

LAKESIDE INDUSTRIES

Benefit Guide

Plan Year: January 1 - December 31, 2021



The Lakeside benefits program

At Lakeside Industries we recognize our ultimate success depends on our talented and dedicated employees. Our goal is to provide a comprehensive benefits program that meets the needs of you and your family. It is one of the many ways we recognize the value of your contributions. This guide is designed to help you understand the various benefits available so that you can select the coverage that best meets your needs.

Benefit information and enrollment forms are available online!

lakesidebenefits.com

Eligibility

Who is eligible for benefits?

Lakeside Industries employees must meet certain requirements in order to be eligible for benefits.

If you are eligible you may also cover your lawful spouse and dependent children up to age 26. State-registered domestic partners are eligible for the dental benefits only. Refer to the Dependent Eligibility Verification Form or the Summary Plan Description (SPD) for a full description of the dependent eligibility requirements.

Can I make mid-year changes?

If you enroll in benefits you may not drop or change them during the year unless you experience certain changes in your work, family or personal status (e.g. marriage, divorce, birth or adoption of a child, change in employment status, etc.). The change in enrollment must be consistent with the change in status. You must notify Human Resources of your requested benefit changes within certain time frames. Failure to request changes within the required time frame, means you will have to wait until the next open enrollment period to make changes. Please refer to the SPD for a list of events that may create a permitted election change opportunity and the time frames for requesting changes.

Benefits and providers

Benefits	Providers
Medical	Healthcare Management Administrators (HMA)
	To search the network go to: accesshma.com/find-a-provider
	In WA, OR, ID, and UT: Blue Shield Network
	In other states: PHCS National Network
Prescription Drug	Express Scripts (ESI)
Health Savings Account (HSA) Flexible Spending Accounts (FSA)	HSA Bank
Dental	Delta Dental of Washington
Vision	Lakeside Industries
Benefits Gateway Health Advocacy 24/7 NurseLine Employee assistance program (EAP) Health Cost Estimator+ (HCE+) Telehealth (MeMD) Wellness	HealthAdvocate 1-866-799-2691
Life and Disability	The Hartford
Travel Assistance and ID Theft Protection	Europ Assistance USA (through partnership with The Hartford)
EstateGuidance® Will Services	ComPsych (through partnership with The Hartford)

HealthAdvocate

Lakeside Industries partners with Health Advocate, Inc. to bring our employees and their family members a range of services and support. Health Advocate is the nation's leading healthcare advocacy and assistance company.

Benefits gateway

Benefit-eligible employees and their family have access to a single number (1-866-799-2691) to reach the entire Lakeside benefits package, 24/7, regardless of vendor. Health Advocate is your one-stop access point to get the information you need, quickly and easily. Simply call Health Advocate - you don't need to remember any other benefit contact information! A Personal Health Advocate will be able to assist you with any healthcare and insurance-related issues or will route you directly to the appropriate benefit contact.

Core health advocacy

Health Advocate's core health advocacy service is available to eligible employees, their spouses and dependent children, as well as their parents and parents-in-law. The Personal Health Advocates serve as a liaison between your healthcare providers, Lakeside's insurance carriers, and health-related community services. The advocacy team includes Registered Nurses, benefit experts, and trained clinical professionals supported by full-time Medical Directors. You will work with the same advocate until all of your issues are resolved and you'll be able to contact your advocate directly for any follow-up needs.

Here is how the Personal Health Advocates can help you:

- Find the right doctors, hospitals, and other healthcare providers
- Explain complex medical conditions, research and locate the latest treatments
- Coordinate care and schedule follow-up visits, facilitate second opinions, transfer X-rays and medical records
- Arrange specialized treatments and tests, answer questions about results, treatment options, and prescribed medications
- Clarify benefits
- Resolve claim issues and negotiate billing for out-of-network claims
- Help locate eldercare services including assisted living and adult day care, address other issues facing parents and parents-in-law
- Assist with Medicare questions

And a much more!

We partner with Health Advocate to provide several other services and tools. Refer to pages 6-7 and our benefit website for more information.

- Telehealth / virtual care through MeMD
- An employee assistance program (EAP), including virtual and text-based counseling
- A health cost estimator tool to price services and procedures ahead of time
- 24/7 nurse line

Disclosure

This benefit guide contains an overview of the Lakeside Industries benefit program. If there is any discrepancy between this guide and the official plan documents, the official plan documents will govern in all cases. Although we intend to continue this program, Lakeside Industries reserves the right to change and/or terminate any portion of the benefits program at any time for any reason.



1-866-799-2691



Medical plan

Lakeside offers a high deductible health plan (HDHP) administered by Healthcare Management Administrators (HMA), a prescription drug plan with Express Scripts (ESI), and in most cases, a company contribution to a Health Savings Account (HSA) with HSA Bank. All employees eligible for health benefits may enroll in the HDHP, but under strict IRS rules, not everyone is eligible for an HSA.

High Deductible Health Plan with HMA and ESI

Health Savings Account with HSA Bank

=

Lakeside's Health Savings Plan

	Health Savings Plan			
	In-Network	Out-of-Network		
Annual deductible In- and out-of-network cross accumulate	\$2,000 individual \$4,000 family*	\$4,000 individual \$8,000 family		
Annual out-of-pocket maximum Includes deductible In- and out-of-network cross accumulate	\$5,000 individual \$10,000 family (\$7,350 max/individual)*	\$10,000 individual \$20,000 family		
Lakeside HSA contribution Dependent on wellness program participation	\$1,000 for employee-only coverage \$1,500 for employee + 1 or more dependent coverage			
Services				
Preventive care	The plan pays 100%, deductible waived	Not covered		
Emergency room & services	The plans pays 80% after deductible. You pay 20% of the allowed amount.			
Primary care visits Includes naturopathic physician				
Diagnostic lab and X-ray				
Outpatient surgery		The plan pays 60% of the allowable charges		
Inpatient hospital	The plan pays 80% after deductible.			
Maternity care services	You pay 20% of the allowed amount	after deductible. You pay 40% of the allowed amount and the balance of billed charges		
Chiropractic services Limited to 20 visits per plan year				
Acupuncture services Limited to 20 visits per plan year				
Mental health and substance abuse services				
Prescription drugs with Express Scripts (ESI) • Specialty medications must be filled through	The plan pays 80% after deductible. You pay 20% of the allowed amount.	The plan pays 60% of the allowable charges after deductible. You pay the balance of		
Accredo Specialty Pharmacy. Refer to the Prescription Drug FAQs for more information.	The plan pays 100% for certain FDA-approved contraceptives and preventive drugs.	billed charges plus the difference in cost between the pharmacy's billed charge and the allowable charge.		

*Deductible for employees + at least 1 dependent

Each family member's expenses accumulate toward the family deductible. The plan does not begin paying benefits for any family member until the entire family deductible is satisfied.

*In-network out-of-pocket (OOP) maximum for employee + at least 1 dependent

Each family member will be considered to have met his or her in-network OOP maximum once his or her covered expenses reach \$7,350. The plan does not begin paying 100% of expenses for the rest of the family until the entire in-network family OOP maximum is satisfied.

Health Savings Account

What is a health savings account (HSA)?

An HSA is a tax-advantaged savings account used to pay for qualified health care expenses of the account beneficiary (you, as the employee) or the account beneficiary's spouse or dependents. It must be paired with a high deductible health plan (HDHP). Contributions, investment earnings and amounts distributed for qualified medical expenses are all exempt from federal income tax, FICA tax and most state taxes.¹

Am I eligible to contribute to an HSA?

If you enroll in Lakeside's Health Savigns Plan, you are generally eligible to make and receive HSA contributions. To be eligible, you must have no other disqualifying health coverage, and you cannot be claimed as a dependent on another person's tax return. Some examples of other health coverage that will disqualify you from contributing to an HSA include:

- Other non-HDHP medical coverage (e.g. traditional PPO with copays, HMO, etc.)
- A spouse's or parent's general-purpose health flexible spending account (FSA) or health reimbursement arrangement (HRA)
- · Medicare, including Part A
- TRICARE or Veterans Administration (VA) health benefits received within the last three months, except for preventive care. If you are receiving treatment from the VA for a service-connected disability, this exclusion does not apply and you are not disqualified from making HSA contributions.

Please consult a tax professional or the IRS for specific tax dependent questions.

How much can I contribute to my HSA?

HSA contribution limits for 2021 are \$3,600 for self-only HDHP coverage and \$7,200 for family HDHP coverage (employee + one or more dependents). Individuals age 55 or older who are not enrolled in Medicare may contribute an additional \$1,000 per year. The amount you can contribute to an HSA in 2021 depends on the type of HDHP coverage you have (i.e., self only or family coverage), your age, the date you become HSA-eligible and the date you cease to be HSA-eligible.

How much will Lakeside contribute to my HSA?

Lakeside's HSA contribution will depend on your medical plan election, when you were hired, and your participation in the wellness program:

- Employees hired by 2/28/2020 and their spouses must have completed the online Personal Health Profile (PHP) through Health Advocate, biometric screening and tobacco free attestation (or tobacco cessation program) by 8/31/2020 to qualify for the 2021 HSA contribution.
- Employees hired between 3/1/2020 and 6/30/2020 and their spouses must have completed the online Personal Health Profile (PHP) through Health Advocate by 8/31/2020 to qualify for the 2021 HSA contribution.
- Employees hired between 7/1/2020 and 11/30/2021 and their spouses will automatically qualify for the 2021 HSA contribution.

Lakeside's 2021 HSA contribution will be made on a per pay period basis (\$38.46/pay period for employee-only coverage, \$57.69/pay period for employee + at least 1 dependent coverage).

Lakeside HSA Contribution	Employee only	Employee + spouse		Employee + child(ren)*		Employee + family		
Biometric screening	\$400	\$400	\$200	\$400	N/A	\$400	\$200	N/A
Personal health profile	\$400	\$400	\$300	\$400	N/A	\$400	\$200	N/A
Tobacco free attestation	\$200	\$200	\$100	\$200	N/A	\$200	\$100	N/A
Maximum contribution	\$1,000	\$1,!	500	\$1,	500		\$1,500	

^{*} If you are enrolled in employee + children coverage (no spouse), you will automatically qualify for a \$500 HSA contribution.

¹ California and New Jersey tax HSA contributions and earnings. New Hampshire taxes HSA interest and dividend earnings above a certain dollar amount. Tennessee taxes HSA earnings and distributions received prior to July 1, 2006.

Resources for Health Savings Plan members

If you enroll in Lakeside's Health Savings Plan, you'll want to be engaged in your health care decisions and control your costs.



Eligible healthcare expenses

Your HSA funds can be used to pay for health care expenses incurred by you, your legal spouse (opposite or same sex) and any dependents as defined under Code section 152.

- Deductible
- Dental treatments
- Contact lenses
- Eyeglasses
- Prescription drugs
- Vision exams
- Hospital services
- Laser eye surgery
- Orthodontia
- Physical therapy
- COBRA premiums
- · And more!

HSA Bank

You can manage your HSA online at www.hsabank.com or with the mobile app on your iPhone or Android device. With the mobile app you can check your available balances, view HSA transaction details, save and store receipts using your device's camera, receive account balances and alerts via text message, and access customer service contact information.

Did you know?

You can purchase qualified HSA items directly from HSAstore.com.
All products are HSA eligible.

Health Cost Estimator+ (Health Advocate)

Lakeside employees and their family members enrolled in the Health Savings Plan have access to Health Advocate's Health Cost Estimator+ (HCE+) pricing transparency tool. The HCE+ tool helps you become a more engaged and effective healthcare consumer by giving you the cost, quality and other key information you need to choose the best care at the best price.

You can search for doctors, hospitals and facilities for specific medical procedures and services, and view cost estimates and quality indicators, including hospital safety scores and consumer ratings. HCE+ features *your* real-time benefits status and out-of-pocket estimates, so you can select the highest-value providers for your care. You have unlimited access to a Personal Health Advocate who can provide additional pricing and decision support.

HCE+ can be accessed on multiple platforms including mobile, tablet and PC, as well as by telephone with support from a Personal Health Advocate.

24/7 NurseLine (Health Advocate)

Lakeside employees and their family members have access to Health Advocate's NurseLine. The NurseLine offers unlimited access to highly trained registered nurses for help and information 24/7. Contacting the NurseLine can help you make smarter healthcare decisions and reduce unnecessary trips to the ER or doctor - saving you time, money, and worry.

Nurses can evaluate your symptoms over the phone and direct you to the appropriate care, answer questions about symptoms and medication usage, and provide information about simple home care measures for non-urgent conditions.

Telehealth (Health Advocate)

Lakeside employees and their family members have access to telemedicine through Health Advocate's partnership with MeMD at <a href="member-mem

How does MeMD work?

- 1. Create a secure account with MeMD, then log in for a webcam consultation with one of their medical providers.
- 2. Speak with a board-certified MeMD medical providers who is licensed to practice medicine in your state.
- After the consultation, follow your personal treatment plan. If your MeMD
 provider wrote an e-prescription, purchase and pick-up the prescription at your
 local pharmacy.

MeMD does not replace your primary care physician or annual office check-ups. It is not an online pharmacy.





Allergies Flu Skin infections
Anxiety Headaches and migraines Sore throat

Bites and stings Pink eye Urinary tract infections

Cough and fever Sinus infections Yeast infections

Employee Assistance Program (Health Advocate)

Lakeside employees and their family members have access to a HealthAdvocate's Employee Assistance Program (EAP). The EAP offers short-term counseling and support for a range of personal, financial, and work/life problems. You have access to five inperson sessions with a counselor per issue per year, at no cost. If meeting in-person doesn't work for you, access confidential video or text-based --counseling with a mental health counselor using your computer, tablet or smartphone. All you need is a webcam, microphone, and high speed internet.

What's included in the EAP?

- Licensed counseling for stress, depression, family issues, substance abuse, etc.
- Referral to providers in RGA's network for long-term counseling or specialized care, as needed
- Specialists can locate and determine availability for eldercare, childcare, legal and other support services
- Search provider databases, articles, and webinars on the Health Advocate EAP
- · Consultations with financial and legal specialists
- Access to Health Advocate's Medical Bill Saver service to help lower non-covered medical and dental bills of \$400 of more





Dental plan

We offer a dental plan with Delta Dental of Washington. You may see any licensed provider, but you will pay less out-of-pocket when you see a PPO or Premier provider.

Members who get a Healthy Checkup can increase their annual benefit maximum by \$100 the following year (capped at \$2,500). A Healthy Checkup is any diagnostic and preventive service (i.e. preventive exam, cleaning, fluoride treatment, x-rays, and sealants). The increase is cumulative, so you can earn an extra \$100 each year up to a maximum of \$2,500. Each year you don't get a Healthy Checkup your benefit maximum decreases back to the previous year's level, but will not drop below \$1,500.

	Dental plan			
	PPO dentists	Premier dentists	Non-participating dentists	
Annual deductible	\$50 Individual \$150 Family			
Maximum benefit <i>Per person per calendar year</i>	Base: \$2,000 Increase for Health Checkup: \$100 Maximum: \$2,500 Increases apply the following calendar year			
Class 1 - Diagnostic & preventive Oral exams, X-Rays, Fluoride, Sealants	The plan pays 100%, deductible waived.		Deductible waived. The plan pays 100% of allowable charges. You pay the balance of billed charges.	
Class 2 - Restorative Restorations, Periodontics	The plan pays 80% after dedutible. You pay 20% of the allowed amount.		The plan pays 80% of allowable charges after deductible. You pay 20% of the allowed amount and the balance of billed charges.	
Class 3 - Major Crowns, Dentures, Bridges, Implants	The plan pays 50% after deductible. You pay 50% of the allowed amount.		The plan pays 50% of allowable charges after deductible. You pay 50% of the allowed amount and the balance of billed charges.	



What's the difference between PPO, Premier, and Non-Participating?

- 1. Cost: PPO dentists receive payment based on pre-approved, discounted fees from Delta Dental and cannot charge you more than those fees. Premier dentists also cannot charge you more than those fees, but your out-of-pocket costs may be higher because they are not part of Delta Dental's PPO network. Non-participating dentists will balance-bill you for charges above Delta Dental's maximum allowable fees. Delta Dental has no control over Non-Participating Dentists' charges.
- **2.** Claim Forms: PPO and Premier dentists will submit claims for you and receive payment directly from Delta Dental. If you see a Non-Participating dentist you will be responsible for making sure the dentist completes a claim form and sends it to Delta Dental for processing.

Vision Reimbursement Program

We offer a \$200 vision reimbursement benefit to eligible employees and their dependents. The benefit is per covered person and resets every calendar year (on January 1). Unused balances do not carry over to the next year. You can use the reimbursement benefit for your annual eye exam, prescription glasses, and/or prescription contact lenses. You can see any licensed provider. You will pay the provider directly and then submit the required paperwork to Lakeside for reimbursement.

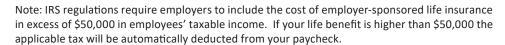
Once you incur vision out-of-pocket costs, you can submit a reimbursement claim form with your receipt(s) to Human Resources. You must submit your claim within 90 days from the date you received the service to be eligible for reimbursement.

Life & Disability Insurance

Basic life/AD&D

We provide a basic life insurance and accidental death and dismemberment (AD&D) insurance benefit to all eligible employees with The Hartford. Enrollment is automatic and Lakeside pays the full cost of your coverage. Life insurance pays your beneficiary a benefit in the event of your death and AD&D insurance pays a benefit if your death results from an accident or if you are severely injured in an accident.

Basic life/AD&D plan		
Benefit Amount	2 times your basic annual earnings, rounded to the nearest \$1,000	
Maximum Benefit Amount	\$500,000	
Guarantee Issue Amount	\$500,000	
Benefit Reductions due to Age	Reduced to 65% at age 70, 50% at age 75, and 25% at age 80	





Long term disability

We provide long term disability (LTD) insurance to all eligible employees with The Hartford. Enrollment is automatic and Lakeside pays the full cost of your coverage. If you meet the definition of disability, the LTD plan will pay you a benefit for each month that you are unable to work due to a non-work-related disabling condition.

Long term disability plan		
Definition of Disability	Varies depending on your occupation	
When Benefits Begin	After 90 days from your date of disability	
Monthly Benefit	60% of basic monthly earnings, up to a maximum monthly benefit of \$15,000	
When Benefits End	Until you no longer meet the plan's definition of disability or you reach Social Security Normal Retirement Age	
Pre-Existing Condition Limitation	12 month waiting period for a disabling condition for which you were diagnosed, treated or took prescribed drugs during the three months prior to enrolling on the LTD plan	

Note: Important contract limitations may apply and benefits may be reduced based on other sources of income. Please refer to your summary plan description (SPD) for details.

Tax free benefit

When LTD insurance is employer-paid, an employee's LTD benefits are taxable. Because of the financial hardship associated with disability, Lakeside offers a tax-free LTD benefit. This means that the premium we pay for your LTD insurance will be included in your taxable income and you will pay taxes on the premium now, rather than having to pay taxes on your LTD benefit if you become disabled. The taxes will be deducted from each paycheck.

The taxable premium amount depends on your salary and tax bracket, but to determine the premium subject to taxes you can use this equation: (Annual Salary / 100) x \$0.34. No more than \$300,000 annual salary is covered under the LTD plan.



Flexible Spending Accounts

A flexible spending account (FSA) allows you to set aside money on a pre-tax basis to pay for qualified out-of-pocket health and dependent care expenses. You can contribute up to \$2,750 in a health FSA and \$5,000 in a dependent care FSA each plan year. Your election will be evenly deducted from your paycheck, pre-tax, throughout the plan year. HSA Bank administers the FSA.

How does an FSA help me save money?

Putting money in an FSA helps you save by reducing your taxable income and therefore, reducing your taxes. The money that funds your account is deducted from your paycheck before federal, Social Security and Medicare taxes are calculated. Because you don't pay taxes on those deductions, your savings (what you would have paid in taxes) is returned in each paycheck.

Dependent care FSA

You <u>can</u> have an HSA and a dependent care FSA. You can use the dependent care FSA for expenses necessary to care for dependent children under age 13 or adult dependents (such as your parents or spouse) who are physically or mentally incapable of self-care. Dependent care expenses are limited to services that allow you to work, attend school full-time, or look for work.



You <u>cannot</u> have an HSA and a general purpose health FSA (see limited purpose health FSA below). A general purpose health FSA is for medical, prescription drug, and dental expenses such as:

- Medical plan deductible
- Prescription drugs
- Eyeglasses, contact lenses, lens solution, and laser eye surgery
- Orthodontia for adults and children
- Acupuncture and massage therapy

Limited purpose health FSA

You <u>can</u> have an HSA and a limited purpose health FSA. A limited purpose health FSA is for dental and vision expenses only. If you decide to open a limited purpose health FSA in addition to your HSA, make sure you use your FSA funds first for dental and vision expenses because you can only rollover up to \$500 of unused FSA funds but you can rollover all of your HSA funds.

Important!

- Rollover for general purpose and limited purpose health FSA: You can rollover up to \$550 of unused funds from your 2021 FSA to your 2022 FSA. You will have access to the funds you rollover in April 2022.
- You can use your 2021 FSA funds for eligible expenses incurred between January 1 and December 31, 2021 only.
- You have until March 31, 2022 to submit claims incurred in 2021.



Travel assistance

We provide you access to Europ Assistance USA's Travel Assistance and ID Theft Protection Services through our partnership with The Hartford.

This service offers you and your dependents medical, travel, legal, and financial assistance services 24 hours a day, 365 days a year, world wide including:

- · Medical referrals
- Medical evacuation
- Traveling companion assistance
- Emergency travel arrangements
- Fraud detection services
- Resolution Guidance and Assistance

1-800-243-6108

Travel Assistance ID Number: GLD-09012

Go to thehartford.com/employeebenefits and click on Value Added Services



Will services

We provide you access to EstateGuidance® Will Services from ComPsych® through our partnership with The Hartford.

It helps you create a simple, legally binding will quickly and conveniently online, saving you the time and expense of a private legal consultation.

- Online assistance from licensed attorneys should you have questions
- The ability to save drafts for up to six months
- Additional estate planning services are also available for purchase, including the creation of living wills and trusts, guidance about divorce proceedings, and durable power of attorney

Go to <u>estateguidance.com/wills</u> Promotional Code: WILLHLF





AssuredPartners MCM 1325 Fourth Avenue, Suite 2100 Seattle, Washington 98101 www.assuredpartnersmcm.com