



2022

BENEFITS GUIDE

January 1 - December 31, 2022

Welcome

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

Eligibility

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

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following or coinciding with a 60 day waiting period.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2022.

Choose Carefully!

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

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

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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

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Medical

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

PPO

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

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



Key Medical Benefits	UMR PPO	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$1,750 / \$3,500	\$3,500 / \$7,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$3,500 / \$7,000	\$7,000 / \$14,000
Covered Services		
Office Visits (physician/specialist)	\$30 copay	40%
Routine Preventive Care	No charge	No charge for allowed amount
Outpatient Diagnostic (lab/X-ray)	20%*	40%*
Complex Imaging	20%*	40%*
Chiropractic	20%*	40%*
Ambulance	20%*	20%* of in network cost shares
Emergency Room	20%*	\$150 copay then 20%
Urgent Care Facility	\$50 copay	\$50 copay
Inpatient Hospital Stay	20%*	40%*
Outpatient Surgery	20%*	40%*
Prescription Drugs (Generic / Brand / Non-Formulary)		
Retail Pharmacy (30-day supply)	10% with \$10 minimum / 20% with \$30 minimum / 30% with \$50 minimum	Full price up front
Mail Order (90-day supply)	10% with \$25 minimum / 20% with \$75 minimum / 30% with \$125 minimum	N/A

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

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

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

Dental

DPPO

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

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

Key Dental Benefits	Ameritas DPPO	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 per participant / Maximum of \$150	\$50 per participant / Maximum of \$150
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	\$1,500	\$1,500
Covered Services		
Preventive Services	No charge	20% (deductible waived)
Basic Services	20%*	50%*
Major Services	50%*	
Orthodontia (Child & Adult)	\$2,000 lifetime maximum benefit	

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

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

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

Vision

We are proud to offer you a vision plan.

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

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

Vision Coverage
Plan allows a flat \$250 to be spent on any vision services, with claims sent to Ameritas within 90 days for reimbursement



Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through UMR. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2022, you may contribute up to \$2,700 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2022, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Life and AD&D Insurance

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

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

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Sun Life.

Benefit Amount	1 times your basic annual earning to a maximum of \$250,000
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FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health Care FSA: Unused funds of up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will **NOT** be returned to you or carried over to the following year.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability

Provided at **NO COST** to you through Sun Life.

Benefit Percentage	60%
Weekly Benefit Maximum	\$3,400
When Benefits Begin	After 7 th day of disability
Maximum Benefit Duration	180 days

Long-Term Disability

Provided at **NO COST** to you through Sun Life.

Benefit Percentage	60%
Monthly Benefit Maximum	\$10,000
When Benefits Begin	After 180 th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through HealthJoy.

The EAP can help with the following issues, among others:

- › Mental health
- › Relationships or marital conflicts
- › Child and eldercare
- › Substance abuse
- › Grief and loss
- › Legal or financial issues

EAP Benefits

- › Assistance for you and your household members
- › Up to six (6) in-person sessions with a counselor per issue, per year, per individual
- › Unlimited toll-free phone access and online resources

Voluntary Benefits

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

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

Accident Insurance

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

Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000¹? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

1. MetLife Accident and Critical Illness Impact Study, October 2013

Valuable Extras

We also offer the following additional benefits:

- › HealthJoy, an interactive App that allows you instant access to and assistance with your benefits.

Cost of Benefits

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

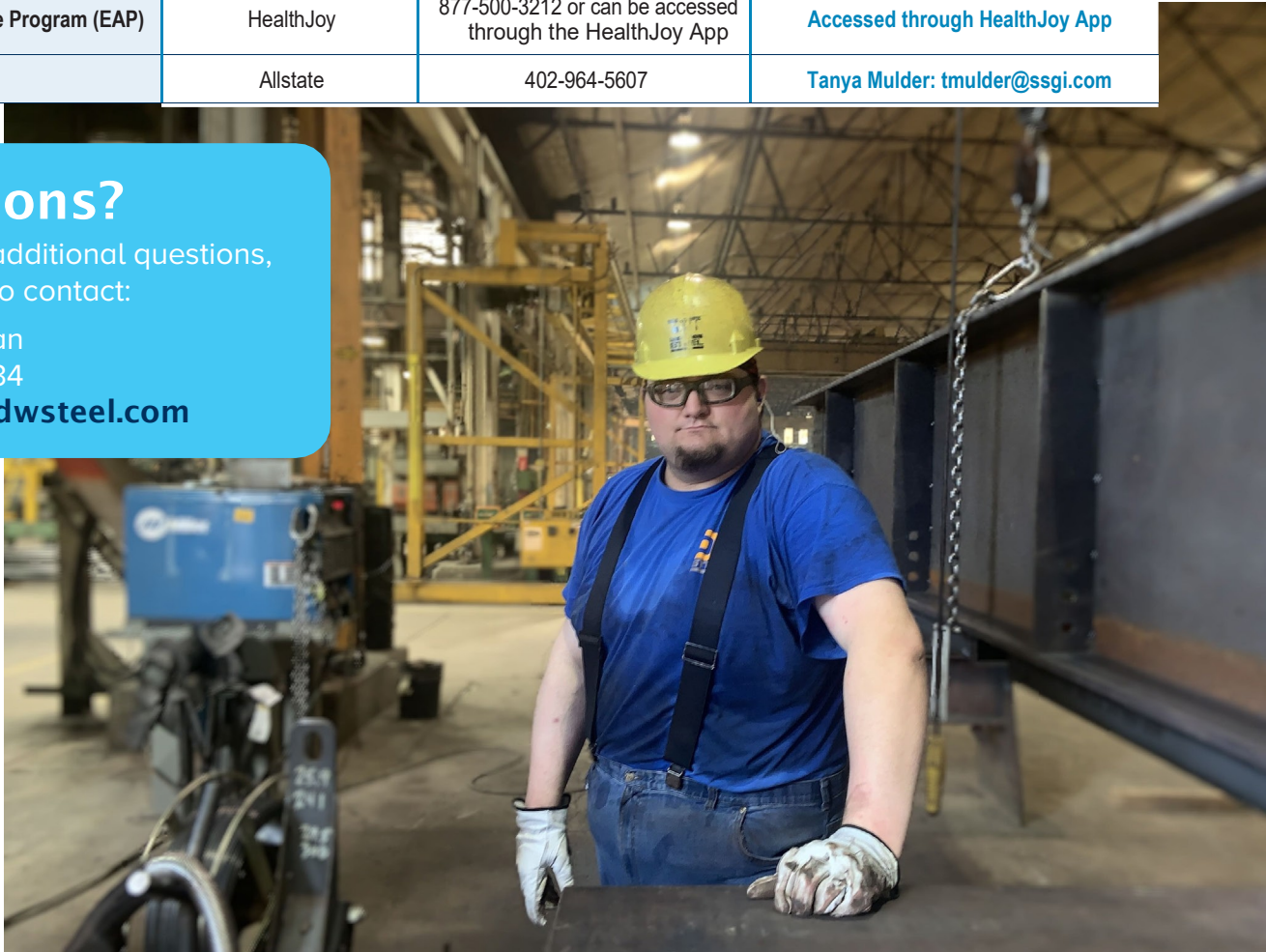
Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	UMR	800-783-9281	www.umar.com
Dental	Ameritas	800-487-5553	www.ameritas.com
Vision	Ameritas	800-487-5553	www.ameritas.com
Flexible Spending Accounts (FSAs)	UMR	800-826-9781	www.umar.com
Life/AD&D	Sun Life	402-943-3434	Tracy Sullivan: tsullivan@dwsteel.com
Disability	Sun Life	402-943-3434	Tracy Sullivan: tsullivan@dwsteel.com
Employee Assistance Program (EAP)	HealthJoy	877-500-3212 or can be accessed through the HealthJoy App	Accessed through HealthJoy App
Voluntary Benefits	Allstate	402-964-5607	Tanya Mulder: tmulder@ssgi.com

Questions?

If you have additional questions, you may also contact:

Tracy Sullivan
402-943-3434
tsullivan@dwsteel.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



RATES

2021 EMPLOYEE CONTRIBUTIONS

January 1, 2021- December 31, 2021



Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

MEDICAL COVERAGE

Coverage Tier	Employee Contribution (Biweekly)	
	Medical PPO (Non-Tobacco)	Medical PPO (Tobacco)
Employee Only	\$50.00	\$70.00
Employee + Spouse	\$160.00	\$200.00
Employee + Child(ren)	\$160.00	\$180.00
Family	\$185.00	\$225.00

DENTAL COVERAGE

Coverage Tier	Employee Contribution (Biweekly)
	Dental PPO
Employee Only	\$9.00
Employee + Spouse	\$22.00
Employee + Child(ren)	\$29.00
Family	\$36.00

VISION COVERAGE

Coverage Tier	Employee Contribution (/Biweekly)
	Vision PPO
Employee Only	\$5.00
Employee + Spouse	\$9.00
Employee + Child(ren)	\$10.00
Family	\$14.00

SUPPLEMENTAL LIFE/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available online during enrollment.



PTO Accruals

January 1, 2021- December 31, 2021



From	Until	Hours Accrued Per Month	Total Hours Accrued Annually	PTO Accrual Cap
Eligible Date	5th Anniversary	8.33	100	180
5th Anniversary	9th Anniversary	10	120	200
9th Anniversary	14th Anniversary	11.6667	140	220
14th Anniversary	19th Anniversary	13.3334	160	240
19th Anniversary	Retirement	15	180	260

