	
UTAH	Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	
VERMONT	Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	
VIRGINIA	Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924	
WASHINGTON	Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	
WEST VIRGINIA	Medicaid
Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	
WISCONSIN	Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	
WYOMING	Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either :

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

Paperwork Act Reduction Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Wellness Notice

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all team members. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the J.B. Poindexter & Co. Benefits Department and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.



Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with J.B. Poindexter & Co. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. J.B. Poindexter & Co. has determined that the prescription drug coverage offered by J.B. Poindexter & Co. Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current J.B. Poindexter & Co. coverage will not be affected. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. If you and your eligible dependents drop your current coverage and enroll in Medicare prescription drug coverage, you may enroll back into the J.B. Poindexter & Co. benefit plan during the Annual Enrollment period under J.B. Poindexter & Co. Health Benefits Plan.

When will you pay a higher premium (penalty) to join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with J.B. Poindexter & Co. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through J.B. Poindexter & Co. changes. You may also request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 15, 2021

Name of Entity: J.B. Poindexter & Co., Inc.

Contact: Human Resources

Address: 600 Travis St. #400
Houston, TX 77002

Phone: (713) 655-9800



This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting