



Employee Benefits

April 1, 2021 - March 31, 2022

Provided by:
 MORETON & COMPANY

Employee Benefits: 2021-2022

Benefit Carrier Contact Information

Newrest USA

SLC HR Department (SLC only)

385-212-2116, Ext. #318

slc.hr@newrest.eu

Franchesca Armeniakos (RDU only)

919-396-0709

rduadmin@newrest.eu

Ashley-Diana Walker (ATL & Corporate)

770-906-8587

usa.payroll@newrest.eu

EMI Health - Medical, Dental & Vision (VSP)

Group #: 3438

801-262-7475

www.emihealth.com

800-662-5851

America First - Health Savings Account (HSA)

801-827-8066

HSA@americafirst.com

EMI Health - Well Via/TeleMedicine

Group #: 3438

877-872-3070 (Open 24 Hours, 7 Days a Week, 365 Days a Year) www.emihealth.com

Lincoln Financial Group - Life & Disability

800-423-2765

www.lfg.com

ADP - 401(k) Retirement Plan

800-695-7526

www.mykplan.com

Moreton & Company - Claims Assistance

Sherry Anderson

801-715-7018

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www.moreton.com

Welcome!

To learn more about the benefits Newrest USA offers, please review the following 2021-2022 benefit materials. If you have any questions about your benefits, we are here to help!

Human Resources

Please contact Human Resources for any benefits related questions, including benefit coverage, contributions, enrollment, benefit change forms, notification for changes in status, provider directories, and general carrier information.

Social Security Numbers

Federal law requires you to provide a valid Social Security number for each person to be covered by any medical plan sponsored by your employer (yourself, your spouse, and all dependent children).

Medicare Part D

If you have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. See Human Resources for more information.

HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes employees' rights with regard to their personal health information. If you have any questions regarding HIPAA, please speak with your Moreton & Company representative or contact Human Resource.

IRS Regulations

Failure to meet IRS deadlines will affect your insurance coverage! IRS regulations govern how and when an employee may make cafeteria plan elections and changes to those elections. These rules require that employers enforce firm deadlines with respect to employee benefit enrollment and the related cafeteria plan elections. This means that we cannot accept forms turned in after open enrollment ends. Furthermore, if you experience a qualifying event allowing you to add, drop, or modify your coverage and related cafeteria plan election mid-year, we must be notified of such event. The required enrollment generally must be completed within 30 days of such event, or you cannot make the change. In addition, please be aware that with the exception of the birth, adoption, or placement for adoption of a child, any cafeteria plan election changes can only be implemented prospectively, meaning on the first paycheck or period of coverage following our receipt of the form. Therefore, if you are making a change based on a qualifying event other than a new child, and you want changes implemented as of the date of the event, you must inform us of the change in advance. **If you do not enroll on time, you will not receive coverage or be able to change your elections mid-year unless you have a special enrollment opportunity.**

Note: This publication is only a partial summary of benefits and is provided for informational purposes only. It does not describe all elements of the summarized programs. For complete information regarding the benefits, plan provisions, limitations and exclusions, and for a description of claims procedures, refer to the formal benefit documents that will be provided to you after enrollment. In the event of a discrepancy or conflict between the information contained in this publication and the official benefit plan provisions, the official plan documents and insurance contracts will govern. Copies of these documents are available for your review from your Human Resources department. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this publication.

Enrollment Guidelines: 2021-2022

Why is open enrollment so important?

Benefits open enrollment for Newrest USA is held each year. Employees should understand that the pre-tax payment for applicable benefits is done through the Cafeteria plan and as noted above, under IRS regulations elections cannot be revoked or changed during the plan year. **Once the enrollment period has ended, employees may not make or change benefit elections unless they experience a qualifying event.** Employees must notify Human Resources of any change of status as soon as possible, but generally **30 days** after the event.

Who is eligible to participate in the benefit plans?

- Employees who work 30+ hours per week;
- Employees legally married spouse and/or dependent(s); see your Benefits Summary's definition of legally married spouse and/or dependent(s), (children who are less than 26 years of age);

When Do Benefits Begin?

- Eligible employees can receive benefits on the first day of the month following 30 days from date of hire (provided the online enrollment process has been completed);
- Employees hired after the plan year begins will select their coverage choices for the remainder of that plan year at the time of eligibility. All the necessary enrollment and change forms are available through the Human Resources department.

Is it possible to make changes during the year?

After the enrollment deadline, your election is generally irrevocable, meaning you cannot add, modify, or drop coverage for the plan year. You may have a special enrollment right allowing coverage changes for certain losses of coverage eligibility under another plan, or if you gain a new spouse or dependent. You also may be entitled, or required, to change your election if you, your spouse, or dependents experience one of the qualifying change events listed in the next section. However, you must contact Human Resources to determine if your plan and circumstances allow such a change. If so, you must complete and submit a change form online generally within 30 days.

Qualifying Changes: (30 Days Unless Otherwise Stated Below)

- Marriage, divorce, or legal separation;
- Change in number of dependents (e.g., Birth or adoption of a child or another change in the number of dependents);
- Change in employment status of employee, spouse, or dependent that causes loss of eligibility;
- Dependent ceases to satisfy eligibility requirements;
- Change in residence that causes loss of eligibility;
- Significant changes in company benefit plan(s), including cost change, significant coverage curtailment, additional or significant improvement of company offered benefits;
- Change in coverage under another employer plan (including mandatory or optional change initiated by your spouse's employer or a change initiated by your spouse);
- Loss of coverage from government plans/programs or educational institution;
- COBRA qualifying event (termination/reduction of hours, employee death, divorce/legal separation, ceasing to be a dependent);
- Other changes resulting from a judgment, decree, or order;
- Medicare or Medicaid entitlement;
- FMLA leave of absence;
- Loss or gain of CHIP or Medicaid subsidy eligibility (60 Days)

Glossary of Terms

Co-pay: Typically refers to a fixed dollar amount a member must pay for a particular service (such as a physician visit or ER visit).

Deductible: Amount that must be paid by the member before an insurance carrier will pay a claim; benefits offered after deductible are indicated with AD.

Coinsurance: Typically refers to a member's share of covered costs after any deductible has been satisfied.

Out of Pocket Maximum (OOPM): The maximum amount members pay for covered network essential health benefit expenses during the benefit year, including co-pays, coinsurance, and deductibles.

PPO (Preferred Provider Organization): This type of plan utilizes both network and non-network benefits.

Network (In-Network): Providers who have agreed to accept contracted rates from an insurance carrier.

Non-Network (Out of Network): Any non-contracted providers. The services from these providers are subject to balance billing, meaning members can be billed for the difference between the insurance carrier's fee schedule and the billed charges.

Health Maintenance Organization (HMO): This plan covers in-network providers and services only; it does not cover any out of network services.

Medical Plans: 2021-2022

Newrest USA offers the following medical plans through EMI Health:

UT 1000 6000 80%		
	Network	Non-Network *
Deductible PCY	\$1,000 Individual / \$2,000 Family	\$3,000 Individual / \$6,000 Family
	If any family member reaches the Individual Deductible then the deductible is satisfied for that family member. If any combination of family members reach the Family Deductible, then the deductible is satisfied for the entire family.	
Out of Pocket Maximum (Includes Most Services)	\$6,000 Individual / \$12,000 Family	\$12,000 Individual / \$24,000 Family
	If any family member reaches the Individual Out of Pocket Maximum, then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the Family Out of Pocket Maximum, then the out of pocket maximum is satisfied for the entire family.	
Coinsurance (Carrier Pays / Member Pays)	80% / 20% AD	50% / 50% AD
Office Visits		
Primary Care	\$30	50 / 50 AD
Preventive **	Covered 100%	Not Covered
Specialists or Secondary Care Provider	\$50	50 / 50 AD
Chiropractic	\$30	50 / 50 AD
Virtual Visits	Covered 100%	Not Covered
Diagnostic Lab & X-Ray Services		
Minor (In Office)	Covered 100%	50 / 50 AD
Major	80 / 20 AD	50 / 50 AD
Hospital Services		
Outpatient	80 / 20 AD	50 / 50 AD
Inpatient	80 / 20 AD	50 / 50 AD
Emergency Services		
Urgent Care	\$50	50 / 50 AD
Emergency Room	\$350	See Network Benefits
Ambulance	80 / 20 AD	See Network Benefits
Mental Health Services		
Inpatient	80 / 20 AD	50 / 50 AD
Outpatient	80 / 20 AD	50 / 50 AD
Outpatient - Office	\$30	50 / 50 AD
Prescriptions (Generic Required)	Tier 1 / Tier 2 / Tier 3	
Pharmacy	\$10 / 25% / 50%	Not Covered
Maintenance Drugs or Mail Order	\$25 / 25% / 50%	Not Covered
Specialty Medications † (Up to 90 Day Supply)	25% (\$250 Max.)	Not Covered

Coverage Type	UT 1000 6000 80% - Employee Weekly Per Pay Period Rates
Employee (EE)	\$39.39
EE + Spouse	\$126.05
EE + Child(ren)	\$92.11
Family	\$169.68

AD: After Deductible

PCY: Per Calendar Year

† All fills must be purchased through Express Scripts Specialty Pharmacy.

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided EMI Health materials for a full list of covered preventive services and limitations.

Please Note: Some benefits require pre-authorization and/or limitations may apply. Please refer to your provided EMI Health materials for additional information.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at www.emihealth.com.

Provider Network Utah: **EMI Health Care Plus** Provider Network Outside of Utah: **Cigna PPO**

Medical Plans: 2021-2022

Newrest USA offers the following medical plans through EMI Health:

UT 2000 5000 80%		
	Network	Non-Network *
Deductible PCY	\$2,000 Individual / \$4,000 Family	\$4,000 Individual / \$8,000 Family
	If any family member reaches the Individual Deductible then the deductible is satisfied for that family member. If any combination of family members reach the Family Deductible, then the deductible is satisfied for the entire family.	
Out of Pocket Maximum (Includes Most Services)	\$5,000 Individual / \$10,000 Family	\$12,000 Individual / \$24,000 Family
	If any family member reaches the Individual Out of Pocket Maximum, then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the Family Out of Pocket Maximum, then the out of pocket maximum is satisfied for the entire family.	
Coinsurance (Carrier Pays / Member Pays)	80% / 20% AD	50% / 50% AD
Office Visits		
Primary Care	\$25	50 / 50 AD
Preventive **	Covered 100%	Not Covered
Specialists or Secondary Care Provider	\$50	50 / 50 AD
Chiropractic	\$25	50 / 50 AD
Virtual Visits	Covered 100%	Not Covered
Diagnostic Lab & X-Ray Services		
Minor (In Office)	Covered 100%	50 / 50 AD
Major	80 / 20 AD	50 / 50 AD
Hospital Services		
Outpatient	80 / 20 AD	50 / 50 AD
Inpatient	80 / 20 AD	50 / 50 AD
Emergency Services		
Urgent Care	\$75	50 / 50 AD
Emergency Room	\$250	See Network Benefits
Ambulance	80 / 20 AD	See Network Benefits
Mental Health Services		
Inpatient	80 / 20 AD	50 / 50 AD
Outpatient	80 / 20 AD	50 / 50 AD
Outpatient - Office	\$25	50 / 50 AD
Prescriptions (Generic Required)	Tier 1 / Tier 2 / Tier 3	
Pharmacy	\$10 / \$35 / 50%	Not Covered
Maintenance Drugs or Mail Order	\$25 / \$88 / 50%	Not Covered
Specialty Medications (Up to 90 Day Supply)	25% (\$250 Max.)	Not Covered

Coverage Type	UT 2000 5000 80% - Employee Weekly Per Pay Period Rates
Employee (EE)	\$37.89
EE + Spouse	\$121.26
EE + Child(ren)	\$88.61
Family	\$163.23

AD: After Deductible

PCY: Per Calendar Year

† All fills must be purchased through Express Scripts Specialty Pharmacy.

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided EMI Health materials for a full list of covered preventive services and limitations.

Please Note: Some benefits require pre-authorization and/or limitations may apply. Please refer to your provided EMI Health materials for additional information.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at www.emihealth.com.

Provider Network Utah: **EMI Health Care Plus**

Provider Network Outside of Utah: **Cigna PPO**

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

Medical Plans: 2021-2022

Newrest USA offers the following medical plans through EMI Health:

UT 5000 7350 80%		
	Network	Non-Network *
Deductible PCY	\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$20,000 Family
	If any family member reaches the Individual Deductible then the deductible is satisfied for that family member. If any combination of family members reach the Family Deductible, then the deductible is satisfied for the entire family.	
Out of Pocket Maximum (Includes Most Services)	\$7,350 Individual / \$14,700 Family	\$18,000 Individual / \$36,000 Family
	If any family member reaches the Individual Out of Pocket Maximum, then the out of pocket maximum is satisfied for that family member. If any combination of family members reach the Family Out of Pocket Maximum, then the out of pocket maximum is satisfied for the entire family.	
Coinsurance (Carrier Pays / Member Pays)	80% / 20% AD	50% / 50% AD
Office Visits		
Primary Care	\$40	50 / 50 AD
Preventive **	Covered 100%	Not Covered
Specialists or Secondary Care Provider	\$50	50 / 50 AD
Chiropractic	\$40	Not Covered
Virtual Visits	Covered 100%	Not Covered
Diagnostic Lab & X-Ray Services		
Minor (In Office)	Covered 100%	50 / 50 AD
Major	80 / 20 AD	50 / 50 AD
Hospital Services		
Outpatient	80 / 20 AD	50 / 50 AD
Inpatient	80 / 20 AD	50 / 50 AD
Maternity	80 / 20 AD	50 / 50 AD
Emergency Services		
Urgent Care	\$100	50 / 50 AD
Emergency Room	\$350	See Network Benefits
Ambulance	80 / 20 AD	See Network Benefits
Mental Health Services		
Inpatient	80 / 20 AD	50 / 50 AD
Outpatient	80 / 20 AD	50 / 50 AD
Outpatient - Office	\$40	50 / 50 AD
Prescriptions (Generic Required)	Tier 1 / Tier 2 / Tier 3	
Pharmacy	\$15 / 25% / 50%	
Maintenance Drugs or Mail Order	\$38 / 25% / 50%	Not Covered
Specialty Medications (Up to 90 Day Supply)	25% (\$250 Max.)	Not Covered

Coverage Type	UT 5000 7350 80% - Employee Weekly Per Pay Period Rates
Employee (EE)	\$23.28
EE + Spouse	\$100.17
EE + Child(ren)	\$73.20
Family	\$134.84

AD: After Deductible

PCY: Per Calendar Year

† All fills must be purchased through Express Scripts Specialty Pharmacy.

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided EMI Health materials for a full list of covered preventive services and limitations.

Please Note: Some benefits require pre-authorization and/or limitations may apply. Please refer to your provided EMI Health materials for additional information.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at www.emihealth.com.

Provider Network Utah: **EMI Health Care Plus** Provider Network Outside of Utah: **Cigna PPO**

Medical Plans: 2021-2022

Newrest USA offers the following medical plans through EMI Health:

UT 3000 5000 QHDHP 80%		
	Network	Non-Network *
Deductible PCY	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family
	If more than one person in a family is covered under the policy, the individual deductible does NOT apply. Instead, the Family Deductible applies and no medical expenses (other than covered preventive care) will be paid by the plan until the Family Deductible is met.	
Out of Pocket Maximum (Includes Most Services)	\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$20,000 Family
	If more than one person in a family is covered under the policy, the Individual Out of Pocket Maximum does NOT apply. Instead, the Family Out of Pocket Maximum applies and you will pay the applicable co-pay or coinsurance (other than covered preventive care) until the Family Out of Pocket Maximum is met.	
Coinsurance (Carrier Pays / Member Pays)	80% / 20% AD	60% / 40% AD
Office Visits		
Primary Care	80 / 20 AD	60 / 40 AD
Preventive **	Covered 100%	Not Covered
Specialists or Secondary Care Provider	80 / 20 AD	60 / 40 AD
Chiropractic	80 / 20 AD	60 / 40 AD
Virtual Visits	Covered 100%	Not Covered
Diagnostic Lab & X-Ray Services		
Minor (In Office)	80 / 20 AD	60 / 40 AD
Major	80 / 20 AD	60 / 40 AD
Hospital Services		
Outpatient	80 / 20 AD	60 / 40 AD
Inpatient	80 / 20 AD	60 / 40 AD
Emergency Services		
Urgent Care	80 / 20 AD	60 / 40 AD
Emergency Room	80 / 20 AD	See Network Benefits
Ambulance	80 / 20 AD	See Network Benefits
Mental Health Services		
Inpatient	80 / 20 AD	60 / 40 AD
Outpatient	80 / 20 AD	60 / 40 AD
Outpatient - Office	80 / 20 AD	60 / 40 AD
Prescriptions (Generic Required)	Tier 1 / Tier 2 / Tier 3	
Pharmacy	\$10 AD / 25% AD / 50% AD	Not Covered
Maintenance Drugs or Mail Order	\$ 25 AD / 25% AD / 50% AD	Not Covered
Specialty Medications (Up to 90 Day Supply)	25% AD (\$250 Max.)	Not Covered

Coverage Type	UT 3000 5000 QHDHP 80% - Employee Weekly Per Pay Period Rates
Employee (EE)	\$23.28
EE + Spouse	\$100.17
EE + Child(ren)	\$73.20
Family	\$134.84

AD: After Deductible

PCY: Per Calendar Year

† All fills must be purchased through Express Scripts Specialty Pharmacy.

* Member will be responsible for amounts billed by non-participating providers in excess of eligible medical expense amount.

** Please refer to your provided EMI Health materials for a full list of covered preventive services and limitations.

Please Note: Some benefits require pre-authorization and/or limitations may apply. Please refer to your provided EMI Health materials for additional information.

To find a provider or for a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at www.emihealth.com.

Provider Network Utah: **EMI Health Care Plus**

Provider Network Outside of Utah: **Cigna PPO**

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are only for comparison. In the case of a discrepancy, the plan documents apply. Please refer to the formal plan documents for a complete description of benefits, limitations, and exclusions.

Telemedicine: 2021-2022

WellVia Telephone Doctor Access - 100% Company Paid

Speak with a doctor 24 hours a day, 7 days a week, 365 days a year.

WellVia gives you access to a doctor over the phone anytime, anywhere.

- A majority of all doctor visits can be handled over the phone using WellVia.
- Several urgent care visits can be managed using TeleHealth

Use WellVia for common conditions:

- Acid Reflux
- Asthma
- Cold and Flu
- Diabetes
- Headache
- High Blood Pressure
- Sinus Conditions
- Sore Throat
- Many Other Conditions

Get Medications Prescribed:

- Albuteral
- Allegra
- Flonase
- Ibuprofen 800mg
- Levaquin
- Lipitor
- Metaform
- Nasonex
- Many Other Medications

Trust Our Physician Network:

- U.S. Based and Licensed
- Primary Care, Pediatricians, and Board-Certified Specialists
- Average 10 Years of Experience
- Supported by Internal, Bilingual Patient Care Center
- Specialists in Communicating and Diagnosing via Telehealth

WellVia doesn't replace your primary care physician. It is a convenient, alternative way for you to get the care you need that will save you time and money. Whether it's the middle of the night, while you're on vacation, on a business trip, or that moment when you run out of a prescription, WellVia is on call.

Speak with a doctor anytime and pay no consultation fee.

Online: [WellViaSolutions.com](https://www.wellviasolutions.com) Or
Patient Care Center: 1-877-872-0370



Health Savings Account (HSA): 2021-2022

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a tax advantaged account that can be used to pay eligible medical expenses not covered by an insurance plan including deductibles and coinsurance. You can fund your HSA with post-tax payments and receive a deduction on your tax return.

Who is eligible for a Health Savings Account?

Anyone who satisfies all of the following:

- Covered by a Qualified High Deductible Health Plan (QHDHP);
- Not covered under another health plan;
- Not enrolled in Medicare A or Medicare B benefits; and,
- Not eligible to be claimed on another person's tax return.

What is a deductible?

It is a set dollar amount, determined by your plan, that you must pay out of pocket or from your HSA before insurance coverage for medical expenses can begin.

What is the difference between an HSA and Flexible Spending Account (FSA)?

- An HSA can rollover unused funds from year to year indefinitely.
- FSA contribution limits are lower than for HSAs. In addition, not all FSAs have a rollover feature, and those that do can only rollover a limited amount.

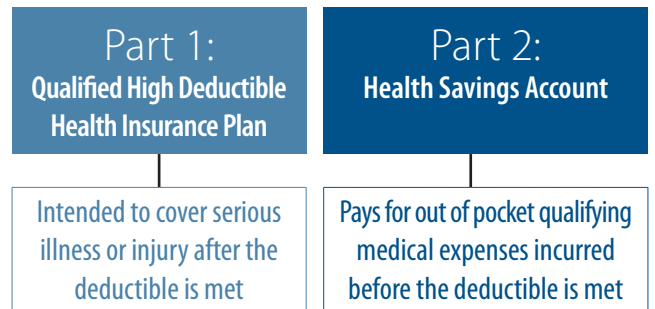
When do I use my HSA?

After visiting a physician, facility, or pharmacy, request that they submit your claim to your Medical Carrier for payment. You should make sure that your provider has your most up-to-date insurance information. Once the claim has been processed, any out of pocket expenses will be billed. At this time you may choose the following options:

- Use your HSA debit card or HSA check to pay for any out of pocket expenses.
- Write a personal check, receiving reimbursement at a later date.
- Save your HSA dollars for future medical expenses.

You should always ask that your claim be submitted to the health plan before you seek reimbursement from your HSA. This procedure will ensure that provider discounts are applied. **Also, remember to keep all medical receipts and Explanation of Benefits (EOBs) to support your personal tax record. You should keep these records for at least four years.**

How does a Health Savings Account Work?



How is an HSA used to pay for medical care?

1. Employee and/or employer funds an HSA account.
2. Employee seeks medical services.
3. A bill for medical services is submitted as a claim to your insurance carrier and paid in part according to your HDHP, subject to a deductible and coinsurance.*
4. Employee can pay the remaining amount with a debit card or check from their HSA.
5. This process is repeated until the out of pocket maximum is reached, after which the employee generally should be covered for almost all network eligible expenses.

* Subject to plan design, check your Benefits Summary. Preventive care may be covered at 100%.

How much can be contributed to an HSA?

As mandated by federal law, the Annual Contribution limits are:

Type of Coverage	2021 Maximum Annual Contribution
Individual	\$3,600
Two Party	\$7,200
Family	\$7,200

Individuals age 55 or older may be eligible to make a catch up contribution of \$1,000 in 2021-2022.

What if I am a new hire or have a special enrollment and enroll in an HSA in the middle of a year?

If you enroll in an HSA and corresponding HDHP at any time other than the start of the calendar year, so long as you enroll by December 1, you may still contribute the maximum amount allowed for the calendar year (see the chart on the previous page). However, the IRS requires you to participate in the HDHP during a subsequent testing period (generally through the end of the following year). Failure to do so will result in adverse tax consequences.

Why should I elect an HSA?

- Cost Savings
- Tax Benefits:
 - HSA contributions are excluded from federal income tax.
 - Interest earnings may be tax free.
 - Withdrawals for eligible expenses are exempt from federal income tax.
- You generally pay a lower plan premium for a HDHP than a traditional indemnity plan.
- Unused money is held in interest-bearing savings or investment accounts from year to year.

Note: Many states have passed legislation to provide favorable state tax treatment for HSAs. However, in a small number of states, amounts contributed to HSAs and interest earned on HSAs could be included in the employee's compensation for state income tax purposes.

Long-Term Financial Benefits

- Save for future medical expenses, including retiree medical
- Funds roll over year to year
- This is your account - you take it with you. If you leave your employer you can do the following:
 - Leave your funds in your current HSA;
 - Transfer your funds to an HSA with your new employer; or
 - Transfer your funds to another qualifying within 60 days.

Choice

- You control and manage your health care expenses.
- You choose when to use your HSA dollars to pay your health care expenses.
- You choose when to save your HSA dollars and pay health care expenses out of pocket.
- You can choose to increase or decrease your election during the year.

Can I use my HSA dollars for non-eligible expenses?

Money withdrawn from an HSA to reimburse non-eligible expenses is taxable income to the account holder and is subject to a tax penalty. If the account holder is over age 65 OR disabled, the distribution amount (if for a non-eligible expense) is still considered taxable income; however, the tax penalty is waived.

When can I start using my HSA dollars?

You can use your HSA dollars for any qualifying expense incurred after your HSA activation and once contributions have been made.

Can my HSA dollars be used for retirement health care costs?

Yes, for expenses eligible for reimbursement, and Medicare and other health coverage premiums after age 65.

Can I use the money in my account to pay for my dependents' medical expenses?

Yes, you can use the money in the account to pay for medical expenses of yourself, your spouse, or your dependent children. You can pay for expenses of your spouse and dependent children even if they are not covered by your HDHP.

Dental Plan: 2021-2022

Newrest USA offers the following dental plan through EMI Health:

Choice PPO Network			
	Advantage Plus Network	Premier Network	Out-of-Network *
Deductible	None	\$50 Single / \$150 Family	
Maximum Annual Benefit - <i>Dental</i>	\$2,000 Per Individual	\$1,000 Per Individual	
Coinsurance	Carrier Pays / Member Pays - See Amounts Below		
Preventive & Diagnostic Services Exams, Cleanings, Fluoride, X-Rays	No Waiting Period		
	Covered 100%	Covered 100%	80 / 20 Up to TOA
Class II (Basic) Fillings, Sealants, Oral Surgery	No Waiting Period		
	80 / 20 of AFS	80 / 20 of PFS - AD	60 / 40 Up to TOA - AD
Class III (Major) Crowns, Bridges, Prosthodontics	No Waiting Period		
	50 / 50 of AFS	50 / 50 of PFS - AD	50 / 50 Up to TOA - AD
Endodontic & Periodontic Services	Covered under Class II (Basic Services)		
Class IV (Orthodontia) Dependents to Age 19 Adults	No Waiting Period		
	Up to 25% Discount †		No Benefit
Class V (Specialists)	Paid same as general dentists		
	Up to 25% Discount †		
No Benefit			
Coverage Type	Choice PPO Network - Employee Weekly Per Pay Period Rates		
Employee (EE)	\$2.67		
EE + Spouse	\$5.65		
EE + Child(ren)	\$6.09		
Family	\$9.54		

AD: After Deductible

AFS: Advantage Fee Schedule

PFS: Premier Fee Schedule

TOA: Table of Allowance

† **Discount Only:** No benefit will be paid

* Member will be responsible for amounts billed by non-participating providers in excess of eligible dental expense amount.

For a complete description of benefits, limitations, and exclusions, consult your benefits summary available from Human Resources or at www.emihealth.com.

Provider Network: **Advantage Plus and Premier**



Vision Plan: 2021-2022

Newrest USA offers the following vision plan through VSP:

10-130			
	Network (Member Pays)	Non-Network (Reimbursement)	
Eye Exam	Once Every 12 Months		
Eyeglass or Contact Exam	\$10 Co-pay	Up to \$65	
Frames	Once Every 12 Months		
Allowance Based on Retail Pricing	\$130 Allowance at any VSP doctor or \$70 at Costco, Sam's Club or Walmart	Up to \$80	
Additional Pairs of Glasses	Up to 20% off Retail	No Benefit	
Lenses	Once Every 12 Months		
Single Vision	\$10 Co-pay	Up to \$30	
Bifocal	\$10 Co-pay	Up to \$50	
Trifocal	\$10 Co-pay	Up to \$65	
Lenticular	\$10 Co-pay	Up to \$100	
Lens Options			
Progressive (Standard no-line)	\$55 Co-pay	Up to \$50 (In lieu of Lined Bifocal Reimbursement)	
Premium Progressive Options	\$95-\$105 Co-pay		
Custom Progressive Options	\$150-\$175 Co-pay		
Plastic Gradient Dye	\$17 Co-pay		
Solid Plastic Dye	\$15 Co-pay		NA
Photochromic Lenses	\$70 Co-pay SV / \$82 Co-pay Multifocal		
Polycarbonate for Adults	\$31 Co-pay SV / \$35 Co-pay Multifocal		
Polycarbonate for Children (Under 18)	\$0 Co-pay		
Coatings			
Scratch Resistant Coating	\$17 Co-pay	NA	
Anti-Reflective Coating	\$41 Co-pay		
UV Protection	\$16 Co-pay		
Additional Lens Enhancements	Up to 25% Discount		
Contacts (In Lieu of Glasses)	Once Every 12 Months		
Elective Contact Lens Fitting	\$130 Allowance	Up to \$115	
Evaluation Services	\$130 Allowance		
Prescription Contact Lenses	\$130 Allowance		
Contact Lens Fitting	15% Discount		
Evaluation Services (Excluding Materials)	15% Discount		
Refractive Surgery			
LASIK	Up to \$500 in Savings	No Benefit	
10-130 - Employee Weekly Per Pay Period Rates			
Employee (EE)	\$0.66		
EE + Spouse	\$1.44		
EE + Child(ren)	\$1.54		
Family	\$2.22		

For a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at www.emihealth.com.

Provider Network: **VSP Choice Plus**

Life Insurance Plans: 2021-2022

Lincoln Financial Basic Life, AD&D - 100% Company Paid

Each eligible employee can receive basic life insurance for themselves. Coverage amounts begin to reduce at age 65 and benefits terminate at retirement.

Benefits	
Employee Basic Life Insurance	\$20,000
Employee Accidental Death & Dismemberment (AD&D)	\$20,000

Please see Certificate of Coverage summary for more detailed benefit information.

Voluntary Supplemental Life and AD&D - 100% Employee Paid

Supplemental group term life and AD&D insurance is available on a voluntary basis. This coverage is in addition to the company provided amounts and the premiums are 100% employee paid through payroll deduction. Coverage is available only to employees eligible for benefits and covered under the basic group term life insurance provided by Newrest USA.

Employees may select 5x salary up to a maximum of \$300,000 in increments of \$10,000. Spouse coverage may not exceed 50% of the employee's supplemental coverage and AD&D amount up to \$150,000 in increments of \$5,000. Unmarried, dependent children from 6 months to 19 years (up to 25 years of age, if a full-time student) are eligible for \$10,000 of coverage. The benefit for the loss of a dependent from 14 days to 6 months are eligible for \$250 of coverage.

All supplemental insurance and AD&D amounts can be purchased at any time and are subject to evidence of insurability. Each applicant must complete a group life health form. Insurance will become effective on the first of the month following underwriting approval by Lincoln Financial. Supplemental and AD&D employee life benefits will reduce 35% at age 65, an additional 25% of original amount at age 70, an additional 15% of the original amount at age 75, an additional 15% of the original amount at age 80 and will terminate at retirement. The supplemental and AD&D spouse life benefit reduces 35% upon the employee's attainment of age 65 and will terminate upon the employee's attainment of age 70 or retirement, whichever occurs first. Supplemental and AD&D insurance offers a right of conversion. Enrollment forms are available from Human Resources.

Please see Certificate of Coverage summary for more detailed benefit information.

Supplemental Life Guaranteed Issue (Guaranteed Issue Applies to New Eligible Employees Only)	
Employee	\$150,000
Spouse	\$30,000
Dependent Child(ren)	\$10,000

Monthly Rates Per \$1,000 of Coverage	
Age	Employee & Spouse*
29 & Under	\$0.105
30 to 34	\$0.105
35 to 39	\$0.135
40 to 44	\$0.195
45 to 49	\$0.285
50 to 54	\$0.495
55 to 59	\$0.745
60 to 64	\$0.825
65 to 69	\$1.475
70 to 74	\$2.935
75 to 79	\$8.255
80 to 84	\$18.245
Monthly Dependent Life	\$2.00 per \$10,000 of coverage (Rate is fixed - Regardless of number of children)

* Spouse rates are based on employee's age.

Estimated Premium Calculations

$\frac{\text{Desired Amount of Employee Coverage}}{\div 1,000} =$	\times	$\frac{\text{Rate from Table}}{\text{Number of 1,000's}} =$	$\times 12 =$	$\div 52 \text{ (Weekly)} =$	$\frac{\text{Estimated Premium Per Pay Period}^{**}}{\text{Number of Pay Periods}}$
$\frac{\text{Desired Amount of Spouse Coverage}}{\div 1,000} =$	\times	$\frac{\text{Rate from Table}}{\text{Number of 1,000's}} =$	$\times 12 =$	$\div 52 \text{ (Weekly)} =$	$\frac{\text{Estimated Premium Per Pay Period}^{**}}{\text{Number of Pay Periods}}$

** The premiums calculated are estimates ONLY. Please refer to your Lincoln Financial plan documents for full premium breakdowns.

Retirement Plan: 2021-2022

ADP 401(k)

Account Access

You can access your account anytime.

- www.mykplan.com
- 800-695-7526

You can speak with a Service Representative Monday through Friday 8 am - 9 pm ET on days when the New York Stock Exchange is open.

Plan Eligibility

You can take advantage of this employee benefit as soon as you have met your plan's age and service eligibility requirements:

- 21 years of age on the next plan entry date
- You Must have completed 3 months of service by the next plan entry date

Contributions

- **Pre-tax:** 1% to 90%
- **Roth 401k:** 1% to 90%
- If you are 50 or older, you may also make a catch-up contribution in excess of Internal Revenue Code or plan limits. You may save an additional \$6,000 in you plan.

Employer Contributions

- The matching contribution equals 25.0% of the first 4.0% of the participant's compensation.

Vesting

Your contributions and any amounts you rolled into the plan, adjusted for gains and losses, are always 100% yours. Your company contribution account vests according to the following schedule:

Years of Service:	1	2	3	4	5	6
Employer Contribution % Vested:	0%	20%	40%	60%	80%	100%

Plan Investments

You choose how to invest your savings. You may select from the following:

- The variety of investments listed in the Performance Summary.

Loans

Your plan allows you to borrow from your savings. (A fee may apply.)

- Number of loans outstanding at any one time.
- Minimum loan amount: \$500
- Maximum repayment period: Generally, 5 years, unless for the purchase of a primary residence.
- Interest rate: Prime + 2%

Withdrawals

Types:

- Rollover
- Age 59-½
- Hardship

Special Rules: Special rules exist for each type of withdrawal. You may be subject to a 10% penalty in addition to federal and state taxes if you withdraw money before age 59-½. See your Participant Website for more information.

Distributions

Vested savings may be eligible for distribution upon retirement, death, disability or termination of employment.

Account Management Features

You may elect the following plan features online at www.mykplan.com.

Save Smart allows you to save gradually over time, as you can afford to, to help you meet your retirement savings goals. This feature lets you increase your pre-tax plan contribution by 1, 2, or 3% annually on the date you choose.

Automatic Account Rebalancing is a tool that can help you keep your current investment mix (balance by investment fund) consistent with your current investment strategy for new contributions. Once you have made an investment allocation election for new contributions, Automatic Account Rebalancing will rebalance your account as often as you choose: quarterly, semi-annually or annually.

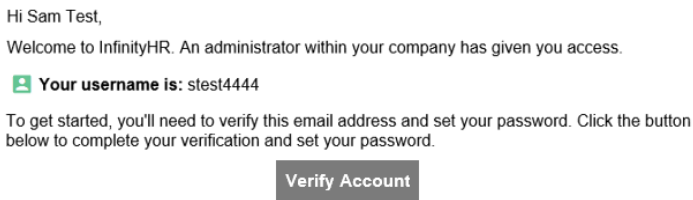
Online Enrollment: 2021-2022

Arcoro Enrollment System - Instructions for enrolling in your benefits online

If you have previously logged into the system you can start this process on step 3 in order to log in for open enrollment.

1 - You will receive two emails from the system:

The first email is an account verification email that will provide a Username and include a link to verify your account. You can set up your password by clicking the "Verify Account" button:



The second email will outline the enrollment window dates and provide the URL for the Arcoro site.

An Enrollment Window has been created for you allowing you to enroll in your Benefits between 07/01/2020 and 07/31/2020. To access your personal account, please login using the following URL and your username and password. If you do not have a username and password, a separate account verification email will be sent with login instructions.

<https://www.infinityhr.com/>

PLEASE NOTE: IF YOU NEED SUPPORT, DO NOT REPLY TO THIS E-MAIL. This message has been automatically generated by our e-mail system, and replies will not be received.

2- Once you have created a new password, you can use the URL below to access the site: www.infinityhr.com

3- Once you are in the site you will see the following box. You will use the username that was emailed to you and the password that you just created to log in. Once you enter your username and password and click "Sign In", you will be logged into the site.

ARCORO

Step 1

Username
Username

Password
Password **SHOW**

SIGN IN

Remember Me

[Forgot your password?](#)
[Forgot your username?](#)

- If you have forgotten your password you can click on "Forgot your password", which will email you a link to reset your password.
- If you have forgotten your username you can click on "Forgot your username", which will email you a link that will allow you to follow a process to get your username.

4- Once you have logged into the Arcoro system, you will be taken to the your company's home page. From here you will see "New Hire Event or Open Enrollment Event" in the drop down box, click on "Begin Event" to make your elections.

