HAVCO WOOD PRODUCTS

2025 EMPLOYEE BENEFIT GUIDE

JANUARY 1, 2025 - DECEMBER 31, 2025

WELCOME

At Havco Wood Products, we think it is important for your employee benefits to keep up with you, which is why we offer an attractive suite of benefits. We regularly evaluate our benefit offerings and strive to provide you with a comprehensive and cost-effective program which lets you choose the coverage and services you need most.

This 2025 benefits guide provides you with an overview of your Medical, Dental, and Vision benefits as well as summaries of additional benefits available to you.

To prepare for enrollment, please read this guide carefully to get answers to your questions and consider your options. Choose the plans which best fit your needs and make sure to include any family members who will be affected by your elections in the decision-making process.

Our Human Resources team is her to help if you have specific questions or require assistance in the benefits enrollment process.

Havco Wood Products Human Resources

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ABOUT THIS BENEFITS GUIDE

If there is any discrepancy between the description of the programs as contained in these or other materials you receive and the official plan documents, the language of the official plan documents shall prevail as accurate.

Please refer to the plan specific documents published by each of the respective carriers for detailed plan information. You should be aware any of these benefits may be modified in the future to meet legislative requirements or otherwise as decided by Havco Wood Products.

ELIGIBILITY & ENROLLMENT PROCESS

ELIGIBILITY

You may enroll if you are an active full-time employee working a minimum of 30 hours per week.

Eligible dependents include your legal spouse or domestic partner and your children[1] up to age 26. Children will be covered on the Medical plan until the end of the month in which they turn 26.

ENROLLMENT PROCESS

WHEN TO ENROLL

If you are a newly hired full time employee, you are eligible to enroll in most insurance coverage the first of the month following your date of hire.

Unless you experience a qualifying life event, you cannot make changes to your benefits until the next open enrollment period. Please see the *Making Changes* textbox for additional information on qualifying life events.

HOW TO ENROLL

For your benefits enrollment, you can enroll online or over the phone.

Self Enrollment Online

Step 1—Go to https://chubb.benselect.com/havco on your computer or mobile device.

Step 2—Enter your Employee Number (SSN) and your personal identification number (PIN). Your PIN is the last 4 digits of your SSN and the 2-year digit year of your birth. For example, if your SSN is 123-45-4321 and the year you were born is 1968, your PIN would be 432168.

Step 3—Follow the on screen instructions to enroll in or waive benefits.

Step 4—Submit your enrollment form by entering your PIN and clicking sign form. Once you see "CONGRATULATIONS", you have successfully completed the enrollment process.

Telephonic Enrollment

Call BenManage at 314-827-0616 to enroll.

MAKING CHANGES

Internal Revenue Service (IRS) regulations stipulate that eligible employees may only make plan elections once a year. Elections are binding through December 31, 2025.

The following qualifying life events are reasons you may change your benefit election during the plan year provided you inform Human Resources in writing within 30 days of the event date:

- Marriage
- Birth, adoption, or placement of a child for adoption
- Divorce or legal separation
- Termination or commencement of your spouse's coverage in general when coverage is maintained through your spouse's plan.
- Shift from part-time to full-time status (or vice versa) by you or your spouse
- Death of spouse or dependent
- Qualified Medical Support Order
- Change of Residence
- Becoming a U.S. Citizen

Changes requested due to a "change of mind" cannot be allowed until the next open enrollment period.

[1] Children includes natural children, step-children, legally adopted children, or any child for which you have legal custody.

INSURANCE TERMS

DEDUCTIBLE

A deductible is the amount of money you or your dependents must pay toward a covered health claim before Havco's health plan makes any payments for health care services rendered.

For example, a plan participant with a $2,000 deductible would be required to pay the first $2,000, in total, of any claims during a plan year, unless the claim is not subject to the deductible (i.e. preventive care visit).

COPAYMENT (COPAY)

A copay is a fixed dollar amount you may be responsible to pay for certain services.

COINSURANCE

After the deductible has been met, coinsurance shows what percentage of a covered health claim you pay and the percentage the health plan pays.

OUT-OF-POCKET MAXIMUM (OOPM)

The OOPM is the maximum amount that you would have to pay for covered expenses under a plan. The OOPM combines deductible, copays, and coinsurance costs through the year. Once the OOPM is met, the plan will cover eligible expenses at 100% for the remainder of the calendar year.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

An HDHP is a type of insurance plan that offers a low premium offset by a high deductible. Due to the low cost of the plan, the insurer will not cover most medical expenses until the deductible has been met. Note: this does not include preventive care since in-network preventive care services are covered in full.

MEDICAL INSURANCE

CONSOCIATE HEALTH

Medical Insurance can help protect both your physical and financial health. Medical Insurance gives you access to a network of qualified medical professionals who are able to provide comprehensive, continuous, and coordinated heath care services. With regular visits to your doctor, you can detect and manage illnesses more easily. Medical Insurance also makes health care more affordable while protecting you from the financial repercussions of accidents and unexpected illnesses.

Havco Wood Products will partner with Consociate Health and D2E Health plans in 2025 to provide Medical benefits for you and your family

THE IMPORTANCE OF OBTAINING A STRATEGIC CONSULT

Obtaining a Strategic Consult not only assists in proactively identifying and addressing medical issues it will also save you money! Depending on the plan you choose and the coverage tier you select, you could save hundreds of dollars on your annual medical premium.

IMPORTANT CONTACTS FOR YOUR NEW HEALTH PLAN –

CONSOCIATE HEALTH – 800-798-2422
D2E HEALTH PLANS – 573-471-0538

Team members at both Consociate and D2E Health can assist you with finding a premier provider (Tier 1) for your new health plan.

Precedence – Pre-Cert - Care Management – Nurse Advocate Services
800-361-1492

The Precedence team can answer questions about your medical care, medications, diagnosis, surgeries, treatments or test results.
They can refer primary care or specialty providers and provide education on your medical issues

Coming in January 2025 – D2E Health Plans/HAVCO Website

MEDICAL PLAN SUMMARY

PPO

PPO PLAN - 2025	Premier Tier 1 – Direct Contract Provider	Standard Tier 2 – 6 Degrees/RBP
Calendar Year Deductible		
Individual	$1,250	$2,500
Family	$2,500	$5,000
Coinsurance	10% member / 90% plan	30% member / 70% plan
Out-of-Pocket Maximum		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Common Services		
Wellness / Preventive	Covered in full	Covered in full
Primary Care Physician	$10 copay	$30 copay
Specialist Physician	$10 copay	$30 copay
Urgent Care	$75 copay	Deductible then 30%
Emergency Room	$200 copay then 10%	$200 copay then 10%
X-Ray and Lab Services	Copay applies if done during office visit Deductible then 10% - out of office	Copay applies if done during office visit Deductible then 30% - out of office
Hospital Services—Inpatient & Outpatient	Deductible then 10%	Deductible then 30%

IN-NETWORK PRESCRIPTION DRUGS		
	Retail—30-day supply	Mail Order—90-day supply
Tier 1	$8 copay	$16 copay
Tier 2	$25 copay	$50 copay
Tier 3	$45 copay	$90 copay
Specialty	25% up to $200 maximum	25% up to $200 maximum

Percentages listed in the table represent the amount paid by the member.

MEDICAL RATES—WEEKLY (52) DEDUCTIONS		
	Employee Cost <u>with</u> Strategic Consult	Employee Cost <u>without</u> Strategic Consult
Employee Only	$48.47	$62.20
Employee + 1	$97.95	$128.57
Family	$131.31	$165.16

Note: Medical premium payroll deductions are taken on a pre-tax basis.

MEDICAL PLAN SUMMARY

HDHP OPTION 1- NON - EMBEDDED PLAN

HDHP PLAN 1	Premier Tier 1 – Direct Contract Provider	Standard Tier 2 – 6 Degrees/RBP
Calendar Year Deductible		
Individual	$1,650	$2,500
Family	$3,300	$5,000
Coinsurance	0% member / 100% plan	30% member / 70% plan
Out-of-Pocket Maximum		
Individual	$2,400	$4,800
Family	$4,800	$9,600
Common Services		
Wellness / Preventive	Covered in full	Covered in full
Primary Care Physician	Deductible then $10 copay	Deductible then $30 copay
Specialist Physician	Deductible then $10 copay	Deductible then $30 copay
Urgent Care	Deductible then $50 copay	Deductible then 30%
Emergency Room	Deductible then $200 copay	Deductible then $200 copay
X-Ray and Lab Services	Deductible then 0%	Deductible then 30%
Hospital Services—Inpatient & Outpatient	Deductible then 0%	Deductible then 30%

IN-NETWORK PRESCRIPTION DRUGS		
	Retail—30-day supply	Mail Order—90-day supply
Tier 1	Deductible then $10 copay	Deductible then $20 copay
Tier 2	Deductible then $35 copay	Deductible then $70 copay
Tier 3	Deductible then $60 copay	Deductible then $120 copay
Specialty	Deductible then 25% up to $200 maximum	Deductible then 25% up to $200 maximum

Percentages listed in the table represent the amount paid by the member.

MEDICAL RATES—WEEKLY (52) DEDUCTIONS		
	Employee Cost with Strategic Consult	Employee Cost without Strategic Consult
Employee Only	$34.54	$44.83
Employee + 1	$69.74	$89.54
Family	$87.25	$110.91

Note: Medical premium payroll deductions are taken on a pre-tax basis.

MEDICAL PLAN SUMMARY

HDHP OPTION 2 – EMBEDDED PLAN

HDHP – OPTION 2	Premier Tier 1 – Direct Contract Provider	Standard Tier 2 – 6 Degrees/RBP
Calendar Year Deductible		
Individual	$3,300	$6,600
Family	$6,600	$13,200
Coinsurance	0% member / 100% plan	30% member / 70% plan
Out-of-Pocket Maximum		
Individual	$3,750	$7,500
Family	$7,500	$15,000
Common Services		
Wellness / Preventive	Covered in full	Covered in full
Primary Care Physician	Deductible then $10 copay	Deductible then $30 copay
Specialist Physician	Deductible then $10 copay	Deductible then $30 copay
Urgent Care	Deductible then $50 copay	Deductible then 30%
Emergency Room	Deductible then $200 copay	Deductible then $200 copay
X-Ray and Lab Services	Deductible then 0%	Deductible then 30%
Hospital Services	Deductible then 0%	Deductible then 30%

IN-NETWORK PRESCRIPTION DRUGS		
	Retail—30-day supply	Mail Order—90-day supply
Tier 1	Deductible then $10 copay	Deductible then $20 copay
Tier 2	Deductible then $35 copay	Deductible then $70 copay
Tier 3	Deductible then $60 copay	Deductible then $120 copay
Specialty	Deductible then 25% up to $200 maximum	Deductible then 25% up to $200 maximum

Percentages listed in the table represent the amount paid by the member.

MEDICAL RATES—WEEKLY (52) DEDUCTIONS		
	Employee Cost with Strategic Consult	Employee Cost without Strategic Consult
Employee Only	$26.39	$34.23
Employee + 1	$53.28	$68.44
Family	$64.42	$81.85

Note: Medical premium payroll deductions are taken on a pre-tax basis.

MEDICAL PLAN SUMMARY

	PPO PLAN Premier Tier – Tier 1	HDHP OPTION 1 Premier Tier – Tier 1	HDHP OPTION 2 Premier Tier – Tier 1
Individual	$1,250	$1,650	$3,300
Family	$2,500	$3,300	$6,600
Coinsurance	10% member	0% member	0% member
Individual	$2,500	$2,400	$3,750
Family	$5,000	$4,800	$7,500
Wellness / Preventive	Covered in full	Covered in full	Covered in full
Primary Care Physician	$10 copay	Deductible then $10 copay	Deductible then $10 copay
Specialist Physician	$10 copay	Deductible then $10 copay	Deductible then $10 copay
Urgent Care	$75 copay	Deductible then $50 copay	Deductible then $50 copay
Emergency Room	$200 copay then 10%	Deductible then $200 copay	Deductible then $200 copay
X-Ray and Lab Services – In Office	$10 Copay	Deductible then 0%	Deductible then 0%
X-Ray and Lab Services – Out of Office	Deductible then 10%		
Hospital Services— Inpatient & Outpatient	Deductible then 10%	Deductible then 0%	Deductible then 0%
	Retail—30-day supply	Retail—30-day supply	Retail—30-day supply
Tier 1	$8 copay	Deductible then $10 copay	Deductible then $10 copay
Tier 2	$25 copay	Deductible then $35 copay	Deductible then $35 copay
Tier 3	$45 copay	Deductible then $60 copay	Deductible then $60 copay
Specialty	25% up to $200 maximum	Deductible then 25% up to $200 maximum	Deductible then 25% up to $200 maximum

CONSUMER EDUCATION

BENEFITS OF A PRIMARY CARE PHYSICIAN

Coverage, choice, and convenience are factors each of us consider important when selecting a medical plan. Choosing a Medical plan is the first step to being prepared when you need care.

An essential component of good medical care is the relationship you develop with your primary care physician. With a primary care physician, your health history is understood and your provider is better able to gauge changes in your health and detect potential medical concerns, which can lead to a better outcome.

PREVENTIVE CARE

One of the best decisions you can make for your health, and the health of your family, is to make sure to visit your doctor annually for routine physical exams, immunizations, and recommended screenings. Preventive care can help ensure that you and your family stay well and identify potential health issues early. With 100% coverage for in-network well-child, well-woman, and well-man care, Havco Wood Products' Medical plan makes it easy and affordable for you and your family to get the preventive care you need.

REMINDER: You have an opportunity to save hundreds of dollars annually, if you obtain an annual strategic consult for you and your dependents (if applicable), based on the medical plan you choose.

GENERIC DRUG PROGRAMS

Costco Member Prescription Program (CMPP)

Use your Costco Card to save on prescriptions. If you are a Costco member simply show your Costco Card at Costco or network pharmacy for instant savings on prescriptions. Visit **costco.com/cmpp** for more information.

GoodRx.com

Compare prices, print free coupons, and save up to 80% on your prescriptions. For complete details visit **goodrx.com**.

Sam's Club

Join Sam's Club for exclusive access to their prescription savings program. Visit **samsclub.com/pharmacy/rxsavings** for complete details.

SingleCare.com

Find the lowest prices at participating pharmacies nationwide and save up to 80% on your prescriptions. Visit **singlecare.com** for more information.

Walgreens Prescription Savings Club

For complete details visit **walgreens.com** and search Prescription Savings Club. There you will find over 8,000 discounted prescription drugs, medications offered in all drug classes covering most common and chronic health conditions, pet prescriptions, and more. This program includes savings on diabetic supplies and insulin. Annual membership fees apply.

Walmart

Hundreds of generic prescription drugs are available priced at $4.00 for a 30-day supply and $10.00 for a 90-day supply at Walmart and Neighborhood Market Pharmacies nationwide. There are numerous over-the-counter medications included in the $4.00 program. For complete details visit the Pharmacy section at **walmart.com**.

CONSUMER EDUCATION

KNOW WHERE TO GO FOR CARE

When you need care, call your primary care physician first. Your primary care physician has easy access to your records, knows the bigger picture of your health, and may even offer same-day appointments to meet your needs. When seeing your primary care physician is not possible, it is important to know what in-network options are available to you.

EMERGENCY MEANS A SERIOUS MEDICAL CONDITION, WITH ACUTE SYMPTOMS THAT A PRUDENT LAYPERSON WOULD SEEK IMMEDIATE CARE AND TREATMENT IN ORDER TO AVOID JEOPARDY TO THE LIFE AND HEALTH OF A PERSON.

Visit the Emergency Room (ER) only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours and end up with a sizeable bill.

When to utilize the ER:

- Sudden change in vision
- Sudden weakness or trouble talking
- Large, open wounds
- Difficulty breathing
- Severe head injury
- Heavy bleeding
- Spinal injuries
- Chest pain
- Major burns
- Major broken bones

HEALTH SAVINGS ACCOUNT

HSA BANK

YOU MUST BE ENROLLED IN EITHER HDHP OPTION 1 OR HDHP OPTION 2 MEDICAL PLAN IN ORDER TO ESTABLISH AND CONTRIBUTE TO A HEALTH SAVINGS ACCOUNT (HSA).

A Health Savings Account (HSA) is a savings account that allows you to set aside pre-tax payroll deductions to pay for qualified health care expenses. By using the untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and some other expenses, you may be able to lower your overall health care costs.

For 2025, Havco Wood Products will contribute $600 annually for individual coverage and $900 annually for employee + 1 or family coverage to the HSAs of eligible employees who are enrolled in one of our High Deductible Health Plans. It is important to account for the contributions from Havco Wood Products to ensure, between your contributions and Havco Wood Products' contributions, you do not go over the IRS limit.

The 2025 annual contribution limit set by the IRS is $4,300 for individual coverage and $8,550 for family coverage.

COVERAGE TIER	2025 IRS ANNUAL CONTRIBUTION LIMIT	HAVCO WOOD PRODUCTS CONTRIBUTION	MAXIMUM EMPLOYEE CONTRIBUTION
Employee Only	$4,300	$600	$3,700
Family	$8,550	$900	$7,650

Individuals age 55 and older or individuals who reach age 55 by December 31 can make catch-up contributions up to an additional $1,000/year.

MORE ABOUT YOUR HSA

You must be covered under a Qualified High Deductible Health Plan (QHDHP) to establish an HSA.

- There is no "use it or lose it" rule. All unused money will remain in your HSA for future use.
- You can contribute to your HSA on a pre-tax basis through payroll deductions.
- You cannot establish an HSA if...
  - You have a Health Care Flexible Spending Account (FSA)
  - You have insurance coverage under another plan, i.e. your spouse's employer, unless that secondary coverage is also a QHDHP
  - You are enrolled in Medicare or Tricare
  - You are claimed as a dependent under someone else's tax return

For more information regarding approved items and additional details about the HSA, visit the IRS website at **irs.gov**

hsabank

DENTAL INSURANCE

DELTA DENTAL

In addition to protecting your smile, Dental insurance helps pay for dental care and usually includes regular checkups, cleanings and x-rays. Havco Wood Products offers you the option between two Dental plans through Delta Dental that cover:

- Preventive Dental services such as routine exams and cleanings, fluoride treatments, sealant, and x-rays
- Basic services such as simple fillings and extractions, endodontics, oral surgery, and periodontics
- Major services such as bridges, crowns, and dentures (BUY-UP PLAN ONLY)
- Orthodontia coverage available for eligible children under age 19 (BUY-UP PLAN ONLY)

IN-NETWORK DENTISTS CAN SAVE YOU MONEY

When using an in-network dentist, your out-of-pocket costs are lower. This is because the network of dentists has agreed to charge lower fees and your plan's network services cover a large share of the charges.

If you choose to use a dentist who does not participate in the PPO Plus Premier network, your out-of-pocket expenses will be higher and you are subject to any charges above reasonable and customary and you may be balance billed.

Please refer to the summary plan description for detailed information on covered benefits.

DELTA DENTAL PROVIDER SEARCH

Visit **deltadentalmo.com** to search for in-network Dental providers.

DELTA DENTAL®

DENTAL PLAN SUMMARY

	BASE PLAN	BUY-UP PLAN
PPO PLUS PREMIER NETWORK	**IN-NETWORK**	**IN-NETWORK**
Calendar Year Deductible + Maximum		
Employee Only	$50	$50
Employee + Dependent(s)	$150	$150
Maximum	$1,500	$1,500
Dental Benefits		
Preventive Care • Oral Examinations, twice per calendar year • Prophylaxis (cleaning, including periodontal maintenance), twice per calendar year • Bitewing and periapical x-rays, as required • Full mouth x-rays, once in 36 months • Topical fluoride treatments for dependent children under age 19, twice per calendar year • Sealants to age 19, limited to once in 3 years • Space maintainers for prematurely lost teeth of eligible dependent children under 16 • Space maintainers for prematurely lost teeth of eligible dependent children under 16 • Emergency palliative treatment, as required	Covered in full	Covered in full
Basic Care • Restorative services (fillings) • Periodontics—treatment for disease of the gums and bone supporting the teeth • Endodontics—root canal filling and pulpal therapy • Simple and surgical extractions • Oral surgery • General anesthesia in conjunction with covered surgical procedures • Brush biopsy	Deductible then 20%	Deductible then 20%
Major Care • Prosthetics: bridges and dentures; a replacement will be covered only once in 5 years • Crowns, inlays, and onlays, once in 5 years	Not covered	Deductible then 50%
Orthodontia • Applies to dependent children under age 19	Not covered	50% up to $1,500 Lifetime Maximum

Percentages listed in the chart represent the amount paid by the member.

DENTAL RATES—WEEKLY (52) DEDUCTIONS		
	Base Plan Employee Cost	Buy-Up Plan Employee Cost
Employee Only	$1.75	$3.15
Employee + Family	$6.35	$11.00

Note: dental premium payroll deductions are taken on a pre-tax basis.

VISION INSURANCE

UNITEDHEALTHCARE

Having an annual eye exam is one of the best ways to make sure you are keeping your eyes healthy. Eye exams can help prevent and treat easily correctable vision problems which can cause permanent vision impairment. You have the option to enroll in the Vision plan through UnitedHealthcare to save money on eligible vision care expenses, such as eye exam, glasses, and contact lenses.

THE IMPORTANCE OF SEEING IN-NETWORK PROVIDERS

UnitedHealthcare's large Vision plan provider network offers you access to private practice optometrists and ophthalmologists, conveniently located retail chain providers, and discounted laser eye surgery from pre-screened providers. When you visit in-network providers the plan covers your vision care services at higher rates, and participating providers will submit your claim to UnitedHealthcare.

UNITEDHEALTHCARE PROVIDER SEARCH

Visit **myuhcvision.com** to search for in-network optical providers.

PRIVATE PRACTICE PROVIDERS VS. RETAIL PROVIDERS

Did you know your dollar could stretch further when utilizing retail providers instead of private practice providers? Private Practice price points tend to run higher than retail providers such as Warby Parker, Costco, Sam's Club, Walmart, Vision Works, uhcglasses.com, etc.

The median cost for a complete pair of glasses varies widely

LOWER COST → HIGHER COST

<$200	$200-$300	$300-$500	>$500
WARBY PARKER	sam's club	TARGET	PEARLE VISION
COSTCO WHOLESALE	Walmart	EYEGLASS WORLD	LENSCRAFTERS
	Visionworks		Private Practice
	AMERICA'S BEST CONTACTS & EYEGLASSES		

United Healthcare

VISION PLAN SUMMARY

UHC VISION NETWORK		IN-NETWORK	OUT-OF-NETWORK ALLOWANCE
Basic Exam		$10 copay	Up to $40
Frames		$150 allowance; 30% discount applied to amount over allowance	Up to $45
Lenses	Single Vision	$25 copay	Up to $40
	Bifocal	$25 copay	Up to $60
	Trifocal	$25 copay	Up to $80
	Lenticular	$25 copay	Up to $80
	Progressive	$25 copay	Up to $60
Contact Lenses *(in lieu of glasses)*	Copay	$25 copay	N/A
	Fit & Follow-up	$40 allowance	Up to $0
	Elective	$150 allowance	Up to $125
	Medically Necessary	Covered in full after copay	Up to $210
Benefit Frequency			
Exam		12 months	
Frames		12 months	
Lenses		12 months	
Contact Lenses *(in lieu of glasses)*		12 months	

VISION RATES—WEEKLY (52) DEDUCTIONS	
	Employee Cost
Employee Only	$1.44
Employee + Spouse	$2.89
Employee + Child(ren)	$3.07
Family	$4.83

Note: Vision premium payroll deductions are taken on a pre-tax basis.

LIFE INSURANCE

RENAISSANCE BENEFITS

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Havco Wood Products provides eligible full-time employees with Basic Life and AD&D coverage at no cost to you through Renaissance Benefits in the amount of one times your annual salary, rounded to the nearest $1,000. For spouses, the benefit is $5,000 and for dependent children the benefit is $2,500. The accelerated benefit is 80% if terminally ill.

You must name a beneficiary – the person or persons who will receive your life insurance benefit upon your death. The benefit reduces 33% at age 65 and 55% at age 70. AD&D insurance provides specified benefits for a covered accidental bodily injury which directly causes death or dismemberment.

VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

You may purchase additional Life and AD&D insurance through Renaissance Benefits. You are responsible for paying the full cost of this coverage. If you choose to elect Voluntary Life and AD&D coverage for yourself, you may also purchase coverage on your dependents. See the table below for benefit amounts.

VOLUNTARY LIFE AND AD&D			
	Employee	**Spouse** *(Based on employee age)*	**Child(ren)** *15 days—26 years*
Increments	$10,000	$5,000	$10,000
Maximum	5x your annual salary, up to $500,000	50% of employee's benefit, up to $250,000	$10,000
Guarantee Issue	5x your annual salary, up to $200,000	$30,000	$10,000

Evidence of Insurability (EOI) is required under the following circumstances and approval is not guaranteed:

- Late Entrant: you have previously waived the opportunity to elect this coverage when first eligible and are now enrolling for the first time.
- Current Participant: you currently are enrolled in this coverage and are requesting an increase to your current coverage amount.
- New Hire: you are requesting an amount over the Guarantee Issue when first eligible.

Renaissance BENEFITS

DISABILITY INSURANCE

RENAISSANCE BENEFITS

Havco Wood Products offers Short Term Disability coverage to full-time hourly employees as we recognize the financial hardship that lost time from work, due to an injury or illness, can have on you and your family. In the event that you become disabled from a non-work related injury or illness, disability insurance will provide partial replacement of lost income.

SHORT TERM DISABILITY (STD)

SHORT TERM DISABILITY	
Benefit	60% of pre-disability earnings up to $650 per week
Benefits Begin	8th day for both injury or illness
Maximum Benefit Duration	13 weeks or no longer disabled

Renaissance BENEFITS

ENHANCED BENEFITS

CHUBB

All of these Enhanced Benefits are 100% employee paid.

ACCIDENT PROTECTION

Accident protection pays benefits direct to you for covered injuries and follow up treatments.

CRITICAL ILLNESS INSURANCE

Critical illness provides lump sum payments to you at diagnosis of eligible medical events, including cancer diagnoses, as this is no longer offered as a separate plan election.

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity is designed to help you deal with the cost of a hospitalization by providing benefits that can be used to offset out-of-pocket costs associated with hospital admissions and confinement.

LIFETIME BENEFIT WITH LONG TERM CARE BENEFITS

Chubb's LifeTime Benefit Term's innovative design provides lifetime guarantees at a fraction of the cost. And flexibility allows you to customize benefits for Long Term Care and double the benefit amount.

Long Term Care is expensive, and LifeTime Benefit Term can help. It pays death benefits in advance for home health care, assisted living, adult day care and nursing home care.

For additional information regarding the above Enhanced Benefit options, visit the benefits portal at https://chubb.benselect.com/havco and follow the login instructions on page 4 of this guide.

CHUBB®

401(K) MATCH

EMPOWER RETIREMENT

Havco offers a 401(k) Match program though Empower Retirement.

401(K) MATCH	
Contribution Amounts	401(k) provision allowing employees to make elected tax deferred contributions up to 50% of salary amount, limited to $23,000 per year. Individuals age 50 and older may contribute an additional $7,500 per year. (Limits as adjusted by IRS Code)
Company Match	Havco matches employee contributions in accordance with the following schedule: • 100% match up to 3% of employee's salary • 50% match of the next 2% of employee's salary
Company Contribution	Havco may make an annual discretionary contribution based on company profitability

Investments are self-directed. Empower Retirement is our Third Party Administrator. Call **855-756-4738** or visit **empower-retirement.com** for more information.

EMPOWER RETIREMENT™

BENEFITS ON THE GO

24/7 online access to benefits and service. Register today with Consociate Health, Optum Rx, Delta Dental, Chubb, Renaissance Benefits, and Empower Retirement to:

- Review and Print Coverage Levels, Deductibles, Maximums, and Age Limits
- Verify Eligibility
- Order or Print ID cards
- View Explanation of Benefits (EOB)
- Get Answers to Frequently Asked Questions

CONSOCIATE HEALTH

Register for Your Portal Account!

Consociate Health gives you 24/7 access to your benefits from your computer or mobile device. To access your information, follow these steps to register for your online account.

1. Go to https://consociate.veriben.net/. Click "Create a New Account" and select the "Members" option.

Scan here to go to OptumRx.com

Renaissance BENEFITS

Main Website:	Customer Service: 800-894-4532 Life and Disability Claims: 844-368-6485	Customer Service:
www.Renaissancebenefits.com		renadmin@renaissancefamily.com

DELTA DENTAL

Register by visiting **deltadentalmo.com/members/register** or by downloading the mobile app.

CHUBB

Visit **chubb.com** or download the mobile app to register your account. Download the mobile app by texting "CHUBBMOBILE" to 24822 (CHUBB).

EMPOWER RETIREMENT

Visit **participant.empower-retirement.com** or download the Empower Retirement app to register your account.

CONTACT INFORMATION

CARRIER	WEBSITE / EMAIL	PHONE
Medical Consociate Health	https://consociate.veriben.net	800-798-2422
Pharmacy Optum	optumrx.com	800-788-4863
HSA HSA Bank	hsabank.com	800-357-6246
Dental Delta Dental	deltadentalmo.com	Toll-Free: 800-392-1167 Local: 314-656-3000
Vision UnitedHealthcare	myuhcvision.com	800-638-3120
Life and AD&D / Disability Renaissance Benefits	RenaissanceBenefits.com	**Customer Service:** 800-894-4532 **Claims:** 844-368-6485
Enhanced Benefits Chubb	chubb.com	**LifeTime Benefit Term:** 855-241-9891 **Accident, CI, & HI:** 833-542-2013
401(K) Empower Retirement	empower-retirement.com	855-756-4738
Enrollment Specialists BenManage	chubb.benselect.com/havco	314-827-0616
Havco Wood Products Human Resources Heather Minton Quinn Satherlie	hminton@havco.com qsatherlie@havco.com	573-334-6024 Ext550 (MO) 423-884-6641 (TN)

ANNUAL DISCLOSURES

The Employee Retirement Income Security Act (ERISA), Department of Labor (DOL), Department of Health and Human Services (HHS) and Internal Revenue Service (IRS) require plan administrators to provide certain information related to their health and welfare benefit plans to plan participants in writing. To satisfy this requirement, please see the attached consolidated notifications. These notices explain your rights and obligations in relation to the health and welfare plan provided by Havco Wood Products. Please read the attached notices carefully and retain a copy for your records. *Please note this is not a legal document and should not be construed as legal advice.*

If you have any questions regarding any of these notices, please contact:

Kristen Daniel
Havco Wood Products
3422 Oakshire Drive, Scott City, MO 63780
573-332-2522 | kdaniel@havco.com

COBRA CONTINUATION COVERAGE GENERAL NOTICE

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.

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."

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;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).
- Commencement of a proceeding in bankruptcy with respect to the employer, if retiree health coverage is provided.

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 60 days after the qualifying event occurs. **You must provide this notice to Kristen Daniel 573-332-2522.**

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. You must provide this notice to Kristen Daniel at 573-332-2522.

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.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage. If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. 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.

If you have any questions, please contact: Kristen Daniel at 573-332-2522.

PPACA COMPLIANT PLAN NOTICE

When key parts of the health care law took effect in 2014, a new way to buy health insurance was made available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace.

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop-shopping" to find and compare private health insurance options.

If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. This is referred to as a "minimum value" plan standard set by the Affordable Care Act. The health plan offered to you by Havco Wood Products is an ACA-compliant plan (surpassing the "minimum value" standard), thus you would not be eligible for the tax credits offered to those who do not have access to such a plan.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage through your employer, then you may lose the employer contribution to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. For more information about the Marketplace please visit HealthCare.gov.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

Your Rights After a Mastectomy

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the deductible and coinsurance you will be subject depends on which health plan you choose. Call Kristen Daniel at 573-332-2522 for more information.

GENETIC INFORMATION NONDISCRIMINATION ACT

The Genetic Information Nondiscrimination Act (GINA) prohibits health benefit plans from discriminating on the basis of genetic information in regards to eligibility, premiums, and contributions. This generally also means that private employers with more than 15 employees, its health plan, or "business associate" of the employer, cannot collect or use genetic information (including family medical history information). The one exemption would be that a minimum amount of genetic testing results may be used to make a determination regarding a claim.

You should know that GINA is treated as protected health information (PHI) under HIPAA. The plan must provide that an employer cannot request or require that you reveal whether or not you have had genetic testing; nor can your employer require you to participate in a genetic test. An employer cannot use any genetic information to set contribution rates or premiums.

ANNUAL DISCLOSURES

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA) NOTICE

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility—

Alabama—Medicaid; **Alaska**—Medicaid; **Arkansas**—Medicaid; **California**—Medicaid; **Colorado**—Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+); **Florida**—Medicaid; **Georgia**—Medicaid; **Indiana**—Medicaid; **Iowa**—Medicaid and CHIP (Hawki); **Kansas**—Medicaid; **Kentucky**—Medicaid; **Louisiana**—Medicaid; **Maine**—Medicaid; **Massachusetts**—Medicaid and CHIP; **Minnesota**—Medicaid; **Missouri**—Medicaid; **Montana**—Medicaid; **Nebraska**—Medicaid; **Nevada**—Medicaid; **New Hampshire**—Medicaid; **New Jersey**—Medicaid and CHIP; **New York**—Medicaid; **North Carolina**—Medicaid; **North Dakota**—Medicaid; **Oklahoma**—Medicaid and CHIP; **Oregon**—Medicaid; **Pennsylvania**—Medicaid and CHIP; **Rhode Island**—Medicaid and CHIP; **South Carolina**—Medicaid; **South Dakota**—Medicaid; **Texas**—Medicaid; **Utah**—Medicaid and CHIP; **Vermont**—Medicaid; **Virginia**—Medicaid and CHIP; **Washington**—Medicaid; **West Virginia**—Medicaid and CHIP; **Wisconsin**—Medicaid and CHIP; **Wyoming**—Medicaid

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA) NOTICE

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

you ensure that your employer receives advance written or verbal notice of your service;

you have five years or less of cumulative service in the uniformed services while with that particular employer;

you return to work or apply for reemployment in a timely manner after conclusion of service; and

you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job. If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

MICHELLE'S LAW

Michelle's Law was enacted before the ACA required group health plans to provide coverage for dependent children up to age 26, regardless of student status. Now that the ACA's coverage expansion for dependents is effective, Michelle's Law has limited applicability. In general, it will only apply if a plan offers coverage for dependents who are not covered by the ACA mandate (for example, dependents who are older than age 26) and conditions eligibility on student status.

THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA) NOTICE

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

ANNUAL DISCLOSURES

NOTICE OF SPECIAL ENROLLMENT RIGHTS

This notice is being provided so that you understand your right to apply for group health insurance coverage outside of Havco Wood Products' open enrollment period. You should read this notice regardless of whether or not you are currently covered under Havco Wood Products' Group Health Plan. The Health Insurance Portability and Accountability Act (HIPAA) requires that employees be allowed to enroll themselves and/or their dependent(s) in an employer's Group Health Plan under certain circumstances, described below, provided that the employee notified the employer within 30 days of the occurrence of any following events:

- Loss of health coverage under another employer plan (including exhaustion of COBRA coverage);
- Acquiring a spouse through marriage; or
- Acquiring a dependent child through birth, adoption, placement for adoption or foster care placement.
- A special enrollment right also arises for employees and their dependents who lose coverage under a state CHIP or Medicaid program or who are eligible to receive premium assistance under those programs. The employee or dependent must request enrollment within 60 days of the loss of coverage or the determination of eligibility for premium assistance**.**

To request special enrollment or obtain more information, please contact Kristen Daniel at 573-332-2522.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of Havco Wood Products' Group Health Plan (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

(1) your past, present, or future physical or mental health or condition;
(2) the provision of health care to you; or
(3) the past, present, or future payment for the provision of health care to you.

Effective Date

This Notice is effective January 1, 2021.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices.

How We May Use Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another

person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law-enforcement official-

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary (1), for the institution to provide you with health care; (2), to protect your health and safety or the health and safety of others; or (3), for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when:

(1) the individual identifiers have been removed; or

(2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

(1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or

(2) treating such person as your personal representative could endanger you; and

(3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan

benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to Kristen Daniel. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to: **Havco Wood Products 3422 Oakshire Drive, Scott City, MO 63780 Kristen Daniel 573-332-2522.**

Right to Amend. If you feel that the protected health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to Kristen Daniel at 573-332-2522.

In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Kristen Daniel. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request in writing to the Human Resource Manager. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply-for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Kristen Daniel We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact **Kristen Daniel at 573-332-2522.**

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

If you have any questions or to file a complaint, please contact:

Kristen Daniel at 573-332-2522

ANNUAL DISCLOSURES

CREDITABLE COVERAGE LETTER

IMPORTANT NOTICE FROM HAVCO WOOD PRODUCTS ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Havco Wood Products coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Havco Wood Products coverage, be aware that you and your dependents may not be able to get this coverage back. Below is a brief explanation of Havco Wood Products' current prescription drug benefits:

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

PRESCRIPTION DRUGS (30 DAY SUPPLY)	HDHP	PPO
SUBJECT TO MEDICAL PLAN DEDUCTIBLE	YES	NO
SUBJECT TO MEDICAL PLAN OUT-OF-POCKET	YES	YES
TIER 1	$10 Copay	$8 Copay
TIER 2	$35 Copay	$25 Copay
TIER 3	$60 Copay	$45 Copay
MAIL ORDER (90 Day Supply)	$20 / $70 / $120	$16 / $50 / $90

You should also know that if you drop or lose your current coverage with Havco Wood Products and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Havco Wood Products changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Kristen Daniel at 573-332-2522.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name **Havco Wood Products**	4. Employer Identification Number (EIN) **51-0416600**	
5. Employer Address **3422 Oakshire Drive**	6. Employer Phone Number **573-332-2522**	
7. City **Scott City**	8. State **MO**	9. Zip Code **63780**
10. Who can we contact about employee health coverage at this job? **Kristen Daniel**		
11. Phone Number (if different from above)	12. Email Address **kdaniel@havco.com**	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☑ Some employees. Eligible employees are:
    Full time employee working 30 or more hours per week.
- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are:
    Your legal spouse and your children* up to age 26. Children will be covered on the medical plan until the end of the month in which they turn 26.
  - ☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

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13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☑ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____(mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard[1]?

☑ **Yes (Go to question 15)** ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard[1] **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? **$ 114.36**

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☑ **Monthly** ☐ Quarterly ☐ Yearly

HAVCO WOOD PRODUCTS