# The Heritage Group Health Plan

# Plan Document and Summary Plan Description

**January 1, 2026**

***This document, together with the Anthem and Lincoln Financial Group certificates of coverage, constitutes the plan document and summary plan description required by ERISA § 102.***

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## I. INTRODUCTION

**Introduction:** The Heritage Group Health Plan (the "Plan") provides fully insured medical, dental, vision, life, accident, critical illness, and disability benefits to eligible employees of those employers who participate in this Plan ("Participating Employers"), as well as their eligible spouses and eligible dependents. The current Participating Employers are listed in Supplement A.

The fully insured medical, dental and vision benefits are described in the medical, dental and vision certificate of coverages issued by Anthem Insurance Company ("Anthem"). The life, accident, critical illness, and disability products are described in the certificate of coverages issued by Lincoln Financial Group. The certificates of coverage are intended to be read in conjunction with this document.

**Document Purpose:** You are being provided this document to give you an overview of the Plan and to address certain information that may not be addressed in the certificates of coverage. This document, together with the certificates of coverage, is the plan document and summary plan description ("SPD") required by ERISA § 102. This document is not intended to give you any substantive rights to benefits that are not already provided by the certificates of coverage. If you have not received a copy of the certificates of coverage, please contact the Plan Administrator at 800-303-0408. You must read the entire SPD, including certificates of coverage and this document, to understand your benefits.

**Electronic Forms** To facilitate efficient operation of the Plan, the Plan may allow forms (including, for example, election forms and notices), whether required or permissive, to be sent and/or made by electronic means.

## II. GENERAL INFORMATION ABOUT THE PLAN

**Plan Name:** The Heritage Group Health Plan

**Type of Plan:** The Plan is a welfare plan that provides fully insured medical, dental, and vision benefits through Anthem. The Plan provides fully insured life insurance, critical illness, accident, and disability benefits through Lincoln Financial Group.

**Plan Year:** January 1 – December 31

**Plan Number:** 601

**Effective Date:** The effective date of the SPD is January 1, 2026.

**Funding Medium And Type of Plan Administration:** The benefits offered through the Plan are fully insured. Anthem is responsible for paying claims with respect to the medical, dental, and vision plans. Lincoln Financial Group is responsible for paying claims with respect to life, critical illness, accident, and disability products.

**Plan Sponsor:** The Heritage Group Health Plan Benefits Committee
6640 Intech Blvd., Suite 200
Indianapolis, IN 46278
Phone: 800-303-0408
Fax: 317-228-8424

**Plan Sponsor's Employer Identification Number:** 35-1448549

**Plan Administrator:** The Heritage Group Health Plan Benefits Committee
6640 Intech Blvd., Suite 200
Indianapolis, IN 46278
Phone: 800-303-0408
Fax: 317-228-8424

**Named Fiduciary:** The Heritage Group Health Plan Benefits Committee
6640 Intech Blvd., Suite 200
Indianapolis, IN 46278
Phone: 800-303-0408
Fax: 317-228-8424

**Members of Benefits Committee:** Sharon Barclay
Tom Doherty
Nicole Goodnight
Kierstin Janik
Andrew Michie

**Agent for Service of Legal Process:**

The Heritage Group Health Plan Benefits Committee
6640 Intech Blvd., Suite 200
Indianapolis, IN 46278
Phone: 800-303-0408
Fax: 317-228-8424
E-mail: employeehub@thgrp.com

The benefit program may require completion of application forms, annual elections, and/or other administrative forms. The details of these administrative requirements are described in the certificates of coverage.

**Important Disclaimer:**

Benefits hereunder are provided pursuant to certificates of coverage. If the terms of this wrap document conflict with the terms of such certificates of coverage, then the terms of the certificates of coverage control, rather than this wrap document, unless otherwise required by law.

## III. ELIGIBILITY AND PARTICIPATION REQUIREMENTS

**Eligibility:**

To be eligible for coverage under the Plan, an eligible individual must meet the requirements set forth by the Participating Employer. The eligibility requirements for the Plan are set forth in Supplement B. If you have additional questions relating to eligibility, please contact the Plan Administrator at 800-303-0408.

**Need for Enrollment:**

In general, eligible individuals must complete an application form to enroll themselves and/or their eligible spouses and dependents.

**When Participation Begins:**

Once you, as an eligible individual, have completed the enrollment paperwork, your coverage under the Plan may begin. For information about when coverage begins, please read the eligibility and participation information contained in Supplement B.

**Termination of Coverage:**

Your coverage terminates as outlined in Supplement B. Coverage also terminates if you cease to contribute towards the cost of a coverage as required by the Plan Administrator and for other reasons specified certificates of coverage booklets (for example, divorce or a dependent's attaining age limit). Coverage also ends for eligible individuals, spouses, and dependents upon termination of the Plan.

**Continuation Coverage Under USERRA:** Continuation and reinstatement rights may be available if you are absent from employment due to service in the uniformed services pursuant to USERRA.

## IV. SUMMARY OF PLAN BENEFITS

**Benefits Provided:** The Plan provides you and your eligible spouse and/or dependents with medical, dental, vision, life, accident, critical illness, and disability coverage. A summary of the benefits provided by the Plan is set forth in certificates of coverage booklets. The certificates of coverage describe the types of benefits, scope of coverage, prerequisites to being covered, and other details regarding the benefits. As noted above, you must read the certificate to understand your benefits.

**Qualified Medical Child Support Orders:** The Plan will also provide benefits as required by any qualified medical child support order ("QMCSO") (defined in ERISA § 609(a)). The Plan has procedures for determining whether an order qualifies as a QMCSO. Participants and beneficiaries can obtain, without charge, a copy of such procedures from the Plan Administrator.

**Administrative Requirements and Timelines**: As described in the certificates of coverage, there may be other reasons that a claim for benefits is not paid or is not paid in full. For example, claims must generally be submitted for payment within a certain period of time, and failure to submit within that time period may result in the claim being denied. In this regard, please consult certificates of coverage.

## V. CIRCUMSTANCES THAT MAY AFFECT BENEFITS

**Denial, Loss, or Recovery of Benefits:** Your benefits (and the benefits of your eligible family members) will cease when your participation in the Plan terminates.

Your benefits will also cease upon termination of the Plan.

Other circumstances can result in the termination, reduction, recovery (through subrogation or reimbursement), or denial of

benefits. See the certificates of coverage booklets for additional information.

## VI. HOW THE PLAN IS ADMINISTERED

**Plan Administration:**

The Plan provides fully insured medical, dental, vision, life, accident, critical illness, and disability benefits. Medical, dental, and vision benefits are provided through insurance policies issued by Anthem. Life, accident, critical illness, and disability benefits are provided through insurance policies issued by Lincoln Financial Group. Claims for medical, dental and vision benefits must be sent to Anthem. Life, accident, critical illness, and disability benefits must be sent to Lincoln Financial Group. Anthem and Lincoln Financial Group (not the Plan Administrator) are responsible for paying claims associated with their policies under the Plan. Insurance premiums are paid in part by the Participating Employers and in part through contributions made by employees through the cafeteria plan maintained by each Participating Employer.

**Duties of Plan Administrator:**

The principal duty of the Plan Administrator is to see that the Plan functions according to its terms, and for the exclusive benefit of persons entitled to participate in the Plan. The Plan Administrator may delegate any of these administrative duties among one or more persons or entities, provided that such delegation is in writing, expressly identifies the delegate(s), and expressly describes the nature and scope of the delegated responsibility.

The Plan Administrator or its delegate will administer the Plan on a reasonable and non-discriminatory basis and will apply uniform rules to all persons similarly situated.

Anthem and Lincoln Financial Group are solely responsible for paying claims associated with their policies under the Plan.

**Questions:**

If you have any questions regarding the Plan or regarding your eligibility for or the amount of any benefit payable under the Plan, please contact the Plan Administrator. You may also direct any questions relating to the medical, dental or vision plan to Anthem by calling the number listed on your card. Any questions relating to life, critical illness, accident, and disability to Lincoln Financial Group.

## VII. AMENDMENT OR TERMINATION OF THE PLAN

**Amendment or Termination:** The Plan Administrator may amend all or any part of the Plan at any time in its sole discretion. The Plan Administrator or its delegate may also remove or change any insurance company or any other vendor at any time or from time to time.

## VIII. NO CONTRACT OF EMPLOYMENT

**No Contract of Employment:** The Plan is not intended to be, and may not be construed as constituting, a contract or other arrangement between you and the Heritage Group or a Participating Employer to the effect that you will be employed for any specific period of time.

## IX. CLAIMS FOR BENEFITS

**Benefit Claims:** All medical, dental and vision benefit claims must be directed to Anthem. If you receive care through a provider in the Anthem network, you will not be required to file a claim for payment of medical services provided to you. If you do not receive care from a provider in the Anthem network, please speak with your provider to see if the provider will submit a claim on your behalf. If your provider will not submit a claim on your behalf, it is the participant's responsibility to file a claim with Anthem.

All life, accident, critical illness, and disability claims must be directed to Lincoln Financial Group.

**Appealing Denied Claim:** If your medical, dental or vision claim is denied (that is, not paid in part or in full), you will be notified, and you may appeal to the Anthem for a review of the denied claim. Anthem will decide your appeal on behalf of the Plan in accordance with its reasonable claims procedures, as required by ERISA (if applicable) and other applicable law.

If your life, accident, critical illness, or disability claim is denied (that is, not paid in part or in full), you will be notified, and you may appeal to Lincoln Financial Group for a review of the denied claim within 180 days of receiving your written notice. Lincoln Financial Group will decide your appeal on behalf of the Plan in accordance with its reasonable claims procedures, as required by ERISA (if applicable) and other applicable law.

**Important Appeal Deadlines:** If you do not appeal on time, you will lose your right to file suit in a state or federal court, as you will not have exhausted your internal administrative appeal rights (which is a condition for bringing suit in court).

See the certificates of coverage booklets for information about how to appeal a denied claim, and for details regarding the Plan's appeals procedures.

**External Review:** Under certain circumstances, you may have the right to obtain external review (that is, review outside of the Plan). The certificates of coverage booklets provide additional details regarding this right to external review.

## X. STATEMENT OF ERISA RIGHTS

**Your Rights:** As a participant in the Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all plan participants shall be entitled to:

**Receive Information About Your Plan and Benefits:** Examine, without charge, at the Plan Administrator's office and at other specified locations, all documents governing the Plan, including insurance contracts, a copy of the latest annual report ("Form 5500 Series"), if any, filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of the documents governing the operation of the Plan, including insurance contracts and copies of the latest Form 5500 Series and updated SPD. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual Form 5500, if any is required by ERISA to be prepared in which case the Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

**COBRA and HIPAA Rights:** Continue health care coverage under certain component benefit programs for yourself, your eligible and enrolled spouse, or your eligible and enrolled dependents if there is a loss of coverage under the Plan because of a qualifying event. You or your dependents may have to pay for such coverage. Review this SPD

and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

**Prudent Actions by Plan Fiduciaries:** In addition to creating rights for participants, ERISA imposes duties on the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer or any other person, may fire you or discriminate against you in any way to prevent you from obtaining a Plan benefit or exercising your rights under ERISA.

**Enforce Your Rights:** If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps that you can take to enforce the above rights. For instance, if you request a copy of the Plan documents or latest Form 5500 Series, if any, from the Plan and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored in whole or in part, and if you have exhausted the claims procedures available to you under the Plan (discussed above), you may file suit in state or federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court.

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

**Assistance With Your Questions:** If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need

assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor (listed in your telephone directory), or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

## MEDICAL CERTIFICATE OF COVERAGE BOOKLET ISSUED BY ANTHEM INSURANCE COMPANY

You will be provided with a copy of the medical certificate of coverage booklet issued by Anthem Insurance Company. The medical certificate describes the types of benefits, scope of coverage, prerequisites to being covered, and other details regarding the benefits. If you have not received a copy of the medical certificate of coverage, please contact the Plan Administrator at 800-303-0408. You must read the entire SPD, including the medical certificate of coverage and this document, to understand your benefits.

## DENTAL CERTIFICATE OF COVERAGE BOOKLET
## ISSUED BY ANTHEM INSURANCE COMPANY

You will be provided with a copy of the dental certificate of coverage booklet issued by Anthem. The dental certificate of coverage describes the types of benefits, scope of coverage, prerequisites to being covered, and other details regarding the benefits. If you have not received a copy of the dental certificate of coverage, please contact the Plan Administrator at 800-303-0408. You must read the entire SPD, including the dental certificate of coverage and this document, to understand your benefits.

## VISION CERTIFICATE OF COVERAGE BOOKLET
## ISSUED BY ANTHEM INSURANCE COMPANY

You will be provided with a copy of the vision certificate of coverage booklet issued by Anthem Insurance Company. The vision certificate of coverage describes the types of benefits, scope of coverage, prerequisites to being covered, and other details regarding the benefits. If you have not received a copy of the vision certificate of coverage, please contact the Plan Administrator at 800-303-0408. You must read the entire SPD, including the vision certificate of coverage and this document, to understand your benefits.

## BASIC AND VOLUNTARY GROUP LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT PLAN CERTIFICATE OF COVERAGE BOOKLET ISSUED BY LINCOLN FINANCIAL GROUP

You will be provided with a copy of the group life and accidental death and dismemberment plan certificate of coverage booklet issued by Lincoln Financial Group . The certificate of coverage describes the types of benefits, scope of coverage, prerequisites to being covered, and other details regarding the benefits. If you have not received a copy of the certificate of coverage, please contact the Plan Administrator at 800-303-0408. You must read the entire SPD, including the certificate of coverage and this document, to understand your benefits.

## BASIC GROUP CRITICAL ILLNESS INSURANCE
## CERTIFICATE OF COVERAGE BOOKLET
## ISSUED BY LINCOLN FINANCIAL GROUP

You will be provided with a copy of the group critical illness insurance certificate of coverage booklet issued by Lincoln Financial Group . The certificate of coverage describes the types of benefits, scope of coverage, prerequisites to being covered, and other details regarding the benefits. If you have not received a copy of the certificate of coverage, please contact the Plan Administrator at 800-303-0408. You must read the entire SPD, including the certificate of coverage and this document, to understand your benefits.

## VOLUNTARY GROUP CRITICAL ILLNESS INSURANCE
## CERTIFICATE OF COVERAGE BOOKLET
## ISSUED BY LINCOLN FINANCIAL GROUP

You will be provided with a copy of the group critical illness insurance certificate of coverage booklet issued by Lincoln Financial Group . The certificate of coverage describes the types of benefits, scope of coverage, prerequisites to being covered, and other details regarding the benefits. If you have not received a copy of the certificate of coverage, please contact the Plan Administrator at 800-303-0408. You must read the entire SPD, including the certificate of coverage and this document, to understand your benefits.

## VOLUNTARY GROUP ACCIDENT INSURANCE
## CERTIFICATE OF COVERAGE BOOKLET
## ISSUED BY LINCOLN FINANCIAL GROUP

You will be provided with a copy of the group accident insurance certificate of coverage booklet issued by Lincoln Financial Group. The certificate of coverage describes the types of benefits, scope of coverage, prerequisites to being covered, and other details regarding the benefits. If you have not received a copy of the certificate of coverage, please contact the Plan Administrator at 800-303-0408. You must read the entire SPD, including the certificate of coverage and this document, to understand your benefits.

## GROUP LONG TERM DISABILITY INSURANCE
## CERTIFICATE OF COVERAGE BOOKLET
## ISSUED BY LINCOLN FINANCIAL GROUP

You will be provided with a copy of the group long term disability insurance certificate of coverage booklet issued by Lincoln Financial Group . The certificate of coverage describes the types of benefits, scope of coverage, prerequisites to being covered, and other details regarding the benefits. If you have not received a copy of the certificate of coverage, please contact the Plan Administrator at 800-303-0408. You must read the entire SPD, including the certificate of coverage and this document, to understand your benefits.

## GROUP SHORT TERM DISABILITY INSURANCE (BRANDENBURG UNION EMPLOYEES) CERTIFICATE OF COVERAGE BOOKLET ISSUED BY Lincoln Financial Group

You will be provided with a copy of the short-term disability insurance certificate of coverage booklet issued by Lincoln Financial Group. The certificate of coverage describes the types of benefits, scope of coverage, prerequisites to being covered, and other details regarding the benefits. If you have not received a copy of the certificate of coverage, please contact the Plan Administrator at 800-303-0408. You must read the entire SPD, including the certificate of coverage and this document, to understand your benefits.

## SUPPLEMENT A
## Participating Employers

The Plan provides coverage to the following Participating Employers:

1. Asphalt Materials, Inc.
2. Avenew Roads, Inc.
3. Bituminous Materials and Supply, L.P.
4. Emulsicoat, Inc.
5. US Aggregates, LLC
6. Envita Solutions, LLC
7. Laketon Refining Corporation
8. Milestone Contractors, L.P.
9. Monument Chemical, LLC
10. Monument Chemical Bayport, LLC
11. Johann Haltermann, Inc.
12. Monument Chemical Kentucky, LLC
13. Real Estate Recovery Capital, LLC
14. Speedway Construction Products, LLC
15. Street Intelligence, Inc.

## SUPPLEMENT B

Commencement of Participation.

(a) Subject to the conditions and limitations of the Plan, an employee who is eligible for coverage under a certificate of coverage will be eligible to participate in the Plan. An employee will become a "Participant" in the Plan on the later of (a) the Effective Date or (b) the date participant becomes covered under a certificate of coverage, as described in this Supplement B. A dependent of a Participant will become covered under the Plan when participant becomes covered under a certificate of coverage, in accordance with Supplement B. An employee, and any eligible dependent, will become covered and will remain covered under a certificate of coverage at the times, for the periods and under the conditions specified in that policy or arrangement.

(b) For purposes of the Medical Plan, the following terms will have the following meaning:

- "Full-time Employee" means a common law employee of an Employer who completes, on average, 30 or more hours of service per week or is scheduled to work 30 or more hours of service per week.

- "Initial Measurement Period" means the period beginning on the first day of the month following the employee's date of hire and ending the twelve months immediately following.

- "Ongoing Employee" means any employee who has been employed for at least one Standard Measurement Period.

- "Standard Measurement Period" means, with respect to determining eligibility for subsequent Plan Years, a twelve-month period defined by the Participating Employer in its administrative records in accordance with the regulatory requirements of the Affordable Care Act.

- "Administrative Period" means the period beginning at the end of the Standard Measurement Period of each year and ending on the final day of each plan year.

(c)Notwithstanding the foregoing, all employees of an Employer who are Full-time Employees, as defined in subsection (c) below, and their spouses and dependents will be eligible for coverage under the medical certificate of coverage in accordance with the Affordable Care Act. For purposes of determining if an employee is a Full-time Employee for purposes of eligibility under the medical certificate of coverage, the following will apply:

- If a new employee hired on or after January 1, 2015 is scheduled to work a consistent schedule upon his date of hire, which schedule is anticipated to result in the employee working, on average, 30 or more hours per week, such employee will be treated as a Full-time Employee on his date of hire and will be offered coverage under the medical certificate of coverage as of the date specified in the applicable arrangement, which date will not be later than 90 days after the employee's date of hire.

- If a new employee hired on or after January 1, 2015, is not scheduled to work a consistent schedule through his Initial Measurement Period, his actual hours of service per week will be determined by averaging his hours worked per week during his Initial Measurement Period. If his average hours of service per week during his Initial Measurement Period is 30 or more, will be offered coverage during the 45-day period following the end of his Initial Measurement Period, which coverage will be effective no later than the first day of the month that begins on or immediately after the 13-month anniversary of his date of hire which eligibility will continue for the 12-month period beginning on and immediately following his first day of eligibility for coverage, regardless of his actual hours of service during such 12-month period, so long as employee remains employed during that period.

- If an Ongoing Employee works, on average, 30 or more hours per week during the Standard Measurement Period, employee will be offered coverage under the medical certificate of coverage during the Administrative Period which coverage will be effective as of the first day of the Plan Year which begins immediately following the Standard Measurement Period and employee will remain so eligible for such Plan Year, regardless of his actual hours of service during such Plan Year, so long as employee remains employed during that Plan Year.

It is the intention of the Participating Employers that the provisions of this Supplement B shall operate to allow all employees to be eligible for coverage under the medical certificate of coverage so as to avoid any penalty for failure to provide such coverage as mandated under the Patient Protection and Affordable Care Act and the Health Care Education and Reconciliation Act (collectively "PPACA"), and all regulations promulgated thereunder by the Departments of Health and Human Services, Labor and Treasury. The Plan Administrator may make such rules and decisions with respect to the operation of this Supplement B as may be necessary to avoid such penalties based upon the then current regulations implementing such penalty.

| Eligibility Provisions Benefit | Who is Eligible | When Benefit Begins | Initial Enrollment Window | Benefit Termination | Contributions |
|---|---|---|---|---|---|
| Medical | Benefit Eligible Employees Scheduled to work 30+ hours/week; ACA Eligible; benefit eligible seasonal employees; Early Retirees* | New Hires: 1st of the month following date of hire;<br>Rehires: If after 31+ days treated as new hire; reinstated on rehire date if less than 31 days;<br>Qualifying Life Event: Effective Date | New Hires: Within 30 days of hire date<br>Qualifying Life Event: Within 31 days of effective date of coverage (60 days Medicaid/CHIP gain/loss) | Last day of month in which your active employment ended; the date of end of your ACA stability period; as outlined in certificate; Benefit is COBRA eligible. | Employee and Employer paid |
| Dental | Benefit Eligible Employees Scheduled to work 30+ hours/week; ACA Eligible; benefit eligible seasonal employees; Early Retirees* | New Hires: 1st of the month following date of hire;<br>Rehires: If after 31+ days treated as new hire; reinstated on rehire date if less than 31 days;<br>Qualifying Life Event: Effective Date | New Hires: Within 30 days of hire date<br>Qualifying Life Event: Within 31 days of effective date of coverage (60 days or Medicaid/CHIP gain/loss) | Last day of month in which your active employment ended; the date of end of your ACA stability period; cease payment; as outlined in certificate; Benefit is COBRA eligible. | Employee and Employer paid/ 100% Employer Paid Emulsicoat employees covered by the CBA with the Teamster Local #722 at our Utica, IL location |
| Vision | Benefit Eligible Employees Scheduled to work 30+ hours/week; benefit eligible seasonal employees; Early Retirees* | New Hires: 1st of the month following date of hire;<br>Rehires: If after 31+ days treated as new hire; reinstated on rehire date if less than 31 days;<br>Qualifying Life Event: Effective Date | New Hires: Within 30 days of hire date<br>Qualifying Life Event: Within 31 days of effective date of coverage (60 days Medicaid/CHIP gain/loss)divorce/separation or | Last day of month in which active employment occurred; cease payment; as outlined in certificate; Benefit is COBRA eligible | 100% Employee paid/100% Employer Emulsicoat employees covered by the CBA with the Teamster Local #722 at our Utica, IL location |

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| | | | Medicaid/CHIP gain/loss) | | |
| Basic Life | Benefit Eligible Employees Scheduled to work 30+ hours/week; benefit eligible seasonal employees | New Hires: 1st of the month following date of hire;<br>Rehires: If after 31+ days treated as new hire; reinstated on rehire date if less than 31 days;<br>Qualifying Life Event: Effective Date | Automatic Enrollment | Last day of active employment | 100% Employer paid |
| Voluntary Life | Benefit Eligible Employees Scheduled to work 30+ hours/week; benefit eligible seasonal employees | New Hires: 1st of the month following date of hire;<br>Rehires: If after 31+ days treated as new hire; reinstated on rehire date if less than 31 days;<br>Qualifying Life Event:Effective Date | New Hires: Within 30 days of hire date<br>Qualifying Life Event: Within 31 days of effective date of coverage (60 days or Medicaid/CHIP gain/loss) | Last day of active employment | 100% Employee Paid |
| Short Term Disability | Benefit Eligible Employees Scheduled 30 or more hours/week and covered under a CBA at the Brandenburg Kentucky location | New Hires: 1st of the month following date of hire;<br>Rehires: If after 31+ days treated as new hire; reinstated on rehire date if less than 31 days;<br>Qualifying Life Event: Effective Date | New Hires: Within 30 days of hire date<br>Qualifying Life Event: Within 31 days of effective date of coverage (60 days or Medicaid/CHIP gain/loss) | Last day of active employment | 100% Employee paid |
| Basic Critical Illness | Employees and dependents enrolled in medical plan | New Hires: 1st of the month following date of hire;<br>Rehires: If after 31+ days treated as new hire; reinstated on rehire date if less than 31 | Automatic Enrollment | Last day of active employment | 100% Employer paid |

| | | | | | |
|---|---|---|---|---|---|
| | | days;<br>Qualifying Life Event: Effective Date | | | |
| Voluntary Critical Illness | Benefit Eligible Employees Scheduled to work 30+ hours/week; benefit eligible seasonal employees | New Hires: 1st of the month following date of hire;<br>Rehires: If after 31+ days treated as new hire; reinstated on rehire date if less than 31 days;<br>Qualifying Life Event: Effective Date | New Hires: Within 30 days of hire date<br>Qualifying Life Event: Within 31 days of effective date of coverage (60 days Medicaid/CHIP gain/loss) | Last day of active employment | 100% Employee Paid |
| Long Term Disability | Benefit Eligible Employees Scheduled to work 30+ hours/week; benefit eligible seasonal employees | New Hires: 1st of the month following date of hire;<br>Rehires: If after 31+ days treated as new hire; reinstated on rehire date if less than 31 days; Qualifying Life Event: Effective Date | Automatic Enrollment | Last day of active employment | 100% Employer paid |
| Voluntary Accident | Benefit Eligible Employees Scheduled to work 30+ hours/week; benefit eligible seasonal employees | New Hires: 1st of the month following date of hire;<br>Rehires: If after 31+ days treated as new hire; reinstated on rehire date if less than 31 days;<br>Qualifying Life Event: Effective Date | New Hires: Within 30 days of hire date<br>Qualifying Life Event: Within 31 days of effective date of coverage (60 days Medicaid/CHIP gain/loss) | Last day of active employment | 100% Employee Paid |
| AllOne Health EAP | Benefit Eligible Employees Scheduled to work 30+ hours/week; benefit eligible seasonal employees | New Hires: 1st of the month following date of hire;<br>Rehires: If after 31+ days treated as new hire; reinstated on rehire date if less than 31 days;<br>Qualifying Life Event: Effective Date | Automatic Enrollment | Last day of active employment | 100% Employer Paid |

"Benefit Eligible" active, full-time regular employees scheduled to work at least 30 hours per week.
"Benefit Eligible Seasonal Employees" –seasonal employees who work at least 1200 hours per year between October-September unless covered by another policy as outlined in employment agreement.

"Union Employees" refer to your union contracts or contract your HR business partner for eligibility questions.

"Early Retirees" -- Employees who are at least 60 years of age but younger than sixty-five and have been employed by the Participating Employer for a minimum of 5 years are eligible for Early Retiree Benefits. Benefits for which Early Retirees are eligible include medical, dental, vision coverage. Early Retirees are charged the full COBRA rates for coverage (without the 2% administrative markup). Coverage is a continuation of the current medical, dental and vision plans elected on the date of retirement. Payment must be sent to iSolved within 30 days of retiree coverage date to have elected retiree coverage. The Early Retiree's lawful spouse, domestic partner and eligible dependents are also eligible for coverage as long as the early Retiree remains covered. Coverage for Early Retirees and their covered spouse, domestic partner and dependents will terminate at the end of the month in which the Early Retiree turns sixty-five. The participant can drop the coverage at any time by contacting iSolved but will not be eligible to reenroll at a later date. Participants are required to complete the annual election period as directed to maintain coverage.

"Default Elections"

- (A) Annual Election Period means the period preceding the first day of each Plan Year during which all Participants are eligible to make a Plan Election hereunder for the upcoming Plan Year. If a Participant fails to file a Plan Election during an Annual Election Period, participant will be deemed to have elected not to be covered under any benefit programs other than those that are 100% Employer paid.

- (B) Initial Election Period means the period established by the Plan Sponsor during which an Employee is eligible to make a Plan Election hereunder upon entering or reentering service as an Eligible Employee. If a Participant fails to file a Plan Election during an Initial Election Period, participant will be deemed to have elected not to be covered under any benefit programs other than those that are 100% Employer paid.

- (C) Other Election Periods. If a Participant fails to file a Plan Election during any other Election Period, participant will be deemed to have made the same Plan Elections as were in effect for participant before the Election Period. In any case in which there was no prior benefit election in effect for a Participant, participant will be deemed to have elected not to receive non-taxable benefits through the Plan.

Leaves of Absence: Coverage during an employer-approved leave of absence will be determined in accordance with the employer's leave of absence and benefits policies.

Strike/Temporary Layoff: Unless predetermined as a part of the collective bargaining process, if Participant is on strike or temporary layoff resulting in benefit discontinuation for less than 31 days your benefits will be reinstated effective date first date back to work; if over 31 days Participant will be required to reenroll in benefits upon return and benefits will take effect first date back to work