

COMPANY CALENDAR 2024

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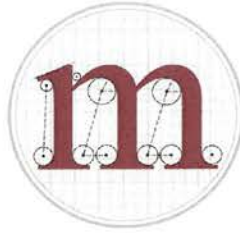
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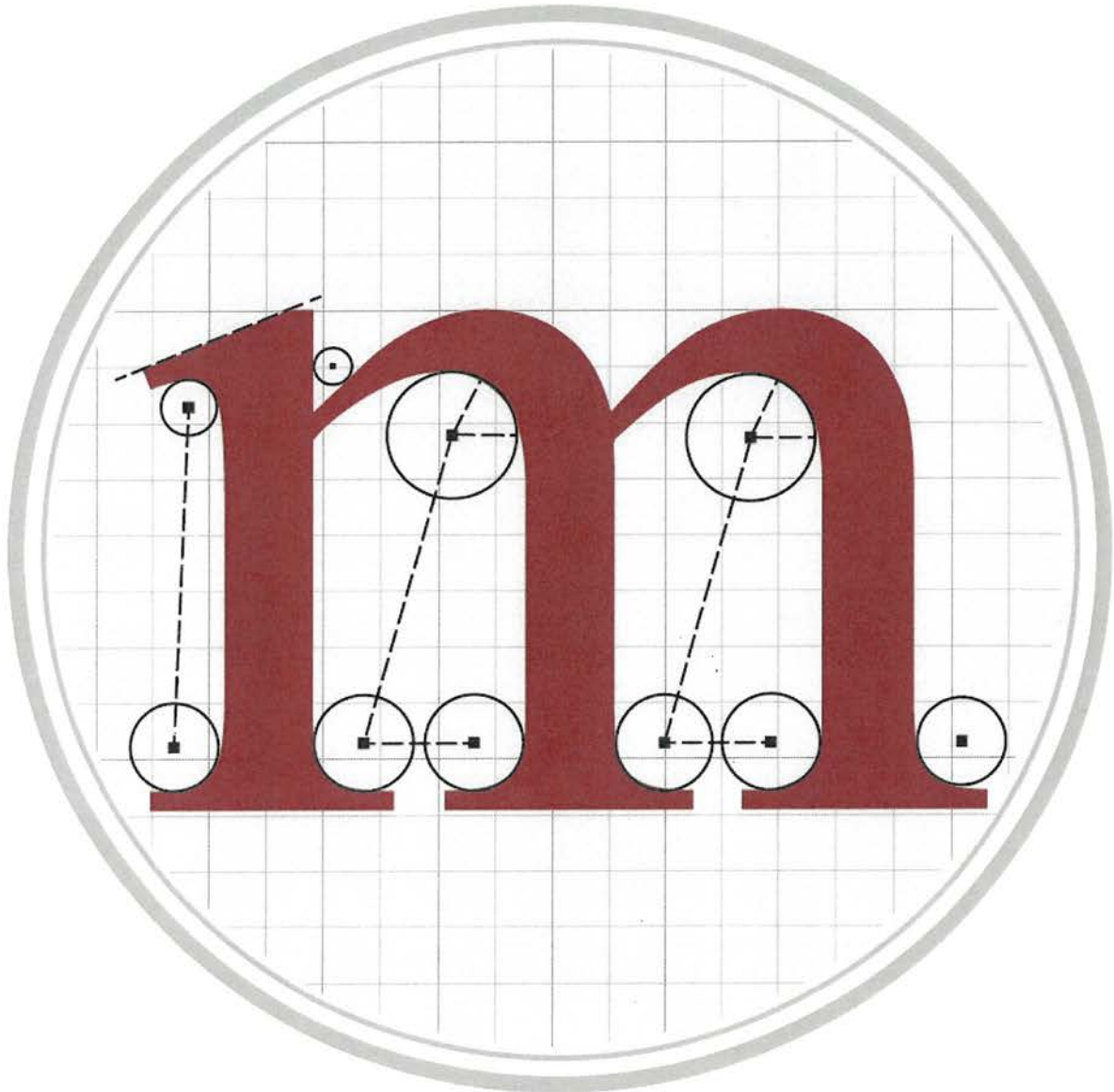
(8) Paid Holidays

Paydays



MOLTUS
BUILDING GROUP

design build • general construction • construction management



Employee Handbook

A Manual of Employee Benefits
& Personnel Policies

Rev. 03/01/2023

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Introduction

Welcome and Purpose

This handbook is designed to acquaint you with Moltus Building Group and provide you with general information about working conditions, benefits and policies affecting your employment.

The information contained in this handbook applies to all employees of Moltus Building Group. Following the policies detailed within the handbook is considered a condition of continuous employment. The contents of this manual shall not constitute nor be construed as a promise of employment or as a contract between the Company and any of its employees. The handbook is a summary of our policies, which are presented here only as a matter of information.

You are responsible for reading, understanding and complying with the provisions of this handbook. Our objective is to provide you with a work environment that is constructive to both personal and professional growth.

At-will Employment Statement

While we hope to have a long and profitable relationship with you, your employment with the Company is voluntary and is subject to termination by you or the Company at will, with or without cause, and with or without notice, at any time.

While the Company may have a disciplinary system in place, this system does not have to be used. The Company may make the decision to terminate you without first taking these disciplinary steps.

None of the information provided in our policies signifies a contractual agreement or should be interpreted to conflict with, eliminate or modify in any way your employment-at-will status with the Company.

Introduction

Mission, Vision, and Value Statements

MOLTUS BUILDING GROUP

Mission Statement

Building the Future through Teamwork, Trust, and Solutions

Vision Statement

To provide the best construction experience in our market

Value Statement

Our People, Our Customers, Our Project Partners, Our
Community...

- Innovative & Creative Problem Solvers Fueled by Personal and Professional Growth.
- Understanding Expectations, Building Partnerships, and Executing Goals.
- Communication, Collaboration, Teamwork, and Results.
- Opportunities, Education, and Commitment.

Our Journey...

Employment Policies

Employment Termination

1. Termination of employment is an inevitable part of personnel activity within any organization, and many of the reasons for termination are routine. Below are examples of some of the most common circumstances under which employment is terminated:
 - Resignation - voluntary employment termination initiated by an employee.
 - Termination - involuntary employment termination initiated by Moltus Building Group.
 - Layoff - involuntary employment termination initiated by Moltus Building Group for non-disciplinary reasons.
2. If you wish to resign, we ask that you submit a written letter of resignation to your Department Head at least two weeks in advance of your anticipated departure date. Of course, as much notice as possible is appreciated by the Company and your co-workers.
3. If you fail to report to work for three (3) consecutive days without informing your Department Head of the planned absence, we will assume that you have voluntarily resigned.
4. Temporary laid off employees can choose whether or not to use any accrued PTO hours in lieu of taking unpaid time off.
5. Any outstanding financial obligations owed to Moltus Building Group will also be deducted from your final check given your prior written permission (per state law, an employee's paycheck cannot be reduced below minimum wage compensation). If your final check does not sufficiently cover the money owed to the Company, you will remain liable for that amount.
6. A meeting between you and your Department Head may take place prior to your last day of work. Office keys, Company equipment, and building passes must be returned at this time, along with all other Company property and confidential information.
7. If you leave Moltus Building Group in good standing, you may be considered for re-employment.
8. Except as required by law or by separate agreement, employee salary and benefits will end on the date of termination.
9. Upon resigning from Moltus Building Group, please continue to provide us with an accurate address for at least one year for tax purposes.

Equal Employment Opportunity

It is our policy to provide an equal employment opportunity to all individuals without regard to race, color, sex/gender, sexual orientation, gender identity, religion, national origin, age, or any other protected category under applicable local, state, or federal law.

Employment Policies

We are committed to a diverse workforce. We value all employees' talents and support an environment that is inclusive and respectful. We are strongly committed to this policy and believe in the concept and spirit of the law.

We are committed to assuring that:

- All recruiting, hiring, training, promotion, compensation and other employment-related programs are provided fairly to all persons on an equal opportunity basis;
- Employment decisions are based on the principles of equal opportunity. All personnel actions such as compensation, benefits, transfers, training, and participation in social and recreational programs are administered without regard to any characteristic protected by state, federal or local law;
- Employees and applicants will not be subjected to harassment, intimidation, threats, retaliation, coercion or discrimination because they have exercised any right protected by law; and
- Reasonable accommodations will be made for disabilities and religious beliefs.

We believe in and practice equal opportunity. Executive Management serves as our Equal Opportunity Coordinators and has overall responsibility for assuring compliance with this policy. All employees are responsible for supporting the concept of equal opportunity and diversity and assisting our Company in meeting its objectives.

Please contact the Director of Human Resources with questions or concerns.

I-9 Immigration Reform

Moltus Building Group complies with the Immigration Reform and Control Act of 1986 by employing only United States citizens and non-citizens who are authorized to work in the United States. All employees are asked on their first day of employment to provide original documents verifying the right to work in the United States and to sign a verification form required by federal law (INS Form I-9). If an individual cannot verify his or her right to work within three days of hire, Moltus Building Group must terminate his or her employment.

Please contact the Director of Human Resources with questions or concerns.

Workplace Conduct

Code of Ethics Policy

Moltus Building Group maintains specific policies in an attempt to assist employees in adhering to certain standards of conduct. These policies are in place to preserve the Company's reputation and prevent adverse consequences to all parties involved. This particular policy is designed to establish standards of conduct with respect to payments and political contributions.

Prohibition of Improper Payments

The Company requires all employees to only use lawful practices involving payments to customers, political parties, officials, candidates or governmental authorities. As a result, kickbacks and bribes offered with the intent of inducing or rewarding specific buying decisions or actions are strictly prohibited. No Company employee may offer to make direct or indirect payments of value in the form of compensation, gifts or contributions to any of the following:

- Persons or firms employed by or acting on behalf of a customer (private or governmental) for the purpose of rewarding favorable actions in a transaction.
- Any governmental officials, political parties or officials of a party or candidate for political office, for the purpose of rewarding favorable actions or influence of the official, party or candidate.

These restrictions are not applicable to ordinary, reasonable business entertainment expenses and gifts of no substantial value. Sound judgement and discretion should be exercised with regard to controlling and authorizing these business expenses on a regular basis.

Political Contributions

The Company will not make contributions to any political party or candidate for political office in violation of federal or state law. Federal law generally prohibits corporations from making contributions or expenditures in connection with a political campaign, subject to some limited exceptions. There are, however, various states that do allow corporate contributions to political parties and candidates in conjunction with state and local elections.

Reporting to Management

Any employee who must authorize, make or agree to a payment that may be contrary to this policy must report this information to his or her Department Head or to the Company's Executive Management immediately. If an employee learns that a coworker is engaging in conduct contrary to this policy, the employee must report this information immediately to his or her Department Head or the Company's Executive Management as well. Management personnel who receive a report will promptly discuss the issue with Executive Management for further investigation.

Antitrust Laws

Antitrust laws are relevant to many business decisions, and those who engage in illegal actions against such laws are subject to fines and imprisonment. Executive Management will help guide employees in abiding by antitrust decrees applicable to the Company. The Company intends to comply with all U.S. antitrust laws applicable to normal business operations and will hold employees responsible for abiding by these laws as well.

Workplace Conduct

In compliance with Section I of the Sherman Antitrust Act:

- No employee may enter into an agreement (expressed or implied, formal or informal, written or oral) with any competitor restricting any of the following conditions or business offering:
 - Prices
 - Costs
 - Profits
 - Offerings of products and services
 - Terms of sale conditions
 - Production or sales volume
 - Production capacity
 - Market share
 - Quote decisions
 - Customer selection
 - Sales territories

- No employee may enter into an agreement with a purchaser or lessee restricting the right of the purchaser or lessee to determine the price to resell or lease the product in question. Employees may not enter into such agreements when the Company is the purchaser or lessee in the agreement.

The following situations may be in violation of antitrust laws under certain circumstances. Employees may not enter into these agreements without consulting Executive Management in advance and obtaining clearance to enter into such agreements.

- Agreements with customers or suppliers regarding the sales or purchases of reciprocal purchases or sales by customers or suppliers.
- Agreements with purchasers or lessees of products of the Company that would restrict customers from using or reselling products as they choose to do so.
- Agreements with any party that would restrict all parties involved to manufacture a product or provide a service to a third party.

Exchange of Information with Competitors

Communication with competitors would be an infringement of antitrust laws, specifically if the communication is accompanied by some action. The prohibitions of this policy are intended to avoid antitrust infringements.

Under this policy, no employee may discuss information on any subject with a competitor or another third party acting on behalf of a competitor to remain compliant with Section I of the Sherman Antitrust Act, unless the Company's Executive Management determines that the communication would not violate antitrust laws.

Workplace Conduct

When participating in trade associations and other meetings with competitors, employees may not attend:

- Unauthorized meetings with competitors.
- Meetings where the communication with competitors is in violation of the paragraph above.
- Meetings for trade associations held to discuss business without adhering to the formal rules established by the trade association for its meetings.

Employees must recognize that participating in development and product certification events impacting competitors or suppliers may initiate antitrust violations. Consult with the Company's Executive Management before attending any event that may develop standards or certify products with competitors.

Violations of this Policy

If an employee violates this policy, he or she may be subject to termination or other disciplinary action to prevent future violations. The following individuals may be subject to disciplinary action or termination:

- Employees who are in direct violation of this policy.
- Employees who deliberately withhold information concerning the violation of this policy or fail to report a violation of this policy.
- Management personnel who fail to report violation of this policy by their subordinates.

If an employee is accused of violating antitrust laws, yet he or she did consult Executive Management and acted in good faith, the employee may not face disciplinary action under this policy. The Company may also assist in the employee's defense, within the confines of the law.

Complaint Policy

Moltus Building Group strives to openly communicate with all employees. Any concerns employees have should promptly be reported to their Department Head or the Director of Human Resources so that a solution can be devised.

Examples of some complaints employees may have:

- Suggestions for improvement
- Concerns about working conditions
- Issues with co-workers
- Concerns about treatment at work

When a complaint is voiced, we will do our best to remedy the situation. While every employee may not be satisfied with every solution, we do value the input that employees provide and want to foster an environment where all employees feel comfortable reporting their concerns. Please contact your Department Head or the Director of Human Resources with all complaints.

Workplace Conduct

Disciplinary Action Policy

Disciplinary actions may entail documented verbal, written and final warnings, and suspension or termination. All of these actions may not be followed in all instances. Moltus Building Group reserves the right to exercise discretion in discipline. Prior warning is not a requirement for termination. If you are disciplined in writing, copies of your warnings are placed in your personnel file.

Moltus Building Group reserves the right to take any disciplinary action it considers appropriate, including termination, at any time. In addition to those situations discussed elsewhere in this handbook, listed below are some examples where immediate termination could result. This list is general in nature and is not intended to be all inclusive:

- Discourtesy to a customer, provider or the general public resulting in a complaint or loss of good will.
- Refusal or failure to follow directions.
- Breach of confidentiality relating to employer, employee, customer or provider information.
- Altering, damaging or destroying Company property or records, or another employee's property.
- Dishonesty.
- Providing false or misleading information to any Company representative or on any Company records, including, but not limited to, the employment application, benefit forms, timecards, expense reimbursement forms and similar records.
- Fighting or engaging in disorderly conduct on the Company's or a customer's premises.
- Violations of any of the Company's employment policies including, but not limited to, confidentiality, security, solicitation, conflict of interest and code of conduct.
- Conduct or performance issues of a serious nature.
- Failure of a drug or alcohol test.

Drug-free Workplace Policy

We recognize alcohol and drug abuse as potential health, safety and security problems. It is expected that all employees will assist in maintaining a work environment free from the effects of alcohol, drugs or other intoxicating substances. Compliance with this Drug-free Workplace Policy is made a condition of employment.

Employees are prohibited from the following when reporting for work, while on the job, on Company or customer premises or surrounding areas, or in any vehicle used for Company business:

- The unlawful use, possession, transportation, manufacture, sale, dispensation or other distribution of an illegal or controlled substance or drug paraphernalia.
- The unlawful use, possession, transportation, manufacture, sale, dispensation or other distribution of alcohol.

Workplace Conduct

- Being under the influence of alcohol or having a detectable amount of an illegal or controlled substance in the blood or urine (“controlled substance” means a drug or other substance as defined in applicable federal laws on drug abuse prevention).

Any employee violating these prohibitions will be subject to disciplinary action up to and including termination.

Any employee convicted under any criminal drug statute for a violation occurring while on the job, on Company or customer premises, or in any vehicle used for Company business must notify the Company immediately. A conviction includes any finding of guilt or plea of no contest and/or imposition of a fine, jail sentence or other penalty.

Disciplinary action will be taken for drug-related crimes, regardless of whether they happened during working hours or on an employee’s own time.

Drug and alcohol testing will be carried out in compliance with applicable state and federal laws and regulations for those employees holding a current CDL license, or if there is reasonable suspicion that drug/alcohol use was a contributing factor to an accident or injury. No drug or alcohol testing will be done without the written consent of the employee. However, an employee who refuses to submit to a test or attempts to defect the test or improperly alter its results will be subject to termination of employment.

Moltus Building Group reserves the right to request an employee take a random drug/alcohol test due to reasonable suspicion of impairment while on Company time.

We recognize that employees suffering from alcohol or drug dependence can be treated. We encourage any employee to seek professional care and counseling prior to any violation of this policy.

Harassment Policy

Moltus Building Group strives to provide a work environment that is free from harassment. Therefore, Moltus Building Group will not tolerate harassment based on age, race, sex (including pregnancy), gender identity, color, religion, national origin, disability, covered veteran status, protected genetic information, sexual orientation, or other characteristics protected under state, federal or local law.

This conduct is prohibited in any form at the workplace, at work-related functions or outside of work if it affects the workplace. This policy applies to all employees, clients, customers, guests, vendors and persons doing business with the Company.

Harassment consists of unwelcome conduct toward an individual because of his or her age, race, gender, color, religion or other protected status when the conduct creates an intimidating, hostile or offensive work environment that causes work performance to suffer or negatively affects job opportunities. Sexual harassment includes, but is not limited to, unwelcome sexual advances, requests for sexual favors, or any other conduct of a sexual nature when: (a) submission to the conduct is made either implicitly or explicitly a condition of employment; (b) submission to or rejection of the conduct is used as the basis for an employment decision affecting the harassed employee; or (c) the harassment has the purpose or effect of unreasonably interfering with the employee’s work performance or creating an environment that is intimidating, hostile, or offensive to the employee.

Workplace Conduct

Types of prohibited harassment include, but are not limited to, the following:

- Verbal or written comments related to a trait someone possesses, including name-calling, jokes, slurs, negative stereotyping or threats.
- Explicit or degrading verbal comments about another individual or his or her appearance.
- Nonverbal conduct, such as staring, leering or giving inappropriate gifts.
- Physical conduct, such as assault or unwanted touching.
- Visual images, in hard copy or electronic form, relating to a trait someone possesses (for example, cartoons, drawings or pictures).

Some examples of sexual harassment include, but are not limited to, the following:

- Unwelcome sexual flirtation, advances or propositions.
- Verbal comments related to an individual's gender or sexual orientation.
- The display of sexually suggestive pictures or objects in any workplace location, including transmission or display via computer.
- Any sexually offensive or abusive physical conduct.
- The taking of or the refusal to take any personnel action based on an employee's submission to or rejection of sexual overtures.
- Displaying cartoons or telling jokes which relate to an individual's gender or sexual orientation.

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made a term or condition of, either explicitly or implicitly, an individual's employment.
- Submission to or rejection of such conduct by an individual is used as a factor in decisions affecting that individual's employment.
- Such conduct has the purpose or effect of interfering with an individual's work performance or creates an intimidating, hostile, or offensive work environment.

Appropriate performance reviews, counseling or discipline by your Department Head do not constitute harassment.

If you feel that you are being harassed, take the following steps:

- Tell the harasser that his or her actions are not welcome and they must stop, if you feel comfortable enough to do so.
- Report the incident immediately to your Department Head or the Director of Human Resources.
- Report any additional incidents or retaliation that may occur to your Department Head or the Director of Human Resources.

Workplace Conduct

Employees who witness conduct prohibited by this Policy are encouraged to report the situation to their Department Head or the Director of Human Resources. Managers and supervisors who witness prohibited conduct are expected to take steps to address the conduct and report the situation as stated above.

All reports will be investigated immediately and thoroughly. Complaints and actions taken to resolve complaints will be handled as confidentially as possible. Appropriate actions will be taken to stop and remedy such conduct, including interim measures during a period of investigation.

Retaliating or discriminating against an employee who reports a suspected incident of harassment or who cooperates in an investigation is prohibited. Employees who violate this policy or retaliate against an employee in any way will be subject to disciplinary action, up to and including termination.

Moltus Building Group views harassment and retaliation to be among the most serious breaches of workplace behavior. Consequently, appropriate disciplinary or corrective action will be determined by Executive Management. Disciplinary or corrective action may range from a warning to termination.

Standards of Conduct

The work rules and standards of conduct for Moltus Building Group are important, and the Company regards them seriously. All employees are urged to become familiar with these rules and standards. In addition, employees are expected to follow the rules and standards faithfully in doing their jobs and conducting business on behalf of Moltus Building Group. Please note that any employee who deviates from these rules and standards will be subject to disciplinary action, up to and including termination of employment.

While not intended to list all the forms of behavior that are considered unacceptable in the workplace, the following are examples of rule infractions or misconduct that may result in disciplinary action, up to and including termination of employment:

- Theft or inappropriate removal or possession of property
- Falsification of timekeeping records or any other document
- Working under the influence of alcohol or illegal drugs
- Possession, manufacture, distribution, sale, transfer, dispensation or use of alcohol or illegal drugs
- Fighting or threatening violence in the workplace
- Immoral actions or intimidating others
- Boisterous or disruptive activity in the workplace
- Negligence or improper conduct leading to damage of Company or customer property
- Insubordination
- Violation of safety or health rules
- Smoking in the workplace

Workplace Conduct

- Sexual or other unlawful or unwelcome harassment or touching
- Excessive absenteeism or any absence without notice
- Unauthorized use of telephones or other Company equipment
- Unauthorized use of equipment for purposes other than business
- Unauthorized disclosure of confidential information
- Violation of personnel policies
- Unsatisfactory performance or conduct

These rules apply to any and all interactions with customers, fellow employees or anyone else associated with the workplace.

Violence in the Workplace

It is Moltus Building Group's policy to provide a workplace that is safe and free from all threatening and intimidating conduct. Therefore, the Company will not tolerate violence or threats of violence of any form in the workplace, at work-related functions or outside of work if it affects the workplace. This policy applies to Company employees, clients, customers, guests, vendors and persons doing business with the Company.

It is a violation of this policy for any individual to engage in any conduct, verbal or physical, that intimidates, endangers or creates the perception of intent to harm persons or property. Examples include but are not limited to:

- Physical assaults or threats of physical assault, whether made in person or by other means (i.e., in writing, by phone, fax or email).
- Verbal conduct that is intimidating and has the purpose or effect of threatening the health or safety of a co-worker.
- Any other conduct or acts that may represent an imminent or potential danger to workplace safety or security.

It is important that every employee understands that there is no such thing as an idle threat. The Company will interpret any threatening statement or gesture as serious. Similarly, the Company will not tolerate veiled threats.

Anyone with questions or complaints about workplace behaviors that fall under this policy may discuss them with your Department Head or the Director of Human Resources. The Company will promptly and thoroughly investigate any reported occurrences or threats of violence. Violations of this policy will result in disciplinary action, up to and including immediate termination of employees. Where such actions involve non-employees, the Company will take action appropriate for the circumstances. Where appropriate and/or necessary, the Company will also take whatever legal actions are available and necessary to stop the conduct and protect Company employees and property.

Workplace Conduct

Weapons in the Workplace

Loaded firearms are prohibited on Company premises or Company work-site locations unless carried by an individual with a licensed, concealed carry permit.

Any employee found in violation of this policy will be subject to disciplinary action, up to and including immediate termination. If you have questions or concerns regarding this policy, please contact Executive Management.

Employee Benefits

Employee Benefits

Moltus Building Group offers health and retirement benefits to eligible employees, subject to the terms and conditions of the applicable plans. Employees can receive details about the benefits provided, contribution rates, and eligibility requirements by contacting the Director of Human Resources.

Moltus Building Group reserves the right to modify or eliminate the benefits at any time, at its sole discretion.

Employment Taxes

As an employee of Moltus Building Group, you are responsible for paying federal, state and local taxes. This includes income taxes and related payroll taxes. These taxes will be automatically withdrawn from each of your paychecks at a rate that is determined by your Form W-4.

Time Away From Work

Funeral Leave

We have taken into consideration the personal needs that arise from the death of an immediate family member. You will be allowed leave up to three (3) days with regular pay until and including the day of the funeral. Funeral leave will not count against accrued PTO hours. Funeral leave pay will not be granted to employees attending a funeral during periods when, for other reasons, they are not at work, such as paid time off, holidays, and illness.

Immediate family includes father, mother, spouse, child, sister, brother, mother-in-law, father-in-law, brother-in-law, sister-in-law, grandparents or any relative who lives with the employee.

Jury Duty

Moltus Building Group recognizes it is the duty of every citizen to serve on a jury when called. If you are selected to serve on a jury, you must:

- Show your supervisor your summons to serve on a jury prior to the time that you are scheduled to serve.
- Furnish your supervisor with evidence of having served on a jury for the time claimed.

While serving on jury duty, you are expected to call in to your supervisor periodically to keep him or her apprised of your status. Jury absence will be noted on your time sheet or timecard to properly record this time away from work.

Non-exempt employees can choose whether or not to use any accrued PTO or opt for the time off from work as an unpaid absence.

Meal Break

Employee meal periods are important to Company productivity and employee health. Employees are allowed an unpaid 60 minute meal break. The schedule for meal periods should be established on the basis of work requirements. Staggered meal periods may be necessary. Department Heads should be sure that each division is adequately staffed and that someone with authority to resolve minor problems is available at all times.

For non-exempt employees, meal periods are mandatory and may not be used to account for an employee's late arrival, early departure, or to cover time off for other purposes unless approved in advance by your Department Head. Any deviation from scheduled meal times due to unusual circumstances must be approved in advance by your Department Head.

Military Leave

Moltus Building Group provides military leave to eligible employees in compliance with federal and state laws, including the federal Uniformed Services Employment and Reemployment Rights Act (USERRA). Questions regarding the Company's military leave policy should be directed to the Director of Human Resources. Employees should notify the Director of Human Resources as soon as they become aware of a military service obligation.

Time Away From Work

Leave for Annual Training

Employees who are members of the U.S. Army, Navy, Air Force, Marines or Coast Guard Reserves or the National Guard may be granted leaves of absence for the purpose of participating in Reserve or National Guard training programs.

Employees will be granted the minimum amount of leave needed to meet the minimum training requirements of their units. No employee will be required to use vacation time for military duty, but employees who do elect to schedule their vacations to coincide with military duty will receive their full regular vacation pay in addition to any pay from the military.

Leave for Military Service

Regular employees who perform service in the uniformed services may be granted leaves of absence for the purpose of participating in military service. Under USERRA, "uniformed services" consists of the U.S. Army, Navy, Marine Corps, Air Force and Coast Guard and their Reserve components, U.S. National Guard and Air National Guard, the Commissioned Corps of the Public Health Service and any other category of persons designated by the President of the United States in time of war or emergency.

Employees will be granted leave as required to complete the military service, for up to five (5) years of cumulative uniformed service-related absences. Some special categories of military service are exempt from this five-year (5 yr) limit.

Employees with leaves of less than 31 days must report back to work by the beginning of the first regularly scheduled work period after the end of the last calendar day of service, plus the time required to return home safely and have an eight hour rest period.

Employees with leaves between 31 and 180 days must apply for re-employment no later than 14 days after completion of uniformed service. Employees with leaves longer than 180 days must apply for re-employment no later than 90 days after completion of uniformed service.

The reporting or application deadlines are extended for persons who are hospitalized or convalescing because of an injury or illness incurred or aggravated during the performance of military service.

Returning service members will be reemployed in the job that they would have attained had they not been absent for military service, with the same seniority, status and pay, as well as other rights and benefits determined by seniority (escalator position).

The Company will make reasonable efforts (such as training or retraining) to enable returning service members to refresh or upgrade their skills to help them qualify for reemployment. However, certain exceptions apply and a service member may be placed in an alternative reemployment position if he or she cannot qualify for the escalator position.

Reemployed service members are entitled to the seniority and rights and benefits based on seniority that they would have attained with reasonable certainty had they remained continuously employed.

During a period of military service, the employees will be treated as if they are on a furlough or leave of absence. Consequently, during their period of service they are entitled to participate in any rights and benefits not based on seniority that are available to employees on comparable non-military leaves of absence.

Time Away From Work

Paid Time Off

Moltus Building Group believes that employees should have opportunities to enjoy time away from work to help balance their lives. For this reason, we provide a program of Paid Time Off (PTO).

PTO provides employees the freedom to decide how to use their personal time off. Moltus Building Group believes this program offers more liberal time off with pay than traditional vacation, sick and personal time packages. Employees can use their flexible days in a number of different ways, for example:

- As vacation
- For personal business
- For periods of illness
- For doctor or dental appointments
- For personal emergencies
- For family emergencies
- In the event of severe weather or driving conditions

PTO does not replace the Company holiday schedule. We will continue to have compensated holidays each year.

Eligibility for PTO

All full-time employees working at least 40 hours per week are eligible to earn PTO hours.

PTO Allotment and Accrual

PTO hours will be pro-rated based on the employee's date of hire during their first year of employment and must be used before January 1st of the following year.

At January 1st of their first full calendar year of employment, employees will receive 40 PTO hours for the full calendar year.

For the 2nd through 4th years of employment: Full-time employees will receive 80 PTO hours on January 1st for the full calendar year, for each of these years.

For the 5th year of employment and after: Full-time employees will receive 120 PTO hours on January 1st for the full calendar year, for each of these years.

At the 10th year of employment and after: Full-time employees will receive 160 PTO hours on January 1st for each of these years.

PTO Carry-Over

Moltus Building Group encourages employees to use their accrued PTO hours on an annual basis. However, all employees will be allowed to carry over a maximum of 40 PTO hours at the beginning of each new calendar year (with the exception of an employee's initial year of hire).

Time Away From Work

Unused PTO hours are not paid out when an employee's employment ends with the Company.

Use and Management of PTO

Moltus Building Group encourages employees to use their PTO hours responsibly and, whenever possible, to schedule time off in advance for vacations or personal leave appointments. The time off request will be evaluated and subject to approval depending upon staffing needs at the time.

- Non-exempt (hourly) employees can use PTO in 1 hour minimum increments.
- Exempt (salary) employees can use PTO in 8 hour minimum increments.

Moltus Building Group understands there may be occasions, such as sudden illness, when you may not be able to give sufficient advance notice. In those situations, however, be sure to inform your Department Head as soon as possible. PTO hours also include time off for unexpected emergencies or illness, as well as time missed from work in the case of severe weather.

Medical Leave of Absence Policy

The Company provides a paid, two (2) week medical leave of absence to eligible employees who are temporarily unable to work due to an employee's serious health condition, the birth, adoption or placement of a foster child with the employee, or to care for an immediate family member (as defined per the current FMLA guidelines) due to a serious health condition that makes the individual unable to care for themselves.

As soon as an employee becomes aware of a need for a medical leave of absence, they should request a Medical Leave form from the Director of Human Resources. For serious health conditions of the employee or a member of the employee's immediate family, a physician's statement must be provided verifying the serious health condition and the beginning of the leave and expected return date, if available. Any changes in this information should be promptly reported to the Director of Human Resources. If the medical leave of absence is for an employee's own serious health condition, prior to the employee's return to work, the employee must provide a physician's verification of their fitness to return to work.

An eligible employee must be employed by the Company for at least twelve (12) months and requires an average work week of 24 hours or more. Although a two (2) week paid medical leave is available to employees, employees may be eligible for a medical leave of absence up to a combined total of twelve (12) weeks. Approved medical leaves of absence must be taken as a continuous block of leave and only one medical leave of absence will be approved per employee per any twelve (12) month period.

The employee may choose to use accrued PTO for any unpaid time off, but is not required to do so. The Company will continue to provide health benefits for the employee on an approved medical leave, provided the employee makes arrangements with Payroll on how to pay the Company for continuous benefits, and makes such payments, if applicable, during the unpaid time off. Additionally, if a paid holiday occurs during an employee's medical leave of absence, the employee will be eligible for holiday pay only if the employee is using accrued PTO or the employee is being paid under the terms of this policy.

Time Away From Work

When a medical leave ends, reasonable efforts will be made to return the employee to the same position, if it is available, or to a similar position for which the employee is qualified. Except when legally required, the Company cannot guarantee reinstatement in all cases.

If an employee fails to report to work promptly at the end of the medical leave, the Company will assume that the employee has resigned.

Types of Non-PTO Leave

Bereavement and worker's compensation will not be charged against your PTO hours.

Company Holidays

All full-time employees working at least 40 hours per week are eligible for holiday pay.

PTO does not replace the Company holiday schedule. The Company will provide eight (8) paid Holidays per calendar year. The Company calendar indicating all paid holidays as well as scheduled pay days will be updated and distributed to all employees each November (for the following year) by the Director of Human Resources.

Information & Office Security

Emergency Action Plan

Moltus Building Group recognizes that our people drive our business. As our most critical resource, employees are safeguarded through training, provision of appropriate work surroundings, and procedures that foster protection of health and safety. No duty, no matter what its perceived result, is more important than employee health and safety.

General Guidelines in an Emergency

Stay calm and think through your actions. Know important emergency numbers, such as:

- Fire/Police/Ambulance 911
- Management

Be aware of your surroundings:

- Know where exits are located
- Do not hesitate to call or alert others if you believe that an emergency is occurring

If you discover a Fire:

- Alert other persons in the immediate hazard area if possible
- Call 911 and activate the nearest fire alarm, if applicable

Medical Emergency:

- Upon discovering a medical emergency, call 911
- Stay with the ill or injured person, being careful not to come into contact with any body fluids unless properly trained and protected
- Alert Management so they can notify family members of the ill or injured person
- Employees in the immediate vicinity of the emergency, but not involved in the emergency effort, should leave the area

Severe Weather:

- In the event severe weather conditions occur at a time when you have not yet reported to work, you should report to work as usual unless otherwise notified, but only if you are able to do so safely.
- Employees should immediately seek shelter in the basement if conditions warrant such protection.

Information & Office Security

General Computer Usage Policy

Moltus Building Group is committed to accomplishing its business objectives in a secure and timely manner. Each employee must assist in achieving this goal while safeguarding corporate information assets. The basic regulations for using the Company computer systems are as follows:

- Computers are for business use only.
- The Company may access any information created, transmitted or stored on its information systems. Employees should have no reasonable expectation of privacy.
- Copying or downloading software of any kind is prohibited without prior permission from the IT Manager.
- Internet is for business use only - incidental and occasional personal use is permitted.
- The Company provides email accounts to its employees for business use - incidental and occasional personal use is permitted.
- Any email of an offensive, pornographic or otherwise inappropriate nature is prohibited - violations may result in disciplinary action, up to and including termination of employment.
- Company proprietary information must be protected.
- Instant messaging services may be provided to ease communication between employees - non-business use is prohibited.

Please use the computers responsibly and contact the Director of Human Resources with any questions regarding appropriate usage.

General Practices

Anti-discrimination Policy

Moltus Building Group does not discriminate against anyone based on race, color, ethnicity, religion, gender, sexual orientation, disability status or any other trait that is protected under local, state or federal law. In addition, we do not allow discrimination of any kind in the workplace. We are an equal opportunity employer and also take affirmative action measures against discrimination in all aspects of employment and Company business. This policy applies not only to personnel decisions, but to all aspects of business.

We ask that you respect those around you, your co-workers and customers alike. Any reports of discrimination will be investigated and disciplinary measures will be taken.

Attendance & Standard Working Hours

Moltus Building Group expects that every employee will be regular and punctual in attendance. This means being ready to work at the starting time each day. Absenteeism and tardiness place a burden on both co-workers and Moltus Building Group.

When you are unable to work due to illness or other reasons, please promptly notify your immediate supervisor. In the event your immediate supervisor or Department Head is unavailable, you must speak with the Director of Human Resources or his/her designated stand-in. If you do not report for work and Moltus Building Group is not notified of your status, it will be assumed after three (3) consecutive days of absence that you have resigned, and you will be removed from the payroll.

If you become ill at work or must leave the office for some other reason before the end of the workday, be sure to inform your Department Head of the situation.

You will be compensated for authorized absences according to the provisions described in this handbook. Authorized absences beyond the time allowed under the PTO policy are authorized without compensation.

In the event of severe weather, we remain open for business during regularly scheduled working hours. You are expected to report for work in severe weather if it is at all possible to do so safely. In the event we close due to weather, your Department Head will contact you. Please keep your Department Head and Human Resources informed on how to reach you on such occasions.

Standard office hours are from 8 AM to 5 PM, Monday through Friday. A one-hour lunch period is taken at a time that is mutually agreeable between the employee and Department Head.

All full-time, non-exempt employees are permitted two (2) 10-minute rest breaks per day with one 10-minute break to be taken in the morning and one in the afternoon. Breaks should be staggered to avoid disrupting the operations of any department. Breaks are not permitted at either the beginning or end of the work day to offset arrival and departure times, nor may they be added to the lunch break. Employees who voluntarily work through their break periods will not be permitted additional compensation.

If you will be absent from work during standard working hours for any reason, you must contact your Department Head as soon as possible to avoid disciplinary action.

General Practices

Telecommuting

Telecommuting is the term for working from a remote location, usually an employee's residence. Workers are connected to employers and company servers via the Internet and are able to communicate regularly in real time using email, instant messaging, webcams and conference calls. Unless identified in an employee's job description, Moltus Building Group will only allow telecommuting if the employee receives prior authorization from their Department Head.

Background Check Policy

Moltus Building Group carefully selects quality employees. Background checks help to ensure that new employees have the skills for the job and have performed well in the past.

The Company retains the option to conduct background checks on all job candidates after a contingent offer of employment has been extended. A background check may also be completed during reassignment or promotion of an employee. A third-party administrator may be used to conduct the background checks, and all background checks will be compliant with applicable laws, such as the Fair Credit Reporting Act. See the MVR Driver & Background Authorization/Release Form at the end of this Handbook.

The information that may be collected includes, but is not limited to:

- Criminal background
- Employment history
- Education
- Credit
- Driver's License Verification
- Professional and personal references

The Company has the right to make the final decision about employing an individual after the background check is complete.

Checking professional and personal references is an important part of the background check process. This provides the Company with information on the potential employee's work ethic, skills and performance.

Information obtained from the background check process, including information from professional and personal references, will be used by the Company only as part of the employment process and will be kept confidential.

Auto Allowance and Mileage Policy

If a Company vehicle is available for use and is approved by Management, the vehicle may be used for travel to and from the office to a jobsite.

General Practices

Fuel will be paid for travel to and from a jobsite by Moltus Building Group for a Company vehicle. If a Company vehicle is available for use to and from a jobsite and an employee chooses to use their own vehicle, the Company will not pay mileage or fuel cost. Carpooling from the office to a jobsite in a Company vehicle is recommended. If an employee elects not to carpool when a Company vehicle is available, the Company may elect not to reimburse that employee for mileage or fuel cost.

If a Company vehicle is not available for use, an employee may use their own vehicle for travel to and from the jobsite. The Company will pay mileage at a published rate for travel starting after the first 60 miles for each day traveled (see Per Diem Policy). Direct mileage is reimbursed at the current IRS standard rate and is paid upon submission of a signed and supervisor approved "Monthly Mileage Report" form.

The use of a personal automobile for business-related travel is only authorized if a Company vehicle is not available. Employees using personal vehicles must comply with the Moltus Building Group Vehicle Use Policy included at the end of this Handbook. Any damages, repair costs or maintenance costs incurred by an employee when using their privately owned vehicle in conjunction with Company business is the sole responsibility of the employee unless otherwise approved by the Department Manager for the Company to compensate these costs.

Non-exempt employees will be paid for travel time after the first hour of travel to the jobsite, and after the first hour of travel from the jobsite.

Office personnel will be reimbursed mileage when using their own personal vehicle (if no Company vehicle is available) from the office to miscellaneous destinations as needed.

Company Car Policy

Moltus Building Group provides vehicles for business use. Reimbursement for business use of personal vehicles will only be allowed if a Company vehicle is not available. Moltus Building Group retains the right to amend or terminate this Policy at any time.

1. Before being approved to operate a Company vehicle, an employee's driving record will be reviewed, with consent of the employee, and the existence of a valid driver's license will be verified. See the Authorization to Obtain Motor Vehicle Record at the end of this Handbook. All employees approved to drive on Company business are required to inform Moltus Building Group of any changes that may affect their legal or physical ability to drive or their continued insurability.
2. Employees holding jobs requiring regular driving for business as an essential job function must, as a condition of employment, be able to meet the driver approval standards of this Policy at all times. For all other jobs, driving is considered only an incidental function of the position.
3. Employees who drive a vehicle on Company business must, in addition to meeting the approval requirements above, exercise due diligence to drive safely and maintain the security of the vehicle and its contents. Employees are also responsible for any driving infractions or fines that occur as a result of their driving.
4. Employees must report any theft or damage involving a Company vehicle to their Department Head and the Director of Human Resources, regardless of the extent of the damage. Such reports must be made as soon as possible, after the incident. However, employees should make no voluntary statement other than in reply to questions of investigating officers.
5. Employees must comply with all laws when operating a Company vehicle or personal vehicle being used for Company business.

General Practices

Employees are not permitted, under any circumstances, to operate a Company vehicle or a personal vehicle for Company business when any physical or mental impairment causes the employee to be unable to drive safely. Additionally, employees shall not operate any Company vehicle at any time, or operate any personal vehicle for Company business while using or consuming alcohol, using marijuana, illegal drugs or prescription medications that may affect their ability to drive. These prohibitions include circumstances in which the employee is temporarily unable to operate a vehicle safely or legally because of impairment, illness, medication or intoxication.

Company Credit Card Policy

Moltus Building Group offers Company credit cards for employees who travel frequently for their duties, incur frequent business expenses, or for miscellaneous incidental purchases.

As a general rule, Company credit cards can only be used for job cost and business travel expenses incurred by the employee whose name appears on the credit card. Charges made for other expenses must be pre-approved by their Department Head. Company credit cards cannot be used to obtain cash advances, bank checks or electronic cash transfers. The card is not to be used for personal expenses of the employee.

- Misuse of a Company credit card will result in cancellation of the card and may result in disciplinary action, up to and including termination of employment. If the card is used for personal expenses, Moltus Building Group has the right to recover these expenses from the cardholder immediately by requiring reimbursement from the employee.
- All employee cardholders are expected to read and sign a Moltus Credit Card Authorization Form authorizing the Company to require immediate reimbursement from the cardholder for personal charges or those charges without a purchase receipt.

Lost or stolen Company credit cards must be reported to the Company's CFO immediately.

Company Owned Devices

Any device or computer, including, but not limited to, drones, smartphones, tablets, laptops, printers, etc. that Moltus Building Group provides for your use should only be used for Company business. Keep in mind that the Company owns these devices and the information that is stored in them.

Therefore, you have no reasonable expectation of privacy when using such devices and the Company has the right to review or monitor anything on such devices.

Additionally, under no circumstances, may Company owned devices such as those listed above be used at any time to obtain, view, send, receive, or reach any pornographic, or otherwise immoral, unethical or non-business related material. Doing so will lead to disciplinary action up to and including termination of employment.

As a condition of employment with Moltus Building Group, you are agreeing to immediately return all Moltus property that was assigned to you, as requested by the Company, once your employment has been terminated, whether voluntary or involuntary. You agree to submit any new or changed passwords or pin numbers for your electronics and must return these devices in an unlocked state. You also agree to allow Moltus Building Group to deduct from your final paycheck the replacement cost of any Moltus owned property that is not returned at the time of your termination (however, these deductions cannot reduce an employee's wages below minimum wage).

General Practices

Per Diem Policy

When an employee is working out of town and required to stay overnight, or for an extended duration, a Per Diem will be paid as follows:

Per Diem amounts will be determined by geographical location, lodging availability, and other factors or considerations. Per Diems will be paid bi-monthly per pay calendar, to an employee. The Per Diem shall be for employee's food, lodging, laundry, cleaning, travel (to and from lodging location, and to jobsite) and other costs associated with working out of town.

Per Diem shall be paid at the onset of travel to the jobsite and will be terminated when the employee returns to their residence.

The Per Diem rate and payment schedule may be revised (within the published IRS guidelines) at any time as deemed necessary by Executive Management.

Confidential Information & Company Property

During your employment at Moltus Building Group, you may have access to confidential and proprietary data, which is not known by competitors or within the Company's field of business generally. This information (hereinafter referred to as "Confidential Information") includes, but is not limited to: data relating to the Company's marketing and servicing programs; procedures and techniques; the criteria and formula used by the Company in pricing its products and services; the structure and pricing of special packages that the Company has negotiated; lists of customers and prospects; the identity, authority and responsibilities of key contacts at Company accounts; the composition and organization of accounts' businesses; the peculiar risks inherent in their operations; sensitive details concerning the structure, conditions, and extent of their existing products and services; contract expiration dates; service arrangements; proprietary software, web applications and analysis tools; and other data showing the particularized requirements and preferences of the accounts. This Confidential Information is a valuable asset of the Company, developed over a long period of time and at substantial expense.

To protect the Company's interest in this valuable asset, you must (a) not use any such Confidential Information for your personal benefit or for the benefit of any person or entity other than the Company during your employment and at any time after your employment ends, and (b) use your best efforts to limit access to such Confidential Information to those who have a need to know it for the business purposes of the Company.

In addition, you should minimize those occasions on which you take documents, flash drives, SD cards, or a laptop containing such Confidential Information outside the office. On those occasions when it is necessary, consistent with the best interests of the Company and doing your job effectively, to take documents, or a laptop containing Confidential Information outside the office, all appropriate precautionary and security measures should be taken to protect the confidentiality of the information.

During the course of your employment with the Company, you will be provided with and will generate correspondence, memoranda, literature, reports, summaries, manuals, proposals, contracts, customer lists, prospect lists, and other documents and data concerning the business of the Company. Any and all such records and data, whether maintained in hard copy or on a computer or other medium, is the property of the Company, regardless of whether it is or contains confidential information. At the request of the Company or at termination of your employment with the Company, you are required to return all such records to the Company and may not retain any copy of such records or make any notes regarding such records.

General Practices

An employee shall not be held criminally or civilly liable under any federal or state trade secret law for the disclosure of a trade secret that (a) is made in confidence to a federal, state, or local government official, either directly or indirectly, or to an attorney and solely for the purpose of reporting or investigating a suspected violation of law; or (b) is made in a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal. Any individual who files a lawsuit for retaliation by an employer for reporting a suspected violation of law may disclose the trade secret to the person's attorney and use the trade secret information in the court proceeding, provided the individual files any document containing the trade secret under seal and does not disclose the trade secret except pursuant to court order.

Social Security Number Privacy Policy

The Company requires all employees who use, are exposed to, or have access to employee or other individual's social security numbers (or SSN) to maintain the strictest confidentiality of these numbers and prohibits unlawful disclosure of any SSN. To this end, the Company expects all employees to comply with the following requirements:

Prohibited Uses

No individual shall publicly display a SSN through any exhibition, posting or other action that makes the SSN visible for public view.

No more than four digits of a SSN can be transmitted (or requested for transmission) over the internet or a computer system or network unless the connection is secure or the transmission is encrypted.

No more than four digits of a SSN can be included in any document mailed to any person if it is visible from the outside of the envelope in which it is sent.

No more than four digits of a SSN can be included in any document mailed or otherwise transmitted to any person unless:

- The document is mailed by or at the request of the person whose SSN is included in it;
- The inclusion of the SSN is authorized or required by federal or state statute, rule or regulation, by court order or rule, or pursuant to legal discovery or process, **or**;
- The inclusion of the SSN is an administrative use in the ordinary course of providing benefits or services to a person to identify and individual; investigate an individual's claim, credit, criminal or driving record; lawfully pursue a person's legal rights, including the collection or a debt; or lawfully investigate, collect or enforce child or spousal support obligations.

Authorized Access

The Company will allow access to documents or information containing SSNs only to those individuals who have a legitimate business purpose to access employee or other individuals' SSN's and who adhere to the requirements of this policy.

Destruction and Disposal

When the Company no longer has a legitimate business purpose for the document or information containing an individual's SSN, the document or information must be properly shredded and disposed of to avoid inadvertent disclosure. Destruction and disposal will occur in conjunction with applicable laws and the Company's records retention policies and requirements.

General Practices

Penalty for Violation of this Policy

Any employee who intentionally violates this policy will be subject to discipline up to and including discharge for misconduct and may be further subject to other legal penalties.

Office Dress Code

Moltus Building Group believes that pride in both yourself and the Company is reflected in your appearance and in the image you create. We feel our business image is important and request that our employees maintain standards of dress and appearance appropriate to both the organization and your individual responsibilities. Dress, grooming, and professional behavior standards contribute to the professional image we strive to present to our customers and visitors. Therefore, while working for the Company, employees are expected to dress in attire appropriate to their work environment and to behave in a professional manner at all times to best represent our business.

Guidelines

Employees may dress according to the requirements of their position, however, our beliefs regarding business appropriate dress is that business is always first. This means that employees should keep their day's schedule in mind. We recognize that different levels of dress may be appropriate for different occasions.

Our business appearance and image is important to us. However, we respect individual preference and choice in dress and appearance. We are confident that employees will use their best judgement in following our dress and attire guidelines. We ask that employees make certain that their appearance is well groomed and clean and that clothing is appropriate and neat. We want to be sure our environment does not jeopardize professionalism, productivity, or safety.

Inappropriate Attire and Appearance Guidelines

- Exceptionally short dresses and skirts, casual shorts and crop tops
- Flip flops
- Leather or spandex pants, yoga pants, stretch pants, or leggings are not allowed unless worn beneath a skirt, dress, or worn with a long top
- Any clothing item displaying an offensive comment or graphic illustration
- Jewelry (such as large chains, facial jewelry, nose rings, etc.) or other objects of personal expression (such as visible tattoos) that are distracting, large or represents an unprofessional image as determined by Moltus Building Group
- Dirty, ripped, ragged, sexually provocative, revealing or see-through clothing or appearance
- Any other attire or appearance Moltus Building Group deems to be inappropriate in the work environment

If an employee is unclear about dress and appearance guidelines, he or she is encouraged to consult with the Director of Human Resources. If an employee reports to work in questionable attire or appearance, a notification and discussion will occur with the employee to advise him or her regarding the inappropriateness of the attire. Depending upon the circumstance, the employee may also be sent home with directions to return to work in proper attire. It is expected that any work time lost will be made up by the employee.

General Practices

Continued or frequent departures from these guidelines will not be permitted and employees who appear for work inappropriately dressed or groomed repeatedly will be subject to disciplinary action, up to and including termination of employment.

Driving While on Company Business

Driver inattention plays a role in many motor vehicle accidents. We are not only concerned about your welfare as a Moltus Building Group employee, but also the welfare of others who could be put in harm's way.

As a driver, your first responsibility is to pay attention to the road. When driving on Moltus Building Group business or driving while conducting business on behalf of the Company in any other capacity, the following applies:

Employees are prohibited from talking on a cell phone while driving a Company vehicle, rental vehicle, or a personal vehicle on Company business. Headphones or ear buds are also prohibited while operating a Company vehicle, a rental vehicle, or a personal vehicle used for Company business.

Obey the Law

Moltus Building Group is not responsible for any moving traffic violations, parking tickets or any other city ordinances or state or federal laws regarding your driving habits and operation and care of your personal motor vehicle. Any tickets issued are the employee's responsibility, even if the ticket is issued while conducting business for Moltus Building Group in a company vehicle.

Employees who drive for Company business must have a current, valid driver's license and must submit a renewed copy to Human Resources each time their current license expires.

Employee Classification and Status

Employees are classified as either exempt or non-exempt for pay administration purposes, as determined by the federal Fair Labor Standards Act (FLSA).

The definitions of the worker classification categories can be summarized as follows:

Exempt - Management, supervisory, professional, sales or administrative employees whose positions meet FLSA standards, are exempt from overtime pay requirements. Job titles include Project Manager, Superintendent, Payroll/Accounting, or Manager. An exempt employee's salary compensates the employee for all hours worked, including all hours over forty (40) in a work week.

Non-exempt - Employees whose positions do not meet the FLSA exemption standards are paid overtime. Employees classified as non-exempt generally work in non-supervisory, non-professional or non-administrative capacities. Overtime work, however, is prohibited without specific supervisor authorization. Job titles include Laborer, Project Manager Assistant, Administrative Assistant, Clerk, or Carpenter.

In addition, each employee's status is defined as one of the following:

General Practices

Full-time – Employees who regularly work a minimum of 40 hours per week are considered to be full-time. An employee is not considered a regular, full-time employee until it is so designated in the employee's personnel file.

Moltus Building Group may supplement its regular work force with part-time or contingent employees to help compensate for workload, employee absences or other situations. Management will determine which positions are permanent part-time and which are considered contingent.

Part-time – Employees who regularly work less than 40 hours per week are considered to be part-time.

Contingent - Contingent employees are those engaged to work either part-time or full-time on Moltus Building Group's payroll, but have been hired with the understanding that their employment will be terminated no later than upon their completion of a specific assignment. Such employees may be either "exempt" or "non-exempt".

Independent Contractor - Consultants, freelancers or independent contractors are not employees of Moltus Building Group. Moltus Building Group is not required to withhold income taxes, withhold and pay Social Security and Medicare taxes or pay unemployment tax on payments made to independent contractors. The IRS, the U.S. Department of Labor and various state agencies constantly monitor compliance with employee and independent contractor classification using a variety of criteria, including audits to investigate the misclassification of independent contractors. Moltus Building Group strictly follows government guidelines in determining this classification of employment.

Employee Fraternization Policy

Moltus Building Group wants to preserve a working environment that has clear boundaries between personal and professional relationships. This is believed to be the best practice for conducting business in a professional manner. This policy establishes clear boundaries with regard to how relationships develop at work and within the confines of the work area.

- During working hours and in work areas, employees of Moltus Building Group are expected to keep all personal interactions limited and at a professional level to avoid distracting or offending others.
- Employees are prohibited from engaging in any physical interactions that would be seen as inappropriate in the work area. What constitutes inappropriate conduct is at the discretion of the Company.
- Employees who engage in personal relationships with others and allow these relationships to negatively affect the working environment will be subject to disciplinary action, up to and including termination of employment.

Romantic relationships between supervising, managing, or executive employees and subordinates are strictly prohibited. If a relationship does develop between a supervising employee and his or her subordinate, Executive Management should be notified immediately so that a transfer may be considered, or if that is not possible, other appropriate measures taken.

General Practices

Injury & Illness Reporting Policy

Moltus Building Group is committed to establishing and maintaining a comfortable and safe working environment for all employees.

All work-related injuries and illnesses should be reported immediately to your Department Head and the Director of Human Resources, even if you are not sure whether they are truly work-related. Even small, seemingly insignificant, injuries left untreated can result in serious conditions. Moltus Building Group will not retaliate against any employee for reporting a work-related injury or illness.

Management will complete an Accident Report. When injuries are reported immediately, they will quickly be investigated and corrective action will be taken to prevent more injuries.

If you see any potential hazards that need attention, please notify the Company Safety Director, your Department Head, or the Director of Human Resources immediately.

Online Social Networking Policy

Moltus Building Group is committed to maintaining a good relationship with its employees and the marketplace. The way the public views Moltus Building Group is vital to maintaining business, gaining new business, retaining first-class employees, recruiting new employees and marketing our products and services.

While Moltus Building Group has no intention of controlling employee actions outside of work, employees should practice caution and use discretion when posting content on the Web. Employees have the right to use social media for personal expression on their own time, and Moltus Building Group will not violate employee privacy by attempting to access content that has not been made available publicly. This policy serves as a notice on the practice of social networking for all employees to read and understand. As more concerns develop and legislation is released, this policy is subject to change.

The purpose of this policy is:

- To guarantee a constructive relationship between the Company and its employees.
- To manage risk and preserve Moltus Building Group's positive reputation.
- To discourage the use of Company time for personal social media activities.
- To promote awareness among employees of the number of individuals who can access information presented on social networking sites.

It is important that employees use their time while at work to conduct Company business. Employees are not blocked from access to social networking sites on Moltus Building Group computers because, under some circumstances, social networking is a powerful business tool that can be channeled to gain positive publicity for the Company and to connect with clients. **However, access to such websites does not mean they can be used at any time.**

Prohibited Conduct

Having your own individual social networking account and using it on your own time is certainly permissible.

General Practices

However, keep in mind that some actions on your personal site are visible for the entire social networking community and may no longer be considered private matters. Moltus Building Group has put in place a set of conduct guidelines to protect its brand and prevent the unwanted disclosure of confidential information. Please follow these guidelines:

- Do not use micro-blogging features to disclose trade secrets, provide tips based on inside information or participate in other activities that may be considered insider trading.
- We urge you to consider resolving workplace grievances internally. If you choose to address a grievance using social media, refrain from posting comments and materials that could be viewed as malicious, obscene, threatening, intimidating or that could create a hostile environment on the basis of race, sex, disability, religion or any other status protected by law.
- Refrain from posting any contemptuous, reckless or maliciously untrue comments. These communications may not be protected by law.
- Do not impersonate Moltus Building Group or its employees, make statements on behalf of Moltus Building Group without authorization, or make statements that can be construed as establishing Moltus Building Group's official position or policy on any particular issue.
- During working hours, the posting, blogging or any other form of social media participation for personal use is strictly prohibited. This includes Moltus computers, cell phones and personal devices.
- Any posting of work-related photos or content on an employee's personal social media account must be in compliance with the Moltus Confidentiality Agreement in place for each specific project.

As stated above, the purpose of this policy is to protect Moltus Building Group's brand and prevent the disclosure of confidential information. It is not Moltus Building Group's intent to interfere with its employees' legal rights. Whenever state or federal laws govern an area of social media participation, Moltus Building Group policies should be interpreted as to comply with them.

Overtime Pay

Moltus Building Group shall compensate all non-exempt employees one-and-a-half times their regular pay for all hours physically worked in excess of 40 hours each week unless otherwise provided by applicable law.

At times, employees will be asked to work overtime to complete necessary work tasks. The employee's Department Head will notify the employee as early as possible regarding scheduling needs. If an employee would like to work overtime hours, he or she must receive prior authorization from his or her Department Head in writing before working the overtime hours.

Overtime pay will take place when an employee physically works more than 40 hours in one work week. Example: Employee takes Monday off (as a paid vacation day) and then works four (4) 9 hour days the rest of the week. Employee would not be eligible for the four (4) hours of overtime as eight (8) of the 44 hours worked were vacation hours and not hours actually worked.

General Practices

Pay Periods & Check Distribution

Employees of Moltus Building Group work a standard work week consisting of 40 hours and will be paid on a bi-weekly basis. Employees will receive a yearly payroll calendar at the start of their employment, and a new one from Human Resources each November for the upcoming year.

All employee paychecks are direct deposited into the employee's choice of financial institution. Any changes or additions should be directed to the CFO.

Printed paychecks, if any, will only be released to the individual whose name appears on the check, or to an individual who the employee has designated and approved through written consent.

Accuracy in Pay

It is the Company's policy and practice to accurately compensate employees and to do so in compliance with all applicable state and federal laws. Every effort is made to ensure employees are paid correctly, but mistakes can happen. To ensure proper payment and that no improper deductions are made, employees must review pay stubs promptly to identify and report all errors.

Those classified as exempt salaried employees will receive a salary which is intended to compensate them for all hours they may work for the Company including any hours over 40 in a workweek. This salary will be established at the time of hire or classification as an exempt employee. While it may be subject to review and modification from time to time, such as during salary review times, the salary will be a predetermined amount that generally will not be subject to deductions for variations in the quantity or quality of the work performed.

Under federal and state law, salary is subject to certain permissible deductions.

In particular, salary may be reduced for health, dental or life insurance premiums; state, federal or local taxes; social security; or voluntary contributions to a 401(k) or pension plan; as well as other deductions permissible under the law.

If employees believe their salaries have been subject to any improper deductions, or that their compensation is otherwise inaccurate, they should immediately report the matter to the CFO so a prompt investigation may be conducted. Any improper or unauthorized deduction or other wage inaccuracy will be reimbursed to the affected employee as soon as reasonably practicable. Prompt corrective measures will be undertaken in good faith to prevent, or minimize, the future likelihood of such improper or unauthorized deductions or other wage inaccuracies. The Company will not retaliate against any employee who makes a good-faith complaint under this policy. Unless reported promptly, pay deductions and wage payments will be presumed to be correct and accurate.

Performance Evaluation Policy

Moltus Building Group is committed to providing you with feedback, both formal and informal, about your performance on the job. Department Heads are responsible for providing ongoing performance feedback to each employee working in their department. In addition, your Department Head may formally discuss and document your performance on a regular basis. An initial performance review may be conducted within three to six months after an employee is hired or transfers to a new position.

General Practices

Your performance appraisal discussion will review your strengths and identify any areas needing improvement, and goals and objectives that need to be achieved. Specific performance problems may be addressed outside the performance appraisal cycle through either informal discussions or formal disciplinary action. Formal performance feedback becomes a permanent part of your personnel file.

Please contact your immediate supervisor or Department Head if you feel an evaluation is due or would be helpful to you.

Personnel Records Policy

Moltus Building Group strives to keep accurate and current personnel records.

Employee personnel files may include a number of documents, including but not limited to, the following:

- Job application
- Position description
- Résumé
- Records of participation in training events
- Salary history
- Records of disciplinary action
- Documents related to employee performance reviews, coaching and mentoring

To ensure the accuracy of your personnel records, please notify us immediately of the following changes:

- Name
- Address
- Telephone number
- Marital status
- Dependent status
- Tax status

Personnel records are kept highly confidential and are not available to anyone outside of the Company unless you have personally authorized the release of, or the release is to an authorized governmental agency or release is required by law. To obtain access to your records, contact Human Resources.

Safety Policy

Moltus Building Group wants to ensure that our employees remain safe and injury-free at all times. The Company intends to comply with all applicable safety laws.

General Practices

In order to guarantee that accidents are avoided whenever possible, we expect our employees to refrain from horseplay, careless behavior and negligent actions. It is the Company's policy to maintain a safe and secure working environment for all employees and clients.

While working, employees must observe safety precautions for their safety and for the safety of others. All work areas must be kept clean, free of clutter and debris. Any hazards or potentially dangerous conditions must be corrected immediately or reported to a supervisor.

If you are involved in an accident, you must comply with the following procedure:

- Report the accident to your Department Head and the Safety Director immediately
- Obtain the necessary medical treatment
- Fill out an Accident Report, regardless of the severity of the injury
- If you must seek additional medical treatment, obtain consent to leave the premises from your Department Head before doing so unless it is a medical emergency

Employees who fail to comply with this procedure are subject to disciplinary action up to and including termination of employment.

Refer to the Company Health and Safety Program (HASP) for more information.

TimeCard Regulations

Moltus Building Group requires that all employees maintain a weekly timecard of his or her hours electronically using the current designated software. This will keep an accurate record of work attendance for everyone.

Each employee must use his or her own timecard only. Violation of this policy will be subject to disciplinary action up to and including termination of employment.

Non-exempt employee's hours will be recorded in the nearest increments of $\frac{1}{4}$ hours (15 minutes). Any recorded overtime must be approved by the Department Head in advance. By signing his or her timecard, each employee is approving the number of hours indicated.

Worker's Compensation Policy

Moltus Building Group will provide workers' compensation, a type of accident and injury insurance, that compensates an employee for lost time, medical expenses and loss of life or dismemberment from an injury arising out of or in the course of work. Employees must report any accident or injury immediately to their Department Head and the Director of Human Resources so that the necessary paperwork can be completed in a timely manner.

Employees returning to work from an injury or illness for which they were receiving worker's compensation must provide medical documentation that they are able to complete all job-related tasks, with or without reasonable accommodation.

General Practices

Travel Policy

The Travel Arrangement Process serves to clarify the means by which travel should be arranged and the parameters that must be adhered to. All business related travel must be done in accordance with this process. It is the intent of Moltus Building Group to allow for adequate accommodations for individuals who are required to travel on Moltus Building Group business. It is also expected that these individuals will use discretion and good judgement in spending Moltus Building Group funds.

All employees are expected to read and follow the Travel Arrangement Process that is included at the end of this handbook.

Appendix

- Receipt of Moltus Building Group Employee Handbook
- Receipt of Harassment Policy
- Authorization to Obtain Motor Vehicle Record
- Vehicle Use Policy
- Medical Leave of Absence Policy
- Travel Arrangement Process



Receipt of Moltus Building Group Employee Handbook

The Moltus Building Group Employee Handbook is a compilation of personnel policies, practices and procedures currently in effect at Moltus Building Group, an equal opportunity employer.

The Employee Handbook is designed to introduce employees to the organization, familiarize you with Company policies as they pertain to you as an employee, provide general guidelines on work rules, disciplinary procedures and other issues related to your employment, and to help answer many of the questions that may arise in connection with your employment.

The Employee Handbook and any other provisions contained herein do not constitute a guarantee of employment or an employment contract, express or implied. You understand that your employment is "at-will" and that your employment may be terminated for any reason, with or without cause, and with or without notice. Only Executive Management has the authority to enter into a signed written agreement guaranteeing employment for a specific term. The Employee Handbook is intended solely to describe the present policies and working conditions at Moltus Building Group. This Handbook does not purport to include every conceivable situation; it is merely meant as a guideline and, unless laws prescribe otherwise, common sense shall prevail. Of course, federal, state and local laws will take precedence over Moltus Building Group policies when applicable.

Personnel policies are applied at the discretion of Moltus Building Group. Moltus Building Group reserves the right to change, withdraw, apply or amend any of our policies or benefits, including those covered in this Handbook, at any time. Moltus Building Group may notify you of such changes via email, posting on the Company's intranet, portal or website, or via a printed memo, notice, amendment to or reprinting of this Handbook. Moltus Building Group may, in its discretion, make such changes at any time, with or without notice and without a written revision of this Handbook.

By signing below, you acknowledge that you have received a copy of the Moltus Building Group Employee Handbook, and understand that it is your responsibility to read and comply with the policies contained within it and any revisions made to it. You also acknowledge and agree to the monitoring of your electronic communications as set forth in this Handbook. In addition, you acknowledge that the Handbook is property of Moltus Building Group and must be returned if your employment with the Company ends. Furthermore, you acknowledge that you are employed "at-will" and that this Handbook is neither a contract of employment nor a legal document.

Employee Signature

Date

Please print your full name

Please sign / date this receipt and return it to the Director of Human Resources. Retain a second copy for your reference.



Receipt of Harassment Policy

As described in the Harassment Policy, any type of harassment is prohibited at Moltus Building Group.

By signing below, you acknowledge that you have received a copy of Moltus Building Group's Harassment Policy, and understand that it is your responsibility to read and comply with this policy and any revisions made to it.

Signature

Date



MOLTUS
BUILDING GROUP

design build • general construction • construction management

Authorization to Obtain Motor Vehicle Record

In conjunction with my employment at Moltus Building Group, LLC ("the Company"), I

_____ (employee/applicant name) do hereby
(print name as it appears on your driver's license)

consent to the release of my Motor Vehicle Record (MVR) to the Company. I authorize my driving record to be periodically obtained and reviewed for the purpose of initial and continued employment. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am currently in or applying for.

I certify that all information presented on this form is true and correct. I make this certification and affirmation under penalty of perjury and understand that knowingly making a false statement or representation on this form is a criminal violation.

Employee/Applicant Signature

Date

Date of Birth

SS Number (last 4 digits only)

Driver's License Number

License Expiration Date

Issuing State



Vehicle Use Policy

The following policy has been established to encourage safe operation of vehicles, and to clarify insurance issues relating to drivers and Moltus Building Group.

- All drivers must have and carry a valid driver's license.
- Motor Vehicle Records will be checked periodically in accordance with applicable law. Driving privileges may be suspended or terminated if your record indicates an unacceptable number of accidents or violations. Should your record fall into our insurance carrier's guidelines of an "unacceptable driver", your employment may be terminated.
 - Moltus Building Group maintains that personal information shall not be disclosed to anyone unless the recipient is legally entitled to receive the information, and that employees may not access or release information contained in the records and files of the Michigan Department of State, except in connection with their duties and only to authorized third parties in accordance with work area procedures. Further, if an employee is approached to provide information inappropriately, the employee must refuse to release the requested information and immediately advise supervision. A violation of this privacy policy shall be cause for disciplinary action up to and including dismissal. In addition, the employee may be subject to criminal charges that may result in a felony conviction.
- Human Resources must be notified of any change in your license status or driving record.

When operating your own personal vehicle for Moltus Building Group business:

- All employees using their own personal vehicle for company business must carry their own insurance in their respective state. Employees must carry the state minimum insurance requirements on any vehicle used for company business.
- Your Personal Auto Liability insurance is the primary payer. Moltus Building Group's insurance is in excess of your coverage.
- If an employee elects to not carry physical damage coverage on their personal auto, there would not be any coverage for them in the event of an accident, whether personal or business use.
- Moltus Building Group is not responsible for any physical damage to your vehicle. You must carry your own collision and comprehensive coverage.

In the event of an accident:

- Take necessary steps to protect the lives of yourself and others.
- Comply with police instructions.
- Do not assume or admit fault. Others will determine liability and negligence after a thorough investigation.
- Report the accident to Moltus Building Group as soon as possible.

Employee Signature:

Date:



Medical Leave of Absence Policy

The Company provides a paid, two (2) week medical leave of absence to eligible employees who are temporarily unable to work due to an employee's serious health condition, the birth, adoption or placement of a foster child with the employee, or to care for an immediate family member (as defined per the current FMLA guidelines) due to a serious health condition that makes the individual unable to care for themselves.

As soon as an employee becomes aware of a need for a medical leave of absence, they should request a Medical Leave form from the Director of Human Resources. For serious health conditions of the employee or a member of the employee's immediate family, a physician's statement must be provided verifying the serious health condition and the beginning of the leave and expected return date, if available. Any changes in this information should be promptly reported to the Director of Human Resources. If the medical leave of absence is for an employee's own serious health condition, prior to the employee's return to work, the employee must provide a physician's verification of their fitness to return to work.

An eligible employee must be employed by the Company for at least twelve (12) months and requires an average work week of 24 hours or more. Although a two (2) week paid medical leave is available to employees, employees may be eligible for a medical leave of absence up to a combined total of twelve (12) weeks. Approved medical leaves of absence must be taken as a continuous block of leave and only one medical leave of absence will be approved per employee per any twelve (12) month period.

The employee may choose to use accrued PTO for any unpaid time off, but is not required to do so. The Company will continue to provide health benefits for the employee on an approved medical leave, provided the employee makes arrangements with Payroll on how to pay the Company for continuous benefits, and makes such payments, if applicable, during the unpaid time off. Additionally, if a paid holiday occurs during an employee's medical leave of absence, the employee will be eligible for holiday pay only if the employee is using accrued PTO or the employee is being paid under the terms of this policy.

When a medical leave ends, reasonable efforts will be made to return the employee to the same position, if it is available, or to a similar position for which the employee is qualified. Except when legally required, the Company cannot guarantee reinstatement in all cases.

If an employee fails to report to work promptly at the end of the medical leave, the Company will assume that the employee has resigned.

*See attached Request for Medical Leave of Absence Form

Approved by:  _____

Date: 03/07/2022



Request for Medical Leave of Absence

Today's Date: _____

Employee's Name: _____

Address: _____

Employee's Hire Date: _____

Status: Full-time Part-time

I am requesting a Medical Leave of Absence for the following reason:

- Employee injury, non-work related (a physician's certification is required).
- Employee illness (a physician's certification is required).
- Family member's illness (please check one), (certification of Health Care Provider for family member is required).
 - Child, Age: _____
 - Spouse
 - Parent
- Birth of a child and/or care for newborn child (certification of health care provider and a copy of the birth certificate is required).
- Adoption (letter of placement/adoption papers required).
- Placement of child for foster care (letter of placement required).

Requested Leave **Start** Date: _____ Requested Leave **End** Date: _____

I acknowledge that I have received a copy of the Moltus Medical Leave of Absence Policy and therefore submit this request based upon the requirements and procedures as set forth in that Company Policy. I also understand that this request is subject to approval by my employer.

Employee signature: _____ Date: _____

Department Supervisor: _____ Date: _____

Approved Rejected. If so, reason: _____

Employer's Signature: _____ Date: _____
Name/Title



OBJECTIVE: *To ensure that all employees are efficiently coordinating all business travel arrangements in a timely and cost-effective manner.*

- 1) It is requested that all travel be made with as much notice as possible.
- 2) At a minimum, travel shall be booked 3 + weeks in advance. If this much notice cannot be given, approval from your direct supervisor is required.
- 3) All travel needs to be approved by your immediate supervisor prior to booking as well as all travel should be discussed with your project team (to ensure proper supervision is available at the project site).
- 4) All Flights and rental car reservations shall be made via the Etta powered by Deem website.
 - a. Employees should download the Etta GO App so they can book travel on the go.
 - b. All employees are encouraged to select the most cost-effective means of travel, any flights outside of the guidelines put in place on the website will need to be approved prior to booking.
 - c. Rebooking or change fees are an allowed expense for emergency situations only, or per the approval of your supervisor.
- 5) All employees are encouraged to book their hotels through the Etta Powered by Deem website.
 - a. If an employee chooses to use their own apps, sites, etc. to book a hotel room the following guidelines are to be followed:
 - i. Always book a refundable room to accommodate your travel.
 - ii. Hotels such as (Holiday Inn, Comfort Inn, Courtyard, etc.) should be booked. Please keep in mind that the most cost-effective options should be booked.
- 6) All employees must adhere to the Moltus Building Group Vehicle Policy when driving a rental vehicle, this includes hands-free cell use (subject to individual state laws) as well as not driving when under the influence.
- 7) All employees are required to keep all receipts and upload via Core Cloud for approval, this includes, hotel receipts, fuel receipts, rental car receipts, toll receipts, etc.

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| 6 | HAP PPO Platinum A025 \$250 Deductible | 14 | Accident Insurance |
| 7 | Other Offered Benefits | 15 | Life Lock |
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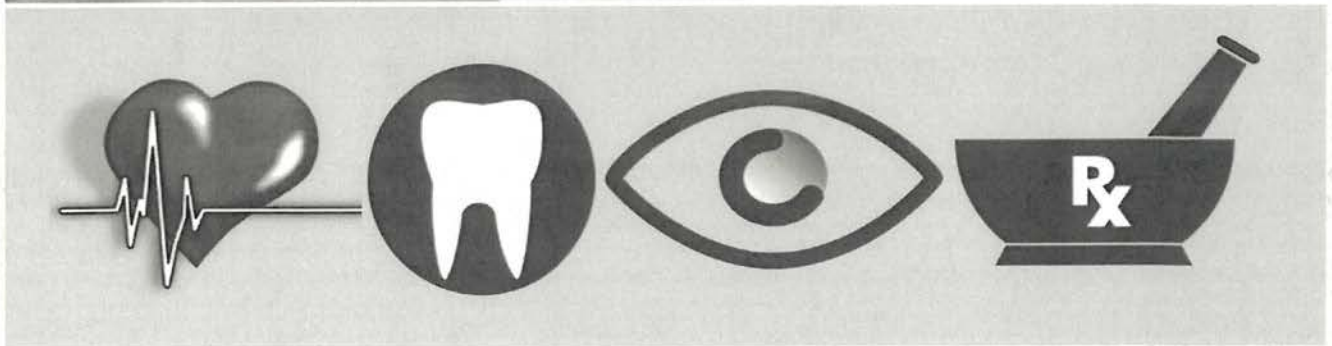


design build • general construction • construction management

Employee Benefits Guide



Employee Benefits
Protecting What's Important



Plan Year: March 1, 2024 through February 28, 2025

Within every successful organization you will find hardworking and dedicated employees. We realize that our employees are our most valuable resource, and we want to reward them for all of their hard work. We offer an excellent Employee Benefit Package at a reasonable cost to our employees. This package includes:

- Medical Insurance
- Prescription Drug Coverage
- Voluntary Dental
- Voluntary Vision
- Voluntary Short-Term Disability
- Voluntary Long-Term Disability
- Voluntary Life/AD&D
- Voluntary Critical Illness
- Voluntary Accident
- Voluntary Identity Alert

This booklet includes important information regarding your current benefit programs. We encourage you to review this and keep it handy for future reference. The information provided will give you basic information pertaining to your benefit plan(s). For complete details, please refer to each carrier's plan description.

If there is a specific benefit that you would like to discuss, please do not hesitate to contact the Human Resource Department. We appreciate your contribution to the success of the company.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact your employer's Human Resource Department.

Information Guide

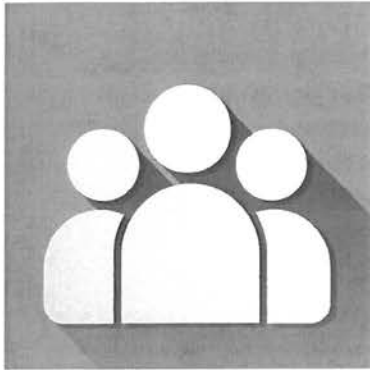
Eligibility Guidelines

Summary of Benefits

- Medical
- Prescription Drugs
- Voluntary Dental
- Voluntary Vision
- Voluntary Short-Term Disability
- Voluntary Long-Term Disability
- Voluntary Life/AD&D
- Voluntary Critical Illness
- Voluntary Accident
- Voluntary Identity Alert

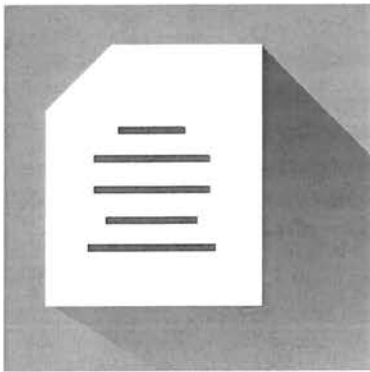
Legal Notifications

Contact Information



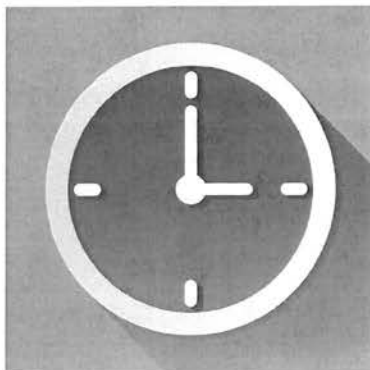
Who is Eligible?

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical, dental and vision coverage: legal spouse and/or legal children up to the age of 26. **Newly hired full-time employees are eligible for benefits after satisfying the new hire waiting period, which is the 91st day.**



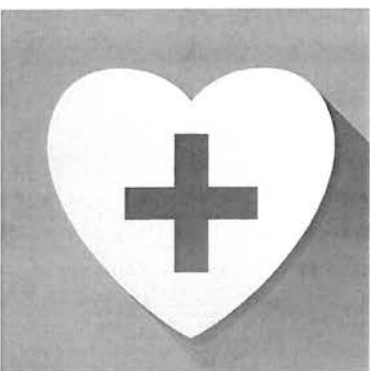
How to Enroll

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status. Contact your Human Resources Department to obtain enrollment forms.



When to Enroll

The annual open enrollment period runs from February 3, 2024 through February 10, 2024. The benefits you elect during open enrollment will be effective from March 1, 2024 through February 28, 2025.



How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include, for example: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence, commencement or termination of adoption proceedings, change in employment status or change in coverage under another employer-sponsored plan.



*While you are generally only allowed to change your benefits elections during the open enrollment period each year, certain life events provide an exception. Those life events may allow you to change your benefits elections in the middle of the plan year. The following are examples of some types of life events **(you have 30 days from the qualifying event date)**:*

- *Birth/Adoption*
- *Change in Insurance Coverage*
- *Death in the Family*
- *Dependent Child Reaches Limiting Age*
- *Divorce/Annulment*
- *FMLA-related Leave*
- *Legal Separation*
- *Marriage*
- *Military Service*
- *Medicare Eligibility (aging in or disability)*
- *Loss of Other Group Coverage*

Please notify the Human Resources Department immediately if you experience any life event changes so that we can ensure there is no interruption or error in your benefits. **Failure to notify within 30 days, could result in denial of coverage until the next annual open enrollment period.**



iOS & Android Ease App

It's never been easier for employees to securely review their benefits while on the go with Ease.



24/7 on-demand access

Quickly access plan information at anytime from anywhere — even in the waiting room at the doctor's office.



Plan details

Review plan details, including policy numbers, when you need them most. No computer needed.



Insurance cards

Never lose an insurance card again. Store pictures of insurance cards directly in the app for just-in-time access.



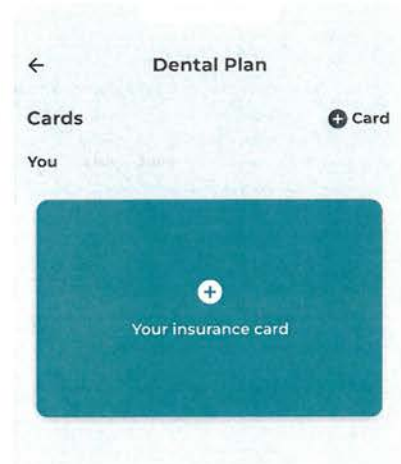
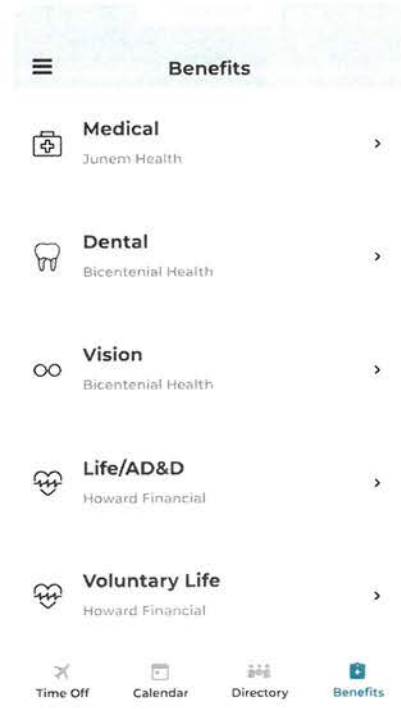
Documents

Essential documents don't need to be printed out. Access any benefits document directly in the app any time, any place.



Go mobile with Ease!

Available for iOS and Android by searching **Ease (Benefits Matter)**.



9 Easy steps to employee enrollment.

1. Log in to Ease per the instructions you have received from your HR administrator or Broker.*

2. Click Start.



It is time to enroll in your benefits
You can enroll and update now.

Start

3. Follow the prompts on each page to complete your benefits enrollment — Click **Continue** to proceed to the next section.

Continue >

4. Verify your personal information is correct and enter in any of your dependent information.

5. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

6. Select your benefit by choosing **Enrolled** or **Waived** for each plan — Click **Continue** to proceed to the next benefit.

Continue >

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to sign and review your forms using your mouse or mobile device.

Sign Forms >

8. Before you review your forms, you will need to first type your name, then sign your signature and follow the prompts to finish.

x *Jane Doe*

9. If you have questions, please reach out to your HR administrator or Broker.



*We recommend using either Google Chrome or Firefox as your browser for the optimal experience.



MOLTUS BUILDING GROUP

design build • general construction • construction management

401K Election Sheet

Today's Date: _____

Employee Name: _____

Address: _____

City, State, Zip: _____

Hire Date: _____

Eligibility Date: _____

.....

NO, I do not want to participate in the Moltus 401K plan at this time but have been advised that I can change my mind and request the required paperwork to set up an account any time after 3 months from my date of hire:

Employee Signature

.....

YES, I want to participate in the Moltus 401K plan and understand I will be eligible to open an account 3 months after my hire date above.

I will be contacted by Human Resources approximately 60 days after my hire date and will be given the appropriate paperwork to set up my 401K account. Allocations from my paycheck should begin on the first regularly scheduled payday of the following month *after* the 3 month eligibility requirement has been met.

Employee Signature

RETIREMENT PLAN SUMMARY

Moltus Building Group 401(k) Retirement Plan



Eligibility

All eligible employees who have completed 3 months of service and have attained age 18 shall enter the Plan on the first of the month following or coinciding with meeting these conditions.

Employee Contributions

You may defer from 1% to 100% of compensation on a pre-tax basis or as Roth contributions however they are subject to an IRS combined maximum of \$22,500 in 2023 as indexed each year by the IRS. All employees who turn 50 in 2023 or are 50 years or older are eligible to defer an additional \$7,500 as indexed each year by the IRS in the form of a Catch-Up contribution. You may obtain a copy of the current year limits by logging into your account at www.avantax.com/retire and clicking on Forms and viewing the COLA document, or by contacting your Plan Administrator.

Company Contributions

The Employer will make a safe harbor matching contribution of 100% of the first 3% deferred plus 50% of the next 2% deferred. The Employer may elect to make a discretionary nonelective contribution. In order to receive the discretionary nonelective contribution you must be employed on the last day of the plan year.

Change Dates

Permitted at any time and will be effective as soon as administratively feasible.

Vesting

You are always 100% vested in your employee deferral account (both pre-tax and Roth), and your safe harbor matching contributions. Your discretionary nonelective contributions are subject to the following vesting schedule:

| <i>Years of Service</i> | <i>Percentage Vested</i> |
|-------------------------|--------------------------|
| 1 but less than 2 | 0% |
| 2 but less than 3 | 20% |
| 3 but less than 4 | 40% |
| 4 but less than 5 | 60% |
| 5 but less than 6 | 80% |
| 6 or more years | 100% |

Rollovers

Rollovers from all qualified retirement plans are permitted.

Participant Loans

Not permitted.

Hardship Distributions

Hardship distributions are allowed regardless of your age. Hardship distributions are based on financial need and are available from all sources except rollover contributions. Hardship distributions are limited to the following events: medical expenses, home purchase costs, to prevent eviction or foreclosure, college tuition, funeral expenses, expenses for federally declared disasters under FEMA if your residence or place of business was in an area FEMA declared as a disaster and home repairs due to a casualty loss.

There is no limit on the number of hardship distributions you may request in a year.

In-Service Distributions

Distributions are allowed from your rollover contributions at any time. All other sources are available for in-service distributions upon attainment of age 59 ½.

Termination Distributions

Distributions will be made as soon as possible following a participant's termination of employment.

If your vested account balance is less than \$1,000, you will receive a distribution package and if you do not complete the paperwork indicating that you want to roll your money to another institution within 45 days your money will be distributed to you in a lump sum payment.

If your vested account balance is greater than \$1,000 but less than \$5,000, you will receive a distribution package and if you do not complete the paperwork indicating that you want to roll your money to another institution or take your money out in cash then your money will be rolled over to an IRA provider on your behalf.

If your balance is greater than \$5,000, you may elect a lump-sum distribution, direct rollover, or you may postpone distribution to a later date. Most distributions may be rolled over to an IRA or another Plan.

Investments

All employee and employer contributions are invested as directed by the 401(k) participant, in either the Avantax Planning PartnersSM managed model portfolios or among a menu of individual mutual funds. If you do not select a portfolio and funds are contributed on your behalf, your funds will be invested in the Moderate portfolio option.

Investment earnings are credited to participant accounts daily, and participants may view their accounts and make changes to their investment fund allocations on the internet.

Summary Plan Description

You may obtain a copy of your plan's Summary Plan Description by logging onto your account at www.avantax.com/retire and clicking on Forms or by contacting your Plan Administrator.

Bonus Election Form

1. Participant Information

Plan Name Moltus Building Group 401(K) Retirement Plan
Company Name Moltus Building Group, LLC Hire Date _____
Name (First, MI, Last) _____ SS# _____
Mailing Address _____ Birth Date _____
City, State and Zip _____ Cell Phone _____
Email _____ Work Phone _____

Marital Status: Single Married Divorced Sex: Male Female

2. Bonus Deferral Election

- I elect not to have any deferrals on my bonus payments.
- I authorize a deduction from my bonus payment in the amount of _____% pre-tax and _____% Roth.
- I authorize a deduction from my bonus payment in the amount of \$_____ pre-tax and \$_____ Roth.

Please note if no election is made then the same deferral rate that was selected for regular paychecks shall also apply to bonus payments.

3. Authorization

I, the undersigned, consent to making the preceding salary deferral election. I understand that payroll will begin processing my elections and/or changes as soon as possible.

Participant's Signature

Date

Medical Benefit Comparison for Moltus Building LLC
March 1st, 2024



| | Base Plan | Core Plan | Buy-Up Plan |
|-----------------------------------|------------------------------|----------------------------|------------------------------|
| | HAP | HAP | HAP |
| | HAP PPO Silver E4 | HAP PPO Gold B12 | HAP PPO Platinum A025 |
| | 3/1/2024 | 3/1/2024 | 3/1/2024 |
| | PPO | PPO | PPO |
| | In-Network | In-Network | In-Network |
| Deductible | | | |
| Individual | \$4,000 | \$1,200 | \$250 |
| Family | \$8,000 | \$2,400 | \$500 |
| Coinsurance | | | |
| Coinsurance | 30% | 0% | 0% |
| Individual Max | Not Applicable | Not Applicable | Not Applicable |
| Family Max | Not Applicable | Not Applicable | Not Applicable |
| Annual Out of Pocket Max | | | |
| Individual | \$8,700 | \$7,000 | \$2,000 |
| Family | \$17,400 | \$14,000 | \$4,000 |
| Physician Office Services | | | |
| Preventive Care | No Charge | No Charge | No Charge |
| Primary Care | \$50 | \$35 | \$20 |
| Specialist | \$70 | \$60 | \$40 |
| Virtual Visit | No Charge | No Charge | No Charge |
| Behavioral Health | \$50 | \$35 | \$20 |
| Hospital Services | | | |
| Urgent Care | \$65 | \$65 | \$65 |
| Emergency Room | \$300 Copay after deductible | \$300 | \$200 |
| Inpatient | 30% after deductible | No Charge after deductible | No Charge after deductible |
| Outpatient | 30% after deductible | No Charge after deductible | No Charge after deductible |
| Diagnostic Services | | | |
| Imaging/CT/PET/MRI | 30% after deductible | No Charge after deductible | No Charge after deductible |
| Labs | 30% after deductible | \$45 | \$30 |
| X-Rays | 30% after deductible | \$45 | \$30 |
| Rehabilitative Care | | | |
| Chiropractic | \$30 | \$30 | \$30 |
| Occupational and Physical Therapy | 30% after deductible | \$45 | \$20 |
| Prescription Drugs | | | |
| Generic | \$8/\$30 | \$5/\$30 | \$5/\$15 |
| Preferred Brand | \$75 | \$40 | \$30 |
| Non-Preferred Brand | \$100 | \$80 | \$60 |
| Preferred Specialty | 20%/\$200 max | 20%/\$200 max | 20%/\$200 max |
| Non-Preferred Specialty | 50%/\$500 max | 50%/\$500 max | 50%/\$500 max |



**SUMMARY OF EMPLOYEE BENEFIT PLANS
FOR HEALTH, PRESCRIPTION, VOL DENTAL, VOL VISION, VOL SHORT-
TERM DISABILITY, VOL LONG-TERM DISABILITY, VOL TERM
LIFE/AD&D, VOL CRITICAL ILLNESS, VOL ACCIDENT INSURANCES**

03/01/2024 – 02/28/2025

In-Network Illustrated only

| | |
|---|--|
| <p>MEDICAL BENEFIT- HAP (PPO) \$4000</p> | <p>Medical:</p> <ul style="list-style-type: none"> • Deductible \$4,000 single / \$8,000 family • Coinsurance 30% • Out of Pocket annual max \$8,700 single / \$17,400 family • \$50 –Primary Doctor Visit • \$0 – Telehealth Visit • \$70 - Specialist Visit • \$65 – Urgent Care • \$300 - Emergency Room <i>(may be waived)</i> <p>Preferred Generic: \$8 copay Non Preferred Generic: \$30 copay Preferred Brand: \$75 copay Non-Preferred Brand: \$100 copay Preferred Specialty: 20% of approved amount up to \$200 Non-Preferred Specialty: 50% of approved amount up to \$500</p> <p><i>*See enclosed benefit description for full details</i></p> |
| <p>MEDICAL BENEFIT- HAP (PPO) \$1200</p> | <p>Medical:</p> <ul style="list-style-type: none"> • Deductible \$1,200 single / \$2,400 family • Coinsurance 0% • Out of Pocket annual max \$7,000 single / \$14,000 family • \$35 –Primary Doctor Visit • \$0 – Telehealth Visit • \$60 - Specialist Visit • \$65 – Urgent Care • \$300 - Emergency Room <i>(may be waived)</i> <p>Preferred Generic: \$5 copay Non Preferred Generic: \$30 copay Preferred Brand: \$40 copay Non-Preferred Brand: \$80 copay Preferred Specialty: 20% of approved amount up to \$200 Non-Preferred Specialty: 50% of approved amount up to \$500</p> <p><i>*See enclosed benefit description for full details</i></p> |


| <p>MEDICAL BENEFIT- HAP (PPO) \$250</p> | <p>Medical:</p> <ul style="list-style-type: none"> • Deductible \$250 single / \$500 family • Coinsurance 0% • Out of Pocket annual max \$2,000 single / \$4,000 family • \$20 –Primary Doctor Visit • \$0 – Telehealth Visit • \$40 - Specialist Visit • \$65 – Urgent Care • \$200 - Emergency Room (<i>may be waived</i>) <p>Preferred Generic: \$5 copay Non Preferred Generic: \$15 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$60 copay Preferred Specialty: 20% of approved amount up to \$200 Non-Preferred Specialty: 50% of approved amount up to \$500</p> <p>*See enclosed benefit description for full details</p> | | | | | | | | | | | | | | | | |
|---|--|-------------------------|------------------------|-----------------|---------|----------|----------|-------------------------|-----------|--------------------------------|------------------------------|----------------------|----------|----------|---------|----------------------|----------|
| <p>VOLUNTARY DENTAL MUTUAL OF OMAHA</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="text-align: center;">In Network Illustrated</th> </tr> </thead> <tbody> <tr> <td>Type A</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>Type B</td> <td style="text-align: center;">80%</td> </tr> <tr> <td>Type C</td> <td style="text-align: center;">50%</td> </tr> <tr> <td>Annual deductible (Type A & B)</td> <td style="text-align: center;">\$25/member, \$75 family max</td> </tr> <tr> <td>Annual maximum</td> <td style="text-align: center;">\$1000</td> </tr> </tbody> </table> <p>*See enclosed benefit description for full details</p> | | In Network Illustrated | Type A | 100% | Type B | 80% | Type C | 50% | Annual deductible (Type A & B) | \$25/member, \$75 family max | Annual maximum | \$1000 | | | | |
| | In Network Illustrated | | | | | | | | | | | | | | | | |
| Type A | 100% | | | | | | | | | | | | | | | | |
| Type B | 80% | | | | | | | | | | | | | | | | |
| Type C | 50% | | | | | | | | | | | | | | | | |
| Annual deductible (Type A & B) | \$25/member, \$75 family max | | | | | | | | | | | | | | | | |
| Annual maximum | \$1000 | | | | | | | | | | | | | | | | |
| <p>VOLUNTARY VISION MUTUAL OF OMAHA (EYEMED)</p> | <p>Eye Exam: \$10 copay, one per 12 months Lenses: \$10 copay (Single, Bifocal, Trifocal, Lenticular) once per 12 months Frames: \$130 allowance, then 20% off balance over allowance, one per 24 months Contact lenses: Conventional \$130 allowance then 15% off balance over allowance / Disposable \$130 allowance / Medically Necessary covered in full, once per 12 months</p> <p>*See enclosed benefit description for full details</p> | | | | | | | | | | | | | | | | |
| <p>VOLUNTARY SHORT-TERM DISABILITY MUTUAL OF OMAHA</p> | <p>Elimination Period: 14 days Weekly benefit: 60% up to \$1,250 max Benefit Period: 11 weeks max after elimination period</p> <p>*See enclosed benefit description for full details</p> | | | | | | | | | | | | | | | | |
| <p>VOLUNTARY LONG-TERM DISABILITY MUTUAL OF OMAHA</p> | <p>Elimination Period: 90 days Monthly benefit: 60% up to \$10,000 max Benefit Period: Own Occupation 2 years, max SSNRA</p> <p>*See enclosed benefit description for full details</p> | | | | | | | | | | | | | | | | |
| <p>VOLUNTARY TERM LIFE/AD&D MUTUAL OF OMAHA</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 20%;">Minimum</th> <th style="width: 40%;">Guarantee Issue</th> <th style="width: 20%;">Maximum</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td style="text-align: center;">\$10,000</td> <td style="text-align: center;">\$100,000 or 5 x salary</td> <td style="text-align: center;">\$300,000</td> </tr> <tr> <td>Spouse</td> <td style="text-align: center;">\$5,000</td> <td style="text-align: center;">\$25,000, 100% of EE</td> <td style="text-align: center;">\$50,000</td> </tr> <tr> <td>Children</td> <td style="text-align: center;">\$2,000</td> <td style="text-align: center;">\$10,000, 100% of EE</td> <td style="text-align: center;">\$10,000</td> </tr> </tbody> </table> <p>Age Reduction for Employee: 65% at age 65, 40% at age 70, 25% at age 75, 15% at age 80 Age Reduction for Spouse: 65% at age 65, terminates at age 70 Children eligible until age 26</p> <p>*See enclosed benefit description for full details</p> | | Minimum | Guarantee Issue | Maximum | Employee | \$10,000 | \$100,000 or 5 x salary | \$300,000 | Spouse | \$5,000 | \$25,000, 100% of EE | \$50,000 | Children | \$2,000 | \$10,000, 100% of EE | \$10,000 |
| | Minimum | Guarantee Issue | Maximum | | | | | | | | | | | | | | |
| Employee | \$10,000 | \$100,000 or 5 x salary | \$300,000 | | | | | | | | | | | | | | |
| Spouse | \$5,000 | \$25,000, 100% of EE | \$50,000 | | | | | | | | | | | | | | |
| Children | \$2,000 | \$10,000, 100% of EE | \$10,000 | | | | | | | | | | | | | | |

| VOLUNTARY CRITICAL ILLNESS MUTUAL OF OMAHA | <table border="0"> <thead> <tr> <th></th> <th>Minimum</th> <th>Maximum</th> <th>Guaranteed Issue</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$5,000</td> <td>\$10,000</td> <td>\$10,000</td> </tr> <tr> <td>Spouse</td> <td>\$5,000</td> <td>\$10,000, 100% of EE</td> <td>\$5,000</td> </tr> <tr> <td>Children</td> <td>\$3,000</td> <td>\$3,000, 25% of EE</td> <td>\$3,000</td> </tr> </tbody> </table> <p>Age Reduction for Employee & Spouse: 50% at age 70 Children up to age 26</p> <p>*See enclosed benefit description for full details</p> | | Minimum | Maximum | Guaranteed Issue | Employee | \$5,000 | \$10,000 | \$10,000 | Spouse | \$5,000 | \$10,000, 100% of EE | \$5,000 | Children | \$3,000 | \$3,000, 25% of EE | \$3,000 |
|---|--|----------------------|------------------|---------|------------------|----------|---------|----------|----------|--------|---------|----------------------|---------|----------|---------|--------------------|---------|
| | Minimum | Maximum | Guaranteed Issue | | | | | | | | | | | | | | |
| Employee | \$5,000 | \$10,000 | \$10,000 | | | | | | | | | | | | | | |
| Spouse | \$5,000 | \$10,000, 100% of EE | \$5,000 | | | | | | | | | | | | | | |
| Children | \$3,000 | \$3,000, 25% of EE | \$3,000 | | | | | | | | | | | | | | |
| VOLUNTARY ACCIDENT MUTUAL OF OMAHA | <p>Coverage Type: 24-hour on and off-job</p> <p>*See enclosed benefit description for full details</p> | | | | | | | | | | | | | | | | |

2024 Delta Dental pediatric benefits

Pediatric dental is required under the Affordable Care Act for members age 18 and under with a HAP health plan.

- Have a pediatric-only dental plan? Your child's coverage will stop at the end of the year they turn 19.
- Have adult dental coverage? Your child's benefit will move to the adult plan and premium on January 1 of the year following the child's 19th birthday.

| Pediatric dental | | | |
|--|---|-----------------------|--------------------------|
|  | In network | | Out of network |
| | Delta Dental PPO™ | Delta Dental Premier® | Nonparticipating dentist |
| | Plan pays | Plan pays | Plan pays |
| DIAGNOSTIC AND PREVENTIVE SERVICES | | | |
| Diagnostic and preventive services – exams, cleanings, fluoride and space maintainers | 100% | 80% | 80% |
| Brush biopsy – oral cancer detection | 100% | 80% | 80% |
| Emergency palliative treatment – temporary pain relief | 100% | 80% | 80% |
| Radiographs – X-rays | 100% | 80% | 80% |
| Sealants – to prevent decay of permanent teeth | 100% | 80% | 80% |
| BASIC SERVICES | | | |
| Minor restorative services – fillings and crown repair | 50% | 50% | 50% |
| Major restorative services – crowns | 50% | 50% | 50% |
| Oral surgery services – extractions and dental surgery | 50% | 50% | 50% |
| Endodontic services – root canals | 50% | 50% | 50% |
| Periodontic services – gum disease treatment | 50% | 50% | 50% |
| Relines and repairs – bridges and dentures | 50% | 50% | 50% |
| Other basic services – miscellaneous | 50% | 50% | 50% |
| MAJOR SERVICES | | | |
| Prosthodontic services – bridges and dentures | 50% | 50% | 50% |
| OUT-OF-POCKET MAXIMUM AND DEDUCTIBLE | | | |
| Out-of-pocket maximum | \$400 per eligible member or \$800 per family | | |
| Deductible (does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy or sealants) | Limited to a maximum deductible of \$75 per family per benefit year | | |

Note: The benefits in this chart are for pediatric dental care only. It's an essential health benefit under the Affordable Care Act. Adult dental benefits are listed on a separate chart.

In-network annual out-of-pocket maximum: This is the most you or an eligible dependent will pay for covered pediatric dental care. The max amount when your coverage includes one member under age 19 will be \$400 per benefit year on all in-network covered services and \$800 for two or more members under age 19. Coinsurance, copayments and deductibles paid for in-network covered services count toward the out-of-pocket max. Payments that do not count toward your in-network out-of-pocket max include premiums; noncovered services; out-of-network dentists; and coinsurance, copayments or deductibles for nonpediatric dental care. It also does not include coinsurance, copayments or deductibles for covered services for members age 19 and older.

Once you reach your out-of-pocket max for the year, in-network covered services for members under 19 will be covered at 100 percent of Delta Dental's maximum approved fee.

Out-of-network out-of-pocket maximum: There is no annual out-of-pocket max for out-of-network covered services. You must pay all coinsurance, copayments, deductibles and bills for out-of-network covered services you or your eligible dependents receive.

Annual and lifetime maximum payments: There are no annual or lifetime maximum payments for covered services for members under 19.

Waiting period: There is no waiting period for members under 19 seeking covered services.

This document is meant to supplement your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to them for costs and coverage details. They also contain policy exclusions and limitations. Or call us at the number listed in this brochure.

This policy is underwritten by Delta Dental Plan of Michigan, Inc., a nonprofit dental care corporation.



**Alliance Health and Life Insurance Company (Alliance)
Preferred Provider Organization (PPO)**

**Summary of Benefits
HAP PPO Silver E4**

PPO

PPQ02089 / XRQ03024

| Health Care Services | In-Network | Out-of-Network | Limitations |
|---|---|--------------------------------------|---|
| Plan Attributes | | | |
| Benefit Period | Calendar Year | | |
| Annual Deductible | \$4,000 Individual; \$8,000 Family | \$8,000 Individual; \$16,000 Family | Deductible does not include copays or coinsurance. In and Out-of-Network deductibles accumulate separately. Deductible applies to the annual Out-of-Pocket Maximum. |
| Coinsurance | 30% | 50% | Coinsurance applies towards the Annual Out-of-Pocket Maximum |
| Annual Coinsurance Maximum | N/A | N/A | |
| Annual Out-of-Pocket Maximum | \$8,700 Individual; \$17,400 Family | \$20,000 Individual; \$40,000 Family | These values do not accumulate: premiums, balance-billed charges, and health care this plan doesn't cover. All other cost sharing accumulates unless otherwise specified. In and Out-of-Network Out-of-Pocket Maximums accumulate separately. |
| Preventive Services | | | |
| Office Visit / Physical Exam / Well Baby Exam | Covered - Deductible does not apply | Not Covered | |
| Related Laboratory and Radiology Services | Covered - Deductible does not apply | Not Covered | |
| Pap Smear, Mammogram, Tubal Ligation | Covered - Deductible does not apply | Not Covered | |
| Immunizations | Covered - Deductible does not apply | Not Covered | |
| Outpatient & Physician Services | | | |
| Primary Care Office Visit | \$50 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Telehealth Visit | Covered - Deductible does not apply | Not Covered | Through our contracted telehealth services provider. |
| Specialist Office Visit | \$70 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Routine Audiology Exam | Covered - Deductible does not apply | Not Covered | One exam per Benefit Period. For non-routine visits see Specialist Office Visit. |
| Routine Eye Exam | Covered - Deductible does not apply | Not Covered | One exam per Benefit Period. For non-routine visits see Specialist Office Visit. |
| Chiropractic Services | \$30 Copay - Deductible does not apply | 50% Coinsurance after deductible | Manipulation of spine for subluxation only. Up to 20 visits per benefit period (Combined In and Out-of-Network). |
| Allergy Treatment | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Allergy Injections | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Laboratory & Pathology | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Some services require preauthorization. |
| Imaging MRI, CT & PET Scans | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Services require preauthorization. |
| Radiology (X-ray) | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Radiation Therapy & Chemotherapy | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Dialysis | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Out-of-Network benefits are not covered unless Prior Authorized. |
| Outpatient Medical Drugs | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Outpatient Surgical Services | | | |
| Outpatient Surgery | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Ambulatory Surgical Center | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Professional Surgical and Related Services | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Emergency/Urgent Care | | | |
| Urgent Care | \$65 Copay - Deductible does not apply | | |
| Emergency Room Care | \$300 Copay after In-Network Deductible | | Copay will be waived if admitted |
| Emergency Medical Transportation | \$100 Copay - Deductible does not apply | | Emergency transport only |
| Inpatient Hospital Services | | | |
| Facility Fee | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Bariatric Surgery and Related Services | 30% Coinsurance after deductible | Not Covered | One procedure per lifetime |

| Maternity Services | | | |
|---|--|----------------------------------|---|
| Routine Prenatal Office Visits | Covered - Deductible does not apply | Not Covered | Covered under Preventive Services. For non-routine visits see Specialist Office Visit. |
| Routine Postnatal Office Visits | Covered - Deductible does not apply | Not Covered | Covered under Preventive Services. For non-routine visits see Specialist Office Visit. |
| Labor Delivery and Newborn Care | See Inpatient Hospital Services | See Inpatient Hospital Services | |
| Mental Health & Substance Use Disorder | | | |
| Inpatient Services | See Inpatient Hospital Services | See Inpatient Hospital Services | |
| Outpatient Services | \$50 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Other Services | | | |
| Home Health Care | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Does not include Rehabilitation Services. Unlimited. |
| Hospice Care | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Unlimited. |
| Skilled Nursing Care | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Covered for authorized services. Up to 45 days per benefit period (Combined In and Out-of-Network). |
| Durable Medical Equipment; Prosthetics & Orthotics | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Covered for approved equipment only. |
| Vision Hardware | Covered - Deductible does not apply | Not Covered | Covered once each benefit period through HAP's Contracted Providers for Pediatric Members only. Detailed information regarding coverage of lenses, Collection Frames, and Collection Contacts can be found in your policy or plan documents. |
| Rehabilitation Services: Physical, Occupational, and Speech Therapy | 30% Coinsurance after deductible | 50% Coinsurance after deductible | May be rendered at home. Rehabilitative Physical Therapy and Occupational Therapy up to 30 combined visits per benefit period. Rehabilitative Speech Therapy up to 30 visits per benefit period. (Combined In-Network and Out-of-Network) |
| Habilitation Services: Physical, Occupational, and Speech Therapy | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Physical and Occupational Therapy up to 30 combined visits per benefit period. Speech Therapy up to 30 visits per benefit period. Services may be rendered in the home. (Combined In and Out-of-Network). Limits and OON benefits do not apply for treatment of autism. |
| Applied Behavioral Analysis | \$50 Copay - Deductible does not apply | Not Covered | Limited to services associated with the treatment of Autism Spectrum Disorders. Covered for authorized services only. |
| Voluntary Sterilizations | See Outpatient Surgical Services | See Outpatient Surgical Services | Limited to vasectomy. |
| Infertility Services | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only. |
| Temporomandibular Joint Disorder | 30% Coinsurance after deductible | Not Covered | |
| Pharmacy (Affiliated pharmacy providers only) | | | |
| Preferred Generic Drugs | \$8 Copay 30 day supply, \$16 Copay 90 day supply | | A 90-day supply of non-maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply. |
| Non Preferred Generic Drugs | \$30 Copay 30 day supply, \$60 Copay 90 day supply | | |
| Preferred Brand Drugs | \$75 Copay 30 day supply, \$150 Copay 90 day supply | | Certain specialty drugs may be approved for 60 or 90 days. In this case, if a copay or max is shown for specialty drugs, you will pay two times that amount for up to 60 days, three times that amount for up to 90 days. |
| Non Preferred Brand Drugs | \$100 Copay 30 day supply, \$200 Copay 90 day supply | | |
| Preferred Specialty Drugs | 20% Coinsurance (\$200 max) 30 day supply at Specialty pharmacy only | | |
| Non Preferred Specialty Drugs | 50% Coinsurance (\$500 max) 30 day supply at Specialty pharmacy only | | |

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- In case of conflict between this summary and your PPO Group Health Insurance Policy and Riders, the terms and conditions of the PPO Group Health Insurance Policy and Riders will govern. This plan includes a network of health care providers through which services are covered at the In-Network level of benefits. If you receive covered services from a provider that is not part of the plan's network, they will be processed at the lower Out-of-Network benefit level.
- Elective hospital admissions require that Alliance be notified prior to the admission. Alliance must be notified within 48 hours after any emergency hospital admission. Failure to notify Alliance could result in a reduction or denial of benefits.
- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.
- PPO plans are offered through Alliance health and Life Insurance Company, a wholly owned subsidiary of health Alliance Plan.



**Alliance Health and Life Insurance Company (Alliance)
Preferred Provider Organization (PPO)**

**Summary of Benefits
HAP PPO Gold B12**

PPO

PPQ02092 / XRQ03027

| Health Care Services | In-Network | Out-of-Network | Limitations |
|---|---|--------------------------------------|---|
| Plan Attributes | | | |
| Benefit Period | Calendar Year | | |
| Annual Deductible | \$1,200 Individual; \$2,400 Family | \$3,000 Individual; \$6,000 Family | Deductible does not include copays or coinsurance. In and Out-of-Network deductibles accumulate separately. Deductible applies to the annual Out-of-Pocket Maximum. |
| Coinsurance | 0% | 50% | Coinsurance applies towards the Annual Out-of-Pocket Maximum |
| Annual Coinsurance Maximum | N/A | N/A | |
| Annual Out-of-Pocket Maximum | \$7,000 Individual; \$14,000 Family | \$20,000 Individual; \$40,000 Family | These values do not accumulate: premiums, balance-billed charges, and health care this plan doesn't cover. All other cost sharing accumulates unless otherwise specified. In and Out-of-Network Out-of-Pocket Maximums accumulate separately. |
| Preventive Services | | | |
| Office Visit / Physical Exam / Well Baby Exam | Covered - Deductible does not apply | Not Covered | |
| Related Laboratory and Radiology Services | Covered - Deductible does not apply | Not Covered | |
| Pap Smear, Mammogram, Tubal Ligation | Covered - Deductible does not apply | Not Covered | |
| Immunizations | Covered - Deductible does not apply | Not Covered | |
| Outpatient & Physician Services | | | |
| Primary Care Office Visit | \$35 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Telehealth Visit | Covered - Deductible does not apply | Not Covered | Through our contracted telehealth services provider. |
| Specialist Office Visit | \$60 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Routine Audiology Exam | Covered - Deductible does not apply | Not Covered | One exam per Benefit Period. For non-routine visits see Specialist Office Visit. |
| Routine Eye Exam | Covered - Deductible does not apply | Not Covered | One exam per Benefit Period. For non-routine visits see Specialist Office Visit. |
| Chiropractic Services | \$30 Copay - Deductible does not apply | 50% Coinsurance after deductible | Manipulation of spine for subluxation only. Up to 20 visits per benefit period (Combined In and Out-of-Network). |
| Allergy Treatment | Covered after deductible | 50% Coinsurance after deductible | |
| Allergy Injections | Covered after deductible | 50% Coinsurance after deductible | |
| Laboratory & Pathology | \$45 Copay per test - Deductible does not apply | 50% Coinsurance after deductible | Some services require preauthorization. |
| Imaging MRI, CT & PET Scans | Covered after deductible | 50% Coinsurance after deductible | Services require preauthorization. |
| Radiology (X-ray) | \$45 Copay per test - Deductible does not apply | 50% Coinsurance after deductible | |
| Radiation Therapy & Chemotherapy | Covered after deductible | 50% Coinsurance after deductible | |
| Dialysis | Covered after deductible | 50% Coinsurance after deductible | Out-of-Network benefits are not covered unless Prior Authorized. |
| Outpatient Medical Drugs | 20% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Outpatient Surgical Services | | | |
| Outpatient Surgery | Covered after deductible | 50% Coinsurance after deductible | |
| Ambulatory Surgical Center | Covered after deductible | 50% Coinsurance after deductible | |
| Professional Surgical and Related Services | Covered after deductible | 50% Coinsurance after deductible | |
| Emergency/Urgent Care | | | |
| Urgent Care | \$65 Copay - Deductible does not apply | | |
| Emergency Room Care | \$300 Copay - Deductible does not apply | | Copay will be waived if admitted |
| Emergency Medical Transportation | \$100 Copay - Deductible does not apply | | Emergency transport only |
| Inpatient Hospital Services | | | |
| Facility Fee | Covered after deductible | 50% Coinsurance after deductible | |
| Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies | Covered after deductible | 50% Coinsurance after deductible | |
| Bariatric Surgery and Related Services | Covered after deductible | Not Covered | One procedure per lifetime |

| Maternity Services | | | |
|---|--|----------------------------------|---|
| Routine Prenatal Office Visits | Covered - Deductible does not apply | Not Covered | Covered under Preventive Services. For non-routine visits see Specialist Office Visit. |
| Routine Postnatal Office Visits | Covered - Deductible does not apply | Not Covered | Covered under Preventive Services. For non-routine visits see Specialist Office Visit. |
| Labor Delivery and Newborn Care | See Inpatient Hospital Services | See Inpatient Hospital Services | |
| Mental Health & Substance Use Disorder | | | |
| Inpatient Services | See Inpatient Hospital Services | See Inpatient Hospital Services | |
| Outpatient Services | \$35 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Other Services | | | |
| Home Health Care | Covered after deductible | 50% Coinsurance after deductible | Does not include Rehabilitation Services. Unlimited. |
| Hospice Care | Covered after deductible | 50% Coinsurance after deductible | Unlimited. |
| Skilled Nursing Care | Covered after deductible | 50% Coinsurance after deductible | Covered for authorized services. Up to 45 days per benefit period (Combined In and Out-of-Network). |
| Durable Medical Equipment; Prosthetics & Orthotics | Covered after deductible | 50% Coinsurance after deductible | Covered for approved equipment only. |
| Vision Hardware | Covered - Deductible does not apply | Not Covered | Covered once each benefit period through HAP's Contracted Providers for Pediatric Members only. Detailed information regarding coverage of lenses, Collection Frames, and Collection Contacts can be found in your policy or plan documents. |
| Rehabilitation Services: Physical, Occupational, and Speech Therapy | \$45 Copay - Deductible does not apply | 50% Coinsurance after deductible | May be rendered at home. Rehabilitative Physical Therapy and Occupational Therapy up to 30 combined visits per benefit period. Rehabilitative Speech Therapy up to 30 visits per benefit period. (Combined In-Network and Out-of-Network) |
| Habilitation Services: Physical, Occupational, and Speech Therapy | \$45 Copay - Deductible does not apply | 50% Coinsurance after deductible | Physical and Occupational Therapy up to 30 combined visits per benefit period. Speech Therapy up to 30 visits per benefit period. Services may be rendered in the home. (Combined In and Out-of-Network). Limits and OON benefits do not apply for treatment of autism. |
| Applied Behavioral Analysis | \$35 Copay - Deductible does not apply | Not Covered | Limited to services associated with the treatment of Autism Spectrum Disorders. Covered for authorized services only. |
| Voluntary Sterilizations | See Outpatient Surgical Services | See Outpatient Surgical Services | Limited to vasectomy. |
| Infertility Services | Covered after deductible | 50% Coinsurance after deductible | Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only. |
| Temporomandibular Joint Disorder | Covered after deductible | Not Covered | |
| Pharmacy (Affiliated pharmacy providers only) | | | |
| Preferred Generic Drugs | \$5 Copay 30 day supply, \$10 Copay 90 day supply | | A 90-day supply of non-maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply. |
| Non Preferred Generic Drugs | \$30 Copay 30 day supply, \$60 Copay 90 day supply | | |
| Preferred Brand Drugs | \$40 Copay 30 day supply, \$80 Copay 90 day supply | | Certain specialty drugs may be approved for 60 or 90 days. In this case, if a copay or max is shown for specialty drugs, you will pay two times that amount for up to 60 days, three times that amount for up to 90 days. |
| Non Preferred Brand Drugs | \$80 Copay 30 day supply, \$160 Copay 90 day supply | | |
| Preferred Specialty Drugs | 20% Coinsurance (\$200 max) 30 day supply at Specialty pharmacy only | | |
| Non Preferred Specialty Drugs | 50% Coinsurance (\$500 max) 30 day supply at Specialty pharmacy only | | |

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- In case of conflict between this summary and your PPO Group Health Insurance Policy and Riders, the terms and conditions of the PPO Group Health Insurance Policy and Riders will govern. This plan includes a network of health care providers through which services are covered at the In-Network level of benefits. If you receive covered services from a provider that is not part of the plan's network, they will be processed at the lower Out-of-Network benefit level.
- Elective hospital admissions require that Alliance be notified prior to the admission. Alliance must be notified within 48 hours after any emergency hospital admission. Failure to notify Alliance could result in a reduction or denial of benefits.
- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.
- PPO plans are offered through Alliance health and Life Insurance Company, a wholly owned subsidiary of health Alliance Plan.



**Alliance Health and Life Insurance Company (Alliance)
Preferred Provider Organization (PPO)**

Summary of Benefits

HAP PPO Platinum A025

PPO

PPQ02101 / XRQ03036

| Health Care Services | In-Network | Out-of-Network | Limitations |
|---|---|--------------------------------------|---|
| Plan Attributes | | | |
| Benefit Period | Calendar Year | | |
| Annual Deductible | \$250 Individual; \$500 Family | \$3,000 Individual; \$6,000 Family | Deductible does not include copays or coinsurance. In and Out-of-Network deductibles accumulate separately. Deductible applies to the annual Out-of-Pocket Maximum. |
| Coinsurance | 0% | 50% | Coinsurance applies towards the Annual Out-of-Pocket Maximum |
| Annual Coinsurance Maximum | N/A | N/A | |
| Annual Out-of-Pocket Maximum | \$2,000 Individual; \$4,000 Family | \$20,000 Individual; \$40,000 Family | These values do not accumulate: premiums, balance-billed charges, and health care this plan doesn't cover. All other cost sharing accumulates unless otherwise specified. In and Out-of-Network Out-of-Pocket Maximums accumulate separately. |
| Preventive Services | | | |
| Office Visit / Physical Exam / Well Baby Exam | Covered - Deductible does not apply | Not Covered | |
| Related Laboratory and Radiology Services | Covered - Deductible does not apply | Not Covered | |
| Pap Smear, Mammogram, Tubal Ligation | Covered - Deductible does not apply | Not Covered | |
| Immunizations | Covered - Deductible does not apply | Not Covered | |
| Outpatient & Physician Services | | | |
| Primary Care Office Visit | \$20 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Telehealth Visit | Covered - Deductible does not apply | Not Covered | Through our contracted telehealth services provider. |
| Specialist Office Visit | \$40 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Routine Audiology Exam | Covered - Deductible does not apply | Not Covered | One exam per Benefit Period. For non-routine visits see Specialist Office Visit. |
| Routine Eye Exam | Covered - Deductible does not apply | Not Covered | One exam per Benefit Period. For non-routine visits see Specialist Office Visit. |
| Chiropractic Services | \$30 Copay - Deductible does not apply | 50% Coinsurance after deductible | Manipulation of spine for subluxation only. Up to 20 visits per benefit period (Combined In and Out-of-Network). |
| Allergy Treatment | Covered after deductible | 50% Coinsurance after deductible | |
| Allergy Injections | Covered after deductible | 50% Coinsurance after deductible | |
| Laboratory & Pathology | \$30 Copay per test - Deductible does not apply | 50% Coinsurance after deductible | Some services require preauthorization. |
| Imaging MRI, CT & PET Scans | Covered after deductible | 50% Coinsurance after deductible | Services require preauthorization. |
| Radiology (X-ray) | \$30 Copay per test - Deductible does not apply | 50% Coinsurance after deductible | |
| Radiation Therapy & Chemotherapy | Covered after deductible | 50% Coinsurance after deductible | |
| Dialysis | Covered after deductible | 50% Coinsurance after deductible | Out-of-Network benefits are not covered unless Prior Authorized. |
| Outpatient Medical Drugs | 20% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Outpatient Surgical Services | | | |
| Outpatient Surgery | Covered after deductible | 50% Coinsurance after deductible | |
| Ambulatory Surgical Center | Covered after deductible | 50% Coinsurance after deductible | |
| Professional Surgical and Related Services | Covered after deductible | 50% Coinsurance after deductible | |
| Emergency/Urgent Care | | | |
| Urgent Care | \$65 Copay - Deductible does not apply | | |
| Emergency Room Care | \$200 Copay - Deductible does not apply | | Copay will be waived if admitted |
| Emergency Medical Transportation | \$100 Copay - Deductible does not apply | | Emergency transport only |
| Inpatient Hospital Services | | | |
| Facility Fee | Covered after deductible | 50% Coinsurance after deductible | |
| Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies | Covered after deductible | 50% Coinsurance after deductible | |
| Bariatric Surgery and Related Services | Covered after deductible | Not Covered | One procedure per lifetime |

| Maternity Services | | | |
|---|--|----------------------------------|---|
| Routine Prenatal Office Visits | Covered - Deductible does not apply | Not Covered | Covered under Preventive Services. For non-routine visits see Specialist Office Visit. |
| Routine Postnatal Office Visits | Covered - Deductible does not apply | Not Covered | Covered under Preventive Services. For non-routine visits see Specialist Office Visit. |
| Labor Delivery and Newborn Care | See Inpatient Hospital Services | See Inpatient Hospital Services | |
| Mental Health & Substance Use Disorder | | | |
| Inpatient Services | See Inpatient Hospital Services | See Inpatient Hospital Services | |
| Outpatient Services | \$20 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Other Services | | | |
| Home Health Care | Covered after deductible | 50% Coinsurance after deductible | Does not include Rehabilitation Services. Unlimited. |
| Hospice Care | Covered after deductible | 50% Coinsurance after deductible | Unlimited. |
| Skilled Nursing Care | Covered after deductible | 50% Coinsurance after deductible | Covered for authorized services. Up to 45 days per benefit period (Combined In and Out-of-Network). |
| Durable Medical Equipment; Prosthetics & Orthotics | Covered after deductible | 50% Coinsurance after deductible | Covered for approved equipment only. |
| Vision Hardware | Covered - Deductible does not apply | Not Covered | Covered once each benefit period through HAP's Contracted Providers for Pediatric Members only. Detailed information regarding coverage of lenses, Collection Frames, and Collection Contacts can be found in your policy or plan documents. |
| Rehabilitation Services: Physical, Occupational, and Speech Therapy | \$20 Copay - Deductible does not apply | 50% Coinsurance after deductible | May be rendered at home. Rehabilitative Physical Therapy and Occupational Therapy up to 30 combined visits per benefit period. Rehabilitative Speech Therapy up to 30 visits per benefit period. (Combined In-Network and Out-of-Network) |
| Habilitation Services: Physical, Occupational, and Speech Therapy | \$20 Copay - Deductible does not apply | 50% Coinsurance after deductible | Physical and Occupational Therapy up to 30 combined visits per benefit period. Speech Therapy up to 30 visits per benefit period. Services may be rendered in the home. (Combined In and Out-of-Network). Limits and OON benefits do not apply for treatment of autism. |
| Applied Behavioral Analysis | \$20 Copay - Deductible does not apply | Not Covered | Limited to services associated with the treatment of Autism Spectrum Disorders. Covered for authorized services only. |
| Voluntary Sterilizations | See Outpatient Surgical Services | See Outpatient Surgical Services | Limited to vasectomy. |
| Infertility Services | Covered after deductible | 50% Coinsurance after deductible | Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only. |
| Temporomandibular Joint Disorder | Covered after deductible | Not Covered | |
| Pharmacy (Affiliated pharmacy providers only) | | | |
| Preferred Generic Drugs | \$5 Copay 30 day supply, \$10 Copay 90 day supply | | A 90-day supply of non-maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply. |
| Non Preferred Generic Drugs | \$15 Copay 30 day supply, \$30 Copay 90 day supply | | |
| Preferred Brand Drugs | \$30 Copay 30 day supply, \$60 Copay 90 day supply | | |
| Non Preferred Brand Drugs | \$60 Copay 30 day supply, \$120 Copay 90 day supply | | Certain specialty drugs may be approved for 60 or 90 days. In this case, if a copay or max is shown for specialty drugs, you will pay two times that amount for up to 60 days, three times that amount for up to 90 days. |
| Preferred Specialty Drugs | 20% Coinsurance (\$200 max) 30 day supply at Specialty pharmacy only | | |
| Non Preferred Specialty Drugs | 50% Coinsurance (\$500 max) 30 day supply at Specialty pharmacy only | | |

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- Elective hospital admissions require that Alliance be notified prior to the admission. Alliance must be notified within 48 hours after any emergency hospital admission. Failure to notify Alliance could result in a reduction or denial of benefits.
- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.
- PPO plans are offered through Alliance health and Life Insurance Company, a wholly owned subsidiary of health Alliance Plan.



Now that you're a member – let's get started on hap.org

Guests are always welcome on our website. But members have access to so much more. Once you register on **hap.org**, you'll have 24/7 access to free, secure, digital self-service tools. It only takes about five minutes to sign up for your HAP account. When you log in at **hap.org**, you'll have access to your unique health plan information.

How to log in: All you need is your HAP ID card and your PC.

- Go to **hap.org** and click "Log in" at the top of the page.
- Select "Member"
 - New members will select "Register"
 - Current members will use their Subscriber ID and password

Member Log in [Need help?](#)

ID Number *
Enter Here

Password *
Enter Here

[Log In](#)

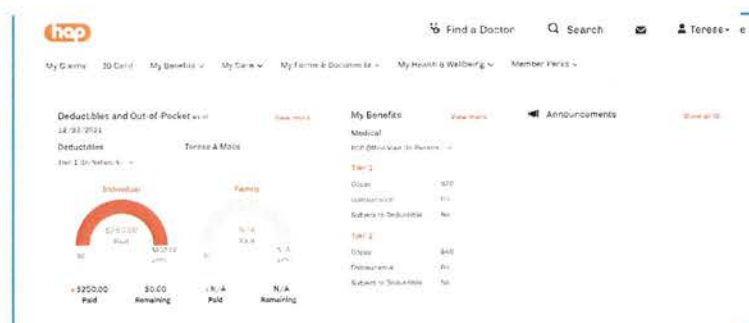
[Forgot Username?](#) [Forgot Password?](#)

[Don't have an account?](#)

[Register](#)

Once you are signed up, here are just a few things you can see and do on the member portal:

On the home page, members can see their deductibles and out-of-pocket status. They can also find the right doctor for their plan, and much more.



My Claims

Members choose a date or range and search for claims that have been received and processed by HAP. Members can view a claim number, Explanation of Benefits (EOB), amount billed, and claim status.

ID Card

- Download a PDF of your card
- Order a new card if yours is lost

My Benefits

Members can select what they would like to view, such as:

- My Coverage – shows who is covered on your plan, copays, and more...
- Prescription coverage – this will take you to HAP's Express Scripts page
- Deductible and out-of-pocket expenses
- Health Care Cost Estimator tool

My Care

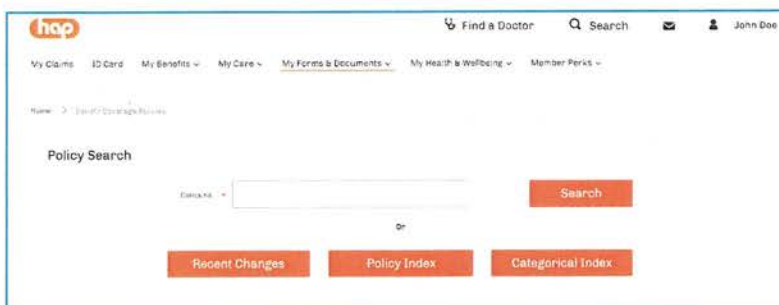
Here, members can search for:

- Referrals and/or authorization status
- Telehealth information
- Covered prescription medication list

My Forms & Documents

Besides documents and forms, members can also use the links below to find other things, such as:

- **My Letters:** Members can access their letters or create PIP letters for their auto insurance carrier.
- **Benefit Coverage Policies:** Members can search for procedures. They can also see what is covered or may need more information from their ordering provider.



My Health & Wellbeing

Members can find a wealth of wellbeing information by clicking our “Reward Your Health” link. There is a link to our Active&Fit page where members can find local fitness centers. These centers offer lower prices as negotiated for HAP members.

Member Perks

This is where our member discounts, events, and other resources are located. These include:

- Assist America
- Identity theft protection
- Weight management programs

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

**HAP
IS HERE**

With a PPO Plan
covering you from
Coast to Coast



Leading doctors and hospitals

Our network has thousands of participating doctors in Michigan and northwest Ohio. Chances are pretty good your doctor is a HAP doctor.

Go with experience

As one of Michigan's largest and most experienced health plans, HAP offers you and your family a large network of doctors and hospitals in Michigan and northwest Ohio. You also don't need referrals.

Out-of-State coverage

Outside of Michigan, you'll find a large network of doctors and hospitals across the country through our partnership with Aetna Signature Administrators® - one of the nation's largest health service networks. HAP has partnered with Aetna Signature Administrators® to offer you the Aetna national PPO network outside of Michigan and Northwest Ohio*.

Aetna's network gives you access to more than 1.4 million providers including over 6,100 hospitals and thousands of MinuteClinic® locations around the country.

HAP's PPO network**



 HAP network
 Aetna national PPO network

* HAP's PPO provider network includes these seven counties of northwest Ohio: Defiance, Fulton, Henry, Lucas, Ottawa, Williams and Wood.

** Does not apply to Medicare.

Finding a doctor is easy

To find doctors who accept your plan in Michigan and northwest Ohio, visit hap.org/ppodoctors.

To find doctors in the Aetna national PPO network, visit hap.org/find-a-doctor and select the "Care Outside of Michigan" button.

For more information about HAP, visit hap.org.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

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See a Doctor Now with HAP Telehealth

Getting health care online has never been easier.

HAP Telehealth, powered by Amwell® provides round-the-clock telehealth services. Doctors are now available 24/7 for live, online visits.

Doctors are always available

Not feeling well? Is your doctor's office closed?
Too sick to leave home?

Now you can see a doctor using your mobile phone, tablet or computer. Here are the benefits of using telehealth services:

- Affordable, easy and convenient
- Doctors are licensed and board certified
- No appointment, short wait
- 24/7 access
- Online visits are secure

Frequently asked questions

What can doctors treat?

You can get treatment for nonemergency illnesses. See doctors for conditions such as:

- Colds
- Flu
- Headache
- Sprains and strains
- Rashes and sinus infections
- Pink eye
- Other minor conditions

Using telehealth services for treatment of non-emergency illnesses can save you money compared to visiting the emergency room or urgent care.

Can medicines be prescribed?

If it's medically necessary, doctors can even prescribe certain medications.¹

What will I pay?

See your benefit summary for cost share information on HAP Telehealth services.

Can I use telehealth services when I'm traveling?

Telehealth services are great when you're on the road for vacation or work. Telehealth services are available in all 50 states. Exclusions include U.S. Territories like Puerto Rico and international locations. For a full list of where you can reach a doctor online, visit haptelehealth.org.

¹Based on current regulations.

Can I use telehealth for behavioral health services?

The HAP Telehealth app, powered by Amwell®, enables you to schedule visits with a vast network of licensed behavioral health providers across all 50 states.

Will information from my telehealth visit be shared with my Primary Care Physician (PCP)?

HAP Telehealth won't send anything to your PCP. However, you'll receive a summary of your visit for your personal records, which can be shared with your PCP.

How do I give my spouse access to telehealth?

Your spouse should create a separate account to enroll.

How do I add a dependent to my account?

Parents and guardians can add children who are under age 18 to their account and have doctor visits on their behalf. Enroll yourself first and then add your child or dependent to your account.

What should I do if I have a child over 18 who is still on my health insurance?

They should enroll as an adult and create their own separate account.

Who should I contact if I need help setting up my account or have any questions?

If you have any other questions, please contact the Amwell support team at **(866) 884-0528** or HAPTelehealth@amwell.com.

How do I sign up?

It's free to enroll. Follow these easy steps:



Desktop users:

1. Visit haptelehealth.org
2. Enter your information and click *Sign Up*.
3. For Service Key, leave blank.



Mobile users:

1. Search Apple's iTunes or Google's Play App Store for **HAP Telehealth** and download the app.
2. Enter your information and click *Sign Up*.
3. For Service Key, leave blank.

You can also access **HAP Telehealth** once you're logged in to your hap.org account.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Health Alliance Plan (HAP) has partnered with Amwell to offer benefits to qualifying members.



**HAP
IS HERE**

Making health care more mobile

Discover the apps worth downloading.



myHAP card digital ID card

With our myHAP card digital ID card, you can view the ID cards of everyone on your plan from the convenience of your smartphone. You can also use it to share your ID card via email or fax.

To gain secure access to the app:

1. Download the app.
2. Enter your HAP ID number.
3. Enter your four-digit year of birth (####).



HAP telehealth: Doctor Visits 24/7 app

With the HAP telehealth app, powered by Amwell, you can talk to licensed, board-certified doctors who are available 24/7 for live, secure online visits.

Download the app, click Sign Up and enter your information. For Service Key, leave blank.



Assist America app

Assist America offers global emergency medical services if you're ill or injured while traveling more than 100 miles from home, or while in a foreign country.

Log in to hap.org. Go to Member Perks and click on Assist America. You'll see the link to log in to get your exclusive HAP access code.



Wellness at Your Side™ app

The Wellness at Your Side app from WebMD gives you a fast, easy way to access your HAP iStrive® for Better Health account.

Once you download the app, you'll connect to HAP's wellness provider by entering "istrive" as the Connection Code. When asked for username and password, click on Sign in using Company's SSO. When it connects to the hap.org login screen, log in with your username and password. Your hap.org username is generally your HAP ID number.



HAP Member Discounts app

With our HAP Member Discounts, you get savings on health and wellness-related activities and services.

You must obtain the access code from your member portal at hap.org, under Member Perks. You then can sign in to the app using your email address, password, and access code.

You can download these apps in Apple's app store or Google's Play app store.

**HAP
IS HERE**

Enhancing your exercise experience

Get an Active&Fit Direct™ fitness membership for \$25/month.

HAP's Active&Fit Direct™ program makes it easy for you to get on the path to a happier, healthier life through regular exercise.

Choose from 11,600+ standard fitness centers and studios. There are 7,600+ digital workout videos with well-known instructors from LES MILLS™, Jillian Michaels, YogaFit, and many more. There's flexibility to change anytime, for just \$25/mo. (plus a \$25 enrollment fee and applicable taxes). No long-term contract!

You can join Active&Fit Direct in four easy steps.

1 ENROLL

1. Log in to hap.org. The only way to register is online
2. Click on **My Health & Wellbeing**, then **Active&Fit**
3. Complete the registration process to create your account

2 FIND

With 11,600+ participating standard fitness centers nationwide (more than 300 in Michigan), you can switch fitness centers anytime to find your perfect fit. Members can search the online directory for some of the nation's finest standard fitness centers in their area.

3 ENROLL

Each participant pays:

- \$25 enrollment fee (with an option to add a spouse in the same household)
- \$25 monthly fee for the current month
- \$25 for the next month
- Applicable taxes

Recurring \$25 monthly payments start the second month. Fees are per participant and paid directly to Active&Fit Direct.

4 ENJOY

Once you register, you can view your fitness card. Print or take a screenshot of the card and take it to the participating standard fitness center to get an access card to that center. If you're already a member of the fitness center, you need to freeze your current contract. You can work out as much or as little as you want. There's no minimum visits.

To learn more how your HAP membership can save you money while keeping you healthy, visit hap.org/member-discounts.

The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated. Active&Fit Direct is a trademark of ASH and used with permission herein.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.





**HAP
IS HERE**

Taking the trouble out of travel



hap

With Assist America, we go where you go.

Travel emergencies can happen any place, anytime. When they do, HAP and Assist America are there to help.

When traveling 100 miles or more away from home or in another country (for no more than 90 days in a row), Assist America will arrange and pay for all services it provides.

You can rest assured, knowing global emergency travel services are easy to access during your vacations and business travel – anywhere in the world.

Medical help

Assist America is staffed 24/7 by employees who speak multiple languages and are trained to handle medical issues. They can make quick recommendations for any crisis.

Foreign hospital admission support

Get help with hospital admissions and coordinating care in other countries.

Emergency medical evacuation

If you become ill or hurt in a place where proper care isn't easy to get, Assist America will arrange to get you to the nearest quality hospital or care center.

Medical repatriation

Once you are stable and safe to travel, Assist America will arrange and pay for your return home or to a rehabilitation facility near your home.

Prescription help

When a prescription is lost or left behind, Assist America will work with your doctor and local pharmacy. If you need a new prescription, they'll arrange for you to see a local doctor if it's medically necessary.

Critical care monitoring

Assist America's team of doctors, nurses and other medically trained staff will stay in touch with the doctor treating you. They also track your care and pass on details to your family (if allowed by law).

Translator and legal help

Assist America can suggest legal counsel or a translator in any country. Help with bail bonds is also available where legal.

Care of minor children

If you become ill or hurt, Assist America can arrange for the care of your children. They can also pay for transit costs. This could involve solutions such as getting the children to a family member or bringing someone to them. Every situation is handled on a case-by-case basis.

Return of remains

In the unfortunate event a member passes away while traveling, Assist America will arrange transport and pay the costs to bring their remains home.

Lost luggage or document help

Assist America works with airlines to find and return lost bags. They can also help with lost passports and other travel documents.

Pre-trip information

When you're planning your trip, check out the Assist America website to review country profiles, visa and immunization rules and safety alerts.

Identity theft protection

Whether you're at home or traveling the world, Assist America gives you identity theft protection. At no cost to you, this service offers tools to protect your name and credit history. These include:

- Credit and debit card internet surveillance when you register your cards on Assist America's secure site
- Credit card and document registration with lost and stolen recovery assistance by phone
- 24/7 identity fraud support services to help with restoring your personal information

Even if you don't register your cards and documents, you have 24/7 fraud support if you think you're a victim of identity theft. One call – day or night – will put the professional fraud support team into action on your behalf.

Help at your fingertips

Assist America's mobile app offers smartphone users a one-touch link to the operations center. Members can place a call by tapping a button on their mobile phone. To download the mobile app, visit the app store on your smartphone and search for Assist America.

For more information about Assist America, please visit assistamerica.com/hap.

**HAP
IS HERE**

Showing you the real cost of health plans



If you're on the path to choosing a health plan, it's important to look beyond the monthly premium to see the real costs of using your plan. Beginning with copays, then moving from deductibles to coinsurance to out-of-pocket limits, you can see how health plans work from the ground up.



COPAY*

A set amount you pay each time you receive certain covered health care services, medications or medical supplies. The copay amount can vary.



DEDUCTIBLE

The amount you owe for certain covered health care services before your health plan begins to pay for them. There are per-person (individual) deductible amounts and family deductible amounts.

\$ HAP pays 0%

\$ You pay 100%



COINSURANCE

The percentage of allowed amounts for certain covered services you pay after your deductible has been met. Coinsurance can vary by plan and some plans don't have it at all.

\$ HAP pays most

\$ You pay some



OUT-OF-POCKET LIMIT**

The most you'll pay for the combined total of all copays, coinsurance and deductibles for covered services in a benefit period (usually a calendar year). Once you meet your out-of-pocket limit, HAP pays all of the allowed amount for covered services.

\$ HAP pays 100%

\$ You pay 0%

* Copays don't count toward your deductible. You'll continue to pay copays after you've met your deductible until you reach your out-of-pocket limit. The out-of-pocket limit may not apply to grandfathered health plans.

**The out-of-pocket limit doesn't include your monthly premium or noncovered services.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

©2022 HAP – a nonprofit company



Voluntary Dental Insurance

FOR EMPLOYEES OF MOLTUS BUILDING GROUP

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

| | |
|--|--|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Dependent Eligibility Requirement | A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as defined by Policy. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. |
| Premium Payment | The premiums for this insurance are paid in full by you. |

PLAN YEAR DEDUCTIBLES AND MAXIMUMS

| | IN-NETWORK | OUT-NETWORK |
|----------------------------------|--------------------|--------------------|
| Type A | Waived | Waived |
| Type B & C Deductible | | |
| Individual | \$25 | \$25 |
| Family | 3 times Individual | 3 times Individual |
| Annual Maximum | \$1,000 | \$1,000 |

The same expenses may be used to satisfy both the In-Network and Out-Network deductible.

COVERED SERVICES

| | IN-NETWORK | OUT-NETWORK |
|--|------------|-------------|
| Type A Services | 100% | 100% |
| <ul style="list-style-type: none"> • Examinations/Evaluations • Bitewing X-rays • All Other X-Rays • Fluoride Treatments • Cleaning/Prophylaxis • Sealants • Brush Biopsy/Cancer Screening • Harmful Habit Appliances • Full Mouth X-rays, Panoramic Film | | |

| COVERED SERVICES | IN-NETWORK | OUT-NETWORK |
|--|------------|-------------|
| Type B Services <ul style="list-style-type: none"> • Space Maintainers • Palliative Treatment • Periodontal Maintenance • Fillings • Stainless Steel Crowns • Simple Extractions • General Anesthesia or I.V. Sedation • Non-Surgical Periodontics | 80% | 80% |
| Type C Services <ul style="list-style-type: none"> • Oral Surgery • Endodontics • Full or Partial Removable Dentures • Repair of Full or Partial Removable Dentures • Adjustments, Tissue Conditioning, Rebasing or Relining of Full or Partial Removable Dentures • Bridges • Repair/Recementation of Bridges • Cast Crowns, Inlays, Onlays, Labial Veneers • Repair/Recementation of Cast Crowns/Inlays/Onlays/Labial Veneers • Implants • Surgical Extractions • Surgical Periodontics | 50% | 50% |

The plan pays the percentage shown after the deductible is satisfied up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.

The plan provides the same coverage levels for both In-Network and Out-Network services. However, because In-Network providers offer their services at predetermined fees, out-of-pocket expenses may be lower for plan members when receiving covered services from an In-Network provider.

The Maximum Allowance for Out-Network Services is based on the 90th Percentile as determined by Mutual of Omaha. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.

ROLLOVER BENEFIT PROVISION

The Rollover Benefit provision allows you and your dependents to save your dental benefit dollars for when you need them most. With this provision, Mutual of Omaha will “roll over” a percentage of the Policy Year Maximum Benefit for each insured person in a given calendar year, increasing the following Policy Year maximum for that insured person (subject to certain conditions). Rollover calculations are determined based on In-Network provisions.

ANNUAL OPEN ENROLLMENT PERIOD

The plan has an Annual Open Enrollment Period. Any Benefit Waiting Periods or Late Entrant Waiting Periods will be waived during this time period.

LIMITATIONS

Information about the limitations and exclusions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or Benefits Administrator if you have any questions prior to enrolling.

- Exams – 2 services in a 12 month period.
- Bitewing X-rays – 4 films in a 12 month period.
- Full Mouth X-rays or Panoramic Film – 1 in any 36 month period.
- Fluoride – For dependent children up to age 19. 2 services in a 12 month period.
- Harmful Habit Appliance – For dependent children up to age 14.
- Cleaning/Prophylaxis – 2 services in a 12 month period.
- Sealants – For dependent children up to age 14; one per permanent bicuspid or molar tooth in any 36 month period.
- Brush Biopsy/Cancer Screen – 2 services in a 12 month period.
- Space Maintainers – For dependent children up to age 14, includes recementations and removal.
- Fillings – Composite fillings on molars are limited to the amount otherwise payable for an amalgam filling. Replacement once in a 12 month period.
- Stainless Steel Crowns – For dependent children up to age 16; one per tooth per lifetime. Not for temporary restoration.
- Periodontal Maintenance – 2 services in a 12 month period in addition to routine cleaning. Following active periodontal treatment only.
- Cast Crowns, Inlays, Onlays, Labial Veneers – Replacement allowed once in 10 years.
- Bridges – Replacement allowed once in 10 years.
- Dentures – Replacement allowed once in 10 years.
- Implants – 1 per tooth per lifetime.
- Orthodontia – Includes case workup, all appliances and one set of retainers. Braces/Appliances must be placed prior to the dependent child turning age 26 for orthodontic benefits to be payable.

SERVICES

Hearing Discount Program

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

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To enroll for dental coverage:

- 1) Using the table above, first identify the tier of coverage you wish to enroll for. Options are available that provide coverage for you (the employee) only, or for you and your family. The amount listed in the Premium Amount column is the cost per paycheck for each tier of coverage.
- 2) Locate the Voluntary Dental Coverage election section on your enrollment form. Place a \checkmark or an x in the Yes box next to the tier of coverage you wish to enroll for, then insert the Premium Amount for the tier you select into the Premium Amount column (if the premium amount is not already available on the form).
- 3) If you are enrolling for coverage for your dependents, complete the Dependent Information section of the enrollment form.

› Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

When does my coverage begin?

Complete enrollment information must be submitted to us through your Benefits Administrator *prior* to the requested effective date. Enrollment will be accepted within 31 days following the day you become eligible; however your effective date will then be the first of the following month.

When does my coverage begin for my dependents?

A Dependent child is considered eligible for insurance at birth and may be added to your policy at any time up to the child's third birthday. If we do not receive notification of the child's enrollment by age 3, you will be required to wait until the next Subsequent Enrollment Period to enroll the child.

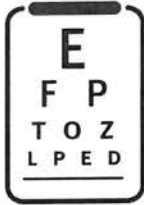
If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12 month Policy Year. During the Policy Year, you may drop coverage, or add or remove dependents, or terminate coverage within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Dental insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Insurance Company is licensed nationwide, except in New York Policy form number: G2018MP or state equivalent (In NC: G2018MP NC).

VOLUNTARY DENTAL INSURANCE





Voluntary Vision Insurance

FOR EMPLOYEES OF MOLTUS BUILDING GROUP

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

| | |
|--|---|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Dependent Eligibility Requirement | To be eligible for coverage, any dependent child(ren) must be under 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. |
| Premium Payment | The premiums for this insurance are paid in full by you. |

| BENEFITS | MEMBER COST IN-NETWORK | OUT-OF-NETWORK REIMBURSEMENT* |
|--|--|---|
| Exam with Dilation as Necessary | \$10 copay | Up to \$37 |
| Exam Options: <ul style="list-style-type: none"> •Retinal Imaging •Standard Contact Lens Fit & Follow-up •Premium Contact Lens Fit & Follow-up | <ul style="list-style-type: none"> •Up to \$39 •Up to \$40 •10% off retail price | <ul style="list-style-type: none"> •Not Applicable |
| Frames <ul style="list-style-type: none"> •Any available frame at provider location | <ul style="list-style-type: none"> •\$0 copay, \$130 allowance plus 20% off balance over allowance | <ul style="list-style-type: none"> •Up to \$58 |
| Standard Plastic Lenses: <ul style="list-style-type: none"> •Single Vision •Bifocal •Trifocal •Lenticular •Standard Progressive Lenses (add on to bifocal copay) •Premium Progressive Lenses (add on to bifocal copay) <ul style="list-style-type: none"> •Tier 1 •Tier 2 •Tier 3 •Tier 4 | <ul style="list-style-type: none"> •\$10 copay •\$10 copay •\$10 copay •\$10 copay •\$65 copay •\$85 copay •\$95 copay •\$110 copay •\$65 copay plus 80% of charge less \$120 allowance | <ul style="list-style-type: none"> •Up to \$32 •Up to \$48 •Up to \$76 •Up to \$76 •Up to \$48 •Up to \$48 •Up to \$48 •Up to \$48 •Up to \$48 |
| Lens Options: <ul style="list-style-type: none"> •UV Coating •Tint (Solid and Gradient) •Standard Scratch Coating •Standard Polycarbonate (Adults) •Standard Polycarbonate (Children under 19) | <ul style="list-style-type: none"> •\$0 copay •\$0 copay •\$0 copay •\$40 •\$0 copay | <ul style="list-style-type: none"> •Up to \$12 •Up to \$12 •Up to \$12 •Not Applicable •Up to \$32 |

| | | |
|---|--|---|
| <ul style="list-style-type: none"> •Standard Anti-Reflective •Photochromic – Transitions •Other Add-ons | <ul style="list-style-type: none"> •\$45 •\$75 •20% off retail price | <ul style="list-style-type: none"> •Not Applicable •Not Applicable •Not Applicable |
| Contact Lenses: (Contact lens allowance includes materials only) <ul style="list-style-type: none"> •Conventional •Disposable •Medically Necessary | <ul style="list-style-type: none"> •\$0 copay, \$130 allowance plus 15% off balance over allowance •\$0 copay, \$130 allowance •\$0 copay, paid in full | <ul style="list-style-type: none"> •Up to \$89 •Up to \$104 •Up to \$210 |
| Laser Vision Correction: <ul style="list-style-type: none"> •LASIK or PRK from U.S. Laser Network | <ul style="list-style-type: none"> •15% off retail price or 5% off promotional price | |
| Additional Pair of Glasses or Contacts | 40% discount off of complete pair of eyeglasses and 15% off conventional contact lenses once the funded benefit has been used | |

FREQUENCY

| | |
|---------------------------------|----------------------|
| Exams | Once every 12 months |
| Lenses or Contact Lenses | Once every 12 months |
| Frames | Once every 24 months |

*Out-of-Network Reimbursement will be the lesser of the listed amount of the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate.

EXCLUSIONS

We will not pay benefits for any services or materials connected with or changes arising from:

- orthoptic or vision training, subnormal vision aides and any associated supplemental testing;
- Aniseikonic lenses;
- medical or surgical treatment of the eye, eyes or supporting structures;
- any eye or vision examination, or any corrective eyewear required by the policyholder as a condition of employment;
- safety eyewear;
- services or materials provided or paid for in whole or in part by a state or federal government or its agencies;
- services or materials provided or paid for in whole or in part as a result of any workers' compensation or occupational disease law or as required by any federal or state governmental agency or program;
- Plano (non-prescription) lenses or contract lenses;
- non-prescription sunglasses;
- two pair of glasses in lieu of bifocals;
- services or materials provided or paid for in whole or in part by any other group benefit plan providing vision benefits;
- certain name brand vision materials for which the manufacturer maintains a no-discount practice;
- services rendered after the date an insured person ceases to be covered under the policy; or
- lost, stolen, or broken lenses, frames, glasses, or contact lenses until the next benefit frequency when vision materials would next become available.

SERVICES

| | |
|---------------------------------|---|
| Hearing Discount Program | The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more. |
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› Frequently Asked Questions

If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12-month Policy Year. During this Policy Year, you may add or remove dependents within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

How do I use my vision benefit?

Mutual of Omaha's affiliation with EyeMed's Insight Network offers access to over 91,000 providers. To access your vision benefit:

1. Locate an in-network provider of your choice by calling the Customer Care Center at **1-833-279-4358** or visiting **www.mutualofomaha.com/vision** and choosing a provider on the provider locator. Or download the EyeMed Members App on your iPhone, iPad or Android to view your benefit details and ID card right when you need it.
2. Schedule an appointment. Many of our providers also offer walk-in appointments, in which case, an appointment is not necessary.
3. When you arrive, identify yourself as an EyeMed member or present your ID card to receive services. (Vision ID Card is not required to receive services)
4. Your in-network provider will file claims on your behalf, so you don't have to worry about anything!

How can I view my Explanation of Benefits online?

Click on "View Your Benefits" and select "Claim Status". If an Explanation of Benefits is available for a claim, an EOB column will appear next to the claim. Click the "View" button to view the document. Note: If the EOB column does not appear, EOBs are not applicable to your plan.

Will I be able to choose any eyewear product available at an in-network provider location?

Yes! With your Mutual of Omaha vision benefits, powered by EyeMed, you can apply your benefit toward any available frame or brand of contact lenses that fit your vision needs and lifestyle.

Can I purchase two pair of eyeglasses and/or eyeglasses and contact lenses in the same benefit period?

Yes! You are eligible for additional discounts, once the covered benefit has been used. We offer the largest additional pair discount in the industry – 40 percent off eyeglasses and 15 percent off conventional contact lenses – which can be used at any in-network location at any time while you are covered under the plan.

Are there any additional discounts beyond what is covered by the plan?

Yes! You will receive the following additional savings:

- 40 percent off additional complete pairs of glasses
- 20 percent off any remaining frame balance
- 15 percent off any remaining conventional contact lens balance
- 20 percent off non-covered items, including non-prescription sunglasses, accessories and lens cleaner
- 15 percent off the standard price or 5 percent off any promotional price of LASIK or PRK services

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions and limitations. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Vision insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. Policy form number: G2018MP or state equivalent (In NC: G2018MP NC). United of Omaha Life Insurance Company is licensed nationwide, except in New York.





Voluntary Short-Term Disability Insurance

FOR EMPLOYEES OF MOLTUS BUILDING GROUP

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

| | |
|--------------------------------|--|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Premium Payment | The premiums for this insurance are paid in full by you. |

BENEFITS

| | |
|------------------------------------|---|
| Elimination Period | <p>If you become disabled, there is an elimination period before benefits are payable. Your benefits begin:</p> <ul style="list-style-type: none"> • On the 15th day of your disabling injury. • On the 15th day of your disabling illness. |
| Weekly Benefit | <p>Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources.</p> <p>The premium for your short-term disability coverage is waived while you are receiving benefits.</p> |
| Maximum Benefit Period | Up to 11 weeks |
| Maximum Weekly Benefit | \$1,250 |
| Minimum Weekly Benefit | \$25 |
| Partial Disability Benefits | If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time. |

DEFINITIONS

| | |
|--------------------------------------|---|
| Definition of Disability | Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period. |
| Definition of Weekly Earnings | Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked. |

FEATURES

| | |
|--|---|
| Vocational Rehabilitation Benefit | If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%. |
|--|---|

| | |
|---------------------------------|---|
| Portability | The portability feature allows you to apply for disability insurance through a trust policy should your employment end, without having to provide evidence of insurability. You will be responsible for paying the premium for coverage. |
| Reasonable Accommodation | Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work. |
| SERVICES | |
| Hearing Discount Program | The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more. |

VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

| WEEKLY PREMIUM CALCULATION | | EXAMPLE <i>(42-year-old employee earning \$40,000 a year)</i> | AGE | PREMIUM FACTOR |
|--|----------|--|---------|----------------|
| List your weekly earnings (Maximum is \$2,083.33) | \$ _____ | \$ <u>769.23</u> | < 30 | 0.0107446 |
| Multiply by the premium factor | _____ | <u>0.0060923</u> | 30 - 34 | 0.0077538 |
| Your Estimated Weekly Premium** | \$ _____ | \$ <u>4.69</u> | 35 - 39 | 0.0083077 |
| | | | 40 - 44 | 0.0060923 |
| | | | 45 - 49 | 0.0077538 |
| | | | 50 - 54 | 0.0086400 |
| | | | 55 - 59 | 0.0098585 |
| | | | 60+ | 0.0039877 |

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

> Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
 - Results from an act of declared or undeclared war or armed aggression
 - Results from participation in a riot or commission of or attempt to commit a felony
 - Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
 - Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a failed drug test
 - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you have the right to port your coverage to a group trust plan, subject to certain conditions.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP.





Voluntary Long-Term Disability Insurance

FOR EMPLOYEES OF MOLTUS BUILDING GROUP

| ELIGIBILITY - ALL ELIGIBLE EMPLOYEES | |
|--|---|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Premium Payment | The premiums for this insurance are paid in full by you. |
| BENEFITS | |
| Elimination Period | Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends. |
| Monthly Benefit | Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources. The premium for your long-term disability coverage is waived while you are receiving benefits. |
| Maximum Monthly Benefit | \$10,000 |
| Minimum Monthly Benefit | \$100 |
| Maximum Benefit Period | If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule. |
| Partial Disability Benefits | If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. |
| DEFINITIONS | |
| Own Occupation | 2 Years |
| Own Occupation Earnings Test | 99% |
| Definition of Monthly Earnings | Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per month during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked. |
| FEATURES | |
| Vocational Rehabilitation Benefit | If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%. |
| Survivor Benefit | If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor. |
| Reasonable Accommodation | Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work. |
| SERVICES | |

Hearing Discount Program

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

VOLUNTARY LONG-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary long-term disability coverage in the worksheet below, using the example as a guide.

| WEEKLY PREMIUM CALCULATION | | EXAMPLE |
|---|----------|---|
| | | <i>(42-year-old employee earning \$40,000 a year)</i> |
| List your monthly earnings (Maximum is \$16,666.67) | \$ _____ | \$ <u>3,333.33</u> |
| Multiply by the premium factor | _____ | <u>0.0017945</u> |
| Your Estimated Weekly Premium** | \$ _____ | \$ <u>5.98</u> |

| AGE | PREMIUM FACTOR |
|---------|----------------|
| < 30 | 0.0005538 |
| 30 - 34 | 0.0008418 |
| 35 - 39 | 0.0013182 |
| 40 - 44 | 0.0017945 |
| 45 - 49 | 0.0023151 |
| 50 - 54 | 0.0030088 |
| 55 - 59 | 0.0035446 |
| 60+ | 0.0029908 |

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

› Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

Yes, your LTD insurance provides benefits for both on-the-job and off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Disabilities related to alcohol and drug abuse are only payable for up to 24 months while insured under the policy.
- Disabilities related to mental disorders are only payable for up to 24 months while insured under the policy.
- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
 - Results from an act of declared or undeclared war or armed aggression
 - Results from participation in a riot or commission of or attempt to commit a felony
 - Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Results from alcohol and drug abuse and/or substance abuse, except as noted above
 - Results from a mental disorder, except as noted above
 - Is caused by alcohol and drug abuse and/or substance abuse, while not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a failed drug test
 - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP.





Voluntary Term Life Insurance

FOR EMPLOYEES OF MOLTUS BUILDING GROUP

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

| | |
|--|---|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Dependent Eligibility Requirement | To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. |
| Premium Payment | The premiums for this insurance are paid in full by you. |

COVERAGE GUIDELINES

| | Minimum | Guarantee Issue | Maximum |
|-----------------|----------|--|--|
| For You | \$10,000 | 5 times annual salary, up to \$100,000 | \$300,000, in increments of \$10,000, but no more than 5 times annual salary |
| Spouse | \$5,000 | 100% of employee's benefit, up to \$25,000 | 100% of employee's benefit, up to \$50,000 |
| Children | \$2,000 | 100% of employee's benefit | 100% of employee's benefit, up to \$10,000 |

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

BENEFITS

| | |
|---|--|
| Life Insurance Benefit Amount | <p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p> |
| Accidental Death & Dismemberment (AD&D) Benefit Amount | <p>For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit.</p> <p>AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p> |

FEATURES

| | |
|---|---|
| Living Care/ Accelerated Death Benefit | 50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$100,000. |
| Waiver of Premium | If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions. |

| | |
|---------------------------------------|---|
| Annual Benefit Amount Increase | If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to \$10,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health). |
| Portability | Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage. |
| Conversion | If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage. |

SERVICES

| | |
|---------------------------------|---|
| Hearing Discount Program | The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more. |
| Will Prep Services | We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com . |

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 65, amounts reduce to 65%
- At age 70, amounts reduce to 40%
- At age 75, amounts reduce to 25%
- At age 80, amounts reduce to 15%

Spouse coverage terminates when you reach age 70.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week.
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
 - At age 65, amounts reduce to 65%
 - At age 70, amounts reduce to 40%
 - At age 75, amounts reduce to 25%
 - At age 80, amounts reduce to 15%
- Spouse coverage terminates when you reach age 70.
- Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.





Voluntary Critical Illness Insurance

FOR EMPLOYEES OF MOLTUS BUILDING GROUP

| ELIGIBILITY - ALL ELIGIBLE EMPLOYEES | | | |
|---|---|---|------------------------------|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. | | |
| Dependent Eligibility Requirement | To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. | | |
| Premium Payment | The premiums for this insurance are paid in full by you. Child insurance is automatic. A separate premium is not required. | | |
| BENEFIT CATEGORY ¹ | CONDITION | % OF CI PRINCIPAL SUM | |
| Heart/Circulatory/Motor Function | Heart Attack, Heart Transplant, Stroke, ALS (Lou Gehrig's), Advanced Alzheimer's, Advanced Parkinson's | 100% | |
| | Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery | 25% | |
| Organ | Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure | 100% | |
| | Acute Respiratory Distress Syndrome (ARDS) | 25% | |
| Childhood/Developmental <small>*benefits only available to children</small> | Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes | 100% | |
| Cancer | Cancer (Invasive) | 100% | |
| | Bone Marrow Transplant | 50% | |
| | Carcinoma in Situ, Benign Brain Tumor | 25% | |
| COVERAGE GUIDELINES ² | | | |
| | MINIMUM | MAXIMUM | GUARANTEE ISSUE ³ |
| For You Elect in \$5,000 increments | \$5,000 | \$10,000 | \$10,000 |
| Spouse Elect in \$5,000 increments | \$5,000 | 100% of employee's CI Principal Sum, up to \$10,000 | \$5,000 |
| Child(ren) <small>*benefit for each child</small> | 25% of employee's CI Principal Sum, up to \$3,000 | | \$3,000 |
| ADDITIONAL BENEFITS | | | |
| Policy Benefit Maximum | The maximum payout amount is 400% of the CI Principal Sum amount for each insured person. If the policy benefit maximum is reached for an insured person, the coverage will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy. | | |
| Additional Occurrence Benefit | Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person. Benefits are still payable for any other Critical Illness in the same benefit category, for each insured person. | | |

| | |
|-------------------------------------|---|
| Reoccurrence Benefit | The reoccurrence benefit is equal to 50% of the Critical Illness principal sum. |
| Portability | When insurance ends, you have the right to continue group Critical Illness insurance for yourself and your dependents. |
| CONDITIONS & LIMITATIONS | |
| Age Reductions | When you turn age 70, the original amount of insurance will reduce to 50% for both you and your spouse. |
| Benefit Waiting Period | There is no benefit waiting period. |
| SERVICES | |
| Hearing Discount Program | The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more. |
| Advocacy | Advocacy services give an employee who has been diagnosed with a medical condition access to skilled clinicians and nurses for personalized, problem-solving assistance in a one-on-one setting. Call 1-866-372-5577 Monday – Friday 7 A.M. to 7 P.M. CST or email careadvocates@gilsbar.com for assistance. |

¹Payment of a partial benefit reduces the remaining amount payable in a category.

²The amount of insurance for your spouse and child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

³Subject to any reductions, Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability. Amounts over the Guarantee Issue and/or not meeting minimum participation levels will require a health application/evidence of insurability.

Voluntary Critical Illness Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Critical Illness section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$20,000 in coverage, you obtain your premium amount by multiplying the rate for \$10,000 times 2.

| VOLUNTARY CRITICAL ILLNESS EMPLOYEE OR SPOUSE PREMIUM RATES (52 PAYROLL DEDUCTIONS PER YEAR) | | |
|---|---------|----------|
| Age | \$5,000 | \$10,000 |
| 0 - 29 | \$0.36 | \$0.72 |
| 30 - 39 | \$0.54 | \$1.09 |
| 40 - 49 | \$1.14 | \$2.29 |
| 50 - 59 | \$2.25 | \$4.50 |
| 60 - 69 | \$3.78 | \$7.55 |
| 70+ | \$7.21 | \$14.42 |

Child dependent coverage is offered at no additional cost.

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital / care facility) and any child(ren) must be under age 26

What is the additional occurrence benefit?

Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person. Benefits are still payable for any other Critical Illness in the same benefit category, for each insured person.

What is the reoccurrence benefit?

Once benefits have been paid for a Critical Illness, a reoccurrence benefit is payable one time for a subsequent diagnosis of the same Critical Illness, subject to certain conditions. The reoccurrence benefit is equal to 50% of the Critical Illness principal sum.

Can I take this insurance with me if I change jobs / am no longer a member of this group?

In the event this insurance ends due to a change in your employment / membership status with the group, or for certain other reasons, you or your insured spouse have the right to continue this insurance under the Portability provision, subject to certain conditions.

Are there any limitations or exclusions?

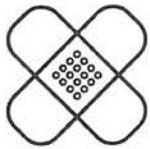
The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any Critical Illness that:
 - Is diagnosed prior to the effective date of insurance under the Policy for the Insured Person
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Results from an act of declared or undeclared war or armed aggression
 - Is incurred while the insured person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable
 - Results from illegal activities, including participation in an illegal occupation
 - Is the result of the voluntary use of illegal drugs by an insured person; the intentional misuse of over the counter medication or prescription drugs by an insured person that is not in accordance with recommended dosage and/or warning instruction(s); or the excessive or harmful use of alcohol and/or alcoholic drinks by an insured person
 - Is diagnosed outside of the United States

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Critical Illness insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ 2010.





Voluntary Accident Insurance

FOR EMPLOYEES OF MOLTUS BUILDING GROUP

This insurance offers financial protection by paying a cash benefit if you or an insured dependent are injured as a result of a covered accident. Unless otherwise stated, the benefit amount payable is the same for you and your insured dependent(s).

| ELIGIBILITY - ALL ELIGIBLE EMPLOYEES | |
|---|---|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Dependent Eligibility Requirement | To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. |
| Premium Payment | The premiums for this insurance are paid in full by you. |
| PLAN INFORMATION | |
| INFORMATION / AMOUNT(S) | |
| Coverage Type | 24-hour (On and off-job) |
| Express Benefit | \$75 |
| Annual Benefit Maximum (ABM) | Not Included |
| Portability | Included |
| BENEFITS | |
| AMOUNTS | |
| Initial Care & Emergency¹ – Most treatment / service required within 72 hours of accident; Once per accident per insured person | |
| Emergency Room | \$150 |
| Urgent Care Center | \$100 |
| Initial Physician Office Visit | \$75 |
| Ambulance | Up to \$1,000 |
| Specified Injuries^{1,2} | |
| Fractures (Surgical / Non-surgical) | Up to \$6,000/Up to \$3,000 |
| Dislocations (Surgical / Non-surgical) | Up to \$9,000/Up to \$4,500 |
| Lacerations | Up to \$800 |
| Burns | Up to \$15,000 |
| Dental | Up to \$300 |
| Hospital, Surgical & Diagnostic^{1,3} | |
| Admission | \$1,000 |
| Daily Confinement (Up to 365 days per accident) | \$200 per day |
| ICU Confinement (Up to 15 days per accident) | \$400 per day |
| Rehab. Facility Confinement (Up to 30 days per accident) | \$100 per day |
| Surgical | Up to \$1,500 |
| Diagnostic | Up to \$200 |
| Follow-Up Care¹ – Treatment / service required within 365 days of accident; Medical device is once per accident per insured person | |
| Physician Follow-Up Office Visit | \$50; Up to 6 per accident |
| Therapy Services | \$25; Up to 6 per accident |
| Medical Device | \$50 |
| Prosthetic Device(s) | \$500; Up to 2 per accident |

| | |
|---|---|
| Additional Benefits¹ – Benefits are payable within 365 days of accident; Health screening benefit is payable once per calendar year | |
| Transportation (Up to 3 trips per accident) | \$300 per trip |
| Lodging (Up to 30 nights per accident) | \$125 per night |
| Childcare (Up to 30 days per accident) | \$20 per day |
| Health Screening | \$50 |
| Catastrophic Benefits^{1,4} – Benefits are payable within 365 days of accident; Once per accident per insured person | |
| Principal Sum (PS) | You: \$25,000 Spouse: \$13,000 Child(ren): \$5,000 |
| Common Carrier Accidental Death | 200% of PS |
| Transportation of Remains | Up to \$5,000 |
| Dismemberment & Paralysis | Up to 100% of PS |
| Reasonable Modifications | Up to 10% of PS |
| Coma | 50% of PS |
| SERVICES | |
| Hearing Discount Program | The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more. |

¹Additional limitations apply as described in the certificate.

²Fractures and dislocations require treatment within 90 days of accident, burns and lacerations within 72 hours of an accident, and dental care within 30 days. If an insured person sustains both a fracture and dislocation as the result of the same accident, the maximum amount payable is up to 200% of the amount payable for the injury with the highest applicable benefit amount.

³Daily confinement must begin within 90 days of accident and ICU confinement within 30 days. Surgical treatment timeframes vary. If applicable, diagnostic services must be received within 90 days of accident. Except for confinement benefits, most benefits are payable once per accident per insured person. If any surgery occurs concurrently with an open reduction for a fracture or dislocation of the same bone or joint as a result of the same accident, only the highest applicable benefit is payable.

⁴The principal sum for you and your spouse reduces by 50% when you reach the age of 70.

› How Accident Insurance Works

(For Illustration Purposes Only)

Accident Coverage

This insurance pays a benefit for each injury, treatment or service included in the policy that occurs as the result of a covered accident.

For example, Jeff's son, Jake, was playing soccer during recess at school. He was tripped and falls hard, injures his shoulder, and is transported by ambulance to the ER due to concerns of head trauma. The ER doctor orders a CT scan to check for any facial or head injuries and a shoulder X-ray.

Jake was diagnosed with a concussion and a broken collarbone. His arm was set in a sling, and he was released to his pediatrician for follow-up care. Jake visits his pediatrician at two weeks and one month after the accident to make sure he's healing well.

In the meantime, Jeff starts receiving bills for the care Jake received. The ambulance bill alone was \$556. He's a pretty healthy kid, so a health insurance deductible of \$1,500 had to be met before Jeff's health insurance would begin covering Jake's care, and after that, there's a 20% copay.

Accident benefits pay in addition to other insurance, and can be used to help cover gaps in health insurance or other expenses if the unexpected happens.

| BENEFITS | AMOUNT |
|----------------------|----------------|
| Ambulance | \$200 |
| ER Visit | \$150 |
| CT Scan | \$200 |
| X-ray | \$50 |
| Concussion | \$150 |
| Broken Collarbone | \$300 |
| Follow-Up Visit 1 | \$75 |
| Follow-Up Visit 2 | \$75 |
| Total Benefit | \$1,200 |

Note: The benefits shown in this example are for a sample design and may vary from the benefits that are available to you.

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week and be under age 80
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital / care facility) and any child(ren) must be under age 26

What is the “Express Benefit”?

This benefit is payable upon notification of an accident in which an insured person is injured. It can be paid in a short time frame with minimal information (compared to a typical claim).

Can I take this insurance with me if I change jobs / am no longer a member of this group?

In the event this insurance ends due to a change in your employment / membership status with the group, or for certain other reasons, you or your insured spouse have the right to continue this insurance under the Portability provision, subject to certain conditions.

When does this insurance end?

Insurance will end on the last day of the month in which an insured person no longer satisfies the applicable eligibility conditions, or when you reach the age of 80. Additional circumstances under which insurance will end are described in the certificate.

Are there any exclusions or limitations?

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy. The exclusions and limitations are summarized in the outline of coverage and detailed in the certificate. Please contact your benefits administrator for a copy of the outline of coverage or if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Accident insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ 2010. This policy provides accident insurance only. It does not provide basic hospital, basic medical or major medical insurance. It is not a Medicare supplement policy. The insurance is designed to pay you a fixed dollar amount regardless of the amount any provider charges.





Employee Communication Guide





Now that you offer your employees Norton LifeLock Benefit Solutions, what's next?

We're thrilled you're offering your employees much-needed online protection and peace of mind. This communication guide will walk through how to promote these benefits for your employees in a meaningful way.



Elements of a strong communication plan

The path to success starts with a communication plan that provides your employees the information they need at the time they need it most. Use these tips to create a plan that leaves your employees feeling supported and confident using their Norton LifeLock Benefit Plan:

-  **Clear, concise communication helps simplify a robust benefit**
-  **Opportunities to engage and ask questions allows employees to become more involved with their benefit**
-  **Cobranding and customization associates the relationship with their benefit package**
-  **The more instances employees see Norton LifeLock Benefit Solutions, the more likely they will be to sign up**

[Click the blue links to access info](#)

Communication Journey Guide

Below are the tools, documents, and resources to help communicate with employees at each phase of their benefits journey.

Your digital health matters, too.

Protecting it is easier than you think.



Identity theft protection and more - for the whole family.

You and your family share all kinds of personal, private, and sensitive information online everyday. Your information is valuable to you — and it's also valuable to cybercriminals.

Consider your own digital habits:

- How do you protect personal information on your mobile devices?
- Do you ever connect to public, unsecured Wi-Fi?
- Are you using the same password on multiple accounts?
- How does your family engage online?
- Have you been a victim of identity theft before?
- How do you identify phishing texts or emails, and compromised websites?

Identity theft can happen easily. We make protection easy too.



We believe people have the right to feel safe online.

Millions of people trust us to keep them safe online, and so can you. Norton LifeLock Benefit Plans can help safeguard multiple devices, keep your online activity private, and help protect your identity. It's never been easier.



Protect your digital health and your peace of mind.

While you're relaxing, we are scanning. Norton LifeLock Benefit Plans provide an all-in-one solution to help protect you and your information from falling victim to identity theft. Get alerts to possible identity threats, the ability to proactively lock accounts, and if your identity is stolen, we work to fix it.

Did you know that you can take protective measures to help protect you and your family online? Trust us to help you protect your digital health.

PRICING: Monthly

| | BENEFIT ESSENTIAL | BENEFIT PREMIER |
|--|-------------------|-----------------|
|  Employee Only (18+ Years Old) | \$8.49 | \$25.49 |
|  Employee + Family ^a | \$16.98 | \$50.98 |


ENROLL NOW
Benefit Plans are 60% less than the retail equivalent.

^a The Norton Benefit Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employee's household, or be financially dependent on employee. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

Already a member? Don't forget to cancel your existing membership just prior to your benefit effective date by calling 800-607-9174.


Norton LifeLock Benefit Plans help protect your identity, online privacy and personal devices.


Comprehensive protection features to help you feel safer in your digital life.


 **Device Security** protects your mobile devices, tablets, and computers from hackers, viruses, malware, vulnerable websites, and other online threats.

 **Identity Alerts with Credit monitoring¹** alerts you if there is fraudulent or suspicious activity surrounding any of your personal information, including new account opening, credit card usage, and data breaches.

 **Social Media Monitoring*** notifies you of any suspicious links, account takeover attempts, or inappropriate content.

 **Norton™ Secure VPN**** Our Virtual Private Network (VPN) helps protect your **Online Privacy** so your sensitive information, browsing history, online activities and webcam are more secure.

 **Parental Control[∇]** makes it easy to monitor your child's online activities and view their search history so they stay safe.

 **Million Dollar Protection™ Package^{†††}** to reimburse stolen funds, personal expenses, and provide coverage for lawyers and experts up to \$1 million each.

Many additional features included!
For more details on the plan offering, visit: www.Norton.com/BenefitPlans.

Easily view your protection from any device.

Our dashboard was designed to give members a simple interface to manage their account and alerts. We also pride ourselves on our easy-to-use app so members can manage alerts and notifications on the go.



4.7 stars

66.3K reviews (iOS)

4.7 stars

1.6M reviews (Android)

As of February 1, 2022

No one can prevent all identity theft or all cybercrime.

† We do not monitor all transactions at all businesses.

* Does not include monitoring of chats or direct messages.

** These features are not enabled upon enrollment. Member must take action to activate this protection.

∇ Norton Family and Norton Parental Control can only be installed and used on a child's Windows PC, iOS and Android devices but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device – Windows PC, Mac, iOS and Android – via our mobile apps, or by signing into their account at my.Norton.com and selecting Parental Control via any browser.

††† If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful plan enrollment.

†††† Reimbursement and Expense Compensation, each with limits of up to \$1 million for LifeLock with Norton Benefit Essential and LifeLock with Norton Benefit Premier. And up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at NortonLifeLock.com/legal.

Mutual Solutions

Worldwide Travel Assistance That Travels With You



Take comfort in knowing that Travel Assistance* travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

Enjoy Your Trip – We'll Be There If You Need Us – 24/7

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

Pre-trip Assistance**

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

*Brought to you by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Services provided by AXA Assistance USA (AXA)

**Available at any time, not subject to 100 mile travel radius
452632

Emergency Travel Support Services

- Telephonic translation and interpreter services – 24/7 access to telephone translation services
- Locating legal services – referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- Baggage – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- Emergency payment and cash – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- Emergency messages – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- Document replacement – coordination of credit card, airline ticket or other documentation replacement
- Vehicle return – if evacuation or repatriation is necessary, return your unattended vehicle to the car rental company



WORLDWIDE
TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the U.S. call toll free: 1-800-856-9947
Outside the U.S. call collect: (312) 935-3658



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Outside the U.S. call collect: (312) 935-3658

Medical Assistance

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

Identity Theft

Your Travel Assistance benefit automatically includes Identity Theft Assistance, coordinated at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity.

Education and Prevention

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft

Recovery Information

- Information regarding the steps to recover from credit card and check fraud

- Guidelines if your Social Security number is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

Assistance

If you need help with an ID theft issue, case managers are available 24 hours a day, seven days a week and can be reached by calling the same toll-free number used to contact AXA: 800-856-9947.

Travel Assistance Plan Limitations

AXA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- A single trip lasts more than 120 days in length
- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy)

There is a maximum benefit amount per person associated with emergency evacuation, medical repatriation and/or return of mortal remains.

All additional costs would be the responsibility of the member. This includes medical costs which are the responsibility of the person receiving medical services. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. No reimbursement claims for out-of-pocket expenses will be accepted.

Travel assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. AXA is not affiliated in any way with Mutual of Omaha companies. Each company is responsible for its own financial and contractual obligations. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will make all reasonable efforts to help you resolve the emergency situation. Both companies are responsible for their own contractual and financial obligations.



Carry this card with you
when you travel

Brought to you by Mutual of Omaha.
Services provided by AXA Assistance USA.



Carry this card with you
when you travel

Brought to you by Mutual of Omaha.
Services provided by AXA Assistance USA.

Legal Notices

Michelle's Law

Michelle's Law allows seriously ill college students, who are covered dependents under health plans, to continue coverage for up to one year while on medically necessary leaves of absence. The leave must be medically necessary as certified by a physician, and the change in enrollment must commence while the dependent is suffering from a serious illness or injury and must cause the dependent to lose student status.

Under the law, a dependent child is entitled to the same level of benefits during a medically necessary leave of absence as the child had before taking the leave. Further, if any changes are made to the health plan during the leave, the child remains eligible for the changed coverage in the same manner as would have applied if the changed coverage had been the previous coverage, so long as the changed coverage remains available to other dependent children under the plan.

Notice of Privacy Practices Available

The U.S. Department of Health and Human Services has issued regulations as part of the Health Insurance Portability and Accountability Act of 1996. These regulations known as the Standards for Privacy of Individually Identifiable Health Information, were effective April 14, 2003 (or April 14, 2004 for small health plans) and control how your medical information may be used and disclosed and how you can access this information. Please be advised that your health benefits plan maintains a current Notice of Privacy Practices to inform you of the policies that it has established to comply with the Standards for Privacy. This Notice describes the responsibilities of the plan and any third party assisting in the administration of claims regarding the use and disclosure of your protected health information, and your rights concerning the same.

This Notice is available to you upon request by contacting your company's Privacy Official or Human Resources Director.

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

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

Our plan complies with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician. Our plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements.

The Newborn Act

Under Federal and state law you have certain rights and protections regarding your Maternity benefits under the Plan. Under federal law known as the "**Newborns' and Mothers' Health Protection Act of 1996**" (**Newborns' Act**) group health plans and health insurance issuers generally may not 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Under Michigan law, if your Plan provides benefits for obstetrical services your benefits will include coverage for postpartum services. Coverage will include benefits for inpatient care and a home visit or visits, which shall be in accordance with the medical criteria, outlined in the most current version of or an official update to the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards for Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and Gynecologists. Coverage for obstetrical services as an inpatient in a general Hospital or obstetrical services by a Physician shall provide such benefits with durational limits, deductibles, coinsurance factors, and Copayments that are no less favorable than for physical illness generally.

Model General Notice Of COBRA Continuation Coverage Rights
(For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

When does cobra apply?

Most private-sector employers that maintain group health plans for their employees must comply with COBRA's continuation coverage requirements. This includes, for example, corporations, partnerships and tax-exempt organizations. However, COBRA does not apply to group health plans maintained by **small employers**. A "small employer" means an employer that had **fewer than 20 employees** on typical business days during the preceding calendar year.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage *must* pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

IF YOUR EMPLOYER OFFERS RETIREE HEALTH COVERAGE:

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer plan, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- If employer provides retiree health coverage: Commencement of a proceeding in bankruptcy with respect to the employer;]; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to the Human Resource Department.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to our company's human resource department. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Health Insurance Portability and Accountability Act

PRIVACY NOTICE

Notice of Health Information Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The **Moltus Building Group** Benefit Plan collects the following types of information in order to provide employee benefits:

- Information that you provide to the plan to enroll in the plan, including personal information such as your address, telephone number, date of birth, and Social Security number.
- Plan contributions and account balance information.
- The fact that you are or have been enrolled in the plan.
- Health-related information received from any of your physicians or other healthcare providers.
- Information regarding your health status, including diagnosis and claims payment information.
- Changes in plan enrollment (e.g., adding or dropping a participant, or adding or dropping a benefit.)
- Payment of plan benefits.
- Claims adjudication.
- Case or medical management.
- Other information about you that is necessary for us to provide you with health benefits.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating health professionals.
- Source of data for medical research.
- Source of information for public health officials charged with improving the health of the nation.
- Source of data for facility planning and marketing.
- Tool with which the plan sponsor can assess and continually work to improve the benefits offered by the group healthcare plan.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the plan, the healthcare practitioner, or the facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on otherwise permitted uses and disclosures of your information for treatment, payment, and healthcare operations purposes and disclosures to family members for care purposes.
- Obtain a paper copy of this notice of information practices upon request, even if you agreed to receive the notice electronically.
- Inspect and obtain a copy of your health records by making a written request to the plan privacy officer.
- Amend your health record by making a written request to the plan privacy officer that includes a reason to support the request.
- Obtain an accounting of disclosures of your health information made during the previous six years by making a written request to the plan privacy officer.
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Group Benefit Plan Responsibilities

The group healthcare plan is required to:

- Maintain the privacy of your health information.

- Provide you with this notice as to the plan's legal duties and privacy practices with respect to information that is collected and maintained about you.
- Abide by the terms of this notice.
- Notify you if the plan is unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

The plan will restrict access to protected information about you only to those individuals who need to know that information to manage the plan and its benefits. The plan will maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information. Under the privacy standards, individuals with access to plan information are required to:

- Safeguard and secure the confidential personal financial information and health information as required by law. The plan will only use or disclose your confidential health information without your authorization for purposes of treatment, payment, or healthcare operations. The plan will only disclose your confidential health information to the plan sponsor for plan administration purposes.
- Limit the collection, disclosure, and use of participant's healthcare information to the minimum necessary to administer the plan.
- Permit only trained, authorized individuals to have access to confidential information.

Individuals who violate this policy will be subject to the company's established disciplinary process.

Communication with family. Under the plan provisions, the company may disclose to an employee's family member, guardian, or any other person you identify, health information relevant to that person's involvement in your obtaining healthcare benefits or payment related to your healthcare benefits.

Notification. The plan may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, general condition, plan benefits, or plan enrollment.

Business Associates. There are some services provided to the plan through business employees. Examples include accountants, attorneys, actuaries, medical consultants, and financial consultants, as well as those who provide managed care, quality assurance, claims processing, claims auditing, claims monitoring, rehabilitation, and copy services. When these services are contracted, it may be necessary to disclose your health information to our business employees in order for them to perform the job we have asked them to do. To protect employees' health information, however, the company will require the business employee to appropriately safeguard this information.

Benefit coordination. The plan may disclose health information to the extent authorized by and to the extent necessary to comply with plan benefit coordination.

Workers' Compensation. The plan may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to Workers' Compensation or other similar programs established by law.

Law enforcement. The plan may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. The plan will not use or disclose employees' health information without their authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions and would like additional information or you believe your privacy rights have been violated, you can contact / file a complaint with:

*Moltus Building Group
204 W Saginaw Sr PO Box 47
Hemlock, MI 48626*

Group Benefit Plan Medical Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

The plan reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that it maintains. Any new notice will be sent to you by first-class mail or electronically if you so agree.

The effective date of this notice is **3/1/2024**

SPECIAL ENROLLMENT NOTICE

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth or Adoption

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

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

| | |
|-------------|----------------------------|
| Name | Kim Bennett |
| Address | 204 W Saginaw St PO Box 47 |
| City, State | Hemlock, MI |
| Telephone | 989-486-9330 |

**Got Questions?
Get answers....as easy as 123!**



Here's what you'll need to gather before you call:

- Your insurance card with your contract number and group number
- Copies of your explanation of benefits (EOB), provider bills/receipts

Your Insurance Carriers

| Coverage | Your Insurance Carrier | Website | Phone Number |
|--|------------------------|--|----------------------------------|
| Medical and Rx | HAP | www.hap.org | 888-999-4347 HAA 866-766-4656 |
| Pediatric only dental | Delta Dental | www.deltadentalmi.com | 800-524-0149 |
| Voluntary Dental Voluntary Vision Voluntary Short-Term Disability Voluntary Long-Term Disability Voluntary Life/AD&D Voluntary Critical Illness Voluntary Accident | Mutual of Omaha | www.mutualofomaha.com | 800-775-6000 |

Claims Assistance and Benefit Questions? Call TBS at 810-239-0200

Total Benefit Systems is the agency that coordinates your company's benefit programs. We assist you and your plan administrator with enrollment assistance and processing.

| TBS Contact | TBS Role | Email | Phone Number |
|----------------|-------------|--|--|
| Wendy Prezzato | Sales Agent | wendy@workplace-strategies.com | 989-642-8157 office 989-274-5929 cell |



www.Total-Benefit-Systems.com

TOTAL BENEFIT SYSTEMS INC

SPECIALIZING IN EMPLOYEE BENEFITS
5151 Gateway Centre, Suite 200
Flint MI 48507
Toll Free: 1-866-GET-TBS1
Phone: 810-239-0200
Fax: 810-239-5318

Notice To All Employees:

Information about Unemployment Benefits

This employer is covered by the

MICHIGAN EMPLOYMENT SECURITY ACT

Unemployment benefits are payable to qualified and eligible workers of this employer through Michigan's Unemployment Insurance Agency.

File an unemployment claim online

If you become unemployed, you can file your new unemployment claim or reopen an established claim online through the Michigan Web Account Manager (MiWAM) at michigan.gov/uia. Click on MiWAM for Workers.

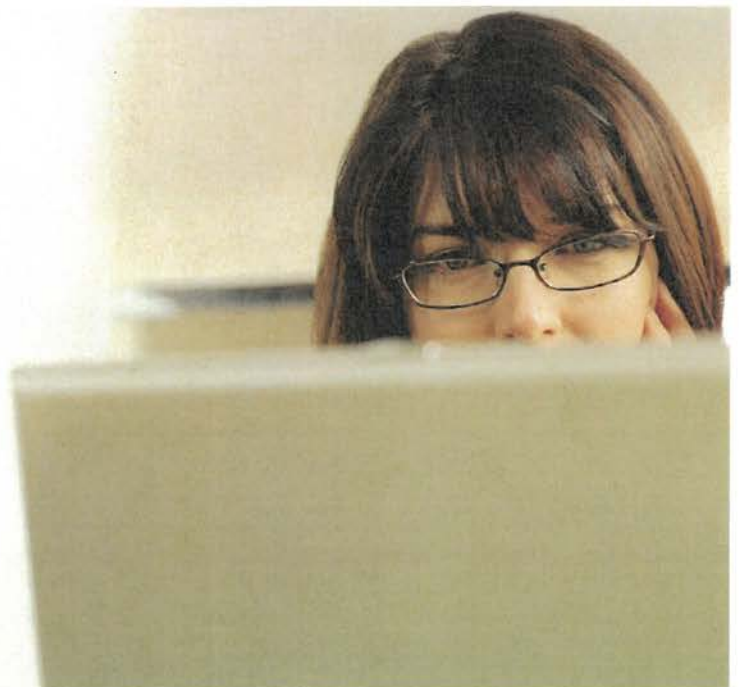
A claim for benefits begins the week it is filed. File your claim the first week you become unemployed.

For complete information about your benefit rights and responsibilities, review the Handbook for Unemployed Workers at michigan.gov/uia.

**STATE OF MICHIGAN
DEPARTMENT OF LABOR AND
ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY**

UIA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Michigan Department of Labor and Economic Opportunity
Unemployment Insurance Agency; Authority: Michigan Administrative Code, Section R 421.105; Paid for with federal funds. | UIA 1710 (Rev. 12-19)





GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY

SUSAN R. CORBIN
DIRECTOR

UNEMPLOYMENT COMPENSATION NOTICE TO EMPLOYEE

THIS FORM IS NOT A WAIVER REQUEST OR APPROVAL OF A WAIVER REQUEST.

Information Needed to File a Claim:

- Your Social Security card.
- Your state issued driver's license or ID card number or your Michigan's Automated Response Voice Interactive Network (MARVIN) PIN (if you have one).
- The names and addresses of employers you have worked for during the past 18 months and your quarterly gross earnings.
- The first and last date of employment with each employer.
- Your most recent employer's Federal Employer ID number (FEIN) and Employer Account Number (EAN). Depending on your situation, knowing the account number may speed up the processing of your claim.
- If you are not a U.S. Citizen or national, you will need your Alien Registration card and the expiration date of your work authorization.

Bi- Weekly Certification:

Unless the requirement has been waived, you must certify your eligibility every two weeks to receive benefits. The preferred method of certifying is online. Phone certification is also available.

- **Online:** Visit www.michigan.gov/uia and sign into MiLogin to access your Michigan Web Account Manager (MiWAM) account. Your online account is accessible seven days a week, 24 hours a day.
- **By Phone:** Call MARVIN at 1-866-638-3993, Monday through Friday, 8:00 a.m. to 4:30 p.m.

Work Search Activities:

You must be able, available, and seeking work to be eligible for benefits. Document and report at least one work search activity during your bi-weekly certification for benefits. The preferred method for reporting work search activities is through MiWAM. You may also report work search activities by phone through MARVIN. UIA will not release benefits until it processes the work search activities that you submit.

If you have questions, visit www.michigan.gov/uia for tools and resources. You can also access your MiWAM account to chat with an agent during regular business hours. Visit our website for hours of operation. TTY service is available at 1-866-366-0004.

To Be Completed by the Employer

Complete the following information in the spaces below. Each employee, when separated from your employment should receive a completed copy of this form or an equivalent written notice. A \$10.00 penalty for non-compliance may be imposed on the employer by UIA.

Your **10-digit** UIA Employer Account Number (EAN): 2006534000

Your **9-digit** Federal Employer Identification Number (FEIN): 461836550

Employer's Name with Doing Business As (DBA) Name and complete mailing address where wage and separation information is available.

Moltus Building Group

Employer's Name

DBA

204 W. Saginaw St, P.O. Box 47

Employer's Address

Hemlock, MI 48626

City, State, Zip Code

AJ Licht/Kim Bennett

Name of Contact Person

(989) 486-9330

Telephone Number

Reason for Separation

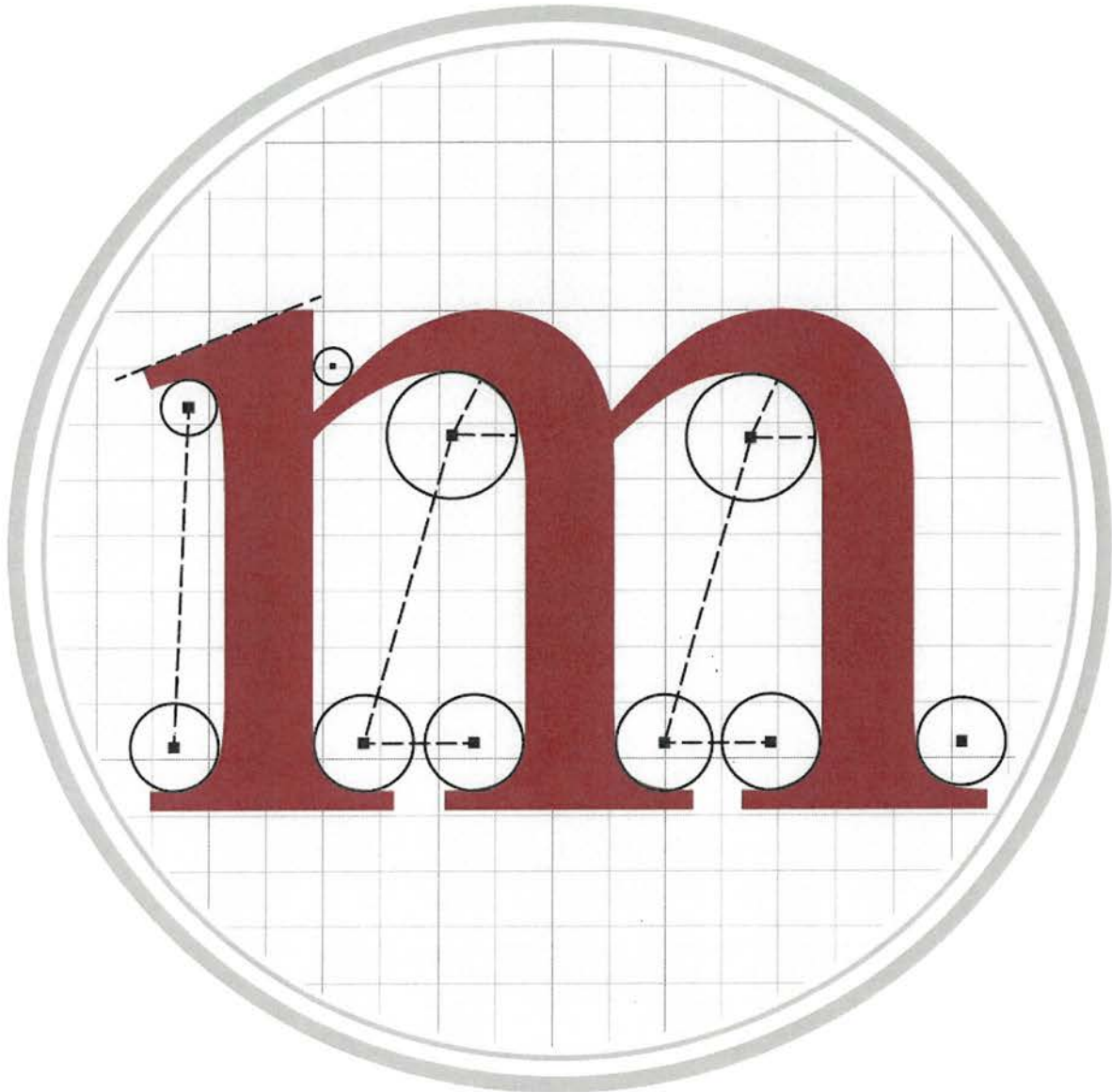
Employers, direct any questions to the Office of Employer Ombudsman (OEO) through your MiWAM account at www.michigan.gov/uia or call 1-855-484-2636. TTY service is available at 1-866-366-0004.

UIA is an equal opportunity employer/program.



MOLTUS
BUILDING GROUP

design build • general construction • construction management



Employee Handbook

**A Manual of Employee Benefits
& Personnel Policies**

Rev. 03/01/2023

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Introduction

Welcome and Purpose

This handbook is designed to acquaint you with Moltus Building Group and provide you with general information about working conditions, benefits and policies affecting your employment.

The information contained in this handbook applies to all employees of Moltus Building Group. Following the policies detailed within the handbook is considered a condition of continuous employment. The contents of this manual shall not constitute nor be construed as a promise of employment or as a contract between the Company and any of its employees. The handbook is a summary of our policies, which are presented here only as a matter of information.

You are responsible for reading, understanding and complying with the provisions of this handbook. Our objective is to provide you with a work environment that is constructive to both personal and professional growth.

At-will Employment Statement

While we hope to have a long and profitable relationship with you, your employment with the Company is voluntary and is subject to termination by you or the Company at will, with or without cause, and with or without notice, at any time.

While the Company may have a disciplinary system in place, this system does not have to be used. The Company may make the decision to terminate you without first taking these disciplinary steps.

None of the information provided in our policies signifies a contractual agreement or should be interpreted to conflict with, eliminate or modify in any way your employment-at-will status with the Company.

Introduction

Mission, Vision, and Value Statements

MOLTUS BUILDING GROUP

Mission Statement

Building the Future through Teamwork, Trust, and Solutions

Vision Statement

To provide the best construction experience in our market

Value Statement

Our People, Our Customers, Our Project Partners, Our
Community...

- Innovative & Creative Problem Solvers Fueled by Personal and Professional Growth.
- Understanding Expectations, Building Partnerships, and Executing Goals.
- Communication, Collaboration, Teamwork, and Results.
- Opportunities, Education, and Commitment.

Our Journey...

Employment Policies

Employment Termination

1. Termination of employment is an inevitable part of personnel activity within any organization, and many of the reasons for termination are routine. Below are examples of some of the most common circumstances under which employment is terminated:
 - Resignation - voluntary employment termination initiated by an employee.
 - Termination - involuntary employment termination initiated by Moltus Building Group.
 - Layoff - involuntary employment termination initiated by Moltus Building Group for non-disciplinary reasons.
2. If you wish to resign, we ask that you submit a written letter of resignation to your Department Head at least two weeks in advance of your anticipated departure date. Of course, as much notice as possible is appreciated by the Company and your co-workers.
3. If you fail to report to work for three (3) consecutive days without informing your Department Head of the planned absence, we will assume that you have voluntarily resigned.
4. Temporary laid off employees can choose whether or not to use any accrued PTO hours in lieu of taking unpaid time off.
5. Any outstanding financial obligations owed to Moltus Building Group will also be deducted from your final check given your prior written permission (per state law, an employee's paycheck cannot be reduced below minimum wage compensation). If your final check does not sufficiently cover the money owed to the Company, you will remain liable for that amount.
6. A meeting between you and your Department Head may take place prior to your last day of work. Office keys, Company equipment, and building passes must be returned at this time, along with all other Company property and confidential information.
7. If you leave Moltus Building Group in good standing, you may be considered for re-employment.
8. Except as required by law or by separate agreement, employee salary and benefits will end on the date of termination.
9. Upon resigning from Moltus Building Group, please continue to provide us with an accurate address for at least one year for tax purposes.

Equal Employment Opportunity

It is our policy to provide an equal employment opportunity to all individuals without regard to race, color, sex/gender, sexual orientation, gender identity, religion, national origin, age, or any other protected category under applicable local, state, or federal law.

Employment Policies

We are committed to a diverse workforce. We value all employees' talents and support an environment that is inclusive and respectful. We are strongly committed to this policy and believe in the concept and spirit of the law.

We are committed to assuring that:

- All recruiting, hiring, training, promotion, compensation and other employment-related programs are provided fairly to all persons on an equal opportunity basis;
- Employment decisions are based on the principles of equal opportunity. All personnel actions such as compensation, benefits, transfers, training, and participation in social and recreational programs are administered without regard to any characteristic protected by state, federal or local law;
- Employees and applicants will not be subjected to harassment, intimidation, threats, retaliation, coercion or discrimination because they have exercised any right protected by law; and
- Reasonable accommodations will be made for disabilities and religious beliefs.

We believe in and practice equal opportunity. Executive Management serves as our Equal Opportunity Coordinators and has overall responsibility for assuring compliance with this policy. All employees are responsible for supporting the concept of equal opportunity and diversity and assisting our Company in meeting its objectives.

Please contact the Director of Human Resources with questions or concerns.

I-9 Immigration Reform

Moltus Building Group complies with the Immigration Reform and Control Act of 1986 by employing only United States citizens and non-citizens who are authorized to work in the United States. All employees are asked on their first day of employment to provide original documents verifying the right to work in the United States and to sign a verification form required by federal law (INS Form I-9). If an individual cannot verify his or her right to work within three days of hire, Moltus Building Group must terminate his or her employment.

Please contact the Director of Human Resources with questions or concerns.

Workplace Conduct

Code of Ethics Policy

Moltus Building Group maintains specific policies in an attempt to assist employees in adhering to certain standards of conduct. These policies are in place to preserve the Company's reputation and prevent adverse consequences to all parties involved. This particular policy is designed to establish standards of conduct with respect to payments and political contributions.

Prohibition of Improper Payments

The Company requires all employees to only use lawful practices involving payments to customers, political parties, officials, candidates or governmental authorities. As a result, kickbacks and bribes offered with the intent of inducing or rewarding specific buying decisions or actions are strictly prohibited. No Company employee may offer to make direct or indirect payments of value in the form of compensation, gifts or contributions to any of the following:

- Persons or firms employed by or acting on behalf of a customer (private or governmental) for the purpose of rewarding favorable actions in a transaction.
- Any governmental officials, political parties or officials of a party or candidate for political office, for the purpose of rewarding favorable actions or influence of the official, party or candidate.

These restrictions are not applicable to ordinary, reasonable business entertainment expenses and gifts of no substantial value. Sound judgement and discretion should be exercised with regard to controlling and authorizing these business expenses on a regular basis.

Political Contributions

The Company will not make contributions to any political party or candidate for political office in violation of federal or state law. Federal law generally prohibits corporations from making contributions or expenditures in connection with a political campaign, subject to some limited exceptions. There are, however, various states that do allow corporate contributions to political parties and candidates in conjunction with state and local elections.

Reporting to Management

Any employee who must authorize, make or agree to a payment that may be contrary to this policy must report this information to his or her Department Head or to the Company's Executive Management immediately. If an employee learns that a coworker is engaging in conduct contrary to this policy, the employee must report this information immediately to his or her Department Head or the Company's Executive Management as well. Management personnel who receive a report will promptly discuss the issue with Executive Management for further investigation.

Antitrust Laws

Antitrust laws are relevant to many business decisions, and those who engage in illegal actions against such laws are subject to fines and imprisonment. Executive Management will help guide employees in abiding by antitrust decrees applicable to the Company. The Company intends to comply with all U.S. antitrust laws applicable to normal business operations and will hold employees responsible for abiding by these laws as well.

Workplace Conduct

In compliance with Section I of the Sherman Antitrust Act:

- No employee may enter into an agreement (expressed or implied, formal or informal, written or oral) with any competitor restricting any of the following conditions or business offering:
 - Prices
 - Costs
 - Profits
 - Offerings of products and services
 - Terms of sale conditions
 - Production or sales volume
 - Production capacity
 - Market share
 - Quote decisions
 - Customer selection
 - Sales territories

- No employee may enter into an agreement with a purchaser or lessee restricting the right of the purchaser or lessee to determine the price to resell or lease the product in question. Employees may not enter into such agreements when the Company is the purchaser or lessee in the agreement.

The following situations may be in violation of antitrust laws under certain circumstances. Employees may not enter into these agreements without consulting Executive Management in advance and obtaining clearance to enter into such agreements.

- Agreements with customers or suppliers regarding the sales or purchases of reciprocal purchases or sales by customers or suppliers.
- Agreements with purchasers or lessees of products of the Company that would restrict customers from using or reselling products as they choose to do so.
- Agreements with any party that would restrict all parties involved to manufacture a product or provide a service to a third party.

Exchange of Information with Competitors

Communication with competitors would be an infringement of antitrust laws, specifically if the communication is accompanied by some action. The prohibitions of this policy are intended to avoid antitrust infringements.

Under this policy, no employee may discuss information on any subject with a competitor or another third party acting on behalf of a competitor to remain compliant with Section I of the Sherman Antitrust Act, unless the Company's Executive Management determines that the communication would not violate antitrust laws.

Workplace Conduct

When participating in trade associations and other meetings with competitors, employees may not attend:

- Unauthorized meetings with competitors.
- Meetings where the communication with competitors is in violation of the paragraph above.
- Meetings for trade associations held to discuss business without adhering to the formal rules established by the trade association for its meetings.

Employees must recognize that participating in development and product certification events impacting competitors or suppliers may initiate antitrust violations. Consult with the Company's Executive Management before attending any event that may develop standards or certify products with competitors.

Violations of this Policy

If an employee violates this policy, he or she may be subject to termination or other disciplinary action to prevent future violations. The following individuals may be subject to disciplinary action or termination:

- Employees who are in direct violation of this policy.
- Employees who deliberately withhold information concerning the violation of this policy or fail to report a violation of this policy.
- Management personnel who fail to report violation of this policy by their subordinates.

If an employee is accused of violating antitrust laws, yet he or she did consult Executive Management and acted in good faith, the employee may not face disciplinary action under this policy. The Company may also assist in the employee's defense, within the confines of the law.

Complaint Policy

Moltus Building Group strives to openly communicate with all employees. Any concerns employees have should promptly be reported to their Department Head or the Director of Human Resources so that a solution can be devised.

Examples of some complaints employees may have:

- Suggestions for improvement
- Concerns about working conditions
- Issues with co-workers
- Concerns about treatment at work

When a complaint is voiced, we will do our best to remedy the situation. While every employee may not be satisfied with every solution, we do value the input that employees provide and want to foster an environment where all employees feel comfortable reporting their concerns. Please contact your Department Head or the Director of Human Resources with all complaints.

Workplace Conduct

Disciplinary Action Policy

Disciplinary actions may entail documented verbal, written and final warnings, and suspension or termination. All of these actions may not be followed in all instances. Moltus Building Group reserves the right to exercise discretion in discipline. Prior warning is not a requirement for termination. If you are disciplined in writing, copies of your warnings are placed in your personnel file.

Moltus Building Group reserves the right to take any disciplinary action it considers appropriate, including termination, at any time. In addition to those situations discussed elsewhere in this handbook, listed below are some examples where immediate termination could result. This list is general in nature and is not intended to be all inclusive:

- Discourtesy to a customer, provider or the general public resulting in a complaint or loss of good will.
- Refusal or failure to follow directions.
- Breach of confidentiality relating to employer, employee, customer or provider information.
- Altering, damaging or destroying Company property or records, or another employee's property.
- Dishonesty.
- Providing false or misleading information to any Company representative or on any Company records, including, but not limited to, the employment application, benefit forms, timecards, expense reimbursement forms and similar records.
- Fighting or engaging in disorderly conduct on the Company's or a customer's premises.
- Violations of any of the Company's employment policies including, but not limited to, confidentiality, security, solicitation, conflict of interest and code of conduct.
- Conduct or performance issues of a serious nature.
- Failure of a drug or alcohol test.

Drug-free Workplace Policy

We recognize alcohol and drug abuse as potential health, safety and security problems. It is expected that all employees will assist in maintaining a work environment free from the effects of alcohol, drugs or other intoxicating substances. Compliance with this Drug-free Workplace Policy is made a condition of employment.

Employees are prohibited from the following when reporting for work, while on the job, on Company or customer premises or surrounding areas, or in any vehicle used for Company business:

- The unlawful use, possession, transportation, manufacture, sale, dispensation or other distribution of an illegal or controlled substance or drug paraphernalia.
- The unlawful use, possession, transportation, manufacture, sale, dispensation or other distribution of alcohol.

Workplace Conduct

- Being under the influence of alcohol or having a detectable amount of an illegal or controlled substance in the blood or urine (“controlled substance” means a drug or other substance as defined in applicable federal laws on drug abuse prevention).

Any employee violating these prohibitions will be subject to disciplinary action up to and including termination.

Any employee convicted under any criminal drug statute for a violation occurring while on the job, on Company or customer premises, or in any vehicle used for Company business must notify the Company immediately. A conviction includes any finding of guilt or plea of no contest and/or imposition of a fine, jail sentence or other penalty.

Disciplinary action will be taken for drug-related crimes, regardless of whether they happened during working hours or on an employee’s own time.

Drug and alcohol testing will be carried out in compliance with applicable state and federal laws and regulations for those employees holding a current CDL license, or if there is reasonable suspicion that drug/alcohol use was a contributing factor to an accident or injury. No drug or alcohol testing will be done without the written consent of the employee. However, an employee who refuses to submit to a test or attempts to defect the test or improperly alter its results will be subject to termination of employment.

Moltus Building Group reserves the right to request an employee take a random drug/alcohol test due to reasonable suspicion of impairment while on Company time.

We recognize that employees suffering from alcohol or drug dependence can be treated. We encourage any employee to seek professional care and counseling prior to any violation of this policy.

Harassment Policy

Moltus Building Group strives to provide a work environment that is free from harassment. Therefore, Moltus Building Group will not tolerate harassment based on age, race, sex (including pregnancy), gender identity, color, religion, national origin, disability, covered veteran status, protected genetic information, sexual orientation, or other characteristics protected under state, federal or local law.

This conduct is prohibited in any form at the workplace, at work-related functions or outside of work if it affects the workplace. This policy applies to all employees, clients, customers, guests, vendors and persons doing business with the Company.

Harassment consists of unwelcome conduct toward an individual because of his or her age, race, gender, color, religion or other protected status when the conduct creates an intimidating, hostile or offensive work environment that causes work performance to suffer or negatively affects job opportunities. Sexual harassment includes, but is not limited to, unwelcome sexual advances, requests for sexual favors, or any other conduct of a sexual nature when: (a) submission to the conduct is made either implicitly or explicitly a condition of employment; (b) submission to or rejection of the conduct is used as the basis for an employment decision affecting the harassed employee; or (c) the harassment has the purpose or effect of unreasonably interfering with the employee’s work performance or creating an environment that is intimidating, hostile, or offensive to the employee.

Workplace Conduct

Types of prohibited harassment include, but are not limited to, the following:

- Verbal or written comments related to a trait someone possesses, including name-calling, jokes, slurs, negative stereotyping or threats.
- Explicit or degrading verbal comments about another individual or his or her appearance.
- Nonverbal conduct, such as staring, leering or giving inappropriate gifts.
- Physical conduct, such as assault or unwanted touching.
- Visual images, in hard copy or electronic form, relating to a trait someone possesses (for example, cartoons, drawings or pictures).

Some examples of sexual harassment include, but are not limited to, the following:

- Unwelcome sexual flirtation, advances or propositions.
- Verbal comments related to an individual's gender or sexual orientation.
- The display of sexually suggestive pictures or objects in any workplace location, including transmission or display via computer.
- Any sexually offensive or abusive physical conduct.
- The taking of or the refusal to take any personnel action based on an employee's submission to or rejection of sexual overtures.
- Displaying cartoons or telling jokes which relate to an individual's gender or sexual orientation.

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made a term or condition of, either explicitly or implicitly, an individual's employment.
- Submission to or rejection of such conduct by an individual is used as a factor in decisions affecting that individual's employment.
- Such conduct has the purpose or effect of interfering with an individual's work performance or creates an intimidating, hostile, or offensive work environment.

Appropriate performance reviews, counseling or discipline by your Department Head do not constitute harassment.

If you feel that you are being harassed, take the following steps:

- Tell the harasser that his or her actions are not welcome and they must stop, if you feel comfortable enough to do so.
- Report the incident immediately to your Department Head or the Director of Human Resources.
- Report any additional incidents or retaliation that may occur to your Department Head or the Director of Human Resources.

Workplace Conduct

Employees who witness conduct prohibited by this Policy are encouraged to report the situation to their Department Head or the Director of Human Resources. Managers and supervisors who witness prohibited conduct are expected to take steps to address the conduct and report the situation as stated above.

All reports will be investigated immediately and thoroughly. Complaints and actions taken to resolve complaints will be handled as confidentially as possible. Appropriate actions will be taken to stop and remedy such conduct, including interim measures during a period of investigation.

Retaliating or discriminating against an employee who reports a suspected incident of harassment or who cooperates in an investigation is prohibited. Employees who violate this policy or retaliate against an employee in any way will be subject to disciplinary action, up to and including termination.

Moltus Building Group views harassment and retaliation to be among the most serious breaches of workplace behavior. Consequently, appropriate disciplinary or corrective action will be determined by Executive Management. Disciplinary or corrective action may range from a warning to termination.

Standards of Conduct

The work rules and standards of conduct for Moltus Building Group are important, and the Company regards them seriously. All employees are urged to become familiar with these rules and standards. In addition, employees are expected to follow the rules and standards faithfully in doing their jobs and conducting business on behalf of Moltus Building Group. Please note that any employee who deviates from these rules and standards will be subject to disciplinary action, up to and including termination of employment.

While not intended to list all the forms of behavior that are considered unacceptable in the workplace, the following are examples of rule infractions or misconduct that may result in disciplinary action, up to and including termination of employment:

- Theft or inappropriate removal or possession of property
- Falsification of timekeeping records or any other document
- Working under the influence of alcohol or illegal drugs
- Possession, manufacture, distribution, sale, transfer, dispensation or use of alcohol or illegal drugs
- Fighting or threatening violence in the workplace
- Immoral actions or intimidating others
- Boisterous or disruptive activity in the workplace
- Negligence or improper conduct leading to damage of Company or customer property
- Insubordination
- Violation of safety or health rules
- Smoking in the workplace

Workplace Conduct

- Sexual or other unlawful or unwelcome harassment or touching
- Excessive absenteeism or any absence without notice
- Unauthorized use of telephones or other Company equipment
- Unauthorized use of equipment for purposes other than business
- Unauthorized disclosure of confidential information
- Violation of personnel policies
- Unsatisfactory performance or conduct

These rules apply to any and all interactions with customers, fellow employees or anyone else associated with the workplace.

Violence in the Workplace

It is Moltus Building Group's policy to provide a workplace that is safe and free from all threatening and intimidating conduct. Therefore, the Company will not tolerate violence or threats of violence of any form in the workplace, at work-related functions or outside of work if it affects the workplace. This policy applies to Company employees, clients, customers, guests, vendors and persons doing business with the Company.

It is a violation of this policy for any individual to engage in any conduct, verbal or physical, that intimidates, endangers or creates the perception of intent to harm persons or property. Examples include but are not limited to:

- Physical assaults or threats of physical assault, whether made in person or by other means (i.e., in writing, by phone, fax or email).
- Verbal conduct that is intimidating and has the purpose or effect of threatening the health or safety of a co-worker.
- Any other conduct or acts that may represent an imminent or potential danger to workplace safety or security.

It is important that every employee understands that there is no such thing as an idle threat. The Company will interpret any threatening statement or gesture as serious. Similarly, the Company will not tolerate veiled threats.

Anyone with questions or complaints about workplace behaviors that fall under this policy may discuss them with your Department Head or the Director of Human Resources. The Company will promptly and thoroughly investigate any reported occurrences or threats of violence. Violations of this policy will result in disciplinary action, up to and including immediate termination of employees. Where such actions involve non-employees, the Company will take action appropriate for the circumstances. Where appropriate and/or necessary, the Company will also take whatever legal actions are available and necessary to stop the conduct and protect Company employees and property.

Workplace Conduct

Weapons in the Workplace

Loaded firearms are prohibited on Company premises or Company work-site locations unless carried by an individual with a licensed, concealed carry permit.

Any employee found in violation of this policy will be subject to disciplinary action, up to and including immediate termination. If you have questions or concerns regarding this policy, please contact Executive Management.

Employee Benefits

Employee Benefits

Moltus Building Group offers health and retirement benefits to eligible employees, subject to the terms and conditions of the applicable plans. Employees can receive details about the benefits provided, contribution rates, and eligibility requirements by contacting the Director of Human Resources.

Moltus Building Group reserves the right to modify or eliminate the benefits at any time, at its sole discretion.

Employment Taxes

As an employee of Moltus Building Group, you are responsible for paying federal, state and local taxes. This includes income taxes and related payroll taxes. These taxes will be automatically withdrawn from each of your paychecks at a rate that is determined by your Form W-4.

Time Away From Work

Funeral Leave

We have taken into consideration the personal needs that arise from the death of an immediate family member. You will be allowed leave up to three (3) days with regular pay until and including the day of the funeral. Funeral leave will not count against accrued PTO hours. Funeral leave pay will not be granted to employees attending a funeral during periods when, for other reasons, they are not at work, such as paid time off, holidays, and illness.

Immediate family includes father, mother, spouse, child, sister, brother, mother-in-law, father-in-law, brother-in-law, sister-in-law, grandparents or any relative who lives with the employee.

Jury Duty

Moltus Building Group recognizes it is the duty of every citizen to serve on a jury when called. If you are selected to serve on a jury, you must:

- Show your supervisor your summons to serve on a jury prior to the time that you are scheduled to serve.
- Furnish your supervisor with evidence of having served on a jury for the time claimed.

While serving on jury duty, you are expected to call in to your supervisor periodically to keep him or her apprised of your status. Jury absence will be noted on your time sheet or timecard to properly record this time away from work.

Non-exempt employees can choose whether or not to use any accrued PTO or opt for the time off from work as an unpaid absence.

Meal Break

Employee meal periods are important to Company productivity and employee health. Employees are allowed an unpaid 60 minute meal break. The schedule for meal periods should be established on the basis of work requirements. Staggered meal periods may be necessary. Department Heads should be sure that each division is adequately staffed and that someone with authority to resolve minor problems is available at all times.

For non-exempt employees, meal periods are mandatory and may not be used to account for an employee's late arrival, early departure, or to cover time off for other purposes unless approved in advance by your Department Head. Any deviation from scheduled meal times due to unusual circumstances must be approved in advance by your Department Head.

Military Leave

Moltus Building Group provides military leave to eligible employees in compliance with federal and state laws, including the federal Uniformed Services Employment and Reemployment Rights Act (USERRA). Questions regarding the Company's military leave policy should be directed to the Director of Human Resources. Employees should notify the Director of Human Resources as soon as they become aware of a military service obligation.

Time Away From Work

Leave for Annual Training

Employees who are members of the U.S. Army, Navy, Air Force, Marines or Coast Guard Reserves or the National Guard may be granted leaves of absence for the purpose of participating in Reserve or National Guard training programs.

Employees will be granted the minimum amount of leave needed to meet the minimum training requirements of their units. No employee will be required to use vacation time for military duty, but employees who do elect to schedule their vacations to coincide with military duty will receive their full regular vacation pay in addition to any pay from the military.

Leave for Military Service

Regular employees who perform service in the uniformed services may be granted leaves of absence for the purpose of participating in military service. Under USERRA, "uniformed services" consists of the U.S. Army, Navy, Marine Corps, Air Force and Coast Guard and their Reserve components, U.S. National Guard and Air National Guard, the Commissioned Corps of the Public Health Service and any other category of persons designated by the President of the United States in time of war or emergency.

Employees will be granted leave as required to complete the military service, for up to five (5) years of cumulative uniformed service-related absences. Some special categories of military service are exempt from this five-year (5 yr) limit.

Employees with leaves of less than 31 days must report back to work by the beginning of the first regularly scheduled work period after the end of the last calendar day of service, plus the time required to return home safely and have an eight hour rest period.

Employees with leaves between 31 and 180 days must apply for re-employment no later than 14 days after completion of uniformed service. Employees with leaves longer than 180 days must apply for re-employment no later than 90 days after completion of uniformed service.

The reporting or application deadlines are extended for persons who are hospitalized or convalescing because of an injury or illness incurred or aggravated during the performance of military service.

Returning service members will be reemployed in the job that they would have attained had they not been absent for military service, with the same seniority, status and pay, as well as other rights and benefits determined by seniority (escalator position).

The Company will make reasonable efforts (such as training or retraining) to enable returning service members to refresh or upgrade their skills to help them qualify for reemployment. However, certain exceptions apply and a service member may be placed in an alternative reemployment position if he or she cannot qualify for the escalator position.

Reemployed service members are entitled to the seniority and rights and benefits based on seniority that they would have attained with reasonable certainty had they remained continuously employed.

During a period of military service, the employees will be treated as if they are on a furlough or leave of absence. Consequently, during their period of service they are entitled to participate in any rights and benefits not based on seniority that are available to employees on comparable non-military leaves of absence.

Time Away From Work

Paid Time Off

Moltus Building Group believes that employees should have opportunities to enjoy time away from work to help balance their lives. For this reason, we provide a program of Paid Time Off (PTO).

PTO provides employees the freedom to decide how to use their personal time off. Moltus Building Group believes this program offers more liberal time off with pay than traditional vacation, sick and personal time packages. Employees can use their flexible days in a number of different ways, for example:

- As vacation
- For personal business
- For periods of illness
- For doctor or dental appointments
- For personal emergencies
- For family emergencies
- In the event of severe weather or driving conditions

PTO does not replace the Company holiday schedule. We will continue to have compensated holidays each year.

Eligibility for PTO

All full-time employees working at least 40 hours per week are eligible to earn PTO hours.

PTO Allotment and Accrual

PTO hours will be pro-rated based on the employee's date of hire during their first year of employment and must be used before January 1st of the following year.

At January 1st of their first full calendar year of employment, employees will receive 40 PTO hours for the full calendar year.

For the 2nd through 4th years of employment: Full-time employees will receive 80 PTO hours on January 1st for the full calendar year, for each of these years.

For the 5th year of employment and after: Full-time employees will receive 120 PTO hours on January 1st for the full calendar year, for each of these years.

At the 10th year of employment and after: Full-time employees will receive 160 PTO hours on January 1st for each of these years.

PTO Carry-Over

Moltus Building Group encourages employees to use their accrued PTO hours on an annual basis. However, all employees will be allowed to carry over a maximum of 40 PTO hours at the beginning of each new calendar year (with the exception of an employee's initial year of hire).

Time Away From Work

Unused PTO hours are not paid out when an employee's employment ends with the Company.

Use and Management of PTO

Moltus Building Group encourages employees to use their PTO hours responsibly and, whenever possible, to schedule time off in advance for vacations or personal leave appointments. The time off request will be evaluated and subject to approval depending upon staffing needs at the time.

- Non-exempt (hourly) employees can use PTO in 1 hour minimum increments.
- Exempt (salary) employees can use PTO in 8 hour minimum increments.

Moltus Building Group understands there may be occasions, such as sudden illness, when you may not be able to give sufficient advance notice. In those situations, however, be sure to inform your Department Head as soon as possible. PTO hours also include time off for unexpected emergencies or illness, as well as time missed from work in the case of severe weather.

Medical Leave of Absence Policy

The Company provides a paid, two (2) week medical leave of absence to eligible employees who are temporarily unable to work due to an employee's serious health condition, the birth, adoption or placement of a foster child with the employee, or to care for an immediate family member (as defined per the current FMLA guidelines) due to a serious health condition that makes the individual unable to care for themselves.

As soon as an employee becomes aware of a need for a medical leave of absence, they should request a Medical Leave form from the Director of Human Resources. For serious health conditions of the employee or a member of the employee's immediate family, a physician's statement must be provided verifying the serious health condition and the beginning of the leave and expected return date, if available. Any changes in this information should be promptly reported to the Director of Human Resources. If the medical leave of absence is for an employee's own serious health condition, prior to the employee's return to work, the employee must provide a physician's verification of their fitness to return to work.

An eligible employee must be employed by the Company for at least twelve (12) months and requires an average work week of 24 hours or more. Although a two (2) week paid medical leave is available to employees, employees may be eligible for a medical leave of absence up to a combined total of twelve (12) weeks. Approved medical leaves of absence must be taken as a continuous block of leave and only one medical leave of absence will be approved per employee per any twelve (12) month period.

The employee may choose to use accrued PTO for any unpaid time off, but is not required to do so. The Company will continue to provide health benefits for the employee on an approved medical leave, provided the employee makes arrangements with Payroll on how to pay the Company for continuous benefits, and makes such payments, if applicable, during the unpaid time off. Additionally, if a paid holiday occurs during an employee's medical leave of absence, the employee will be eligible for holiday pay only if the employee is using accrued PTO or the employee is being paid under the terms of this policy.

Time Away From Work

When a medical leave ends, reasonable efforts will be made to return the employee to the same position, if it is available, or to a similar position for which the employee is qualified. Except when legally required, the Company cannot guarantee reinstatement in all cases.

If an employee fails to report to work promptly at the end of the medical leave, the Company will assume that the employee has resigned.

Types of Non-PTO Leave

Bereavement and worker's compensation will not be charged against your PTO hours.

Company Holidays

All full-time employees working at least 40 hours per week are eligible for holiday pay.

PTO does not replace the Company holiday schedule. The Company will provide eight (8) paid Holidays per calendar year. The Company calendar indicating all paid holidays as well as scheduled pay days will be updated and distributed to all employees each November (for the following year) by the Director of Human Resources.

Information & Office Security

Emergency Action Plan

Moltus Building Group recognizes that our people drive our business. As our most critical resource, employees are safeguarded through training, provision of appropriate work surroundings, and procedures that foster protection of health and safety. No duty, no matter what its perceived result, is more important than employee health and safety.

General Guidelines in an Emergency

Stay calm and think through your actions. Know important emergency numbers, such as:

- Fire/Police/Ambulance 911
- Management

Be aware of your surroundings:

- Know where exits are located
- Do not hesitate to call or alert others if you believe that an emergency is occurring

If you discover a Fire:

- Alert other persons in the immediate hazard area if possible
- Call 911 and activate the nearest fire alarm, if applicable

Medical Emergency:

- Upon discovering a medical emergency, call 911
- Stay with the ill or injured person, being careful not to come into contact with any body fluids unless properly trained and protected
- Alert Management so they can notify family members of the ill or injured person
- Employees in the immediate vicinity of the emergency, but not involved in the emergency effort, should leave the area

Severe Weather:

- In the event severe weather conditions occur at a time when you have not yet reported to work, you should report to work as usual unless otherwise notified, but only if you are able to do so safely.
- Employees should immediately seek shelter in the basement if conditions warrant such protection.

Information & Office Security

General Computer Usage Policy

Moltus Building Group is committed to accomplishing its business objectives in a secure and timely manner. Each employee must assist in achieving this goal while safeguarding corporate information assets. The basic regulations for using the Company computer systems are as follows:

- Computers are for business use only.
- The Company may access any information created, transmitted or stored on its information systems. Employees should have no reasonable expectation of privacy.
- Copying or downloading software of any kind is prohibited without prior permission from the IT Manager.
- Internet is for business use only - incidental and occasional personal use is permitted.
- The Company provides email accounts to its employees for business use - incidental and occasional personal use is permitted.
- Any email of an offensive, pornographic or otherwise inappropriate nature is prohibited - violations may result in disciplinary action, up to and including termination of employment.
- Company proprietary information must be protected.
- Instant messaging services may be provided to ease communication between employees - non-business use is prohibited.

Please use the computers responsibly and contact the Director of Human Resources with any questions regarding appropriate usage.

General Practices

Anti-discrimination Policy

Moltus Building Group does not discriminate against anyone based on race, color, ethnicity, religion, gender, sexual orientation, disability status or any other trait that is protected under local, state or federal law. In addition, we do not allow discrimination of any kind in the workplace. We are an equal opportunity employer and also take affirmative action measures against discrimination in all aspects of employment and Company business. This policy applies not only to personnel decisions, but to all aspects of business.

We ask that you respect those around you, your co-workers and customers alike. Any reports of discrimination will be investigated and disciplinary measures will be taken.

Attendance & Standard Working Hours

Moltus Building Group expects that every employee will be regular and punctual in attendance. This means being ready to work at the starting time each day. Absenteeism and tardiness place a burden on both co-workers and Moltus Building Group.

When you are unable to work due to illness or other reasons, please promptly notify your immediate supervisor. In the event your immediate supervisor or Department Head is unavailable, you must speak with the Director of Human Resources or his/her designated stand-in. If you do not report for work and Moltus Building Group is not notified of your status, it will be assumed after three (3) consecutive days of absence that you have resigned, and you will be removed from the payroll.

If you become ill at work or must leave the office for some other reason before the end of the workday, be sure to inform your Department Head of the situation.

You will be compensated for authorized absences according to the provisions described in this handbook. Authorized absences beyond the time allowed under the PTO policy are authorized without compensation.

In the event of severe weather, we remain open for business during regularly scheduled working hours. You are expected to report for work in severe weather if it is at all possible to do so safely. In the event we close due to weather, your Department Head will contact you. Please keep your Department Head and Human Resources informed on how to reach you on such occasions.

Standard office hours are from 8 AM to 5 PM, Monday through Friday. A one-hour lunch period is taken at a time that is mutually agreeable between the employee and Department Head.

All full-time, non-exempt employees are permitted two (2) 10-minute rest breaks per day with one 10-minute break to be taken in the morning and one in the afternoon. Breaks should be staggered to avoid disrupting the operations of any department. Breaks are not permitted at either the beginning or end of the work day to offset arrival and departure times, nor may they be added to the lunch break. Employees who voluntarily work through their break periods will not be permitted additional compensation.

If you will be absent from work during standard working hours for any reason, you must contact your Department Head as soon as possible to avoid disciplinary action.

General Practices

Telecommuting

Telecommuting is the term for working from a remote location, usually an employee's residence. Workers are connected to employers and company servers via the Internet and are able to communicate regularly in real time using email, instant messaging, webcams and conference calls. Unless identified in an employee's job description, Moltus Building Group will only allow telecommuting if the employee receives prior authorization from their Department Head.

Background Check Policy

Moltus Building Group carefully selects quality employees. Background checks help to ensure that new employees have the skills for the job and have performed well in the past.

The Company retains the option to conduct background checks on all job candidates after a contingent offer of employment has been extended. A background check may also be completed during reassignment or promotion of an employee. A third-party administrator may be used to conduct the background checks, and all background checks will be compliant with applicable laws, such as the Fair Credit Reporting Act. See the MVR Driver & Background Authorization/Release Form at the end of this Handbook.

The information that may be collected includes, but is not limited to:

- Criminal background
- Employment history
- Education
- Credit
- Driver's License Verification
- Professional and personal references

The Company has the right to make the final decision about employing an individual after the background check is complete.

Checking professional and personal references is an important part of the background check process. This provides the Company with information on the potential employee's work ethic, skills and performance.

Information obtained from the background check process, including information from professional and personal references, will be used by the Company only as part of the employment process and will be kept confidential.

Auto Allowance and Mileage Policy

If a Company vehicle is available for use and is approved by Management, the vehicle may be used for travel to and from the office to a jobsite.

General Practices

Fuel will be paid for travel to and from a jobsite by Moltus Building Group for a Company vehicle. If a Company vehicle is available for use to and from a jobsite and an employee chooses to use their own vehicle, the Company will not pay mileage or fuel cost. Carpooling from the office to a jobsite in a Company vehicle is recommended. If an employee elects not to carpool when a Company vehicle is available, the Company may elect not to reimburse that employee for mileage or fuel cost.

If a Company vehicle is not available for use, an employee may use their own vehicle for travel to and from the jobsite. The Company will pay mileage at a published rate for travel starting after the first 60 miles for each day traveled (see Per Diem Policy). Direct mileage is reimbursed at the current IRS standard rate and is paid upon submission of a signed and supervisor approved "Monthly Mileage Report" form.

The use of a personal automobile for business-related travel is only authorized if a Company vehicle is not available. Employees using personal vehicles must comply with the Moltus Building Group Vehicle Use Policy included at the end of this Handbook. Any damages, repair costs or maintenance costs incurred by an employee when using their privately owned vehicle in conjunction with Company business is the sole responsibility of the employee unless otherwise approved by the Department Manager for the Company to compensate these costs.

Non-exempt employees will be paid for travel time after the first hour of travel to the jobsite, and after the first hour of travel from the jobsite.

Office personnel will be reimbursed mileage when using their own personal vehicle (if no Company vehicle is available) from the office to miscellaneous destinations as needed.

Company Car Policy

Moltus Building Group provides vehicles for business use. Reimbursement for business use of personal vehicles will only be allowed if a Company vehicle is not available. Moltus Building Group retains the right to amend or terminate this Policy at any time.

1. Before being approved to operate a Company vehicle, an employee's driving record will be reviewed, with consent of the employee, and the existence of a valid driver's license will be verified. See the Authorization to Obtain Motor Vehicle Record at the end of this Handbook. All employees approved to drive on Company business are required to inform Moltus Building Group of any changes that may affect their legal or physical ability to drive or their continued insurability.
2. Employees holding jobs requiring regular driving for business as an essential job function must, as a condition of employment, be able to meet the driver approval standards of this Policy at all times. For all other jobs, driving is considered only an incidental function of the position.
3. Employees who drive a vehicle on Company business must, in addition to meeting the approval requirements above, exercise due diligence to drive safely and maintain the security of the vehicle and its contents. Employees are also responsible for any driving infractions or fines that occur as a result of their driving.
4. Employees must report any theft or damage involving a Company vehicle to their Department Head and the Director of Human Resources, regardless of the extent of the damage. Such reports must be made as soon as possible, after the incident. However, employees should make no voluntary statement other than in reply to questions of investigating officers.
5. Employees must comply with all laws when operating a Company vehicle or personal vehicle being used for Company business.

General Practices

Employees are not permitted, under any circumstances, to operate a Company vehicle or a personal vehicle for Company business when any physical or mental impairment causes the employee to be unable to drive safely. Additionally, employees shall not operate any Company vehicle at any time, or operate any personal vehicle for Company business while using or consuming alcohol, using marijuana, illegal drugs or prescription medications that may affect their ability to drive. These prohibitions include circumstances in which the employee is temporarily unable to operate a vehicle safely or legally because of impairment, illness, medication or intoxication.

Company Credit Card Policy

Moltus Building Group offers Company credit cards for employees who travel frequently for their duties, incur frequent business expenses, or for miscellaneous incidental purchases.

As a general rule, Company credit cards can only be used for job cost and business travel expenses incurred by the employee whose name appears on the credit card. Charges made for other expenses must be pre-approved by their Department Head. Company credit cards cannot be used to obtain cash advances, bank checks or electronic cash transfers. The card is not to be used for personal expenses of the employee.

- Misuse of a Company credit card will result in cancellation of the card and may result in disciplinary action, up to and including termination of employment. If the card is used for personal expenses, Moltus Building Group has the right to recover these expenses from the cardholder immediately by requiring reimbursement from the employee.
- All employee cardholders are expected to read and sign a Moltus Credit Card Authorization Form authorizing the Company to require immediate reimbursement from the cardholder for personal charges or those charges without a purchase receipt.

Lost or stolen Company credit cards must be reported to the Company's CFO immediately.

Company Owned Devices

Any device or computer, including, but not limited to, drones, smartphones, tablets, laptops, printers, etc. that Moltus Building Group provides for your use should only be used for Company business. Keep in mind that the Company owns these devices and the information that is stored in them.

Therefore, you have no reasonable expectation of privacy when using such devices and the Company has the right to review or monitor anything on such devices.

Additionally, under no circumstances, may Company owned devices such as those listed above be used at any time to obtain, view, send, receive, or reach any pornographic, or otherwise immoral, unethical or non-business related material. Doing so will lead to disciplinary action up to and including termination of employment.

As a condition of employment with Moltus Building Group, you are agreeing to immediately return all Moltus property that was assigned to you, as requested by the Company, once your employment has been terminated, whether voluntary or involuntary. You agree to submit any new or changed passwords or pin numbers for your electronics and must return these devices in an unlocked state. You also agree to allow Moltus Building Group to deduct from your final paycheck the replacement cost of any Moltus owned property that is not returned at the time of your termination (however, these deductions cannot reduce an employee's wages below minimum wage).

General Practices

Per Diem Policy

When an employee is working out of town and required to stay overnight, or for an extended duration, a Per Diem will be paid as follows:

Per Diem amounts will be determined by geographical location, lodging availability, and other factors or considerations. Per Diems will be paid bi-monthly per pay calendar, to an employee. The Per Diem shall be for employee's food, lodging, laundry, cleaning, travel (to and from lodging location, and to jobsite) and other costs associated with working out of town.

Per Diem shall be paid at the onset of travel to the jobsite and will be terminated when the employee returns to their residence.

The Per Diem rate and payment schedule may be revised (within the published IRS guidelines) at any time as deemed necessary by Executive Management.

Confidential Information & Company Property

During your employment at Moltus Building Group, you may have access to confidential and proprietary data, which is not known by competitors or within the Company's field of business generally. This information (hereinafter referred to as "Confidential Information") includes, but is not limited to: data relating to the Company's marketing and servicing programs; procedures and techniques; the criteria and formula used by the Company in pricing its products and services; the structure and pricing of special packages that the Company has negotiated; lists of customers and prospects; the identity, authority and responsibilities of key contacts at Company accounts; the composition and organization of accounts' businesses; the peculiar risks inherent in their operations; sensitive details concerning the structure, conditions, and extent of their existing products and services; contract expiration dates; service arrangements; proprietary software, web applications and analysis tools; and other data showing the particularized requirements and preferences of the accounts. This Confidential Information is a valuable asset of the Company, developed over a long period of time and at substantial expense.

To protect the Company's interest in this valuable asset, you must (a) not use any such Confidential Information for your personal benefit or for the benefit of any person or entity other than the Company during your employment and at any time after your employment ends, and (b) use your best efforts to limit access to such Confidential Information to those who have a need to know it for the business purposes of the Company.

In addition, you should minimize those occasions on which you take documents, flash drives, SD cards, or a laptop containing such Confidential Information outside the office. On those occasions when it is necessary, consistent with the best interests of the Company and doing your job effectively, to take documents, or a laptop containing Confidential Information outside the office, all appropriate precautionary and security measures should be taken to protect the confidentiality of the information.

During the course of your employment with the Company, you will be provided with and will generate correspondence, memoranda, literature, reports, summaries, manuals, proposals, contracts, customer lists, prospect lists, and other documents and data concerning the business of the Company. Any and all such records and data, whether maintained in hard copy or on a computer or other medium, is the property of the Company, regardless of whether it is or contains confidential information. At the request of the Company or at termination of your employment with the Company, you are required to return all such records to the Company and may not retain any copy of such records or make any notes regarding such records.

General Practices

An employee shall not be held criminally or civilly liable under any federal or state trade secret law for the disclosure of a trade secret that (a) is made in confidence to a federal, state, or local government official, either directly or indirectly, or to an attorney and solely for the purpose of reporting or investigating a suspected violation of law; or (b) is made in a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal. Any individual who files a lawsuit for retaliation by an employer for reporting a suspected violation of law may disclose the trade secret to the person's attorney and use the trade secret information in the court proceeding, provided the individual files any document containing the trade secret under seal and does not disclose the trade secret except pursuant to court order.

Social Security Number Privacy Policy

The Company requires all employees who use, are exposed to, or have access to employee or other individual's social security numbers (or SSN) to maintain the strictest confidentiality of these numbers and prohibits unlawful disclosure of any SSN. To this end, the Company expects all employees to comply with the following requirements:

Prohibited Uses

No individual shall publicly display a SSN through any exhibition, posting or other action that makes the SSN visible for public view.

No more than four digits of a SSN can be transmitted (or requested for transmission) over the internet or a computer system or network unless the connection is secure or the transmission is encrypted.

No more than four digits of a SSN can be included in any document mailed to any person if it is visible from the outside of the envelope in which it is sent.

No more than four digits of a SSN can be included in any document mailed or otherwise transmitted to any person unless:

- The document is mailed by or at the request of the person whose SSN is included in it;
- The inclusion of the SSN is authorized or required by federal or state statute, rule or regulation, by court order or rule, or pursuant to legal discovery or process, **or**;
- The inclusion of the SSN is an administrative use in the ordinary course of providing benefits or services to a person to identify and individual; investigate an individual's claim, credit, criminal or driving record; lawfully pursue a person's legal rights, including the collection or a debt; or lawfully investigate, collect or enforce child or spousal support obligations.

Authorized Access

The Company will allow access to documents or information containing SSNs only to those individuals who have a legitimate business purpose to access employee or other individuals' SSN's and who adhere to the requirements of this policy.

Destruction and Disposal

When the Company no longer has a legitimate business purpose for the document or information containing an individual's SSN, the document or information must be properly shredded and disposed of to avoid inadvertent disclosure. Destruction and disposal will occur in conjunction with applicable laws and the Company's records retention policies and requirements.

General Practices

Penalty for Violation of this Policy

Any employee who intentionally violates this policy will be subject to discipline up to and including discharge for misconduct and may be further subject to other legal penalties.

Office Dress Code

Moltus Building Group believes that pride in both yourself and the Company is reflected in your appearance and in the image you create. We feel our business image is important and request that our employees maintain standards of dress and appearance appropriate to both the organization and your individual responsibilities. Dress, grooming, and professional behavior standards contribute to the professional image we strive to present to our customers and visitors. Therefore, while working for the Company, employees are expected to dress in attire appropriate to their work environment and to behave in a professional manner at all times to best represent our business.

Guidelines

Employees may dress according to the requirements of their position, however, our beliefs regarding business appropriate dress is that business is always first. This means that employees should keep their day's schedule in mind. We recognize that different levels of dress may be appropriate for different occasions.

Our business appearance and image is important to us. However, we respect individual preference and choice in dress and appearance. We are confident that employees will use their best judgement in following our dress and attire guidelines. We ask that employees make certain that their appearance is well groomed and clean and that clothing is appropriate and neat. We want to be sure our environment does not jeopardize professionalism, productivity, or safety.

Inappropriate Attire and Appearance Guidelines

- Exceptionally short dresses and skirts, casual shorts and crop tops
- Flip flops
- Leather or spandex pants, yoga pants, stretch pants, or leggings are not allowed unless worn beneath a skirt, dress, or worn with a long top
- Any clothing item displaying an offensive comment or graphic illustration
- Jewelry (such as large chains, facial jewelry, nose rings, etc.) or other objects of personal expression (such as visible tattoos) that are distracting, large or represents an unprofessional image as determined by Moltus Building Group
- Dirty, ripped, ragged, sexually provocative, revealing or see-through clothing or appearance
- Any other attire or appearance Moltus Building Group deems to be inappropriate in the work environment

If an employee is unclear about dress and appearance guidelines, he or she is encouraged to consult with the Director of Human Resources. If an employee reports to work in questionable attire or appearance, a notification and discussion will occur with the employee to advise him or her regarding the inappropriateness of the attire. Depending upon the circumstance, the employee may also be sent home with directions to return to work in proper attire. It is expected that any work time lost will be made up by the employee.

General Practices

Continued or frequent departures from these guidelines will not be permitted and employees who appear for work inappropriately dressed or groomed repeatedly will be subject to disciplinary action, up to and including termination of employment.

Driving While on Company Business

Driver inattention plays a role in many motor vehicle accidents. We are not only concerned about your welfare as a Moltus Building Group employee, but also the welfare of others who could be put in harm's way.

As a driver, your first responsibility is to pay attention to the road. When driving on Moltus Building Group business or driving while conducting business on behalf of the Company in any other capacity, the following applies:

Employees are prohibited from talking on a cell phone while driving a Company vehicle, rental vehicle, or a personal vehicle on Company business. Headphones or ear buds are also prohibited while operating a Company vehicle, a rental vehicle, or a personal vehicle used for Company business.

Obey the Law

Moltus Building Group is not responsible for any moving traffic violations, parking tickets or any other city ordinances or state or federal laws regarding your driving habits and operation and care of your personal motor vehicle. Any tickets issued are the employee's responsibility, even if the ticket is issued while conducting business for Moltus Building Group in a company vehicle.

Employees who drive for Company business must have a current, valid driver's license and must submit a renewed copy to Human Resources each time their current license expires.

Employee Classification and Status

Employees are classified as either exempt or non-exempt for pay administration purposes, as determined by the federal Fair Labor Standards Act (FLSA).

The definitions of the worker classification categories can be summarized as follows:

Exempt - Management, supervisory, professional, sales or administrative employees whose positions meet FLSA standards, are exempt from overtime pay requirements. Job titles include Project Manager, Superintendent, Payroll/Accounting, or Manager. An exempt employee's salary compensates the employee for all hours worked, including all hours over forty (40) in a work week.

Non-exempt - Employees whose positions do not meet the FLSA exemption standards are paid overtime. Employees classified as non-exempt generally work in non-supervisory, non-professional or non-administrative capacities. Overtime work, however, is prohibited without specific supervisor authorization. Job titles include Laborer, Project Manager Assistant, Administrative Assistant, Clerk, or Carpenter.

In addition, each employee's status is defined as one of the following:

General Practices

Full-time – Employees who regularly work a minimum of 40 hours per week are considered to be full-time. An employee is not considered a regular, full-time employee until it is so designated in the employee's personnel file.

Moltus Building Group may supplement its regular work force with part-time or contingent employees to help compensate for workload, employee absences or other situations. Management will determine which positions are permanent part-time and which are considered contingent.

Part-time – Employees who regularly work less than 40 hours per week are considered to be part-time.

Contingent - Contingent employees are those engaged to work either part-time or full-time on Moltus Building Group's payroll, but have been hired with the understanding that their employment will be terminated no later than upon their completion of a specific assignment. Such employees may be either "exempt" or "non-exempt".

Independent Contractor - Consultants, freelancers or independent contractors are not employees of Moltus Building Group. Moltus Building Group is not required to withhold income taxes, withhold and pay Social Security and Medicare taxes or pay unemployment tax on payments made to independent contractors. The IRS, the U.S. Department of Labor and various state agencies constantly monitor compliance with employee and independent contractor classification using a variety of criteria, including audits to investigate the misclassification of independent contractors. Moltus Building Group strictly follows government guidelines in determining this classification of employment.

Employee Fraternization Policy

Moltus Building Group wants to preserve a working environment that has clear boundaries between personal and professional relationships. This is believed to be the best practice for conducting business in a professional manner. This policy establishes clear boundaries with regard to how relationships develop at work and within the confines of the work area.

- During working hours and in work areas, employees of Moltus Building Group are expected to keep all personal interactions limited and at a professional level to avoid distracting or offending others.
- Employees are prohibited from engaging in any physical interactions that would be seen as inappropriate in the work area. What constitutes inappropriate conduct is at the discretion of the Company.
- Employees who engage in personal relationships with others and allow these relationships to negatively affect the working environment will be subject to disciplinary action, up to and including termination of employment.

Romantic relationships between supervising, managing, or executive employees and subordinates are strictly prohibited. If a relationship does develop between a supervising employee and his or her subordinate, Executive Management should be notified immediately so that a transfer may be considered, or if that is not possible, other appropriate measures taken.

General Practices

Injury & Illness Reporting Policy

Moltus Building Group is committed to establishing and maintaining a comfortable and safe working environment for all employees.

All work-related injuries and illnesses should be reported immediately to your Department Head and the Director of Human Resources, even if you are not sure whether they are truly work-related. Even small, seemingly insignificant, injuries left untreated can result in serious conditions. Moltus Building Group will not retaliate against any employee for reporting a work-related injury or illness.

Management will complete an Accident Report. When injuries are reported immediately, they will quickly be investigated and corrective action will be taken to prevent more injuries.

If you see any potential hazards that need attention, please notify the Company Safety Director, your Department Head, or the Director of Human Resources immediately.

Online Social Networking Policy

Moltus Building Group is committed to maintaining a good relationship with its employees and the marketplace. The way the public views Moltus Building Group is vital to maintaining business, gaining new business, retaining first-class employees, recruiting new employees and marketing our products and services.

While Moltus Building Group has no intention of controlling employee actions outside of work, employees should practice caution and use discretion when posting content on the Web. Employees have the right to use social media for personal expression on their own time, and Moltus Building Group will not violate employee privacy by attempting to access content that has not been made available publicly. This policy serves as a notice on the practice of social networking for all employees to read and understand. As more concerns develop and legislation is released, this policy is subject to change.

The purpose of this policy is:

- To guarantee a constructive relationship between the Company and its employees.
- To manage risk and preserve Moltus Building Group's positive reputation.
- To discourage the use of Company time for personal social media activities.
- To promote awareness among employees of the number of individuals who can access information presented on social networking sites.

It is important that employees use their time while at work to conduct Company business. Employees are not blocked from access to social networking sites on Moltus Building Group computers because, under some circumstances, social networking is a powerful business tool that can be channeled to gain positive publicity for the Company and to connect with clients. **However, access to such websites does not mean they can be used at any time.**

Prohibited Conduct

Having your own individual social networking account and using it on your own time is certainly permissible.

General Practices

However, keep in mind that some actions on your personal site are visible for the entire social networking community and may no longer be considered private matters. Moltus Building Group has put in place a set of conduct guidelines to protect its brand and prevent the unwanted disclosure of confidential information. Please follow these guidelines:

- Do not use micro-blogging features to disclose trade secrets, provide tips based on inside information or participate in other activities that may be considered insider trading.
- We urge you to consider resolving workplace grievances internally. If you choose to address a grievance using social media, refrain from posting comments and materials that could be viewed as malicious, obscene, threatening, intimidating or that could create a hostile environment on the basis of race, sex, disability, religion or any other status protected by law.
- Refrain from posting any contemptuous, reckless or maliciously untrue comments. These communications may not be protected by law.
- Do not impersonate Moltus Building Group or its employees, make statements on behalf of Moltus Building Group without authorization, or make statements that can be construed as establishing Moltus Building Group's official position or policy on any particular issue.
- During working hours, the posting, blogging or any other form of social media participation for personal use is strictly prohibited. This includes Moltus computers, cell phones and personal devices.
- Any posting of work-related photos or content on an employee's personal social media account must be in compliance with the Moltus Confidentiality Agreement in place for each specific project.

As stated above, the purpose of this policy is to protect Moltus Building Group's brand and prevent the disclosure of confidential information. It is not Moltus Building Group's intent to interfere with its employees' legal rights. Whenever state or federal laws govern an area of social media participation, Moltus Building Group policies should be interpreted as to comply with them.

Overtime Pay

Moltus Building Group shall compensate all non-exempt employees one-and-a-half times their regular pay for all hours physically worked in excess of 40 hours each week unless otherwise provided by applicable law.

At times, employees will be asked to work overtime to complete necessary work tasks. The employee's Department Head will notify the employee as early as possible regarding scheduling needs. If an employee would like to work overtime hours, he or she must receive prior authorization from his or her Department Head in writing before working the overtime hours.

Overtime pay will take place when an employee physically works more than 40 hours in one work week. Example: Employee takes Monday off (as a paid vacation day) and then works four (4) 9 hour days the rest of the week. Employee would not be eligible for the four (4) hours of overtime as eight (8) of the 44 hours worked were vacation hours and not hours actually worked.

General Practices

Pay Periods & Check Distribution

Employees of Moltus Building Group work a standard work week consisting of 40 hours and will be paid on a bi-weekly basis. Employees will receive a yearly payroll calendar at the start of their employment, and a new one from Human Resources each November for the upcoming year.

All employee paychecks are direct deposited into the employee's choice of financial institution. Any changes or additions should be directed to the CFO.

Printed paychecks, if any, will only be released to the individual whose name appears on the check, or to an individual who the employee has designated and approved through written consent.

Accuracy in Pay

It is the Company's policy and practice to accurately compensate employees and to do so in compliance with all applicable state and federal laws. Every effort is made to ensure employees are paid correctly, but mistakes can happen. To ensure proper payment and that no improper deductions are made, employees must review pay stubs promptly to identify and report all errors.

Those classified as exempt salaried employees will receive a salary which is intended to compensate them for all hours they may work for the Company including any hours over 40 in a workweek. This salary will be established at the time of hire or classification as an exempt employee. While it may be subject to review and modification from time to time, such as during salary review times, the salary will be a predetermined amount that generally will not be subject to deductions for variations in the quantity or quality of the work performed.

Under federal and state law, salary is subject to certain permissible deductions.

In particular, salary may be reduced for health, dental or life insurance premiums; state, federal or local taxes; social security; or voluntary contributions to a 401(k) or pension plan; as well as other deductions permissible under the law.

If employees believe their salaries have been subject to any improper deductions, or that their compensation is otherwise inaccurate, they should immediately report the matter to the CFO so a prompt investigation may be conducted. Any improper or unauthorized deduction or other wage inaccuracy will be reimbursed to the affected employee as soon as reasonably practicable. Prompt corrective measures will be undertaken in good faith to prevent, or minimize, the future likelihood of such improper or unauthorized deductions or other wage inaccuracies. The Company will not retaliate against any employee who makes a good-faith complaint under this policy. Unless reported promptly, pay deductions and wage payments will be presumed to be correct and accurate.

Performance Evaluation Policy

Moltus Building Group is committed to providing you with feedback, both formal and informal, about your performance on the job. Department Heads are responsible for providing ongoing performance feedback to each employee working in their department. In addition, your Department Head may formally discuss and document your performance on a regular basis. An initial performance review may be conducted within three to six months after an employee is hired or transfers to a new position.

General Practices

Your performance appraisal discussion will review your strengths and identify any areas needing improvement, and goals and objectives that need to be achieved. Specific performance problems may be addressed outside the performance appraisal cycle through either informal discussions or formal disciplinary action. Formal performance feedback becomes a permanent part of your personnel file.

Please contact your immediate supervisor or Department Head if you feel an evaluation is due or would be helpful to you.

Personnel Records Policy

Moltus Building Group strives to keep accurate and current personnel records.

Employee personnel files may include a number of documents, including but not limited to, the following:

- Job application
- Position description
- Résumé
- Records of participation in training events
- Salary history
- Records of disciplinary action
- Documents related to employee performance reviews, coaching and mentoring

To ensure the accuracy of your personnel records, please notify us immediately of the following changes:

- Name
- Address
- Telephone number
- Marital status
- Dependent status
- Tax status

Personnel records are kept highly confidential and are not available to anyone outside of the Company unless you have personally authorized the release of, or the release is to an authorized governmental agency or release is required by law. To obtain access to your records, contact Human Resources.

Safety Policy

Moltus Building Group wants to ensure that our employees remain safe and injury-free at all times. The Company intends to comply with all applicable safety laws.

General Practices

In order to guarantee that accidents are avoided whenever possible, we expect our employees to refrain from horseplay, careless behavior and negligent actions. It is the Company's policy to maintain a safe and secure working environment for all employees and clients.

While working, employees must observe safety precautions for their safety and for the safety of others. All work areas must be kept clean, free of clutter and debris. Any hazards or potentially dangerous conditions must be corrected immediately or reported to a supervisor.

If you are involved in an accident, you must comply with the following procedure:

- Report the accident to your Department Head and the Safety Director immediately
- Obtain the necessary medical treatment
- Fill out an Accident Report, regardless of the severity of the injury
- If you must seek additional medical treatment, obtain consent to leave the premises from your Department Head before doing so unless it is a medical emergency

Employees who fail to comply with this procedure are subject to disciplinary action up to and including termination of employment.

Refer to the Company Health and Safety Program (HASP) for more information.

TimeCard Regulations

Moltus Building Group requires that all employees maintain a weekly timecard of his or her hours electronically using the current designated software. This will keep an accurate record of work attendance for everyone.

Each employee must use his or her own timecard only. Violation of this policy will be subject to disciplinary action up to and including termination of employment.

Non-exempt employee's hours will be recorded in the nearest increments of $\frac{1}{4}$ hours (15 minutes). Any recorded overtime must be approved by the Department Head in advance. By signing his or her timecard, each employee is approving the number of hours indicated.

Worker's Compensation Policy

Moltus Building Group will provide workers' compensation, a type of accident and injury insurance, that compensates an employee for lost time, medical expenses and loss of life or dismemberment from an injury arising out of or in the course of work. Employees must report any accident or injury immediately to their Department Head and the Director of Human Resources so that the necessary paperwork can be completed in a timely manner.

Employees returning to work from an injury or illness for which they were receiving worker's compensation must provide medical documentation that they are able to complete all job-related tasks, with or without reasonable accommodation.

General Practices

Travel Policy

The Travel Arrangement Process serves to clarify the means by which travel should be arranged and the parameters that must be adhered to. All business related travel must be done in accordance with this process. It is the intent of Moltus Building Group to allow for adequate accommodations for individuals who are required to travel on Moltus Building Group business. It is also expected that these individuals will use discretion and good judgement in spending Moltus Building Group funds.

All employees are expected to read and follow the Travel Arrangement Process that is included at the end of this handbook.

Appendix

- Receipt of Moltus Building Group Employee Handbook
- Receipt of Harassment Policy
- Authorization to Obtain Motor Vehicle Record
- Vehicle Use Policy
- Medical Leave of Absence Policy
- Travel Arrangement Process



Receipt of Moltus Building Group Employee Handbook

The Moltus Building Group Employee Handbook is a compilation of personnel policies, practices and procedures currently in effect at Moltus Building Group, an equal opportunity employer.

The Employee Handbook is designed to introduce employees to the organization, familiarize you with Company policies as they pertain to you as an employee, provide general guidelines on work rules, disciplinary procedures and other issues related to your employment, and to help answer many of the questions that may arise in connection with your employment.

The Employee Handbook and any other provisions contained herein do not constitute a guarantee of employment or an employment contract, express or implied. You understand that your employment is "at-will" and that your employment may be terminated for any reason, with or without cause, and with or without notice. Only Executive Management has the authority to enter into a signed written agreement guaranteeing employment for a specific term. The Employee Handbook is intended solely to describe the present policies and working conditions at Moltus Building Group. This Handbook does not purport to include every conceivable situation; it is merely meant as a guideline and, unless laws prescribe otherwise, common sense shall prevail. Of course, federal, state and local laws will take precedence over Moltus Building Group policies when applicable.

Personnel policies are applied at the discretion of Moltus Building Group. Moltus Building Group reserves the right to change, withdraw, apply or amend any of our policies or benefits, including those covered in this Handbook, at any time. Moltus Building Group may notify you of such changes via email, posting on the Company's intranet, portal or website, or via a printed memo, notice, amendment to or reprinting of this Handbook. Moltus Building Group may, in its discretion, make such changes at any time, with or without notice and without a written revision of this Handbook.

By signing below, you acknowledge that you have received a copy of the Moltus Building Group Employee Handbook, and understand that it is your responsibility to read and comply with the policies contained within it and any revisions made to it. You also acknowledge and agree to the monitoring of your electronic communications as set forth in this Handbook. In addition, you acknowledge that the Handbook is property of Moltus Building Group and must be returned if your employment with the Company ends. Furthermore, you acknowledge that you are employed "at-will" and that this Handbook is neither a contract of employment nor a legal document.

Employee Signature

Date

Please print your full name

Please sign / date this receipt and return it to the Director of Human Resources. Retain a second copy for your reference.



Receipt of Harassment Policy

As described in the Harassment Policy, any type of harassment is prohibited at Moltus Building Group.

By signing below, you acknowledge that you have received a copy of Moltus Building Group's Harassment Policy, and understand that it is your responsibility to read and comply with this policy and any revisions made to it.

Signature

Date



MOLTUS
BUILDING GROUP

design build • general construction • construction management

Authorization to Obtain Motor Vehicle Record

In conjunction with my employment at Moltus Building Group, LLC (“the Company”), I

_____ (employee/applicant name) do hereby
(print name as it appears on your driver's license)

consent to the release of my Motor Vehicle Record (MVR) to the Company. I authorize my driving record to be periodically obtained and reviewed for the purpose of initial and continued employment. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am currently in or applying for.

I certify that all information presented on this form is true and correct. I make this certification and affirmation under penalty of perjury and understand that knowingly making a false statement or representation on this form is a criminal violation.

Employee/Applicant Signature

Date

Date of Birth

SS Number (last 4 digits only)

Driver's License Number

License Expiration Date

Issuing State



Vehicle Use Policy

The following policy has been established to encourage safe operation of vehicles, and to clarify insurance issues relating to drivers and Moltus Building Group.

- All drivers must have and carry a valid driver's license.
- Motor Vehicle Records will be checked periodically in accordance with applicable law. Driving privileges may be suspended or terminated if your record indicates an unacceptable number of accidents or violations. Should your record fall into our insurance carrier's guidelines of an "unacceptable driver", your employment may be terminated.
 - Moltus Building Group maintains that personal information shall not be disclosed to anyone unless the recipient is legally entitled to receive the information, and that employees may not access or release information contained in the records and files of the Michigan Department of State, except in connection with their duties and only to authorized third parties in accordance with work area procedures. Further, if an employee is approached to provide information inappropriately, the employee must refuse to release the requested information and immediately advise supervision. A violation of this privacy policy shall be cause for disciplinary action up to and including dismissal. In addition, the employee may be subject to criminal charges that may result in a felony conviction.
- Human Resources must be notified of any change in your license status or driving record.

When operating your own personal vehicle for Moltus Building Group business:

- All employees using their own personal vehicle for company business must carry their own insurance in their respective state. Employees must carry the state minimum insurance requirements on any vehicle used for company business.
- Your Personal Auto Liability insurance is the primary payer. Moltus Building Group's insurance is in excess of your coverage.
- If an employee elects to not carry physical damage coverage on their personal auto, there would not be any coverage for them in the event of an accident, whether personal or business use.
- Moltus Building Group is not responsible for any physical damage to your vehicle. You must carry your own collision and comprehensive coverage.

In the event of an accident:

- Take necessary steps to protect the lives of yourself and others.
- Comply with police instructions.
- Do not assume or admit fault. Others will determine liability and negligence after a thorough investigation.
- Report the accident to Moltus Building Group as soon as possible.

Employee Signature:

Date:



Medical Leave of Absence Policy

The Company provides a paid, two (2) week medical leave of absence to eligible employees who are temporarily unable to work due to an employee's serious health condition, the birth, adoption or placement of a foster child with the employee, or to care for an immediate family member (as defined per the current FMLA guidelines) due to a serious health condition that makes the individual unable to care for themselves.

As soon as an employee becomes aware of a need for a medical leave of absence, they should request a Medical Leave form from the Director of Human Resources. For serious health conditions of the employee or a member of the employee's immediate family, a physician's statement must be provided verifying the serious health condition and the beginning of the leave and expected return date, if available. Any changes in this information should be promptly reported to the Director of Human Resources. If the medical leave of absence is for an employee's own serious health condition, prior to the employee's return to work, the employee must provide a physician's verification of their fitness to return to work.

An eligible employee must be employed by the Company for at least twelve (12) months and requires an average work week of 24 hours or more. Although a two (2) week paid medical leave is available to employees, employees may be eligible for a medical leave of absence up to a combined total of twelve (12) weeks. Approved medical leaves of absence must be taken as a continuous block of leave and only one medical leave of absence will be approved per employee per any twelve (12) month period.

The employee may choose to use accrued PTO for any unpaid time off, but is not required to do so. The Company will continue to provide health benefits for the employee on an approved medical leave, provided the employee makes arrangements with Payroll on how to pay the Company for continuous benefits, and makes such payments, if applicable, during the unpaid time off. Additionally, if a paid holiday occurs during an employee's medical leave of absence, the employee will be eligible for holiday pay only if the employee is using accrued PTO or the employee is being paid under the terms of this policy.

When a medical leave ends, reasonable efforts will be made to return the employee to the same position, if it is available, or to a similar position for which the employee is qualified. Except when legally required, the Company cannot guarantee reinstatement in all cases.

If an employee fails to report to work promptly at the end of the medical leave, the Company will assume that the employee has resigned.

*See attached Request for Medical Leave of Absence Form

Approved by:  _____

Date: 03/07/2022



Request for Medical Leave of Absence

Today's Date: _____

Employee's Name: _____

Address: _____

Employee's Hire Date: _____

Status: Full-time Part-time

I am requesting a Medical Leave of Absence for the following reason:

- Employee injury, non-work related (a physician's certification is required).
- Employee illness (a physician's certification is required).
- Family member's illness (please check one), (certification of Health Care Provider for family member is required).
 - Child, Age: _____
 - Spouse
 - Parent
- Birth of a child and/or care for newborn child (certification of health care provider and a copy of the birth certificate is required).
- Adoption (letter of placement/adoption papers required).
- Placement of child for foster care (letter of placement required).

Requested Leave **Start** Date: _____ Requested Leave **End** Date: _____

I acknowledge that I have received a copy of the Moltus Medical Leave of Absence Policy and therefore submit this request based upon the requirements and procedures as set forth in that Company Policy. I also understand that this request is subject to approval by my employer.

Employee signature: _____ Date: _____

Department Supervisor: _____ Date: _____

Approved Rejected. If so, reason: _____

Employer's Signature: _____ Date: _____
Name/Title



OBJECTIVE: *To ensure that all employees are efficiently coordinating all business travel arrangements in a timely and cost-effective manner.*

- 1) It is requested that all travel be made with as much notice as possible.
- 2) At a minimum, travel shall be booked 3 + weeks in advance. If this much notice cannot be given, approval from your direct supervisor is required.
- 3) All travel needs to be approved by your immediate supervisor prior to booking as well as all travel should be discussed with your project team (to ensure proper supervision is available at the project site).
- 4) All Flights and rental car reservations shall be made via the Etta powered by Deem website.
 - a. Employees should download the Etta GO App so they can book travel on the go.
 - b. All employees are encouraged to select the most cost-effective means of travel, any flights outside of the guidelines put in place on the website will need to be approved prior to booking.
 - c. Rebooking or change fees are an allowed expense for emergency situations only, or per the approval of your supervisor.
- 5) All employees are encouraged to book their hotels through the Etta Powered by Deem website.
 - a. If an employee chooses to use their own apps, sites, etc. to book a hotel room the following guidelines are to be followed:
 - i. Always book a refundable room to accommodate your travel.
 - ii. Hotels such as (Holiday Inn, Comfort Inn, Courtyard, etc.) should be booked. Please keep in mind that the most cost-effective options should be booked.
- 6) All employees must adhere to the Moltus Building Group Vehicle Policy when driving a rental vehicle, this includes hands-free cell use (subject to individual state laws) as well as not driving when under the influence.
- 7) All employees are required to keep all receipts and upload via Core Cloud for approval, this includes, hotel receipts, fuel receipts, rental car receipts, toll receipts, etc.

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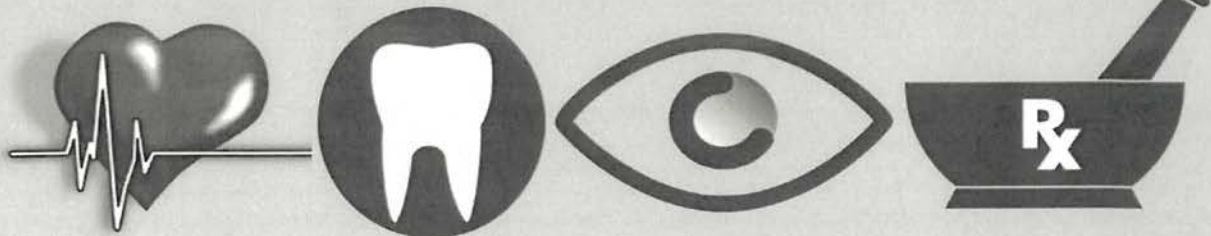
design build • general construction • construction management

Employee Benefits Guide



Employee Benefits

Protecting What's Important



Plan Year: March 1, 2024 through February 28, 2025

Within every successful organization you will find hardworking and dedicated employees. We realize that our employees are our most valuable resource, and we want to reward them for all of their hard work. We offer an excellent Employee Benefit Package at a reasonable cost to our employees. This package includes:

- Medical Insurance
- Prescription Drug Coverage
- Voluntary Dental
- Voluntary Vision
- Voluntary Short-Term Disability
- Voluntary Long-Term Disability
- Voluntary Life/AD&D
- Voluntary Critical Illness
- Voluntary Accident
- Voluntary Identity Alert

This booklet includes important information regarding your current benefit programs. We encourage you to review this and keep it handy for future reference. The information provided will give you basic information pertaining to your benefit plan(s). For complete details, please refer to each carrier's plan description.

If there is a specific benefit that you would like to discuss, please do not hesitate to contact the Human Resource Department. We appreciate your contribution to the success of the company.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact your employer's Human Resource Department.

Information Guide

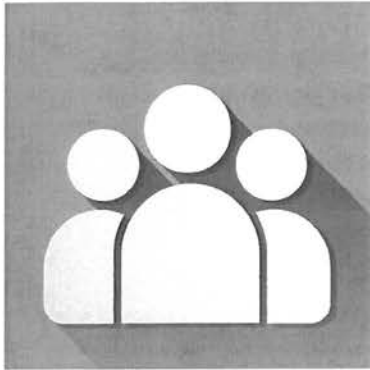
Eligibility Guidelines

Summary of Benefits

- Medical
- Prescription Drugs
- Voluntary Dental
- Voluntary Vision
- Voluntary Short-Term Disability
- Voluntary Long-Term Disability
- Voluntary Life/AD&D
- Voluntary Critical Illness
- Voluntary Accident
- Voluntary Identity Alert

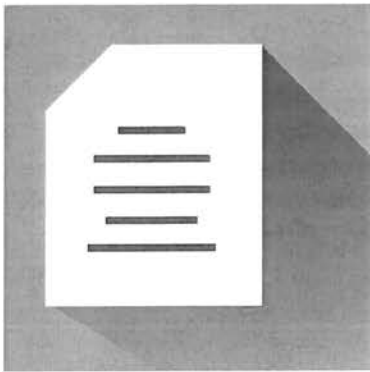
Legal Notifications

Contact Information



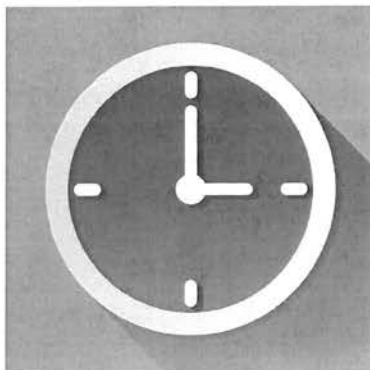
Who is Eligible?

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical, dental and vision coverage: legal spouse and/or legal children up to the age of 26. **Newly hired full-time employees are eligible for benefits after satisfying the new hire waiting period, which is the 91st day.**



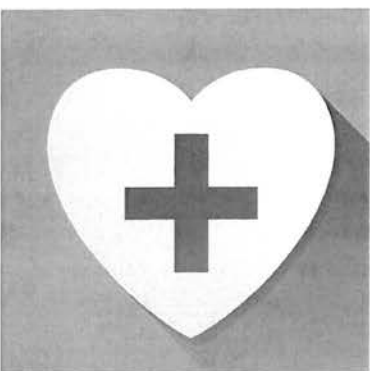
How to Enroll

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status. Contact your Human Resources Department to obtain enrollment forms.



When to Enroll

The annual open enrollment period runs from February 3, 2024 through February 10, 2024. The benefits you elect during open enrollment will be effective from March 1, 2024 through February 28, 2025.



How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include, for example: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence, commencement or termination of adoption proceedings, change in employment status or change in coverage under another employer-sponsored plan.



Life Events Notifications

*While you are generally only allowed to change your benefits elections during the open enrollment period each year, certain life events provide an exception. Those life events may allow you to change your benefits elections in the middle of the plan year. The following are examples of some types of life events **(you have 30 days from the qualifying event date)**:*

- *Birth/Adoption*
- *Change in Insurance Coverage*
- *Death in the Family*
- *Dependent Child Reaches Limiting Age*
- *Divorce/Annulment*
- *FMLA-related Leave*
- *Legal Separation*
- *Marriage*
- *Military Service*
- *Medicare Eligibility (aging in or disability)*
- *Loss of Other Group Coverage*

Please notify the Human Resources Department immediately if you experience any life event changes so that we can ensure there is no interruption or error in your benefits. **Failure to notify within 30 days, could result in denial of coverage until the next annual open enrollment period.**



iOS & Android Ease App

It's never been easier for employees to securely review their benefits while on the go with Ease.



24/7 on-demand access

Quickly access plan information at anytime from anywhere — even in the waiting room at the doctor's office.



Plan details

Review plan details, including policy numbers, when you need them most. No computer needed.



Insurance cards

Never lose an insurance card again. Store pictures of insurance cards directly in the app for just-in-time access.



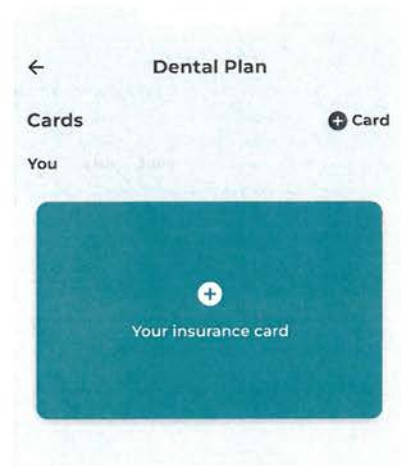
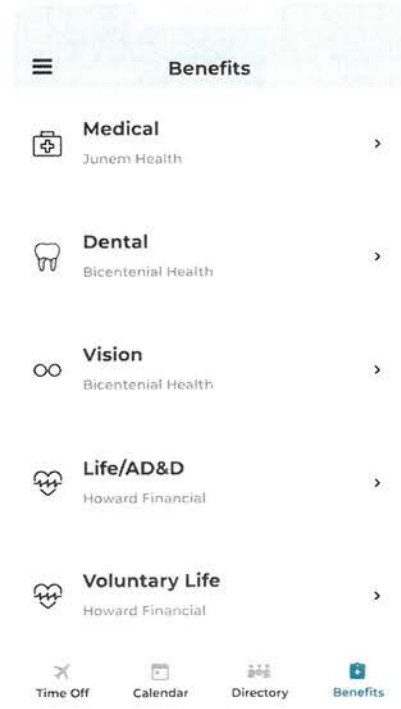
Documents

Essential documents don't need to be printed out. Access any benefits document directly in the app any time, any place.



Go mobile with Ease!

Available for iOS and Android by searching **Ease (Benefits Matter)**.



9 Easy steps to employee enrollment.

1. Log in to Ease per the instructions you have received from your HR administrator or Broker.*

2. Click Start.



It is time to enroll in your benefits
You can enroll and update now.

Start

3. Follow the prompts on each page to complete your benefits enrollment — Click **Continue** to proceed to the next section.

Continue >

4. Verify your personal information is correct and enter in any of your dependent information.

5. If requested during the enrollment process, provide any emergency contacts, employment documents, Medicare status, previous/current coverage and/or health information.

6. Select your benefit by choosing **Enrolled** or **Waived** for each plan — Click **Continue** to proceed to the next benefit.

Continue >

7. You will then be prompted to provide any missing data. Once you have done this, you will be able to sign and review your forms using your mouse or mobile device.

Sign Forms >

8. Before you review your forms, you will need to first type your name, then sign your signature and follow the prompts to finish.

x *Jane Doe*

9. If you have questions, please reach out to your HR administrator or Broker.



*We recommend using either Google Chrome or Firefox as your browser for the optimal experience.



MOLTUS BUILDING GROUP

design build • general construction • construction management

401K Election Sheet

Today's Date: _____

Employee Name: _____

Address: _____

City, State, Zip: _____

Hire Date: _____

Eligibility Date: _____

.....

NO, I do not want to participate in the Moltus 401K plan at this time but have been advised that I can change my mind and request the required paperwork to set up an account any time after 3 months from my date of hire:

Employee Signature

.....

YES, I want to participate in the Moltus 401K plan and understand I will be eligible to open an account 3 months after my hire date above.

I will be contacted by Human Resources approximately 60 days after my hire date and will be given the appropriate paperwork to set up my 401K account. Allocations from my paycheck should begin on the first regularly scheduled payday of the following month *after* the 3 month eligibility requirement has been met.

Employee Signature

RETIREMENT PLAN SUMMARY

Moltus Building Group 401(k) Retirement Plan



Eligibility

All eligible employees who have completed 3 months of service and have attained age 18 shall enter the Plan on the first of the month following or coinciding with meeting these conditions.

Employee Contributions

You may defer from 1% to 100% of compensation on a pre-tax basis or as Roth contributions however they are subject to an IRS combined maximum of \$22,500 in 2023 as indexed each year by the IRS. All employees who turn 50 in 2023 or are 50 years or older are eligible to defer an additional \$7,500 as indexed each year by the IRS in the form of a Catch-Up contribution. You may obtain a copy of the current year limits by logging into your account at www.avantax.com/retire and clicking on Forms and viewing the COLA document, or by contacting your Plan Administrator.

Company Contributions

The Employer will make a safe harbor matching contribution of 100% of the first 3% deferred plus 50% of the next 2% deferred. The Employer may elect to make a discretionary nonelective contribution. In order to receive the discretionary nonelective contribution you must be employed on the last day of the plan year.

Change Dates

Permitted at any time and will be effective as soon as administratively feasible.

Vesting

You are always 100% vested in your employee deferral account (both pre-tax and Roth), and your safe harbor matching contributions. Your discretionary nonelective contributions are subject to the following vesting schedule:

| <i>Years of Service</i> | <i>Percentage Vested</i> |
|-------------------------|--------------------------|
| 1 but less than 2 | 0% |
| 2 but less than 3 | 20% |
| 3 but less than 4 | 40% |
| 4 but less than 5 | 60% |
| 5 but less than 6 | 80% |
| 6 or more years | 100% |

Rollovers

Rollovers from all qualified retirement plans are permitted.

Participant Loans

Not permitted.

Hardship Distributions

Hardship distributions are allowed regardless of your age. Hardship distributions are based on financial need and are available from all sources except rollover contributions. Hardship distributions are limited to the following events: medical expenses, home purchase costs, to prevent eviction or foreclosure, college tuition, funeral expenses, expenses for federally declared disasters under FEMA if your residence or place of business was in an area FEMA declared as a disaster and home repairs due to a casualty loss.

There is no limit on the number of hardship distributions you may request in a year.

In-Service Distributions

Distributions are allowed from your rollover contributions at any time. All other sources are available for in-service distributions upon attainment of age 59 ½.

Termination Distributions

Distributions will be made as soon as possible following a participant's termination of employment.

If your vested account balance is less than \$1,000, you will receive a distribution package and if you do not complete the paperwork indicating that you want to roll your money to another institution within 45 days your money will be distributed to you in a lump sum payment.

If your vested account balance is greater than \$1,000 but less than \$5,000, you will receive a distribution package and if you do not complete the paperwork indicating that you want to roll your money to another institution or take your money out in cash then your money will be rolled over to an IRA provider on your behalf.

If your balance is greater than \$5,000, you may elect a lump-sum distribution, direct rollover, or you may postpone distribution to a later date. Most distributions may be rolled over to an IRA or another Plan.

Investments

All employee and employer contributions are invested as directed by the 401(k) participant, in either the Avantax Planning PartnersSM managed model portfolios or among a menu of individual mutual funds. If you do not select a portfolio and funds are contributed on your behalf, your funds will be invested in the Moderate portfolio option.

Investment earnings are credited to participant accounts daily, and participants may view their accounts and make changes to their investment fund allocations on the internet.

Summary Plan Description

You may obtain a copy of your plan's Summary Plan Description by logging onto your account at www.avantax.com/retire and clicking on Forms or by contacting your Plan Administrator.

Bonus Election Form

1. Participant Information

Plan Name Moltus Building Group 401(K) Retirement Plan
Company Name Moltus Building Group, LLC Hire Date _____
Name (First, MI, Last) _____ SS# _____
Mailing Address _____ Birth Date _____
City, State and Zip _____ Cell Phone _____
Email _____ Work Phone _____

Marital Status: Single Married Divorced Sex: Male Female

2. Bonus Deferral Election

- I elect not to have any deferrals on my bonus payments.
- I authorize a deduction from my bonus payment in the amount of _____% pre-tax and _____% Roth.
- I authorize a deduction from my bonus payment in the amount of \$_____ pre-tax and \$_____ Roth.

Please note if no election is made then the same deferral rate that was selected for regular paychecks shall also apply to bonus payments.

3. Authorization

I, the undersigned, consent to making the preceding salary deferral election. I understand that payroll will begin processing my elections and/or changes as soon as possible.

Participant's Signature

Date

Medical Benefit Comparison for Moltus Building LLC
March 1st, 2024



| | Base Plan | Core Plan | Buy-Up Plan |
|-----------------------------------|------------------------------|----------------------------|------------------------------|
| | HAP | HAP | HAP |
| | HAP PPO Silver E4 | HAP PPO Gold B12 | HAP PPO Platinum A025 |
| | 3/1/2024 | 3/1/2024 | 3/1/2024 |
| | PPO | PPO | PPO |
| | In-Network | In-Network | In-Network |
| Deductible | | | |
| Individual | \$4,000 | \$1,200 | \$250 |
| Family | \$8,000 | \$2,400 | \$500 |
| Coinsurance | | | |
| Coinsurance | 30% | 0% | 0% |
| Individual Max | Not Applicable | Not Applicable | Not Applicable |
| Family Max | Not Applicable | Not Applicable | Not Applicable |
| Annual Out of Pocket Max | | | |
| Individual | \$8,700 | \$7,000 | \$2,000 |
| Family | \$17,400 | \$14,000 | \$4,000 |
| Physician Office Services | | | |
| Preventive Care | No Charge | No Charge | No Charge |
| Primary Care | \$50 | \$35 | \$20 |
| Specialist | \$70 | \$60 | \$40 |
| Virtual Visit | No Charge | No Charge | No Charge |
| Behavioral Health | \$50 | \$35 | \$20 |
| Hospital Services | | | |
| Urgent Care | \$65 | \$65 | \$65 |
| Emergency Room | \$300 Copay after deductible | \$300 | \$200 |
| Inpatient | 30% after deductible | No Charge after deductible | No Charge after deductible |
| Outpatient | 30% after deductible | No Charge after deductible | No Charge after deductible |
| Diagnostic Services | | | |
| Imaging/CT/PET/MRI | 30% after deductible | No Charge after deductible | No Charge after deductible |
| Labs | 30% after deductible | \$45 | \$30 |
| X-Rays | 30% after deductible | \$45 | \$30 |
| Rehabilitative Care | | | |
| Chiropractic | \$30 | \$30 | \$30 |
| Occupational and Physical Therapy | 30% after deductible | \$45 | \$20 |
| Prescription Drugs | | | |
| Generic | \$8/\$30 | \$5/\$30 | \$5/\$15 |
| Preferred Brand | \$75 | \$40 | \$30 |
| Non-Preferred Brand | \$100 | \$80 | \$60 |
| Preferred Specialty | 20%/\$200 max | 20%/\$200 max | 20%/\$200 max |
| Non-Preferred Specialty | 50%/\$500 max | 50%/\$500 max | 50%/\$500 max |



**SUMMARY OF EMPLOYEE BENEFIT PLANS
FOR HEALTH, PRESCRIPTION, VOL DENTAL, VOL VISION, VOL SHORT-
TERM DISABILITY, VOL LONG-TERM DISABILITY, VOL TERM
LIFE/AD&D, VOL CRITICAL ILLNESS, VOL ACCIDENT INSURANCES**

03/01/2024 – 02/28/2025

In-Network Illustrated only

| | |
|---|--|
| <p>MEDICAL BENEFIT- HAP (PPO) \$4000</p> | <p>Medical:</p> <ul style="list-style-type: none"> • Deductible \$4,000 single / \$8,000 family • Coinsurance 30% • Out of Pocket annual max \$8,700 single / \$17,400 family • \$50 –Primary Doctor Visit • \$0 – Telehealth Visit • \$70 - Specialist Visit • \$65 – Urgent Care • \$300 - Emergency Room (<i>may be waived</i>) <p>Preferred Generic: \$8 copay Non Preferred Generic: \$30 copay Preferred Brand: \$75 copay Non-Preferred Brand: \$100 copay Preferred Specialty: 20% of approved amount up to \$200 Non-Preferred Specialty: 50% of approved amount up to \$500</p> <p><i>*See enclosed benefit description for full details</i></p> |
| <p>MEDICAL BENEFIT- HAP (PPO) \$1200</p> | <p>Medical:</p> <ul style="list-style-type: none"> • Deductible \$1,200 single / \$2,400 family • Coinsurance 0% • Out of Pocket annual max \$7,000 single / \$14,000 family • \$35 –Primary Doctor Visit • \$0 – Telehealth Visit • \$60 - Specialist Visit • \$65 – Urgent Care • \$300 - Emergency Room (<i>may be waived</i>) <p>Preferred Generic: \$5 copay Non Preferred Generic: \$30 copay Preferred Brand: \$40 copay Non-Preferred Brand: \$80 copay Preferred Specialty: 20% of approved amount up to \$200 Non-Preferred Specialty: 50% of approved amount up to \$500</p> <p><i>*See enclosed benefit description for full details</i></p> |


| <p>MEDICAL BENEFIT- HAP (PPO) \$250</p> | <p>Medical:</p> <ul style="list-style-type: none"> • Deductible \$250 single / \$500 family • Coinsurance 0% • Out of Pocket annual max \$2,000 single / \$4,000 family • \$20 –Primary Doctor Visit • \$0 – Telehealth Visit • \$40 - Specialist Visit • \$65 – Urgent Care • \$200 - Emergency Room (<i>may be waived</i>) <p>Preferred Generic: \$5 copay Non Preferred Generic: \$15 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$60 copay Preferred Specialty: 20% of approved amount up to \$200 Non-Preferred Specialty: 50% of approved amount up to \$500</p> <p>*See enclosed benefit description for full details</p> | | | | | | | | | | | | | | | | |
|---|--|-------------------------|------------------------|-----------------|---------|----------|----------|-------------------------|-----------|--------------------------------|------------------------------|----------------------|----------|----------|---------|----------------------|----------|
| <p>VOLUNTARY DENTAL MUTUAL OF OMAHA</p> | <table border="1" data-bbox="553 720 1459 919"> <thead> <tr> <th></th> <th>In Network Illustrated</th> </tr> </thead> <tbody> <tr> <td>Type A</td> <td>100%</td> </tr> <tr> <td>Type B</td> <td>80%</td> </tr> <tr> <td>Type C</td> <td>50%</td> </tr> <tr> <td>Annual deductible (Type A & B)</td> <td>\$25/member, \$75 family max</td> </tr> <tr> <td>Annual maximum</td> <td>\$1000</td> </tr> </tbody> </table> <p>*See enclosed benefit description for full details</p> | | In Network Illustrated | Type A | 100% | Type B | 80% | Type C | 50% | Annual deductible (Type A & B) | \$25/member, \$75 family max | Annual maximum | \$1000 | | | | |
| | In Network Illustrated | | | | | | | | | | | | | | | | |
| Type A | 100% | | | | | | | | | | | | | | | | |
| Type B | 80% | | | | | | | | | | | | | | | | |
| Type C | 50% | | | | | | | | | | | | | | | | |
| Annual deductible (Type A & B) | \$25/member, \$75 family max | | | | | | | | | | | | | | | | |
| Annual maximum | \$1000 | | | | | | | | | | | | | | | | |
| <p>VOLUNTARY VISION MUTUAL OF OMAHA (EYEMED)</p> | <p>Eye Exam: \$10 copay, one per 12 months Lenses: \$10 copay (Single, Bifocal, Trifocal, Lenticular) once per 12 months Frames: \$130 allowance, then 20% off balance over allowance, one per 24 months Contact lenses: Conventional \$130 allowance then 15% off balance over allowance / Disposable \$130 allowance / Medically Necessary covered in full, once per 12 months</p> <p>*See enclosed benefit description for full details</p> | | | | | | | | | | | | | | | | |
| <p>VOLUNTARY SHORT-TERM DISABILITY MUTUAL OF OMAHA</p> | <p>Elimination Period: 14 days Weekly benefit: 60% up to \$1,250 max Benefit Period: 11 weeks max after elimination period</p> <p>*See enclosed benefit description for full details</p> | | | | | | | | | | | | | | | | |
| <p>VOLUNTARY LONG-TERM DISABILITY MUTUAL OF OMAHA</p> | <p>Elimination Period: 90 days Monthly benefit: 60% up to \$10,000 max Benefit Period: Own Occupation 2 years, max SSNRA</p> <p>*See enclosed benefit description for full details</p> | | | | | | | | | | | | | | | | |
| <p>VOLUNTARY TERM LIFE/AD&D MUTUAL OF OMAHA</p> | <table data-bbox="553 1640 1299 1759"> <thead> <tr> <th></th> <th>Minimum</th> <th>Guarantee Issue</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$10,000</td> <td>\$100,000 or 5 x salary</td> <td>\$300,000</td> </tr> <tr> <td>Spouse</td> <td>\$5,000</td> <td>\$25,000, 100% of EE</td> <td>\$50,000</td> </tr> <tr> <td>Children</td> <td>\$2,000</td> <td>\$10,000, 100% of EE</td> <td>\$10,000</td> </tr> </tbody> </table> <p>Age Reduction for Employee: 65% at age 65, 40% at age 70, 25% at age 75, 15% at age 80 Age Reduction for Spouse: 65% at age 65, terminates at age 70 Children eligible until age 26</p> <p>*See enclosed benefit description for full details</p> | | Minimum | Guarantee Issue | Maximum | Employee | \$10,000 | \$100,000 or 5 x salary | \$300,000 | Spouse | \$5,000 | \$25,000, 100% of EE | \$50,000 | Children | \$2,000 | \$10,000, 100% of EE | \$10,000 |
| | Minimum | Guarantee Issue | Maximum | | | | | | | | | | | | | | |
| Employee | \$10,000 | \$100,000 or 5 x salary | \$300,000 | | | | | | | | | | | | | | |
| Spouse | \$5,000 | \$25,000, 100% of EE | \$50,000 | | | | | | | | | | | | | | |
| Children | \$2,000 | \$10,000, 100% of EE | \$10,000 | | | | | | | | | | | | | | |

| | | | | |
|---|---|---------|----------------------|------------------|
| VOLUNTARY CRITICAL ILLNESS MUTUAL OF OMAHA | | Minimum | Maximum | Guaranteed Issue |
| | Employee | \$5,000 | \$10,000 | \$10,000 |
| | Spouse | \$5,000 | \$10,000, 100% of EE | \$5,000 |
| | Children | \$3,000 | \$3,000, 25% of EE | \$3,000 |
| | Age Reduction for Employee & Spouse: 50% at age 70 Children up to age 26 *See enclosed benefit description for full details | | | |
| VOLUNTARY ACCIDENT MUTUAL OF OMAHA | Coverage Type: 24-hour on and off-job *See enclosed benefit description for full details | | | |

2024 Delta Dental pediatric benefits

Pediatric dental is required under the Affordable Care Act for members age 18 and under with a HAP health plan.

- Have a pediatric-only dental plan? Your child's coverage will stop at the end of the year they turn 19.
- Have adult dental coverage? Your child's benefit will move to the adult plan and premium on January 1 of the year following the child's 19th birthday.

| Pediatric dental | | | |
|--|---|-----------------------|--------------------------|
|  | In network | | Out of network |
| | Delta Dental PPO™ | Delta Dental Premier® | Nonparticipating dentist |
| | Plan pays | Plan pays | Plan pays |
| DIAGNOSTIC AND PREVENTIVE SERVICES | | | |
| Diagnostic and preventive services – exams, cleanings, fluoride and space maintainers | 100% | 80% | 80% |
| Brush biopsy – oral cancer detection | 100% | 80% | 80% |
| Emergency palliative treatment – temporary pain relief | 100% | 80% | 80% |
| Radiographs – X-rays | 100% | 80% | 80% |
| Sealants – to prevent decay of permanent teeth | 100% | 80% | 80% |
| BASIC SERVICES | | | |
| Minor restorative services – fillings and crown repair | 50% | 50% | 50% |
| Major restorative services – crowns | 50% | 50% | 50% |
| Oral surgery services – extractions and dental surgery | 50% | 50% | 50% |
| Endodontic services – root canals | 50% | 50% | 50% |
| Periodontic services – gum disease treatment | 50% | 50% | 50% |
| Relines and repairs – bridges and dentures | 50% | 50% | 50% |
| Other basic services – miscellaneous | 50% | 50% | 50% |
| MAJOR SERVICES | | | |
| Prosthodontic services – bridges and dentures | 50% | 50% | 50% |
| OUT-OF-POCKET MAXIMUM AND DEDUCTIBLE | | | |
| Out-of-pocket maximum | \$400 per eligible member or \$800 per family | | |
| Deductible (does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy or sealants) | Limited to a maximum deductible of \$75 per family per benefit year | | |

Note: The benefits in this chart are for pediatric dental care only. It's an essential health benefit under the Affordable Care Act. Adult dental benefits are listed on a separate chart.

In-network annual out-of-pocket maximum: This is the most you or an eligible dependent will pay for covered pediatric dental care. The max amount when your coverage includes one member under age 19 will be \$400 per benefit year on all in-network covered services and \$800 for two or more members under age 19. Coinsurance, copayments and deductibles paid for in-network covered services count toward the out-of-pocket max. Payments that do not count toward your in-network out-of-pocket max include premiums; noncovered services; out-of-network dentists; and coinsurance, copayments or deductibles for nonpediatric dental care. It also does not include coinsurance, copayments or deductibles for covered services for members age 19 and older.

Once you reach your out-of-pocket max for the year, in-network covered services for members under 19 will be covered at 100 percent of Delta Dental's maximum approved fee.

Out-of-network out-of-pocket maximum: There is no annual out-of-pocket max for out-of-network covered services. You must pay all coinsurance, copayments, deductibles and bills for out-of-network covered services you or your eligible dependents receive.

Annual and lifetime maximum payments: There are no annual or lifetime maximum payments for covered services for members under 19.

Waiting period: There is no waiting period for members under 19 seeking covered services.

This document is meant to supplement your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to them for costs and coverage details. They also contain policy exclusions and limitations. Or call us at the number listed in this brochure.

This policy is underwritten by Delta Dental Plan of Michigan, Inc., a nonprofit dental care corporation.



**Alliance Health and Life Insurance Company (Alliance)
Preferred Provider Organization (PPO)**

**Summary of Benefits
HAP PPO Silver E4**

PPO

PPQ02089 / XRQ03024

| Health Care Services | In-Network | Out-of-Network | Limitations |
|---|---|--------------------------------------|---|
| Plan Attributes | | | |
| Benefit Period | Calendar Year | | |
| Annual Deductible | \$4,000 Individual; \$8,000 Family | \$8,000 Individual; \$16,000 Family | Deductible does not include copays or coinsurance. In and Out-of-Network deductibles accumulate separately. Deductible applies to the annual Out-of-Pocket Maximum. |
| Coinsurance | 30% | 50% | Coinsurance applies towards the Annual Out-of-Pocket Maximum |
| Annual Coinsurance Maximum | N/A | N/A | |
| Annual Out-of-Pocket Maximum | \$8,700 Individual; \$17,400 Family | \$20,000 Individual; \$40,000 Family | These values do not accumulate: premiums, balance-billed charges, and health care this plan doesn't cover. All other cost sharing accumulates unless otherwise specified. In and Out-of-Network Out-of-Pocket Maximums accumulate separately. |
| Preventive Services | | | |
| Office Visit / Physical Exam / Well Baby Exam | Covered - Deductible does not apply | Not Covered | |
| Related Laboratory and Radiology Services | Covered - Deductible does not apply | Not Covered | |
| Pap Smear, Mammogram, Tubal Ligation | Covered - Deductible does not apply | Not Covered | |
| Immunizations | Covered - Deductible does not apply | Not Covered | |
| Outpatient & Physician Services | | | |
| Primary Care Office Visit | \$50 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Telehealth Visit | Covered - Deductible does not apply | Not Covered | Through our contracted telehealth services provider. |
| Specialist Office Visit | \$70 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Routine Audiology Exam | Covered - Deductible does not apply | Not Covered | One exam per Benefit Period. For non-routine visits see Specialist Office Visit. |
| Routine Eye Exam | Covered - Deductible does not apply | Not Covered | One exam per Benefit Period. For non-routine visits see Specialist Office Visit. |
| Chiropractic Services | \$30 Copay - Deductible does not apply | 50% Coinsurance after deductible | Manipulation of spine for subluxation only. Up to 20 visits per benefit period (Combined In and Out-of-Network). |
| Allergy Treatment | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Allergy Injections | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Laboratory & Pathology | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Some services require preauthorization. |
| Imaging MRI, CT & PET Scans | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Services require preauthorization. |
| Radiology (X-ray) | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Radiation Therapy & Chemotherapy | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Dialysis | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Out-of-Network benefits are not covered unless Prior Authorized. |
| Outpatient Medical Drugs | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Outpatient Surgical Services | | | |
| Outpatient Surgery | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Ambulatory Surgical Center | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Professional Surgical and Related Services | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Emergency/Urgent Care | | | |
| Urgent Care | \$65 Copay - Deductible does not apply | | |
| Emergency Room Care | \$300 Copay after In-Network Deductible | | Copay will be waived if admitted |
| Emergency Medical Transportation | \$100 Copay - Deductible does not apply | | Emergency transport only |
| Inpatient Hospital Services | | | |
| Facility Fee | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies | 30% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Bariatric Surgery and Related Services | 30% Coinsurance after deductible | Not Covered | One procedure per lifetime |

| Maternity Services | | | |
|---|--|----------------------------------|---|
| Routine Prenatal Office Visits | Covered - Deductible does not apply | Not Covered | Covered under Preventive Services. For non-routine visits see Specialist Office Visit. |
| Routine Postnatal Office Visits | Covered - Deductible does not apply | Not Covered | Covered under Preventive Services. For non-routine visits see Specialist Office Visit. |
| Labor Delivery and Newborn Care | See Inpatient Hospital Services | See Inpatient Hospital Services | |
| Mental Health & Substance Use Disorder | | | |
| Inpatient Services | See Inpatient Hospital Services | See Inpatient Hospital Services | |
| Outpatient Services | \$50 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Other Services | | | |
| Home Health Care | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Does not include Rehabilitation Services. Unlimited. |
| Hospice Care | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Unlimited. |
| Skilled Nursing Care | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Covered for authorized services. Up to 45 days per benefit period (Combined In and Out-of-Network). |
| Durable Medical Equipment; Prosthetics & Orthotics | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Covered for approved equipment only. |
| Vision Hardware | Covered - Deductible does not apply | Not Covered | Covered once each benefit period through HAP's Contracted Providers for Pediatric Members only. Detailed information regarding coverage of lenses, Collection Frames, and Collection Contacts can be found in your policy or plan documents. |
| Rehabilitation Services: Physical, Occupational, and Speech Therapy | 30% Coinsurance after deductible | 50% Coinsurance after deductible | May be rendered at home. Rehabilitative Physical Therapy and Occupational Therapy up to 30 combined visits per benefit period. Rehabilitative Speech Therapy up to 30 visits per benefit period. (Combined In-Network and Out-of-Network) |
| Habilitation Services: Physical, Occupational, and Speech Therapy | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Physical and Occupational Therapy up to 30 combined visits per benefit period. Speech Therapy up to 30 visits per benefit period. Services may be rendered in the home. (Combined In and Out-of-Network). Limits and OON benefits do not apply for treatment of autism. |
| Applied Behavioral Analysis | \$50 Copay - Deductible does not apply | Not Covered | Limited to services associated with the treatment of Autism Spectrum Disorders. Covered for authorized services only. |
| Voluntary Sterilizations | See Outpatient Surgical Services | See Outpatient Surgical Services | Limited to vasectomy. |
| Infertility Services | 30% Coinsurance after deductible | 50% Coinsurance after deductible | Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only. |
| Temporomandibular Joint Disorder | 30% Coinsurance after deductible | Not Covered | |
| Pharmacy (Affiliated pharmacy providers only) | | | |
| Preferred Generic Drugs | \$8 Copay 30 day supply, \$16 Copay 90 day supply | | A 90-day supply of non-maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply. |
| Non Preferred Generic Drugs | \$30 Copay 30 day supply, \$60 Copay 90 day supply | | |
| Preferred Brand Drugs | \$75 Copay 30 day supply, \$150 Copay 90 day supply | | Certain specialty drugs may be approved for 60 or 90 days. In this case, if a copay or max is shown for specialty drugs, you will pay two times that amount for up to 60 days, three times that amount for up to 90 days. |
| Non Preferred Brand Drugs | \$100 Copay 30 day supply, \$200 Copay 90 day supply | | |
| Preferred Specialty Drugs | 20% Coinsurance (\$200 max) 30 day supply at Specialty pharmacy only | | |
| Non Preferred Specialty Drugs | 50% Coinsurance (\$500 max) 30 day supply at Specialty pharmacy only | | |

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- In case of conflict between this summary and your PPO Group Health Insurance Policy and Riders, the terms and conditions of the PPO Group Health Insurance Policy and Riders will govern. This plan includes a network of health care providers through which services are covered at the In-Network level of benefits. If you receive covered services from a provider that is not part of the plan's network, they will be processed at the lower Out-of-Network benefit level.
- Elective hospital admissions require that Alliance be notified prior to the admission. Alliance must be notified within 48 hours after any emergency hospital admission. Failure to notify Alliance could result in a reduction or denial of benefits.
- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.
- PPO plans are offered through Alliance health and Life Insurance Company, a wholly owned subsidiary of health Alliance Plan.



**Alliance Health and Life Insurance Company (Alliance)
Preferred Provider Organization (PPO)**

**Summary of Benefits
HAP PPO Gold B12**

PPO

PPQ02092 / XRQ03027

| Health Care Services | In-Network | Out-of-Network | Limitations |
|---|---|--------------------------------------|---|
| Plan Attributes | | | |
| Benefit Period | Calendar Year | | |
| Annual Deductible | \$1,200 Individual; \$2,400 Family | \$3,000 Individual; \$6,000 Family | Deductible does not include copays or coinsurance. In and Out-of-Network deductibles accumulate separately. Deductible applies to the annual Out-of-Pocket Maximum. |
| Coinsurance | 0% | 50% | Coinsurance applies towards the Annual Out-of-Pocket Maximum |
| Annual Coinsurance Maximum | N/A | N/A | |
| Annual Out-of-Pocket Maximum | \$7,000 Individual; \$14,000 Family | \$20,000 Individual; \$40,000 Family | These values do not accumulate: premiums, balance-billed charges, and health care this plan doesn't cover. All other cost sharing accumulates unless otherwise specified. In and Out-of-Network Out-of-Pocket Maximums accumulate separately. |
| Preventive Services | | | |
| Office Visit / Physical Exam / Well Baby Exam | Covered - Deductible does not apply | Not Covered | |
| Related Laboratory and Radiology Services | Covered - Deductible does not apply | Not Covered | |
| Pap Smear, Mammogram, Tubal Ligation | Covered - Deductible does not apply | Not Covered | |
| Immunizations | Covered - Deductible does not apply | Not Covered | |
| Outpatient & Physician Services | | | |
| Primary Care Office Visit | \$35 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Telehealth Visit | Covered - Deductible does not apply | Not Covered | Through our contracted telehealth services provider. |
| Specialist Office Visit | \$60 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Routine Audiology Exam | Covered - Deductible does not apply | Not Covered | One exam per Benefit Period. For non-routine visits see Specialist Office Visit. |
| Routine Eye Exam | Covered - Deductible does not apply | Not Covered | One exam per Benefit Period. For non-routine visits see Specialist Office Visit. |
| Chiropractic Services | \$30 Copay - Deductible does not apply | 50% Coinsurance after deductible | Manipulation of spine for subluxation only. Up to 20 visits per benefit period (Combined In and Out-of-Network). |
| Allergy Treatment | Covered after deductible | 50% Coinsurance after deductible | |
| Allergy Injections | Covered after deductible | 50% Coinsurance after deductible | |
| Laboratory & Pathology | \$45 Copay per test - Deductible does not apply | 50% Coinsurance after deductible | Some services require preauthorization. |
| Imaging MRI, CT & PET Scans | Covered after deductible | 50% Coinsurance after deductible | Services require preauthorization. |
| Radiology (X-ray) | \$45 Copay per test - Deductible does not apply | 50% Coinsurance after deductible | |
| Radiation Therapy & Chemotherapy | Covered after deductible | 50% Coinsurance after deductible | |
| Dialysis | Covered after deductible | 50% Coinsurance after deductible | Out-of-Network benefits are not covered unless Prior Authorized. |
| Outpatient Medical Drugs | 20% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Outpatient Surgical Services | | | |
| Outpatient Surgery | Covered after deductible | 50% Coinsurance after deductible | |
| Ambulatory Surgical Center | Covered after deductible | 50% Coinsurance after deductible | |
| Professional Surgical and Related Services | Covered after deductible | 50% Coinsurance after deductible | |
| Emergency/Urgent Care | | | |
| Urgent Care | \$65 Copay - Deductible does not apply | | |
| Emergency Room Care | \$300 Copay - Deductible does not apply | | Copay will be waived if admitted |
| Emergency Medical Transportation | \$100 Copay - Deductible does not apply | | Emergency transport only |
| Inpatient Hospital Services | | | |
| Facility Fee | Covered after deductible | 50% Coinsurance after deductible | |
| Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies | Covered after deductible | 50% Coinsurance after deductible | |
| Bariatric Surgery and Related Services | Covered after deductible | Not Covered | One procedure per lifetime |

| Maternity Services | | | |
|---|--|----------------------------------|---|
| Routine Prenatal Office Visits | Covered - Deductible does not apply | Not Covered | Covered under Preventive Services. For non-routine visits see Specialist Office Visit. |
| Routine Postnatal Office Visits | Covered - Deductible does not apply | Not Covered | Covered under Preventive Services. For non-routine visits see Specialist Office Visit. |
| Labor Delivery and Newborn Care | See Inpatient Hospital Services | See Inpatient Hospital Services | |
| Mental Health & Substance Use Disorder | | | |
| Inpatient Services | See Inpatient Hospital Services | See Inpatient Hospital Services | |
| Outpatient Services | \$35 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Other Services | | | |
| Home Health Care | Covered after deductible | 50% Coinsurance after deductible | Does not include Rehabilitation Services. Unlimited. |
| Hospice Care | Covered after deductible | 50% Coinsurance after deductible | Unlimited. |
| Skilled Nursing Care | Covered after deductible | 50% Coinsurance after deductible | Covered for authorized services. Up to 45 days per benefit period (Combined In and Out-of-Network). |
| Durable Medical Equipment; Prosthetics & Orthotics | Covered after deductible | 50% Coinsurance after deductible | Covered for approved equipment only. |
| Vision Hardware | Covered - Deductible does not apply | Not Covered | Covered once each benefit period through HAP's Contracted Providers for Pediatric Members only. Detailed information regarding coverage of lenses, Collection Frames, and Collection Contacts can be found in your policy or plan documents. |
| Rehabilitation Services: Physical, Occupational, and Speech Therapy | \$45 Copay - Deductible does not apply | 50% Coinsurance after deductible | May be rendered at home. Rehabilitative Physical Therapy and Occupational Therapy up to 30 combined visits per benefit period. Rehabilitative Speech Therapy up to 30 visits per benefit period. (Combined In-Network and Out-of-Network) |
| Habilitation Services: Physical, Occupational, and Speech Therapy | \$45 Copay - Deductible does not apply | 50% Coinsurance after deductible | Physical and Occupational Therapy up to 30 combined visits per benefit period. Speech Therapy up to 30 visits per benefit period. Services may be rendered in the home. (Combined In and Out-of-Network). Limits and OON benefits do not apply for treatment of autism. |
| Applied Behavioral Analysis | \$35 Copay - Deductible does not apply | Not Covered | Limited to services associated with the treatment of Autism Spectrum Disorders. Covered for authorized services only. |
| Voluntary Sterilizations | See Outpatient Surgical Services | See Outpatient Surgical Services | Limited to vasectomy. |
| Infertility Services | Covered after deductible | 50% Coinsurance after deductible | Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only. |
| Temporomandibular Joint Disorder | Covered after deductible | Not Covered | |
| Pharmacy (Affiliated pharmacy providers only) | | | |
| Preferred Generic Drugs | \$5 Copay 30 day supply, \$10 Copay 90 day supply | | A 90-day supply of non-maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply. |
| Non Preferred Generic Drugs | \$30 Copay 30 day supply, \$60 Copay 90 day supply | | |
| Preferred Brand Drugs | \$40 Copay 30 day supply, \$80 Copay 90 day supply | | Certain specialty drugs may be approved for 60 or 90 days. In this case, if a copay or max is shown for specialty drugs, you will pay two times that amount for up to 60 days, three times that amount for up to 90 days. |
| Non Preferred Brand Drugs | \$80 Copay 30 day supply, \$160 Copay 90 day supply | | |
| Preferred Specialty Drugs | 20% Coinsurance (\$200 max) 30 day supply at Specialty pharmacy only | | |
| Non Preferred Specialty Drugs | 50% Coinsurance (\$500 max) 30 day supply at Specialty pharmacy only | | |

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- In case of conflict between this summary and your PPO Group Health Insurance Policy and Riders, the terms and conditions of the PPO Group Health Insurance Policy and Riders will govern. This plan includes a network of health care providers through which services are covered at the In-Network level of benefits. If you receive covered services from a provider that is not part of the plan's network, they will be processed at the lower Out-of-Network benefit level.
- Elective hospital admissions require that Alliance be notified prior to the admission. Alliance must be notified within 48 hours after any emergency hospital admission. Failure to notify Alliance could result in a reduction or denial of benefits.
- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.
- PPO plans are offered through Alliance health and Life Insurance Company, a wholly owned subsidiary of health Alliance Plan.



**Alliance Health and Life Insurance Company (Alliance)
Preferred Provider Organization (PPO)**

Summary of Benefits

HAP PPO Platinum A025

PPO

PPQ02101 / XRQ03036

| Health Care Services | In-Network | Out-of-Network | Limitations |
|---|---|--------------------------------------|---|
| Plan Attributes | | | |
| Benefit Period | Calendar Year | | |
| Annual Deductible | \$250 Individual; \$500 Family | \$3,000 Individual; \$6,000 Family | Deductible does not include copays or coinsurance. In and Out-of-Network deductibles accumulate separately. Deductible applies to the annual Out-of-Pocket Maximum. |
| Coinsurance | 0% | 50% | Coinsurance applies towards the Annual Out-of-Pocket Maximum |
| Annual Coinsurance Maximum | N/A | N/A | |
| Annual Out-of-Pocket Maximum | \$2,000 Individual; \$4,000 Family | \$20,000 Individual; \$40,000 Family | These values do not accumulate: premiums, balance-billed charges, and health care this plan doesn't cover. All other cost sharing accumulates unless otherwise specified. In and Out-of-Network Out-of-Pocket Maximums accumulate separately. |
| Preventive Services | | | |
| Office Visit / Physical Exam / Well Baby Exam | Covered - Deductible does not apply | Not Covered | |
| Related Laboratory and Radiology Services | Covered - Deductible does not apply | Not Covered | |
| Pap Smear, Mammogram, Tubal Ligation | Covered - Deductible does not apply | Not Covered | |
| Immunizations | Covered - Deductible does not apply | Not Covered | |
| Outpatient & Physician Services | | | |
| Primary Care Office Visit | \$20 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Telehealth Visit | Covered - Deductible does not apply | Not Covered | Through our contracted telehealth services provider. |
| Specialist Office Visit | \$40 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Routine Audiology Exam | Covered - Deductible does not apply | Not Covered | One exam per Benefit Period. For non-routine visits see Specialist Office Visit. |
| Routine Eye Exam | Covered - Deductible does not apply | Not Covered | One exam per Benefit Period. For non-routine visits see Specialist Office Visit. |
| Chiropractic Services | \$30 Copay - Deductible does not apply | 50% Coinsurance after deductible | Manipulation of spine for subluxation only. Up to 20 visits per benefit period (Combined In and Out-of-Network). |
| Allergy Treatment | Covered after deductible | 50% Coinsurance after deductible | |
| Allergy Injections | Covered after deductible | 50% Coinsurance after deductible | |
| Laboratory & Pathology | \$30 Copay per test - Deductible does not apply | 50% Coinsurance after deductible | Some services require preauthorization. |
| Imaging MRI, CT & PET Scans | Covered after deductible | 50% Coinsurance after deductible | Services require preauthorization. |
| Radiology (X-ray) | \$30 Copay per test - Deductible does not apply | 50% Coinsurance after deductible | |
| Radiation Therapy & Chemotherapy | Covered after deductible | 50% Coinsurance after deductible | |
| Dialysis | Covered after deductible | 50% Coinsurance after deductible | Out-of-Network benefits are not covered unless Prior Authorized. |
| Outpatient Medical Drugs | 20% Coinsurance after deductible | 50% Coinsurance after deductible | |
| Outpatient Surgical Services | | | |
| Outpatient Surgery | Covered after deductible | 50% Coinsurance after deductible | |
| Ambulatory Surgical Center | Covered after deductible | 50% Coinsurance after deductible | |
| Professional Surgical and Related Services | Covered after deductible | 50% Coinsurance after deductible | |
| Emergency/Urgent Care | | | |
| Urgent Care | \$65 Copay - Deductible does not apply | | |
| Emergency Room Care | \$200 Copay - Deductible does not apply | | Copay will be waived if admitted |
| Emergency Medical Transportation | \$100 Copay - Deductible does not apply | | Emergency transport only |
| Inpatient Hospital Services | | | |
| Facility Fee | Covered after deductible | 50% Coinsurance after deductible | |
| Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services and Supplies | Covered after deductible | 50% Coinsurance after deductible | |
| Bariatric Surgery and Related Services | Covered after deductible | Not Covered | One procedure per lifetime |

| Maternity Services | | | |
|---|--|----------------------------------|---|
| Routine Prenatal Office Visits | Covered - Deductible does not apply | Not Covered | Covered under Preventive Services. For non-routine visits see Specialist Office Visit. |
| Routine Postnatal Office Visits | Covered - Deductible does not apply | Not Covered | Covered under Preventive Services. For non-routine visits see Specialist Office Visit. |
| Labor Delivery and Newborn Care | See Inpatient Hospital Services | See Inpatient Hospital Services | |
| Mental Health & Substance Use Disorder | | | |
| Inpatient Services | See Inpatient Hospital Services | See Inpatient Hospital Services | |
| Outpatient Services | \$20 Copay - Deductible does not apply | 50% Coinsurance after deductible | |
| Other Services | | | |
| Home Health Care | Covered after deductible | 50% Coinsurance after deductible | Does not include Rehabilitation Services. Unlimited. |
| Hospice Care | Covered after deductible | 50% Coinsurance after deductible | Unlimited. |
| Skilled Nursing Care | Covered after deductible | 50% Coinsurance after deductible | Covered for authorized services. Up to 45 days per benefit period (Combined In and Out-of-Network). |
| Durable Medical Equipment; Prosthetics & Orthotics | Covered after deductible | 50% Coinsurance after deductible | Covered for approved equipment only. |
| Vision Hardware | Covered - Deductible does not apply | Not Covered | Covered once each benefit period through HAP's Contracted Providers for Pediatric Members only. Detailed information regarding coverage of lenses, Collection Frames, and Collection Contacts can be found in your policy or plan documents. |
| Rehabilitation Services: Physical, Occupational, and Speech Therapy | \$20 Copay - Deductible does not apply | 50% Coinsurance after deductible | May be rendered at home. Rehabilitative Physical Therapy and Occupational Therapy up to 30 combined visits per benefit period. Rehabilitative Speech Therapy up to 30 visits per benefit period. (Combined In-Network and Out-of-Network) |
| Habilitation Services: Physical, Occupational, and Speech Therapy | \$20 Copay - Deductible does not apply | 50% Coinsurance after deductible | Physical and Occupational Therapy up to 30 combined visits per benefit period. Speech Therapy up to 30 visits per benefit period. Services may be rendered in the home. (Combined In and Out-of-Network). Limits and OON benefits do not apply for treatment of autism. |
| Applied Behavioral Analysis | \$20 Copay - Deductible does not apply | Not Covered | Limited to services associated with the treatment of Autism Spectrum Disorders. Covered for authorized services only. |
| Voluntary Sterilizations | See Outpatient Surgical Services | See Outpatient Surgical Services | Limited to vasectomy. |
| Infertility Services | Covered after deductible | 50% Coinsurance after deductible | Services for diagnosis, counseling, and treatment of bodily disorders causing infertility. Covered for authorized services only. |
| Temporomandibular Joint Disorder | Covered after deductible | Not Covered | |
| Pharmacy (Affiliated pharmacy providers only) | | | |
| Preferred Generic Drugs | \$5 Copay 30 day supply, \$10 Copay 90 day supply | | A 90-day supply of non-maintenance drugs must be filled at our designated mail order pharmacy. Other exclusions & limitations may apply. |
| Non Preferred Generic Drugs | \$15 Copay 30 day supply, \$30 Copay 90 day supply | | |
| Preferred Brand Drugs | \$30 Copay 30 day supply, \$60 Copay 90 day supply | | |
| Non Preferred Brand Drugs | \$60 Copay 30 day supply, \$120 Copay 90 day supply | | Certain specialty drugs may be approved for 60 or 90 days. In this case, if a copay or max is shown for specialty drugs, you will pay two times that amount for up to 60 days, three times that amount for up to 90 days. |
| Preferred Specialty Drugs | 20% Coinsurance (\$200 max) 30 day supply at Specialty pharmacy only | | |
| Non Preferred Specialty Drugs | 50% Coinsurance (\$500 max) 30 day supply at Specialty pharmacy only | | |

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- Elective hospital admissions require that Alliance be notified prior to the admission. Alliance must be notified within 48 hours after any emergency hospital admission. Failure to notify Alliance could result in a reduction or denial of benefits.
- Some services require prior authorization. Failure to obtain prior authorization before services are received could result in a reduction or denial of benefits.
- PPO plans are offered through Alliance health and Life Insurance Company, a wholly owned subsidiary of health Alliance Plan.



Now that you're a member – let's get started on hap.org

Guests are always welcome on our website. But members have access to so much more. Once you register on **hap.org**, you'll have 24/7 access to free, secure, digital self-service tools. It only takes about five minutes to sign up for your HAP account. When you log in at **hap.org**, you'll have access to your unique health plan information.

How to log in: All you need is your HAP ID card and your PC.

- Go to **hap.org** and click "Log in" at the top of the page.
- Select "Member"
 - New members will select "Register"
 - Current members will use their Subscriber ID and password

Member Log in [Need help?](#)

ID Number *
Enter Here

Password *
Enter Here

[Log In](#)

[Forgot Username?](#) [Forgot Password?](#)

[Don't have an account?](#)

[Register](#)

Once you are signed up, here are just a few things you can see and do on the member portal:

On the home page, members can see their deductibles and out-of-pocket status. They can also find the right doctor for their plan, and much more.



My Claims

Members choose a date or range and search for claims that have been received and processed by HAP. Members can view a claim number, Explanation of Benefits (EOB), amount billed, and claim status.

ID Card

- Download a PDF of your card
- Order a new card if yours is lost

My Benefits

Members can select what they would like to view, such as:

- My Coverage – shows who is covered on your plan, copays, and more...
- Prescription coverage – this will take you to HAP's Express Scripts page
- Deductible and out-of-pocket expenses
- Health Care Cost Estimator tool

My Care

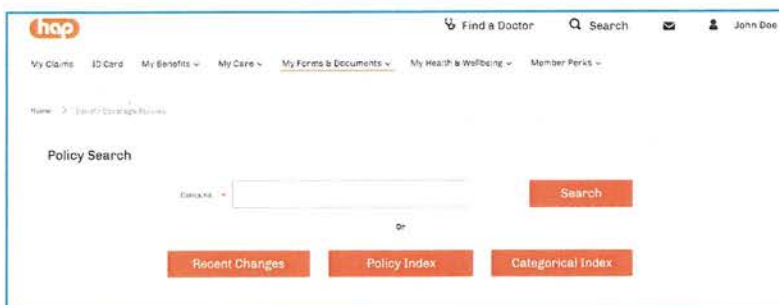
Here, members can search for:

- Referrals and/or authorization status
- Telehealth information
- Covered prescription medication list

My Forms & Documents

Besides documents and forms, members can also use the links below to find other things, such as:

- **My Letters:** Members can access their letters or create PIP letters for their auto insurance carrier.
- **Benefit Coverage Policies:** Members can search for procedures. They can also see what is covered or may need more information from their ordering provider.



My Health & Wellbeing

Members can find a wealth of wellbeing information by clicking our “Reward Your Health” link. There is a link to our Active&Fit page where members can find local fitness centers. These centers offer lower prices as negotiated for HAP members.

Member Perks

This is where our member discounts, events, and other resources are located. These include:

- Assist America
- Identity theft protection
- Weight management programs

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

**HAP
IS HERE**



With a PPO Plan
covering you from
Coast to Coast



Leading doctors and hospitals

Our network has thousands of participating doctors in Michigan and northwest Ohio. Chances are pretty good your doctor is a HAP doctor.

Go with experience

As one of Michigan's largest and most experienced health plans, HAP offers you and your family a large network of doctors and hospitals in Michigan and northwest Ohio. You also don't need referrals.

Out-of-State coverage

Outside of Michigan, you'll find a large network of doctors and hospitals across the country through our partnership with Aetna Signature Administrators® - one of the nation's largest health service networks. HAP has partnered with Aetna Signature Administrators® to offer you the Aetna national PPO network outside of Michigan and Northwest Ohio*.

Aetna's network gives you access to more than 1.4 million providers including over 6,100 hospitals and thousands of MinuteClinic® locations around the country.

HAP's PPO network**



 HAP network
 Aetna national PPO network

* HAP's PPO provider network includes these seven counties of northwest Ohio: Defiance, Fulton, Henry, Lucas, Ottawa, Williams and Wood.

** Does not apply to Medicare.

Finding a doctor is easy

To find doctors who accept your plan in Michigan and northwest Ohio, visit hap.org/ppodoctors.

To find doctors in the Aetna national PPO network, visit hap.org/find-a-doctor and select the "Care Outside of Michigan" button.

For more information about HAP, visit hap.org.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

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See a Doctor Now with HAP Telehealth

Getting health care online has never been easier.

HAP Telehealth, powered by Amwell® provides round-the-clock telehealth services. Doctors are now available 24/7 for live, online visits.

Doctors are always available

Not feeling well? Is your doctor's office closed?
Too sick to leave home?

Now you can see a doctor using your mobile phone, tablet or computer. Here are the benefits of using telehealth services:

- Affordable, easy and convenient
- Doctors are licensed and board certified
- No appointment, short wait
- 24/7 access
- Online visits are secure

Frequently asked questions

What can doctors treat?

You can get treatment for nonemergency illnesses. See doctors for conditions such as:

- Colds
- Flu
- Headache
- Sprains and strains
- Rashes and sinus infections
- Pink eye
- Other minor conditions

Using telehealth services for treatment of non-emergency illnesses can save you money compared to visiting the emergency room or urgent care.

Can medicines be prescribed?

If it's medically necessary, doctors can even prescribe certain medications.¹

What will I pay?

See your benefit summary for cost share information on HAP Telehealth services.

Can I use telehealth services when I'm traveling?

Telehealth services are great when you're on the road for vacation or work. Telehealth services are available in all 50 states. Exclusions include U.S. Territories like Puerto Rico and international locations. For a full list of where you can reach a doctor online, visit haptelehealth.org.

¹Based on current regulations.

Can I use telehealth for behavioral health services?

The HAP Telehealth app, powered by Amwell®, enables you to schedule visits with a vast network of licensed behavioral health providers across all 50 states.

Will information from my telehealth visit be shared with my Primary Care Physician (PCP)?

HAP Telehealth won't send anything to your PCP. However, you'll receive a summary of your visit for your personal records, which can be shared with your PCP.

How do I give my spouse access to telehealth?

Your spouse should create a separate account to enroll.

How do I add a dependent to my account?

Parents and guardians can add children who are under age 18 to their account and have doctor visits on their behalf. Enroll yourself first and then add your child or dependent to your account.

What should I do if I have a child over 18 who is still on my health insurance?

They should enroll as an adult and create their own separate account.

Who should I contact if I need help setting up my account or have any questions?

If you have any other questions, please contact the Amwell support team at **(866) 884-0528** or HAPTelehealth@amwell.com.

How do I sign up?

It's free to enroll. Follow these easy steps:



Desktop users:

1. Visit haptelehealth.org
2. Enter your information and click *Sign Up*.
3. For Service Key, leave blank.



Mobile users:

1. Search Apple's iTunes or Google's Play App Store for **HAP Telehealth** and download the app.
2. Enter your information and click *Sign Up*.
3. For Service Key, leave blank.

You can also access **HAP Telehealth** once you're logged in to your hap.org account.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Health Alliance Plan (HAP) has partnered with Amwell to offer benefits to qualifying members.



**HAP
IS HERE**

Making health care more mobile

Discover the apps worth downloading.



myHAP card digital ID card

With our myHAP card digital ID card, you can view the ID cards of everyone on your plan from the convenience of your smartphone. You can also use it to share your ID card via email or fax.

To gain secure access to the app:

1. Download the app.
2. Enter your HAP ID number.
3. Enter your four-digit year of birth (####).



HAP telehealth: Doctor Visits 24/7 app

With the HAP telehealth app, powered by Amwell, you can talk to licensed, board-certified doctors who are available 24/7 for live, secure online visits.

Download the app, click Sign Up and enter your information. For Service Key, leave blank.



Assist America app

Assist America offers global emergency medical services if you're ill or injured while traveling more than 100 miles from home, or while in a foreign country.

Log in to hap.org. Go to Member Perks and click on Assist America. You'll see the link to log in to get your exclusive HAP access code.



Wellness at Your Side™ app

The Wellness at Your Side app from WebMD gives you a fast, easy way to access your HAP iStrive® for Better Health account.

Once you download the app, you'll connect to HAP's wellness provider by entering "istrive" as the Connection Code. When asked for username and password, click on Sign in using Company's SSO. When it connects to the hap.org login screen, log in with your username and password. Your hap.org username is generally your HAP ID number.



HAP Member Discounts app

With our HAP Member Discounts, you get savings on health and wellness-related activities and services.

You must obtain the access code from your member portal at hap.org, under Member Perks. You then can sign in to the app using your email address, password, and access code.

You can download these apps in Apple's app store or Google's Play app store.

**HAP
IS HERE**

Enhancing your exercise experience

Get an Active&Fit Direct™ fitness membership for \$25/month.

HAP's Active&Fit Direct™ program makes it easy for you to get on the path to a happier, healthier life through regular exercise.

Choose from 11,600+ standard fitness centers and studios. There are 7,600+ digital workout videos with well-known instructors from LES MILLS™, Jillian Michaels, YogaFit, and many more. There's flexibility to change anytime, for just \$25/mo. (plus a \$25 enrollment fee and applicable taxes). No long-term contract!

You can join Active&Fit Direct in four easy steps.

1 ENROLL

1. Log in to hap.org. The only way to register is online
2. Click on **My Health & Wellbeing**, then **Active&Fit**
3. Complete the registration process to create your account

2 FIND

With 11,600+ participating standard fitness centers nationwide (more than 300 in Michigan), you can switch fitness centers anytime to find your perfect fit. Members can search the online directory for some of the nation's finest standard fitness centers in their area.

3 ENROLL

Each participant pays:

- \$25 enrollment fee (with an option to add a spouse in the same household)
- \$25 monthly fee for the current month
- \$25 for the next month
- Applicable taxes

Recurring \$25 monthly payments start the second month. Fees are per participant and paid directly to Active&Fit Direct.

4 ENJOY

Once you register, you can view your fitness card. Print or take a screenshot of the card and take it to the participating standard fitness center to get an access card to that center. If you're already a member of the fitness center, you need to freeze your current contract. You can work out as much or as little as you want. There's no minimum visits.

To learn more how your HAP membership can save you money while keeping you healthy, visit hap.org/member-discounts.

The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated. Active&Fit Direct is a trademark of ASH and used with permission herein.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.





**HAP
IS HERE**

Taking the trouble out of travel



hap

With Assist America, we go where you go.

Travel emergencies can happen any place, anytime. When they do, HAP and Assist America are there to help.

When traveling 100 miles or more away from home or in another country (for no more than 90 days in a row), Assist America will arrange and pay for all services it provides.

You can rest assured, knowing global emergency travel services are easy to access during your vacations and business travel – anywhere in the world.

Medical help

Assist America is staffed 24/7 by employees who speak multiple languages and are trained to handle medical issues. They can make quick recommendations for any crisis.

Foreign hospital admission support

Get help with hospital admissions and coordinating care in other countries.

Emergency medical evacuation

If you become ill or hurt in a place where proper care isn't easy to get, Assist America will arrange to get you to the nearest quality hospital or care center.

Medical repatriation

Once you are stable and safe to travel, Assist America will arrange and pay for your return home or to a rehabilitation facility near your home.

Prescription help

When a prescription is lost or left behind, Assist America will work with your doctor and local pharmacy. If you need a new prescription, they'll arrange for you to see a local doctor if it's medically necessary.

Critical care monitoring

Assist America's team of doctors, nurses and other medically trained staff will stay in touch with the doctor treating you. They also track your care and pass on details to your family (if allowed by law).

Translator and legal help

Assist America can suggest legal counsel or a translator in any country. Help with bail bonds is also available where legal.

Care of minor children

If you become ill or hurt, Assist America can arrange for the care of your children. They can also pay for transit costs. This could involve solutions such as getting the children to a family member or bringing someone to them. Every situation is handled on a case-by-case basis.

Return of remains

In the unfortunate event a member passes away while traveling, Assist America will arrange transport and pay the costs to bring their remains home.

Lost luggage or document help

Assist America works with airlines to find and return lost bags. They can also help with lost passports and other travel documents.

Pre-trip information

When you're planning your trip, check out the Assist America website to review country profiles, visa and immunization rules and safety alerts.

Identity theft protection

Whether you're at home or traveling the world, Assist America gives you identity theft protection. At no cost to you, this service offers tools to protect your name and credit history. These include:

- Credit and debit card internet surveillance when you register your cards on Assist America's secure site
- Credit card and document registration with lost and stolen recovery assistance by phone
- 24/7 identity fraud support services to help with restoring your personal information

Even if you don't register your cards and documents, you have 24/7 fraud support if you think you're a victim of identity theft. One call – day or night – will put the professional fraud support team into action on your behalf.

Help at your fingertips

Assist America's mobile app offers smartphone users a one-touch link to the operations center. Members can place a call by tapping a button on their mobile phone. To download the mobile app, visit the app store on your smartphone and search for Assist America.

For more information about Assist America, please visit assistamerica.com/hap.

**HAP
IS HERE**

Showing you the real cost of health plans



If you're on the path to choosing a health plan, it's important to look beyond the monthly premium to see the real costs of using your plan. Beginning with copays, then moving from deductibles to coinsurance to out-of-pocket limits, you can see how health plans work from the ground up.



COPAY*

A set amount you pay each time you receive certain covered health care services, medications or medical supplies. The copay amount can vary.



DEDUCTIBLE

The amount you owe for certain covered health care services before your health plan begins to pay for them. There are per-person (individual) deductible amounts and family deductible amounts.

\$ HAP pays 0%

\$ You pay 100%



COINSURANCE

The percentage of allowed amounts for certain covered services you pay after your deductible has been met. Coinsurance can vary by plan and some plans don't have it at all.

\$ HAP pays most

\$ You pay some



OUT-OF-POCKET LIMIT**

The most you'll pay for the combined total of all copays, coinsurance and deductibles for covered services in a benefit period (usually a calendar year). Once you meet your out-of-pocket limit, HAP pays all of the allowed amount for covered services.

\$ HAP pays 100%

\$ You pay 0%

* Copays don't count toward your deductible. You'll continue to pay copays after you've met your deductible until you reach your out-of-pocket limit. The out-of-pocket limit may not apply to grandfathered health plans.

**The out-of-pocket limit doesn't include your monthly premium or noncovered services.

HAP and its subsidiaries do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

©2022 HAP – a nonprofit company



Voluntary Dental Insurance

FOR EMPLOYEES OF MOLTUS BUILDING GROUP

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

| | |
|--|--|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Dependent Eligibility Requirement | A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as defined by Policy. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. |
| Premium Payment | The premiums for this insurance are paid in full by you. |

PLAN YEAR DEDUCTIBLES AND MAXIMUMS

| | IN-NETWORK | OUT-NETWORK |
|----------------------------------|--------------------|--------------------|
| Type A | Waived | Waived |
| Type B & C Deductible | | |
| Individual | \$25 | \$25 |
| Family | 3 times Individual | 3 times Individual |
| Annual Maximum | \$1,000 | \$1,000 |

The same expenses may be used to satisfy both the In-Network and Out-Network deductible.

COVERED SERVICES

| | IN-NETWORK | OUT-NETWORK |
|--|------------|-------------|
| Type A Services | 100% | 100% |
| <ul style="list-style-type: none"> • Examinations/Evaluations • Bitewing X-rays • All Other X-Rays • Fluoride Treatments • Cleaning/Prophylaxis • Sealants • Brush Biopsy/Cancer Screening • Harmful Habit Appliances • Full Mouth X-rays, Panoramic Film | | |

| COVERED SERVICES | IN-NETWORK | OUT-NETWORK |
|--|------------|-------------|
| Type B Services <ul style="list-style-type: none"> • Space Maintainers • Palliative Treatment • Periodontal Maintenance • Fillings • Stainless Steel Crowns • Simple Extractions • General Anesthesia or I.V. Sedation • Non-Surgical Periodontics | 80% | 80% |
| Type C Services <ul style="list-style-type: none"> • Oral Surgery • Endodontics • Full or Partial Removable Dentures • Repair of Full or Partial Removable Dentures • Adjustments, Tissue Conditioning, Rebasing or Relining of Full or Partial Removable Dentures • Bridges • Repair/Recementation of Bridges • Cast Crowns, Inlays, Onlays, Labial Veneers • Repair/Recementation of Cast Crowns/Inlays/Onlays/Labial Veneers • Implants • Surgical Extractions • Surgical Periodontics | 50% | 50% |

The plan pays the percentage shown after the deductible is satisfied up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.

The plan provides the same coverage levels for both In-Network and Out-Network services. However, because In-Network providers offer their services at predetermined fees, out-of-pocket expenses may be lower for plan members when receiving covered services from an In-Network provider.

The Maximum Allowance for Out-Network Services is based on the 90th Percentile as determined by Mutual of Omaha. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.

ROLLOVER BENEFIT PROVISION

The Rollover Benefit provision allows you and your dependents to save your dental benefit dollars for when you need them most. With this provision, Mutual of Omaha will “roll over” a percentage of the Policy Year Maximum Benefit for each insured person in a given calendar year, increasing the following Policy Year maximum for that insured person (subject to certain conditions). Rollover calculations are determined based on In-Network provisions.

ANNUAL OPEN ENROLLMENT PERIOD

The plan has an Annual Open Enrollment Period. Any Benefit Waiting Periods or Late Entrant Waiting Periods will be waived during this time period.

LIMITATIONS

Information about the limitations and exclusions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or Benefits Administrator if you have any questions prior to enrolling.

- Exams – 2 services in a 12 month period.
- Bitewing X-rays – 4 films in a 12 month period.
- Full Mouth X-rays or Panoramic Film – 1 in any 36 month period.
- Fluoride – For dependent children up to age 19. 2 services in a 12 month period.
- Harmful Habit Appliance – For dependent children up to age 14.
- Cleaning/Prophylaxis – 2 services in a 12 month period.
- Sealants – For dependent children up to age 14; one per permanent bicuspid or molar tooth in any 36 month period.
- Brush Biopsy/Cancer Screen – 2 services in a 12 month period.
- Space Maintainers – For dependent children up to age 14, includes recementations and removal.
- Fillings – Composite fillings on molars are limited to the amount otherwise payable for an amalgam filling. Replacement once in a 12 month period.
- Stainless Steel Crowns – For dependent children up to age 16; one per tooth per lifetime. Not for temporary restoration.
- Periodontal Maintenance – 2 services in a 12 month period in addition to routine cleaning. Following active periodontal treatment only.
- Cast Crowns, Inlays, Onlays, Labial Veneers – Replacement allowed once in 10 years.
- Bridges – Replacement allowed once in 10 years.
- Dentures – Replacement allowed once in 10 years.
- Implants – 1 per tooth per lifetime.
- Orthodontia – Includes case workup, all appliances and one set of retainers. Braces/Appliances must be placed prior to the dependent child turning age 26 for orthodontic benefits to be payable.

SERVICES

Hearing Discount Program

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

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To enroll for dental coverage:

- 1) Using the table above, first identify the tier of coverage you wish to enroll for. Options are available that provide coverage for you (the employee) only, or for you and your family. The amount listed in the Premium Amount column is the cost per paycheck for each tier of coverage.
- 2) Locate the Voluntary Dental Coverage election section on your enrollment form. Place a \checkmark or an x in the Yes box next to the tier of coverage you wish to enroll for, then insert the Premium Amount for the tier you select into the Premium Amount column (if the premium amount is not already available on the form).
- 3) If you are enrolling for coverage for your dependents, complete the Dependent Information section of the enrollment form.

› Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

When does my coverage begin?

Complete enrollment information must be submitted to us through your Benefits Administrator *prior* to the requested effective date. Enrollment will be accepted within 31 days following the day you become eligible; however your effective date will then be the first of the following month.

When does my coverage begin for my dependents?

A Dependent child is considered eligible for insurance at birth and may be added to your policy at any time up to the child's third birthday. If we do not receive notification of the child's enrollment by age 3, you will be required to wait until the next Subsequent Enrollment Period to enroll the child.

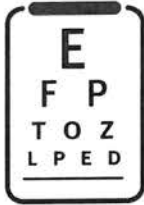
If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12 month Policy Year. During the Policy Year, you may drop coverage, or add or remove dependents, or terminate coverage within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Dental insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Insurance Company is licensed nationwide, except in New York Policy form number: G2018MP or state equivalent (In NC: G2018MP NC).

VOLUNTARY DENTAL INSURANCE





Voluntary Vision Insurance

FOR EMPLOYEES OF MOLTUS BUILDING GROUP

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

| | |
|--|---|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Dependent Eligibility Requirement | To be eligible for coverage, any dependent child(ren) must be under 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. |
| Premium Payment | The premiums for this insurance are paid in full by you. |

| BENEFITS | MEMBER COST IN-NETWORK | OUT-OF-NETWORK REIMBURSEMENT* |
|--|--|---|
| Exam with Dilation as Necessary | \$10 copay | Up to \$37 |
| Exam Options: •Retinal Imaging •Standard Contact Lens Fit & Follow-up •Premium Contact Lens Fit & Follow-up | •Up to \$39 •Up to \$40 •10% off retail price | •Not Applicable |
| Frames •Any available frame at provider location | •\$0 copay, \$130 allowance plus 20% off balance over allowance | •Up to \$58 |
| Standard Plastic Lenses: •Single Vision •Bifocal •Trifocal •Lenticular •Standard Progressive Lenses (add on to bifocal copay) •Premium Progressive Lenses (add on to bifocal copay) •Tier 1 •Tier 2 •Tier 3 •Tier 4 | •\$10 copay •\$10 copay •\$10 copay •\$10 copay •\$65 copay •\$85 copay •\$95 copay •\$110 copay •\$65 copay plus 80% of charge less \$120 allowance | •Up to \$32 •Up to \$48 •Up to \$76 •Up to \$76 •Up to \$48 •Up to \$48 •Up to \$48 •Up to \$48 •Up to \$48 |
| Lens Options: •UV Coating •Tint (Solid and Gradient) •Standard Scratch Coating •Standard Polycarbonate (Adults) •Standard Polycarbonate (Children under 19) | •\$0 copay •\$0 copay •\$0 copay •\$40 •\$0 copay | •Up to \$12 •Up to \$12 •Up to \$12 •Not Applicable •Up to \$32 |

| | | |
|---|--|---|
| <ul style="list-style-type: none"> •Standard Anti-Reflective •Photochromic – Transitions •Other Add-ons | <ul style="list-style-type: none"> •\$45 •\$75 •20% off retail price | <ul style="list-style-type: none"> •Not Applicable •Not Applicable •Not Applicable |
| Contact Lenses: (Contact lens allowance includes materials only) <ul style="list-style-type: none"> •Conventional •Disposable •Medically Necessary | <ul style="list-style-type: none"> •\$0 copay, \$130 allowance plus 15% off balance over allowance •\$0 copay, \$130 allowance •\$0 copay, paid in full | <ul style="list-style-type: none"> •Up to \$89 •Up to \$104 •Up to \$210 |
| Laser Vision Correction: <ul style="list-style-type: none"> •LASIK or PRK from U.S. Laser Network | <ul style="list-style-type: none"> •15% off retail price or 5% off promotional price | |
| Additional Pair of Glasses or Contacts | 40% discount off of complete pair of eyeglasses and 15% off conventional contact lenses once the funded benefit has been used | |

FREQUENCY

| | |
|---------------------------------|----------------------|
| Exams | Once every 12 months |
| Lenses or Contact Lenses | Once every 12 months |
| Frames | Once every 24 months |

*Out-of-Network Reimbursement will be the lesser of the listed amount of the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate.

EXCLUSIONS

We will not pay benefits for any services or materials connected with or changes arising from:

- orthoptic or vision training, subnormal vision aides and any associated supplemental testing;
- Aniseikonic lenses;
- medical or surgical treatment of the eye, eyes or supporting structures;
- any eye or vision examination, or any corrective eyewear required by the policyholder as a condition of employment;
- safety eyewear;
- services or materials provided or paid for in whole or in part by a state or federal government or its agencies;
- services or materials provided or paid for in whole or in part as a result of any workers' compensation or occupational disease law or as required by any federal or state governmental agency or program;
- Plano (non-prescription) lenses or contract lenses;
- non-prescription sunglasses;
- two pair of glasses in lieu of bifocals;
- services or materials provided or paid for in whole or in part by any other group benefit plan providing vision benefits;
- certain name brand vision materials for which the manufacturer maintains a no-discount practice;
- services rendered after the date an insured person ceases to be covered under the policy; or
- lost, stolen, or broken lenses, frames, glasses, or contact lenses until the next benefit frequency when vision materials would next become available.

SERVICES

| | |
|---------------------------------|---|
| Hearing Discount Program | The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more. |
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› Frequently Asked Questions

If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12-month Policy Year. During this Policy Year, you may add or remove dependents within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

How do I use my vision benefit?

Mutual of Omaha's affiliation with EyeMed's Insight Network offers access to over 91,000 providers. To access your vision benefit:

1. Locate an in-network provider of your choice by calling the Customer Care Center at **1-833-279-4358** or visiting **www.mutualofomaha.com/vision** and choosing a provider on the provider locator. Or download the EyeMed Members App on your iPhone, iPad or Android to view your benefit details and ID card right when you need it.
2. Schedule an appointment. Many of our providers also offer walk-in appointments, in which case, an appointment is not necessary.
3. When you arrive, identify yourself as an EyeMed member or present your ID card to receive services. (Vision ID Card is not required to receive services)
4. Your in-network provider will file claims on your behalf, so you don't have to worry about anything!

How can I view my Explanation of Benefits online?

Click on "View Your Benefits" and select "Claim Status". If an Explanation of Benefits is available for a claim, an EOB column will appear next to the claim. Click the "View" button to view the document. Note: If the EOB column does not appear, EOBs are not applicable to your plan.

Will I be able to choose any eyewear product available at an in-network provider location?

Yes! With your Mutual of Omaha vision benefits, powered by EyeMed, you can apply your benefit toward any available frame or brand of contact lenses that fit your vision needs and lifestyle.

Can I purchase two pair of eyeglasses and/or eyeglasses and contact lenses in the same benefit period?

Yes! You are eligible for additional discounts, once the covered benefit has been used. We offer the largest additional pair discount in the industry – 40 percent off eyeglasses and 15 percent off conventional contact lenses – which can be used at any in-network location at any time while you are covered under the plan.

Are there any additional discounts beyond what is covered by the plan?

Yes! You will receive the following additional savings:

- 40 percent off additional complete pairs of glasses
- 20 percent off any remaining frame balance
- 15 percent off any remaining conventional contact lens balance
- 20 percent off non-covered items, including non-prescription sunglasses, accessories and lens cleaner
- 15 percent off the standard price or 5 percent off any promotional price of LASIK or PRK services

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions and limitations. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Vision insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. Policy form number: G2018MP or state equivalent (In NC: G2018MP NC). United of Omaha Life Insurance Company is licensed nationwide, except in New York.





Voluntary Short-Term Disability Insurance

FOR EMPLOYEES OF MOLTUS BUILDING GROUP

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

| | |
|--------------------------------|--|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Premium Payment | The premiums for this insurance are paid in full by you. |

BENEFITS

| | |
|------------------------------------|--|
| Elimination Period | If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> • On the 15th day of your disabling injury. • On the 15th day of your disabling illness. |
| Weekly Benefit | Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits. |
| Maximum Benefit Period | Up to 11 weeks |
| Maximum Weekly Benefit | \$1,250 |
| Minimum Weekly Benefit | \$25 |
| Partial Disability Benefits | If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time. |

DEFINITIONS

| | |
|--------------------------------------|---|
| Definition of Disability | Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period. |
| Definition of Weekly Earnings | Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked. |

FEATURES

| | |
|--|---|
| Vocational Rehabilitation Benefit | If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%. |
|--|---|

| | |
|---------------------------------|---|
| Portability | The portability feature allows you to apply for disability insurance through a trust policy should your employment end, without having to provide evidence of insurability. You will be responsible for paying the premium for coverage. |
| Reasonable Accommodation | Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work. |
| SERVICES | |
| Hearing Discount Program | The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more. |

VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

| WEEKLY PREMIUM CALCULATION | | EXAMPLE <i>(42-year-old employee earning \$40,000 a year)</i> |
|--|----------|--|
| List your weekly earnings (Maximum is \$2,083.33) | \$ _____ | \$ <u>769.23</u> |
| Multiply by the premium factor | _____ | <u>0.0060923</u> |
| Your Estimated Weekly Premium** | \$ _____ | \$ <u>4.69</u> |

| AGE | PREMIUM FACTOR |
|---------|----------------|
| < 30 | 0.0107446 |
| 30 - 34 | 0.0077538 |
| 35 - 39 | 0.0083077 |
| 40 - 44 | 0.0060923 |
| 45 - 49 | 0.0077538 |
| 50 - 54 | 0.0086400 |
| 55 - 59 | 0.0098585 |
| 60+ | 0.0039877 |

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

› Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
 - Results from an act of declared or undeclared war or armed aggression
 - Results from participation in a riot or commission of or attempt to commit a felony
 - Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
 - Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a failed drug test
 - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you have the right to port your coverage to a group trust plan, subject to certain conditions.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP.





Voluntary Long-Term Disability Insurance

FOR EMPLOYEES OF MOLTUS BUILDING GROUP

| ELIGIBILITY - ALL ELIGIBLE EMPLOYEES | |
|---|---|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Premium Payment | The premiums for this insurance are paid in full by you. |
| BENEFITS | |
| Elimination Period | Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends. |
| Monthly Benefit | Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources. The premium for your long-term disability coverage is waived while you are receiving benefits. |
| Maximum Monthly Benefit | \$10,000 |
| Minimum Monthly Benefit | \$100 |
| Maximum Benefit Period | If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule. |
| Partial Disability Benefits | If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. |
| DEFINITIONS | |
| Own Occupation | 2 Years |
| Own Occupation Earnings Test | 99% |
| Definition of Monthly Earnings | Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per month during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked. |
| FEATURES | |
| Vocational Rehabilitation Benefit | If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%. |
| Survivor Benefit | If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor. |
| Reasonable Accommodation | Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work. |
| SERVICES | |

Hearing Discount Program

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

VOLUNTARY LONG-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary long-term disability coverage in the worksheet below, using the example as a guide.

| WEEKLY PREMIUM CALCULATION | | EXAMPLE <i>(42-year-old employee earning \$40,000 a year)</i> |
|--|----------|--|
| List your monthly earnings (Maximum is \$16,666.67) | \$ _____ | \$ <u>3,333.33</u> |
| Multiply by the premium factor | _____ | <u>0.0017945</u> |
| Your Estimated Weekly Premium** | \$ _____ | \$ <u>5.98</u> |

| AGE | PREMIUM FACTOR |
|---------|----------------|
| < 30 | 0.0005538 |
| 30 - 34 | 0.0008418 |
| 35 - 39 | 0.0013182 |
| 40 - 44 | 0.0017945 |
| 45 - 49 | 0.0023151 |
| 50 - 54 | 0.0030088 |
| 55 - 59 | 0.0035446 |
| 60+ | 0.0029908 |

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

› Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

Yes, your LTD insurance provides benefits for both on-the-job and off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Disabilities related to alcohol and drug abuse are only payable for up to 24 months while insured under the policy.
- Disabilities related to mental disorders are only payable for up to 24 months while insured under the policy.
- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
 - Results from an act of declared or undeclared war or armed aggression
 - Results from participation in a riot or commission of or attempt to commit a felony
 - Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Results from alcohol and drug abuse and/or substance abuse, except as noted above
 - Results from a mental disorder, except as noted above
 - Is caused by alcohol and drug abuse and/or substance abuse, while not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction
 - Occurs while incarcerated or imprisoned for any period exceeding 31 days
 - Is solely a result of a failed drug test
 - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP.





Voluntary Term Life Insurance

FOR EMPLOYEES OF MOLTUS BUILDING GROUP

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

| | |
|--|---|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Dependent Eligibility Requirement | To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. |
| Premium Payment | The premiums for this insurance are paid in full by you. |

COVERAGE GUIDELINES

| | Minimum | Guarantee Issue | Maximum |
|-----------------|----------|--|--|
| For You | \$10,000 | 5 times annual salary, up to \$100,000 | \$300,000, in increments of \$10,000, but no more than 5 times annual salary |
| Spouse | \$5,000 | 100% of employee's benefit, up to \$25,000 | 100% of employee's benefit, up to \$50,000 |
| Children | \$2,000 | 100% of employee's benefit | 100% of employee's benefit, up to \$10,000 |

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

BENEFITS

| | |
|---|--|
| Life Insurance Benefit Amount | <p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p> |
| Accidental Death & Dismemberment (AD&D) Benefit Amount | <p>For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit.</p> <p>AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p> |

FEATURES

| | |
|---|---|
| Living Care/ Accelerated Death Benefit | 50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$100,000. |
| Waiver of Premium | If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions. |

| | |
|---------------------------------------|---|
| Annual Benefit Amount Increase | If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to \$10,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health). |
| Portability | Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage. |
| Conversion | If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage. |

SERVICES

| | |
|---------------------------------|---|
| Hearing Discount Program | The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more. |
| Will Prep Services | We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com . |

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 65, amounts reduce to 65%
- At age 70, amounts reduce to 40%
- At age 75, amounts reduce to 25%
- At age 80, amounts reduce to 15%

Spouse coverage terminates when you reach age 70.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week.
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
 - At age 65, amounts reduce to 65%
 - At age 70, amounts reduce to 40%
 - At age 75, amounts reduce to 25%
 - At age 80, amounts reduce to 15%
- Spouse coverage terminates when you reach age 70.
- Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.





Voluntary Critical Illness Insurance

FOR EMPLOYEES OF MOLTUS BUILDING GROUP

| ELIGIBILITY - ALL ELIGIBLE EMPLOYEES | | | |
|---|---|---|------------------------------|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. | | |
| Dependent Eligibility Requirement | To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. | | |
| Premium Payment | The premiums for this insurance are paid in full by you. Child insurance is automatic. A separate premium is not required. | | |
| BENEFIT CATEGORY ¹ | CONDITION | % OF CI PRINCIPAL SUM | |
| Heart/Circulatory/Motor Function | Heart Attack, Heart Transplant, Stroke, ALS (Lou Gehrig's), Advanced Alzheimer's, Advanced Parkinson's | 100% | |
| | Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery | 25% | |
| Organ | Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure | 100% | |
| | Acute Respiratory Distress Syndrome (ARDS) | 25% | |
| Childhood/Developmental <small>*benefits only available to children</small> | Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes | 100% | |
| Cancer | Cancer (Invasive) | 100% | |
| | Bone Marrow Transplant | 50% | |
| | Carcinoma in Situ, Benign Brain Tumor | 25% | |
| COVERAGE GUIDELINES ² | | | |
| | MINIMUM | MAXIMUM | GUARANTEE ISSUE ³ |
| For You Elect in \$5,000 increments | \$5,000 | \$10,000 | \$10,000 |
| Spouse Elect in \$5,000 increments | \$5,000 | 100% of employee's CI Principal Sum, up to \$10,000 | \$5,000 |
| Child(ren) <small>*benefit for each child</small> | 25% of employee's CI Principal Sum, up to \$3,000 | | \$3,000 |
| ADDITIONAL BENEFITS | | | |
| Policy Benefit Maximum | The maximum payout amount is 400% of the CI Principal Sum amount for each insured person. If the policy benefit maximum is reached for an insured person, the coverage will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy. | | |
| Additional Occurrence Benefit | Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person. Benefits are still payable for any other Critical Illness in the same benefit category, for each insured person. | | |

| | |
|-------------------------------------|---|
| Reoccurrence Benefit | The reoccurrence benefit is equal to 50% of the Critical Illness principal sum. |
| Portability | When insurance ends, you have the right to continue group Critical Illness insurance for yourself and your dependents. |
| CONDITIONS & LIMITATIONS | |
| Age Reductions | When you turn age 70, the original amount of insurance will reduce to 50% for both you and your spouse. |
| Benefit Waiting Period | There is no benefit waiting period. |
| SERVICES | |
| Hearing Discount Program | The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more. |
| Advocacy | Advocacy services give an employee who has been diagnosed with a medical condition access to skilled clinicians and nurses for personalized, problem-solving assistance in a one-on-one setting. Call 1-866-372-5577 Monday – Friday 7 A.M. to 7 P.M. CST or email careadvocates@gilsbar.com for assistance. |

¹Payment of a partial benefit reduces the remaining amount payable in a category.

²The amount of insurance for your spouse and child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

³Subject to any reductions, Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability. Amounts over the Guarantee Issue and/or not meeting minimum participation levels will require a health application/evidence of insurability.

Voluntary Critical Illness Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Critical Illness section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$20,000 in coverage, you obtain your premium amount by multiplying the rate for \$10,000 times 2.

| VOLUNTARY CRITICAL ILLNESS EMPLOYEE OR SPOUSE PREMIUM RATES (52 PAYROLL DEDUCTIONS PER YEAR) | | |
|---|---------|----------|
| Age | \$5,000 | \$10,000 |
| 0 - 29 | \$0.36 | \$0.72 |
| 30 - 39 | \$0.54 | \$1.09 |
| 40 - 49 | \$1.14 | \$2.29 |
| 50 - 59 | \$2.25 | \$4.50 |
| 60 - 69 | \$3.78 | \$7.55 |
| 70+ | \$7.21 | \$14.42 |

Child dependent coverage is offered at no additional cost.

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital / care facility) and any child(ren) must be under age 26

What is the additional occurrence benefit?

Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person. Benefits are still payable for any other Critical Illness in the same benefit category, for each insured person.

What is the reoccurrence benefit?

Once benefits have been paid for a Critical Illness, a reoccurrence benefit is payable one time for a subsequent diagnosis of the same Critical Illness, subject to certain conditions. The reoccurrence benefit is equal to 50% of the Critical Illness principal sum.

Can I take this insurance with me if I change jobs / am no longer a member of this group?

In the event this insurance ends due to a change in your employment / membership status with the group, or for certain other reasons, you or your insured spouse have the right to continue this insurance under the Portability provision, subject to certain conditions.

Are there any limitations or exclusions?

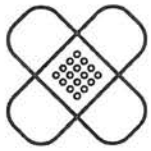
The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any Critical Illness that:
 - Is diagnosed prior to the effective date of insurance under the Policy for the Insured Person
 - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
 - Results from an act of declared or undeclared war or armed aggression
 - Is incurred while the insured person is on active duty or training in the Armed Forces, National Guard or Reserves of any state or country and for which any governmental body or its agencies are liable
 - Results from illegal activities, including participation in an illegal occupation
 - Is the result of the voluntary use of illegal drugs by an insured person; the intentional misuse of over the counter medication or prescription drugs by an insured person that is not in accordance with recommended dosage and/or warning instruction(s); or the excessive or harmful use of alcohol and/or alcoholic drinks by an insured person
 - Is diagnosed outside of the United States

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Critical Illness insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ 2010.





Voluntary Accident Insurance

FOR EMPLOYEES OF MOLTUS BUILDING GROUP

This insurance offers financial protection by paying a cash benefit if you or an insured dependent are injured as a result of a covered accident. Unless otherwise stated, the benefit amount payable is the same for you and your insured dependent(s).

| ELIGIBILITY - ALL ELIGIBLE EMPLOYEES | |
|---|---|
| Eligibility Requirement | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| Dependent Eligibility Requirement | To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. |
| Premium Payment | The premiums for this insurance are paid in full by you. |
| PLAN INFORMATION | |
| INFORMATION / AMOUNT(S) | |
| Coverage Type | 24-hour (On and off-job) |
| Express Benefit | \$75 |
| Annual Benefit Maximum (ABM) | Not Included |
| Portability | Included |
| BENEFITS | |
| AMOUNTS | |
| Initial Care & Emergency¹ – Most treatment / service required within 72 hours of accident; Once per accident per insured person | |
| Emergency Room | \$150 |
| Urgent Care Center | \$100 |
| Initial Physician Office Visit | \$75 |
| Ambulance | Up to \$1,000 |
| Specified Injuries^{1,2} | |
| Fractures (Surgical / Non-surgical) | Up to \$6,000/Up to \$3,000 |
| Dislocations (Surgical / Non-surgical) | Up to \$9,000/Up to \$4,500 |
| Lacerations | Up to \$800 |
| Burns | Up to \$15,000 |
| Dental | Up to \$300 |
| Hospital, Surgical & Diagnostic^{1,3} | |
| Admission | \$1,000 |
| Daily Confinement (Up to 365 days per accident) | \$200 per day |
| ICU Confinement (Up to 15 days per accident) | \$400 per day |
| Rehab. Facility Confinement (Up to 30 days per accident) | \$100 per day |
| Surgical | Up to \$1,500 |
| Diagnostic | Up to \$200 |
| Follow-Up Care¹ – Treatment / service required within 365 days of accident; Medical device is once per accident per insured person | |
| Physician Follow-Up Office Visit | \$50; Up to 6 per accident |
| Therapy Services | \$25; Up to 6 per accident |
| Medical Device | \$50 |
| Prosthetic Device(s) | \$500; Up to 2 per accident |

| | |
|---|---|
| Additional Benefits¹ – Benefits are payable within 365 days of accident; Health screening benefit is payable once per calendar year | |
| Transportation (Up to 3 trips per accident) | \$300 per trip |
| Lodging (Up to 30 nights per accident) | \$125 per night |
| Childcare (Up to 30 days per accident) | \$20 per day |
| Health Screening | \$50 |
| Catastrophic Benefits^{1,4} – Benefits are payable within 365 days of accident; Once per accident per insured person | |
| Principal Sum (PS) | You: \$25,000 Spouse: \$13,000 Child(ren): \$5,000 |
| Common Carrier Accidental Death | 200% of PS |
| Transportation of Remains | Up to \$5,000 |
| Dismemberment & Paralysis | Up to 100% of PS |
| Reasonable Modifications | Up to 10% of PS |
| Coma | 50% of PS |
| SERVICES | |
| Hearing Discount Program | The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more. |

¹Additional limitations apply as described in the certificate.

²Fractures and dislocations require treatment within 90 days of accident, burns and lacerations within 72 hours of an accident, and dental care within 30 days. If an insured person sustains both a fracture and dislocation as the result of the same accident, the maximum amount payable is up to 200% of the amount payable for the injury with the highest applicable benefit amount.

³Daily confinement must begin within 90 days of accident and ICU confinement within 30 days. Surgical treatment timeframes vary. If applicable, diagnostic services must be received within 90 days of accident. Except for confinement benefits, most benefits are payable once per accident per insured person. If any surgery occurs concurrently with an open reduction for a fracture or dislocation of the same bone or joint as a result of the same accident, only the highest applicable benefit is payable.

⁴The principal sum for you and your spouse reduces by 50% when you reach the age of 70.

› How Accident Insurance Works

(For Illustration Purposes Only)

Accident Coverage

This insurance pays a benefit for each injury, treatment or service included in the policy that occurs as the result of a covered accident.

For example, Jeff's son, Jake, was playing soccer during recess at school. He was tripped and falls hard, injures his shoulder, and is transported by ambulance to the ER due to concerns of head trauma. The ER doctor orders a CT scan to check for any facial or head injuries and a shoulder X-ray.

Jake was diagnosed with a concussion and a broken collarbone. His arm was set in a sling, and he was released to his pediatrician for follow-up care. Jake visits his pediatrician at two weeks and one month after the accident to make sure he's healing well.

In the meantime, Jeff starts receiving bills for the care Jake received. The ambulance bill alone was \$556. He's a pretty healthy kid, so a health insurance deductible of \$1,500 had to be met before Jeff's health insurance would begin covering Jake's care, and after that, there's a 20% copay.

Accident benefits pay in addition to other insurance, and can be used to help cover gaps in health insurance or other expenses if the unexpected happens.

| BENEFITS | AMOUNT |
|----------------------|----------------|
| Ambulance | \$200 |
| ER Visit | \$150 |
| CT Scan | \$200 |
| X-ray | \$50 |
| Concussion | \$150 |
| Broken Collarbone | \$300 |
| Follow-Up Visit 1 | \$75 |
| Follow-Up Visit 2 | \$75 |
| Total Benefit | \$1,200 |

Note: The benefits shown in this example are for a sample design and may vary from the benefits that are available to you.

> Frequently Asked Questions

Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week and be under age 80
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital / care facility) and any child(ren) must be under age 26

What is the “Express Benefit”?

This benefit is payable upon notification of an accident in which an insured person is injured. It can be paid in a short time frame with minimal information (compared to a typical claim).

Can I take this insurance with me if I change jobs / am no longer a member of this group?

In the event this insurance ends due to a change in your employment / membership status with the group, or for certain other reasons, you or your insured spouse have the right to continue this insurance under the Portability provision, subject to certain conditions.

When does this insurance end?

Insurance will end on the last day of the month in which an insured person no longer satisfies the applicable eligibility conditions, or when you reach the age of 80. Additional circumstances under which insurance will end are described in the certificate.

Are there any exclusions or limitations?

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy. The exclusions and limitations are summarized in the outline of coverage and detailed in the certificate. Please contact your benefits administrator for a copy of the outline of coverage or if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Accident insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ 2010. This policy provides accident insurance only. It does not provide basic hospital, basic medical or major medical insurance. It is not a Medicare supplement policy. The insurance is designed to pay you a fixed dollar amount regardless of the amount any provider charges.





Employee Communication Guide





Now that you offer your employees Norton LifeLock Benefit Solutions, what's next?

We're thrilled you're offering your employees much-needed online protection and peace of mind. This communication guide will walk through how to promote these benefits for your employees in a meaningful way.



Elements of a strong communication plan

The path to success starts with a communication plan that provides your employees the information they need at the time they need it most. Use these tips to create a plan that leaves your employees feeling supported and confident using their Norton LifeLock Benefit Plan:

-  **Clear, concise communication helps simplify a robust benefit**
-  **Opportunities to engage and ask questions allows employees to become more involved with their benefit**
-  **Cobranding and customization associates the relationship with their benefit package**
-  **The more instances employees see Norton LifeLock Benefit Solutions, the more likely they will be to sign up**

[Click the blue links to access info](#)

Communication Journey Guide

Below are the tools, documents, and resources to help communicate with employees at each phase of their benefits journey.

Your digital health matters, too.

Protecting it is easier than you think.



Identity theft protection and more - for the whole family.

You and your family share all kinds of personal, private, and sensitive information online everyday. Your information is valuable to you — and it's also valuable to cybercriminals.

Consider your own digital habits:

- How do you protect personal information on your mobile devices?
- Do you ever connect to public, unsecured Wi-Fi?
- Are you using the same password on multiple accounts?
- How does your family engage online?
- Have you been a victim of identity theft before?
- How do you identify phishing texts or emails, and compromised websites?

Identity theft can happen easily. We make protection easy too.



We believe people have the right to feel safe online.

Millions of people trust us to keep them safe online, and so can you. Norton LifeLock Benefit Plans can help safeguard multiple devices, keep your online activity private, and help protect your identity. It's never been easier.



Protect your digital health and your peace of mind.

While you're relaxing, we are scanning. Norton LifeLock Benefit Plans provide an all-in-one solution to help protect you and your information from falling victim to identity theft. Get alerts to possible identity threats, the ability to proactively lock accounts, and if your identity is stolen, we work to fix it.

Did you know that you can take protective measures to help protect you and your family online? Trust us to help you protect your digital health.

PRICING: Monthly

| | BENEFIT ESSENTIAL | BENEFIT PREMIER |
|--|-------------------|-----------------|
|  Employee Only (18+ Years Old) | \$8.49 | \$25.49 |
|  Employee + Family ^a | \$16.98 | \$50.98 |

ENROLL NOW
Benefit Plans are 60% less than the retail equivalent.

^a The Norton Benefit Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employee's household, or be financially dependent on employee. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

Already a member? Don't forget to cancel your existing membership just prior to your benefit effective date by calling 800-607-9174.

Norton LifeLock Benefit Plans help protect your identity, online privacy and personal devices.

Comprehensive protection features to help you feel safer in your digital life.



Device Security protects your mobile devices, tablets, and computers from hackers, viruses, malware, vulnerable websites, and other online threats.



Identity Alerts with Credit monitoring¹ alerts you if there is fraudulent or suspicious activity surrounding any of your personal information, including new account opening, credit card usage, and data breaches.



Social Media Monitoring* notifies you of any suspicious links, account takeover attempts, or inappropriate content.



Norton™ Secure VPN** Our Virtual Private Network (VPN) helps protect your **Online Privacy** so your sensitive information, browsing history, online activities and webcam are more secure.



Parental Control[∇] makes it easy to monitor your child's online activities and view their search history so they stay safe.



Million Dollar Protection™ Package^{†††} to reimburse stolen funds, personal expenses, and provide coverage for lawyers and experts up to \$1 million each.

Many additional features included!
For more details on the plan offering, visit: www.Norton.com/BenefitPlans.

Easily view your protection from any device.

Our dashboard was designed to give members a simple interface to manage their account and alerts. We also pride ourselves on our easy-to-use app so members can manage alerts and notifications on the go.



4.7 stars

66.3K reviews (iOS)

4.7 stars

1.6M reviews (Android)

As of February 1, 2022

No one can prevent all identity theft or all cybercrime.

† We do not monitor all transactions at all businesses.

* Does not include monitoring of chats or direct messages.

** These features are not enabled upon enrollment. Member must take action to activate this protection.

∇ Norton Family and Norton Parental Control can only be installed and used on a child's Windows PC, iOS and Android devices but not all features are available on all platforms. Parents can monitor and manage their child's activities from any device – Windows PC, Mac, iOS and Android – via our mobile apps, or by signing into their account at my.Norton.com and selecting Parental Control via any browser.

††† If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful plan enrollment.

†††† Reimbursement and Expense Compensation, each with limits of up to \$1 million for LifeLock with Norton Benefit Essential and LifeLock with Norton Benefit Premier. And up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at NortonLifeLock.com/legal.

Mutual Solutions

Worldwide Travel Assistance That Travels With You



Take comfort in knowing that Travel Assistance* travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

Enjoy Your Trip – We'll Be There If You Need Us – 24/7

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

Pre-trip Assistance**

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

*Brought to you by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Services provided by AXA Assistance USA (AXA)

**Available at any time, not subject to 100 mile travel radius
452632

Emergency Travel Support Services

- Telephonic translation and interpreter services – 24/7 access to telephone translation services
- Locating legal services – referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- Baggage – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- Emergency payment and cash – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- Emergency messages – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- Document replacement – coordination of credit card, airline ticket or other documentation replacement
- Vehicle return – if evacuation or repatriation is necessary, return your unattended vehicle to the car rental company



WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the U.S. call toll free: 1-800-856-9947
Outside the U.S. call collect: (312) 935-3658



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Outside the U.S. call collect: (312) 935-3658



Medical Assistance

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

Identity Theft

Your Travel Assistance benefit automatically includes Identity Theft Assistance, coordinated at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity.

Education and Prevention

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft

Recovery Information

- Information regarding the steps to recover from credit card and check fraud

- Guidelines if your Social Security number is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

Assistance

If you need help with an ID theft issue, case managers are available 24 hours a day, seven days a week and can be reached by calling the same toll-free number used to contact AXA: 800-856-9947.

Travel Assistance Plan Limitations

AXA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- A single trip lasts more than 120 days in length
- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy)

There is a maximum benefit amount per person associated with emergency evacuation, medical repatriation and/or return of mortal remains.

All additional costs would be the responsibility of the member. This includes medical costs which are the responsibility of the person receiving medical services. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. No reimbursement claims for out-of-pocket expenses will be accepted.

Travel assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. AXA is not affiliated in any way with Mutual of Omaha companies. Each company is responsible for its own financial and contractual obligations. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will make all reasonable efforts to help you resolve the emergency situation. Both companies are responsible for their own contractual and financial obligations.



Carry this card with you
when you travel

Brought to you by Mutual of Omaha.
Services provided by AXA Assistance USA.



Carry this card with you
when you travel

Brought to you by Mutual of Omaha.
Services provided by AXA Assistance USA.

Legal Notices

Michelle's Law

Michelle's Law allows seriously ill college students, who are covered dependents under health plans, to continue coverage for up to one year while on medically necessary leaves of absence. The leave must be medically necessary as certified by a physician, and the change in enrollment must commence while the dependent is suffering from a serious illness or injury and must cause the dependent to lose student status.

Under the law, a dependent child is entitled to the same level of benefits during a medically necessary leave of absence as the child had before taking the leave. Further, if any changes are made to the health plan during the leave, the child remains eligible for the changed coverage in the same manner as would have applied if the changed coverage had been the previous coverage, so long as the changed coverage remains available to other dependent children under the plan.

Notice of Privacy Practices Available

The U.S. Department of Health and Human Services has issued regulations as part of the Health Insurance Portability and Accountability Act of 1996. These regulations known as the Standards for Privacy of Individually Identifiable Health Information, were effective April 14, 2003 (or April 14, 2004 for small health plans) and control how your medical information may be used and disclosed and how you can access this information. Please be advised that your health benefits plan maintains a current Notice of Privacy Practices to inform you of the policies that it has established to comply with the Standards for Privacy. This Notice describes the responsibilities of the plan and any third party assisting in the administration of claims regarding the use and disclosure of your protected health information, and your rights concerning the same.

This Notice is available to you upon request by contacting your company's Privacy Official or Human Resources Director.

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

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

Our plan complies with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician. Our plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements.

The Newborn Act

Under Federal and state law you have certain rights and protections regarding your Maternity benefits under the Plan. Under federal law known as the "**Newborns' and Mothers' Health Protection Act of 1996**" (**Newborns' Act**) group health plans and health insurance issuers generally may not 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Under Michigan law, if your Plan provides benefits for obstetrical services your benefits will include coverage for postpartum services. Coverage will include benefits for inpatient care and a home visit or visits, which shall be in accordance with the medical criteria, outlined in the most current version of or an official update to the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards for Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and Gynecologists. Coverage for obstetrical services as an inpatient in a general Hospital or obstetrical services by a Physician shall provide such benefits with durational limits, deductibles, coinsurance factors, and Copayments that are no less favorable than for physical illness generally.

Model General Notice Of COBRA Continuation Coverage Rights
(For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

When does cobra apply?

Most private-sector employers that maintain group health plans for their employees must comply with COBRA's continuation coverage requirements. This includes, for example, corporations, partnerships and tax-exempt organizations. However, COBRA does not apply to group health plans maintained by **small employers**. A "small employer" means an employer that had **fewer than 20 employees** on typical business days during the preceding calendar year.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage *must* pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

IF YOUR EMPLOYER OFFERS RETIREE HEALTH COVERAGE:

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer plan, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- If employer provides retiree health coverage: Commencement of a proceeding in bankruptcy with respect to the employer;]; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to the Human Resource Department.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to our company's human resource department. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Health Insurance Portability and Accountability Act

PRIVACY NOTICE

Notice of Health Information Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The **Moltus Building Group** Benefit Plan collects the following types of information in order to provide employee benefits:

- Information that you provide to the plan to enroll in the plan, including personal information such as your address, telephone number, date of birth, and Social Security number.
- Plan contributions and account balance information.
- The fact that you are or have been enrolled in the plan.
- Health-related information received from any of your physicians or other healthcare providers.
- Information regarding your health status, including diagnosis and claims payment information.
- Changes in plan enrollment (e.g., adding or dropping a participant, or adding or dropping a benefit.)
- Payment of plan benefits.
- Claims adjudication.
- Case or medical management.
- Other information about you that is necessary for us to provide you with health benefits.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating health professionals.
- Source of data for medical research.
- Source of information for public health officials charged with improving the health of the nation.
- Source of data for facility planning and marketing.
- Tool with which the plan sponsor can assess and continually work to improve the benefits offered by the group healthcare plan.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the plan, the healthcare practitioner, or the facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on otherwise permitted uses and disclosures of your information for treatment, payment, and healthcare operations purposes and disclosures to family members for care purposes.
- Obtain a paper copy of this notice of information practices upon request, even if you agreed to receive the notice electronically.
- Inspect and obtain a copy of your health records by making a written request to the plan privacy officer.
- Amend your health record by making a written request to the plan privacy officer that includes a reason to support the request.
- Obtain an accounting of disclosures of your health information made during the previous six years by making a written request to the plan privacy officer.
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Group Benefit Plan Responsibilities

The group healthcare plan is required to:

- Maintain the privacy of your health information.

- Provide you with this notice as to the plan's legal duties and privacy practices with respect to information that is collected and maintained about you.
- Abide by the terms of this notice.
- Notify you if the plan is unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

The plan will restrict access to protected information about you only to those individuals who need to know that information to manage the plan and its benefits. The plan will maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information. Under the privacy standards, individuals with access to plan information are required to:

- Safeguard and secure the confidential personal financial information and health information as required by law. The plan will only use or disclose your confidential health information without your authorization for purposes of treatment, payment, or healthcare operations. The plan will only disclose your confidential health information to the plan sponsor for plan administration purposes.
- Limit the collection, disclosure, and use of participant's healthcare information to the minimum necessary to administer the plan.
- Permit only trained, authorized individuals to have access to confidential information.

Individuals who violate this policy will be subject to the company's established disciplinary process.

Communication with family. Under the plan provisions, the company may disclose to an employee's family member, guardian, or any other person you identify, health information relevant to that person's involvement in your obtaining healthcare benefits or payment related to your healthcare benefits.

Notification. The plan may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, general condition, plan benefits, or plan enrollment.

Business Associates. There are some services provided to the plan through business employees. Examples include accountants, attorneys, actuaries, medical consultants, and financial consultants, as well as those who provide managed care, quality assurance, claims processing, claims auditing, claims monitoring, rehabilitation, and copy services. When these services are contracted, it may be necessary to disclose your health information to our business employees in order for them to perform the job we have asked them to do. To protect employees' health information, however, the company will require the business employee to appropriately safeguard this information.

Benefit coordination. The plan may disclose health information to the extent authorized by and to the extent necessary to comply with plan benefit coordination.

Workers' Compensation. The plan may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to Workers' Compensation or other similar programs established by law.

Law enforcement. The plan may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. The plan will not use or disclose employees' health information without their authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions and would like additional information or you believe your privacy rights have been violated, you can contact / file a complaint with:

*Moltus Building Group
204 W Saginaw Sr PO Box 47
Hemlock, MI 48626*

Group Benefit Plan Medical Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

The plan reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that it maintains. Any new notice will be sent to you by first-class mail or electronically if you so agree.

The effective date of this notice is **3/1/2024**

SPECIAL ENROLLMENT NOTICE

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth or Adoption

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

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

| | |
|-------------|----------------------------|
| Name | Kim Bennett |
| Address | 204 W Saginaw St PO Box 47 |
| City, State | Hemlock, MI |
| Telephone | 989-486-9330 |

**Got Questions?
Get answers....as easy as 123!**



Here's what you'll need to gather before you call:

- Your insurance card with your contract number and group number
- Copies of your explanation of benefits (EOB), provider bills/receipts

Your Insurance Carriers

| Coverage | Your Insurance Carrier | Website | Phone Number |
|--|------------------------|--|----------------------------------|
| Medical and Rx | HAP | www.hap.org | 888-999-4347 HAA 866-766-4656 |
| Pediatric only dental | Delta Dental | www.deltadentalmi.com | 800-524-0149 |
| Voluntary Dental Voluntary Vision Voluntary Short-Term Disability Voluntary Long-Term Disability Voluntary Life/AD&D Voluntary Critical Illness Voluntary Accident | Mutual of Omaha | www.mutualofomaha.com | 800-775-6000 |

Claims Assistance and Benefit Questions? Call TBS at 810-239-0200

Total Benefit Systems is the agency that coordinates your company's benefit programs. We assist you and your plan administrator with enrollment assistance and processing.

| TBS Contact | TBS Role | Email | Phone Number |
|----------------|-------------|--|--|
| Wendy Prezzato | Sales Agent | wendy@workplace-strategies.com | 989-642-8157 office 989-274-5929 cell |



www.Total-Benefit-Systems.com

TOTAL BENEFIT SYSTEMS INC

SPECIALIZING IN EMPLOYEE BENEFITS
5151 Gateway Centre, Suite 200
Flint MI 48507
Toll Free: 1-866-GET-TBS1
Phone: 810-239-0200
Fax: 810-239-5318

Notice To All Employees:

Information about Unemployment Benefits

This employer is covered by the

MICHIGAN EMPLOYMENT SECURITY ACT

Unemployment benefits are payable to qualified and eligible workers of this employer through Michigan's Unemployment Insurance Agency.

File an unemployment claim online

If you become unemployed, you can file your new unemployment claim or reopen an established claim online through the Michigan Web Account Manager (MiWAM) at michigan.gov/uia. Click on MiWAM for Workers.

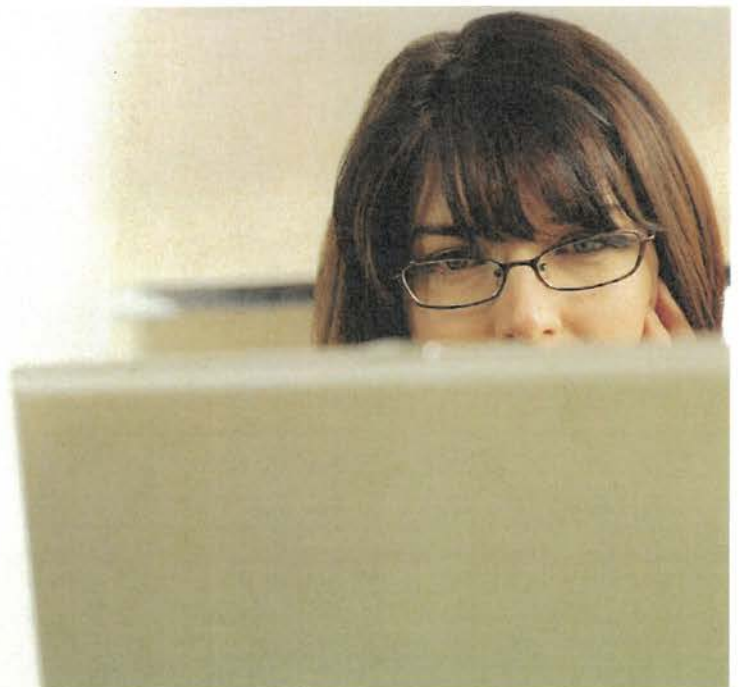
A claim for benefits begins the week it is filed. File your claim the first week you become unemployed.

For complete information about your benefit rights and responsibilities, review the Handbook for Unemployed Workers at michigan.gov/uia.

**STATE OF MICHIGAN
DEPARTMENT OF LABOR AND
ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY**

UIA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Michigan Department of Labor and Economic Opportunity
Unemployment Insurance Agency; Authority: Michigan Administrative Code, Section R 421.105; Paid for with federal funds. | UIA 1710 (Rev. 12-19)





GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY

SUSAN R. CORBIN
DIRECTOR

UNEMPLOYMENT COMPENSATION NOTICE TO EMPLOYEE

THIS FORM IS NOT A WAIVER REQUEST OR APPROVAL OF A WAIVER REQUEST.

Information Needed to File a Claim:

- Your Social Security card.
- Your state issued driver's license or ID card number or your Michigan's Automated Response Voice Interactive Network (MARVIN) PIN (if you have one).
- The names and addresses of employers you have worked for during the past 18 months and your quarterly gross earnings.
- The first and last date of employment with each employer.
- Your most recent employer's Federal Employer ID number (FEIN) and Employer Account Number (EAN). Depending on your situation, knowing the account number may speed up the processing of your claim.
- If you are not a U.S. Citizen or national, you will need your Alien Registration card and the expiration date of your work authorization.

Bi- Weekly Certification:

Unless the requirement has been waived, you must certify your eligibility every two weeks to receive benefits. The preferred method of certifying is online. Phone certification is also available.

- **Online:** Visit www.michigan.gov/uia and sign into MiLogin to access your Michigan Web Account Manager (MiWAM) account. Your online account is accessible seven days a week, 24 hours a day.
- **By Phone:** Call MARVIN at 1-866-638-3993, Monday through Friday, 8:00 a.m. to 4:30 p.m.

Work Search Activities:

You must be able, available, and seeking work to be eligible for benefits. Document and report at least one work search activity during your bi-weekly certification for benefits. The preferred method for reporting work search activities is through MiWAM. You may also report work search activities by phone through MARVIN. UIA will not release benefits until it processes the work search activities that you submit.

If you have questions, visit www.michigan.gov/uia for tools and resources. You can also access your MiWAM account to chat with an agent during regular business hours. Visit our website for hours of operation. TTY service is available at 1-866-366-0004.

To Be Completed by the Employer

Complete the following information in the spaces below. Each employee, when separated from your employment should receive a completed copy of this form or an equivalent written notice. A \$10.00 penalty for non-compliance may be imposed on the employer by UIA.

Your **10-digit** UIA Employer Account Number (EAN): 2006534000

Your **9-digit** Federal Employer Identification Number (FEIN): 461836550

Employer's Name with Doing Business As (DBA) Name and complete mailing address where wage and separation information is available.

Moltus Building Group

Employer's Name

DBA

204 W. Saginaw St, P.O. Box 47

Employer's Address

Hemlock, MI 48626

City, State, Zip Code

AJ Licht/Kim Bennett

Name of Contact Person

(989) 486-9330

Telephone Number

Reason for Separation

Employers, direct any questions to the Office of Employer Ombudsman (OEO) through your MiWAM account at www.michigan.gov/uia or call 1-855-484-2636. TTY service is available at 1-866-366-0004.

UIA is an equal opportunity employer/program.