



Clare V.

**FILSON**  
SINCE 1897

*Franklin St.*  
SHOWROOM

MARISSA WEBB

  
**Mollusk**

**SHINOLA**  
DETROIT

---

**2018**

EMPLOYEE BENEFITS

## TABLE OF CONTENTS

<b>3</b>	Welcome
<b>4</b>	Eligibility & Enrollment
<b>7</b>	Medical Benefits
<b>12</b>	Dental Benefits
<b>14</b>	Vision Benefits
<b>16</b>	Health Savings Account (HSA)
<b>18</b>	Flexible Spending Accounts (FSAs)
<b>20</b>	Commuter Benefits
<b>22</b>	Survivor Benefits
<b>25</b>	Income Protection
<b>26</b>	Additional Benefits
<b>29</b>	Premiums/Costs
<b>30</b>	Tobacco Affidavit
<b>31</b>	Glossary
<b>33</b>	Required Notices
<b>35</b>	Important Contacts

See **page 33** for important information concerning Medicare Part D coverage.

# WELCOME

---

**AT BEDROCK GROUP FAMILY OF COMPANIES\*,  
WE ARE COMMITTED TO YOUR HEALTH AND  
WELL-BEING. IT'S JUST ONE REASON WE'RE  
PROUD TO PROVIDE YOU AND YOUR FAMILY  
WITH VALUABLE AND SIGNIFICANT BENEFITS.**

---

*This Guide is an overview of the benefits available to you and their impact on your compensation as a whole. Please read it carefully in order to make the best choices for you and your family in the 2018 Plan Year.*

\*The Bedrock Group family of companies includes Bedrock Group, Bedrock Manufacturing, CC Filson, Clare Vivier, Filson Corp, Filson Manufacturing, Franklin St. Showroom, Marissa Webb, Mollusk and Shinola.

# ELIGIBILITY & ENROLLMENT

---

## YOU AND YOUR FAMILY HAVE UNIQUE NEEDS, WHICH IS WHY BEDROCK GROUP OFFERS A VARIETY OF BENEFIT PLANS FROM WHICH YOU MAY CHOOSE.

*Consider your spouse/domestic partner's benefits through his or her place of employment and your dependents' eligibility when weighing each option.*

### **ELIGIBILITY**

If you are a full-time employee of Bedrock Group who is regularly scheduled to work at least 30 hours per week, you are eligible to participate in the Medical, Dental, Vision, Basic Life & Disability Plans, along with Voluntary Life and the Flexible Spending Accounts (FSAs) and additional benefits.

If you are a part-time employee of Bedrock Group who is regularly scheduled to work at least 20-29 hours per week, you are eligible to participate in the Medical, Dental, Vision and Voluntary Life along with the Flexible Spending Accounts (FSAs) and additional benefits.

### **ELIGIBLE DEPENDENTS**

Dependents eligible for coverage in the Bedrock Group benefits plans include:

- Your legal spouse/domestic partner (or common-law spouse in states which recognize common-law marriages).
- Dependent children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom legal guardianship has been awarded to you or your spouse/ domestic partner).

- Dependent children, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return, and is approved by your Medical Plan to continue coverage past age 26.
- Verification of dependent eligibility will be required upon enrollment. Note that BCBS requires a signed affidavit for coverage of domestic partners or common law spouses. Please contact Human Resources for a copy of the affidavit.

### **WHEN DOES COVERAGE BEGIN?**

The elections you make are effective the first of the month after hire. Due to IRS regulations, once you have made your choices for the 2018 Plan Year, you can't change your benefits until the next enrollment period unless you experience a Qualifying Life Event.

# ELIGIBILITY & ENROLLMENT

---

## THINGS TO CONSIDER

Take the following situations into account before you enroll to make sure you have the right coverage.

- Does your spouse/domestic partner have benefits coverage available through another employer?
- Did you get married, divorced or have a baby recently? If so, do you need to add or remove any dependent(s) and/or update your beneficiary designation?
- Did any of your covered children reach their 26th birthday this year? If so, they are no longer eligible for benefits unless they meet specific criteria. Additional details can be found in the Eligible Dependents section of this Guide.

## QUALIFYING LIFE EVENTS

When one of the following events occurs, you have 30 days from the date of the event to notify Human Resources and/or request changes to your coverage.

- Change in your legal marital status (marriage, divorce or legal separation)
- Change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)
- Change in your spouse/domestic partner's employment status (resulting in a loss or gain of coverage)
- Change in your employment status from full time to part time, or part time to full time, resulting in a gain or loss of coverage
- Entitlement to Medicare or Medicaid
- Change in your address or location that may affect the coverage for which you are eligible

*Your change in coverage must be consistent with your change in status.*

## PREPARING TO ENROLL

Bedrock Group provides its employees the best coverage possible. As a committed partner in your health, Bedrock Group will be absorbing a significant amount of the costs. Your share of the contributions for Medical, Dental, Vision and FSA benefits is deducted on a pre-tax basis, which lessens your tax liability.

Please note that employee contributions for medical, dental and vision coverage vary depending on the level of coverage you select. In general, the more coverage you have, the higher your employee contribution will be.

Keep in mind that you may select any combination of Medical, Dental and/or Vision Plan coverage categories. For example, you could select medical coverage for you and your entire family, but select dental and vision coverage only for yourself. The only requirement is that you, as an eligible employee of Bedrock Group, must elect coverage for yourself in order to elect any dependent coverage. You have the option to select coverage from the following categories:

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Employee + Family

*Be sure to have the Social Security numbers and birth dates for any eligible dependent(s) that you plan to enroll. You cannot enroll your dependent(s) without this information.*

**TIP: YOU CANNOT CHANGE YOUR BENEFIT SELECTIONS DURING THE PLAN YEAR UNLESS YOU HAVE A QUALIFYING LIFE EVENT, SUCH AS A CHANGE IN YOUR MARITAL STATUS.**

# BENEFITS GUIDANCE

---

## 1 IN 5 EMPLOYEES REGRETS THEIR BENEFITS CHOICES.\*

### DON'T BE THE ONE.

*According to a recent national poll of full-time, benefits-eligible employees, 1 in 5 people say they often regret their benefit choices. We want you to be happy with your benefits.*

#### **ALEX BENEFITS COUNSELOR**

To find a plan that provides the right level of coverage for your needs and that doesn't take too much money out of your paycheck, please visit ALEX®. ALEX is an online tool that will help you select the best benefit plan for you and your family. When you talk to ALEX he'll ask you a few questions about your health care needs, crunch some numbers and point out what makes the most sense for you. And anything you tell ALEX remains anonymous.

ALEX provides personalized, confidential benefits guidance on any computer, tablet, or smartphone. Before you make your enrollment decisions, let ALEX help you find the plans that make the most sense for you and your family.

Get personalized, confidential benefits guidance on any device at <https://www.myalex.com/bedrock/2018>

\*Source: The 2017 ALEX Benefits Communication Survey (Research Conducted by Harris Poll®)

# MEDICAL BENEFITS

---

## OUR MEDICAL COVERAGE HELPS YOU MAINTAIN YOUR WELL-BEING THROUGH PREVENTIVE CARE AND ACCESS TO AN EXTENSIVE NETWORK OF PROVIDERS, AS WELL AS AFFORDABLE PRESCRIPTION MEDICATION.

*Medical benefits are offered through BlueCross BlueShield of Michigan. It is up to you to choose the Plan that best matches your needs. Please keep in mind that the option you elect will be in place for all of the 2018 PlanYear, unless you have a Qualifying Life Event.*

### **HOW TO FIND A PROVIDER**

To see a current list of BlueCross BlueShield of Michigan network providers online, go to [www.bcbsm.com](http://www.bcbsm.com). If you do not have internet access, please call BlueCross BlueShield of Michigan Customer Care at 313-225-9000 for assistance.

### **Blue365**

Because Health is a big deal® Blue365 offers access to health and wellness deals exclusive to Blue members. To access a list of deals and discounts register for an account with [BCBSM.com](http://BCBSM.com) and click on the link for Blue365

### **HEALTH CARE COST TRANSPARENCY**

High Deductible Health Plans and tools such as Flexible Spending Accounts have helped put the power of health care spending in consumers' hands. This means you have control over how your health care dollars are spent. But with the cost of services varying widely even within the same network and geographic area, how can you be sure you're getting the most bang for your health care buck? Enter Health Care Cost Transparency tools. These online tools, which are available through most major health insurance carriers, allow consumers to compare costs for everything from prescription drugs to major surgeries. For more information, visit [www.bcbsm.com](http://www.bcbsm.com).

# MEDICAL BENEFITS

## MEDICAL PLAN SUMMARY

The chart below gives a summary of the 2018 medical coverage provided by BlueCross BlueShield of Michigan. All covered services are subject to medical necessity as determined by the Plan. Please be aware that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	HDHP		PPO BUY-UP	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
<b>ANNUAL DEDUCTIBLE</b>				
Individual	\$2,000	\$4,000	\$1,000	\$2,000
Family	\$4,000	\$8,000	\$2,000	\$4,000
Coinsurance (Plan Pays)	80%*	60%*	80%*	60%*
<b>ANNUAL OUT-OF-POCKET MAX INCLUDES DEDUCTIBLE</b>				
Individual	\$4,000	\$8,000	\$3,500	\$7,000
Family	\$6,850	\$13,700	\$7,000	\$14,000
<b>ANNUAL OUT-OF-POCKET MAX (INCLUDES DEDUCTIBLE)</b>				
Outpatient Services	80%*	60%*	\$25 copay	60%*
Specialist Services	80%*	60%*	\$40 copay	60%*
Preventative Care	100%	60%*	100%	60%*
Urgent Care	80%*	60%*	\$50 copay	60%*
Emergency Room	80%*	60%*	\$200 copay	\$200 copay
<b>SPECIALTY RX DEDUCTIBLES</b>				
Generic	80%*	Reimburses 75% of approved amount*	\$10 copay	Reimburses 75% of approved amount, less member copay
Preferred	80%*		\$40 copay	
Non - Preferred	80%*		\$80 copay	
<b>MAIL - ORDER (90-DAY SUPPLY)</b>				
Generic	\$2,000	Not covered	\$25 copay	Not covered
Preferred	\$4,000		\$100 copay	
Non - Preferred	80%*		\$200 copay	

\*AFTER DEDUCTABLE

If you are enrolled in the PPO plan, when one individual has met the deductible, benefits begin to pay at the coinsurance level for that individual. If you have several covered dependents, all charges used to apply toward an "individual" deductible will be applied toward the "family" deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be satisfied for the remainder of the calendar year. No member may contribute more than the individual deductible amount toward the "family" deductible.

The deductible works differently with the HDHP plan. The HDHP has an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan. If more than one person in a family is covered under the HDHP, coinsurance will not apply until the family deductible has been met.



# MEDICAL BENEFITS

## HAWAII RESIDENTS ONLY

### MEDICAL PLAN SUMMARY

The chart below gives a summary of the 2018 medical coverage provided by Kaiser. All covered services are subject to medical necessity as determined by the Plan.

<b>KAISER HMO</b>	
<b>IN NETWORK</b>	
<b>ANNUAL DEDUCTIBLE</b>	
Individual	\$200
Family	\$400
Coinsurance (Plan Pays)	80%
<b>ANNUAL OUT-OF-POCKET MAX INCLUDES DEDUCTIBLE</b>	
Individual	\$2,200
Family	\$4,400
<b>ANNUAL OUT-OF-POCKET MAX (INCLUDES DEDUCTIBLE)</b>	
Office Visit (PCP)	\$15
Specialist Services	\$15
Preventative Care	100%
Emergency Room	80%
<b>RETAIL RX (30-DAY SUPPLY)</b>	
Generic	\$20
Brand	50%
Specialty	50% after RX deductible
<b>SPECIALTY RX DEDUCTIBLES</b>	
Individual	\$250
Family	\$500

# MEDICAL BENEFITS

---

## TOBACCO-FREE DISCOUNT

Associates will be required to complete a tobacco attestation when they enroll. Participants who attest to using tobacco will be eligible to participate in the Tobacco Cessation Coaching program to earn the Tobacco-Free Discount. This program is administered by UBreathe. For more information about the Tobacco Cessation program and to enroll, contact UBreathe at 800-882-2109 or email [coaching@marqueehealth.com](mailto:coaching@marqueehealth.com)

---

### QUESTIONS & ANSWERS: GENERIC DRUGS

#### **WHAT IS A GENERIC DRUG?**

When a new, FDA-approved drug goes on the market, it may have patent or exclusivity protection that enables the manufacturer to sell the drug exclusively for a period of time. When those expire or no longer serve as a barrier to approval, other companies can make it in generic form.

#### **ARE GENERIC DRUGS AS EFFECTIVE AS BRAND-NAME DRUGS?**

Yes. A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used. The FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs.

#### **ARE GENERIC DRUGS AS SAFE AS BRAND-NAME DRUGS?**

Yes. The FDA must approve the generic drug before it can be marketed.

#### **ARE GENERIC DRUGS THAT MUCH CHEAPER THAN BRAND-NAME MEDICATIONS?**

Yes. On average, the cost of a generic drug is 80 to 85% lower than the brand-name equivalent.

#### **IS THERE A GENERIC EQUIVALENT FOR MY BRAND-NAME DRUG?**

To find out if there is a generic equivalent for your brand-name drug, visit [www.fda.gov](http://www.fda.gov) to view a catalog of FDA-approved drug products, as well as drug labeling information.

**Source: [www.fda.gov](http://www.fda.gov)**

# MEDICAL BENEFITS

## TELEMEDICINE

---

### FROM BCBS

You and your dependents are now able to see a doctor anytime, anywhere using Blue Cross online visits award-winning and easy-to-use online health care technology. Blue Cross online visits' doctors are board-certified doctors who can be consulted online for common, nonemergency illnesses, such as:

- Sinus and respiratory infections
- Colds, flu and seasonal allergies
- Urinary tract infections
- Vomiting
- Diarrhea
- Headache
- Strains and sprains
- Rashes

### NO APPOINTMENT NEEDED

You can get fast, convenient, affordable online health care 24 hours a day, seven days a week, wherever you are in the U.S. Average wait time to visit with the doctor is 3 minutes. Just choose an available doctor, click and go. It's as simple as using your mobile device or computer to meet with a doctor face-to-face, online, when:

- Your primary care doctor isn't available
- You can't leave your home or workplace
- You're on vacation or traveling for work
- You're caring for children or a family member and can't leave home
- You're looking for affordable after-hours care

If you are enrolled in the HDHP your online visit will be charged the same as a doctor's office visit (\$49) and will be subject to the annual deductible and coinsurance.

**PPO Members will have NO COPAY.**

If you currently use Blue Cross' 24/7 online health care from Amwell®, use the new app, website or phone number after Jan. 1, 2018. You don't need a service key. Your login information stays the same and will be transferred to our new site. Verify your password and your account information. You may need to re-enter some information.

### HERE'S WHAT YOU NEED TO DO TO USE ONLINE VISITS

- Mobile – Download the BCBSM Online VisitsSM app
- Web – Visit [bcbsmonlinevisits.com](http://bcbsmonlinevisits.com)
- Phone – Call 1-844-606-1608 \*

\*Video visits are required for most states to have prescriptions as part of your treatment

If you're new to online visits, sign up after Jan. 1, 2018. Be sure to add your Blue Cross or Blue Care Network health plan information.

# DENTAL BENEFITS

---

## ROUTINE PREVENTIVE CARE SUCH AS REGULAR DENTAL CHECKUPS CAN HELP LOWER YOUR RISK OF STROKE AND HEART DISEASE.

*Bedrock Group's dental coverage will provide you and your family affordable options for overall health. Coverage is available from Delta Dental of Michigan.*

### **NETWORK DENTISTS**

Your Plan's in-network dentists have agreed to charge lower fees, which helps keep money in your pocket. If you choose to use a dentist who doesn't participate in your Plan's network, you may experience higher out-of-pocket costs even though the in-network and out-of-network coinsurance levels are the same.

This is because you will not have the advantage of the lower negotiated fees and your provider may bill you for charges which exceed Delta's Reasonable and Customary allowance (R&C). To find a network dentist, visit Delta at [www.Deltadentalmi.com](http://www.Deltadentalmi.com).

# DENTAL BENEFITS

## DENTAL PLAN SUMMARY

The chart below gives a summary of the 2018 dental coverage provided by Delta Dental. All out-of-network services are subject to Reasonable and Customary (R&C) limitations.

DELTA DENTAL	
IN NETWORK & OUT OF NETWORK	
<b>ANNUAL DEDUCTIBLE</b>	
Individual	\$50
Family	\$150
<b>ANNUAL MAXIMUM</b>	
Per person	\$2,000
<b>COVERED SERVICES</b>	
Preventative Services Oral Exams, Routine cleanings, Bitewing X-rays, Fluoride applications, Sealants, Space maintainers, Panoramic X-rays	100%
Basic Services Full mouth X-rays, Fillings, Oral surgery, Simple Extractions	80%*
Major Services Oral surgery, Complex extractions, Denture adjustments and repairs, Root canal therapy, Periodontics, Crowns, Dentures, Bridges	50%*
Orthodontics Adults and Children	50%*
Orthodontics Lifetime Maximum	\$2,000

\*AFTER DEDUCTIBLE

**TIP:** DAILY CLEANING AND REGULAR VISITS TO THE DENTIST'S OFFICE WILL HELP PREVENT UNWANTED HEALTH CONCERNS AND MEDICAL PROCEDURES, SAVING YOU TIME AND MONEY IN THE LONG RUN.

## VISION BENEFITS

---

**IF YOU WEAR GLASSES OR CONTACTS,  
CHANCES ARE YOU ALREADY HAVE A STEADY  
APPOINTMENT WITH AN EYE DOCTOR. BUT EVEN  
THOSE WITH PERFECT EYESIGHT SHOULD HAVE  
THEIR VISION CHECKED ON A REGULAR BASIS.**

*To ensure that you and your family have access to quality vision care,  
Bedrock Group offers a comprehensive vision benefit provided by VSP.*

# VISION BENEFITS

## VISION PLAN SUMMARY

Vision Plan benefits are available to full-time employees on a voluntary basis. The chart below gives a summary of the 2018 vision coverage provided by VSP. All out-of-network services are subject to Reasonable and Customary (R&C) limitations. In-network copayments are paid directly to the provider. Out-of-network services will be reimbursed up to the scheduled amounts below.

COVERED MATERIALS	VSP	
	IN NETWORK	OUT OF NETWORK
Single Vision	\$25 copay	Up to \$30
Lenses Bifocal	\$25 copay	Up to \$30
Lenses	\$25 copay	Up to \$65
Retail Frame Equivalent	Up to \$130*	Up to \$70
Contacts <sup>1</sup>	Covered in full	Up to \$210
Examination	\$10	Up to \$45
Examination	Once per 12 months	
Lenses	Once per 12 months	
Frames	Once per 12 months	
Contacts	Once per 12 months	

<sup>1</sup>Medically necessary contact lenses are non-elective contact lenses prescribed when certain medical conditions hinder vision correction through regular eyeglasses.

\*After copay

\* Coverage includes lenses and frames **or** contacts during the period year.

**TIP:** ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AN ESTIMATED 61 MILLION AMERICAN ADULTS ARE AT HIGH RISK FOR SERIOUS VISION LOSS, BUT ONLY HALF VISITED AN EYE DOCTOR IN THE PAST 12 MONTHS.

# HEALTH SAVINGS ACCOUNT

---

## TAKE CHARGE OF YOUR HEALTHCARE SPENDING WITH A HEALTH SAVINGS ACCOUNT(HSA).

*Contributions to an HSA are tax-free, and no matter what, the money in the account is yours. Use it to pay for eligible medical expenses when you are enrolled in the HSA Plan.*

Your HSA can be used for qualified expenses, including those of your spouse and/or dependent(s), even if they are not covered by your Plan.

Health Equity will issue you a debit card, giving you direct access to your account balance. When you have a qualified medical expense, you can use your debit card to pay. You must have a balance to use your debit card. There are no receipts to submit for reimbursement.

Eligible expenses include doctors' office visits, eye exams, prescription expenses and LASIK surgery. IRS Publication 502 provides a complete list of eligible expenses and can be found on [www.irs.gov](http://www.irs.gov).

You may not enroll or contribute to an HSA if you are enrolled in the Health Care Flexible Spending Account.

### **ELIGIBILITY**

You are eligible to open and fund an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse/domestic partner's health plan, health care flexible spending account or health reimbursement account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE for Life insurance.
- You have not received Veterans Administration medical benefits.



# HEALTH SAVINGS ACCOUNT

---

## INDIVIDUALLY OWNED ACCOUNT

You own and administer your Health Savings Account. You determine how much you'll contribute to the account, when to use the money to pay for qualified medical expenses, and when to reimburse yourself. HSAs allow you to save and roll over money if you do not spend it in the calendar year. The money in this account is portable, even if you change plans or jobs. There are no vesting requirements or forfeiture provisions.

## HOW TO ENROLL

You must elect the HDHP with Bedrock Group. You will need to complete all HSA enrollment materials and designate the amount to contribute on a pre-tax basis. Bedrock Group will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

## MAXIMIZE YOUR TAX SAVINGS

Contributions to an HSA are tax-free (they can be made through payroll deduction on a pre-tax basis when you open an account with Health Equity). The money in this account (including interest and investment earnings) grows tax-free. As long as the funds are used to pay for qualified medical expenses, they are spent tax-free.

## HSA FUNDING LIMITS

Each year, the IRS places a limit on the maximum amount that can be contributed to HSA accounts. For 2018, contributions are limited to the following:

**Individual:** \$3,450

**Family:** \$6,900

**Catch-Up Contribution (ages 55+):** \$1,000

The Bedrock Group HSA will be established with Health Equity. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit [www.healthequity.com](http://www.healthequity.com).

**TIP:** FUNDS IN YOUR HSA WILL ROLL OVER FROM YEAR TO YEAR, ALLOWING YOU TO SAVE MONEY FOR FUTURE MEDICAL EXPENSES.

# FLEXIBLE SPENDING ACCOUNTS

---

## **FLEXIBLE SPENDING ACCOUNTS (FSAS) ALLOW YOU TO SET ASIDE PRE-TAX PAYROLL DEDUCTIONS TO PAY FOR OUT-OF-POCKET HEALTH CARE EXPENSES—**

*Such as deductibles, copays and coinsurance,  
as well as dependent care expenses.*

### **HEALTH CARE FLEXIBLE SPENDING ACCOUNT**

You can contribute up to \$2,550 for qualified medical expenses with pre-tax dollars, which will reduce the amount of your taxable income and increase your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them, allowing you to avoid waiting for reimbursement.

Bedrock Group will be implemented a rollover option in 2016. You may no longer have to worry about losing the funds you do not use. You will now be able to carry over up to \$500 of your remaining FSA balance into the following plan year, minimizing the impact of the IRS "use or lose" rule.

*Please note: Over-the-counter (OTC) drugs are not eligible for reimbursement through an FSA without a doctor's prescription.*

# FLEXIBLE SPENDING ACCOUNTS

---

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

In addition to the Health Care FSA, you may opt to participate in the Dependent Care FSA as well—whether or not you elect any other benefits. The Dependent Care FSA allows you to set aside pre-tax funds to help pay for expenses associated with caring for elder or child dependents. Unlike the Health Care FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time.

- With the Dependent Care FSA, you are allowed to set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children younger than the age of 13 and dependents of any age who are incapable of caring for themselves.
- Expenses are reimbursable as long as the provider is not anyone considered your dependent for income tax purposes.
- In order to be reimbursed, you must provide the tax identification number or Social Security number of the party providing care.

## ELIGIBLE DEPENDENT CARE

### Flexible Spending Account Expenses

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. The dependent must be a child younger than the age of 13 and claimed as a dependent on your federal income tax return or a disabled dependent who spends at least eight hours a day in your home.

Examples of eligible dependent care expenses include:

- In-Home Baby-Sitting Services  
(not by an individual you claim as a dependent)
- Care of a Preschool Child by a Licensed Nursery or Day Care Provider
- Before- and After-School Care
- Day Camp
- In-House Dependent Day Care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the Flexible Spending Account programs.

## HOW TO USE THE ACCOUNT

You may use your FSA debit card at locations such as doctor and dentist offices, pharmacies, and vision service providers. The card cannot be used at locations that do not offer services under the Plan, unless the provider has also complied with IRS regulations. Should you attempt to use the card at an ineligible location, the swipe transaction will be denied.

Once you incur an eligible expense, submit a claim form along with the required documentation. If you have a question about a reimbursement, contact Discovery Benefits. Should you need to submit a receipt, you will receive email notifications to log in to your account to view receipt reminders. The receipt reminder will display the documentation required and your next steps. If you do not have an email address on file, a receipt reminder will be mailed.

### **MANAGE YOUR ACCOUNT WISELY.**

IF YOU HAVE MONEY REMAINING IN YOUR  
DEPENDENT CARE FSA AT THE END OF THE YEAR,  
YOU FORFEIT IT. IN OTHER WORDS:

**“USE IT OR LOSE IT.”**

# COMMUTER BENEFITS

---

**A COMMUTER BENEFITS PLAN IS A GREAT WAY TO REDUCE YOUR COMMUTING EXPENSES BY ALLOWING YOU TO SET ASIDE PRE-TAX MONEY FOR QUALIFIED TRANSIT AND PARKING EXPENSES YOU INCUR WHILE GETTING TO AND FROM WORK.**

## **TRANSIT BENEFIT**

Pay for transportation to and from work tax-free. Common eligible expenses include transportation through train, bus, subway and ferry. Up to \$255 per month can be contributed on a pre-tax basis.

## **PARKING BENEFIT**

Pay for parking at or near your regular place of employment tax-free. Up to \$255 per month can be contributed on a pre-tax basis.

## **SIMPLE ACCESS TO YOUR FUNDS**

With the Discover Benefits debit card, you can pay providers at the time of service directly from your transit and/or parking account. If the parking facility does not accept debit card payments, you may also pay out of pocket and then submit a reimbursement request. Parking claims may be submitted to Discovery Benefits online through the consumer web portal.

*Parking and transit receipts are not required by Discovery Benefits to reimburse claims. It is recommended, however, that you keep receipts for your own records.*

# FLEXIBLE SPENDING PLANS

## ADDITIONAL INFORMATION

---

### ADDITIONAL PLAN FEATURES

- 24/7 online account access
- Mobile apps and text alerts
- Single sign-on for all reimbursement accounts
- Use the same debit card to access both Health Care and Dependent Care funds

### GENERAL RULES AND RESTRICTIONS

In exchange for the tax advantages that FSAs offer, the IRS has imposed the following rules and restrictions for both Health Care and Dependent Care FSAs:

- Your expenses must be incurred during the current calendar year plan year.
- Your dollars cannot be transferred from one FSA to another.
- You cannot actively participate (contribute) in an HSA and be enrolled in the Health Care FSA.
- You cannot participate in Dependent Care FSA and claim a dependent care tax deduction at the same time.
- You cannot change your FSA election in the middle of the Plan Year unless you experience a Qualifying Life Event like marriage, divorce or birth of a child.
- You cannot carry over any remaining balances in your Dependent Care account at the end of the year (use it or lose it); however, you will be able to carry over up to \$500 of your Health Care account into the following plan year.
- You have until March 31 to submit claims for expenses you incurred during the previous calendar year.
- You must re-enroll in the FSA each year – elections will not carry over from year to year.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. This means that you must always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Failure to provide proof that an expense was valid can result in your card being turned off and your expense being deemed taxable.

# SURVIVOR BENEFITS

---

## DISCUSSING WHAT MIGHT HAPPEN TO YOUR FAMILY IF YOU WERE NOT AROUND TO PROVIDE FOR THEM ISN'T ALWAYS THE EASIEST CONVERSATION, BUT IT IS NECESSARY.

*Survivor benefits provide financial assistance in an absence, and can help you plan for the unexpected. If you have Life insurance now, chances are you can take comfort in knowing those who depend on you will be provided for.*

### **BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

Life and Accidental Death and Dismemberment (AD&D) benefits are essential to the financial security of you and your family. As such, it is important to understand how your Plan works and what benefits you will receive.

Bedrock Group provides full time employees with Basic Life and AD&D insurance through Lincoln Financial, which guarantees that loved ones, such as a spouse/domestic partner or other designated survivor(s), continue to receive part of an employee's benefits after a death.

Your Basic Life and AD&D insurance benefit is 1x your base annual earnings, up to \$250,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you elect to waive other coverage.

### **Voluntary LIFE INSURANCE**

Full and Part Time employees are eligible to purchase Voluntary Life insurance for themselves and their families. Premiums are paid through post-tax payroll deductions.

# SURVIVOR BENEFITS

## **BASIC LIFE / AD&D for Full Time Employees**

<b>COVERAGE AMOUNT</b>	1X YOUR BASIC ANNUAL EARNINGS
<b>WHO PAYS</b>	BEDROCK GROUP PAYS THE FULL COST OF COVERAGE
<b>BENEFITS PAYABLE</b>	IF YOU DIE, LOSE A LIMB OR SUFFER PARALYSIS IN AN ACCIDENT
<b>MAXIMUM BENEFIT</b>	\$250,000
<b>EVIDENCE OF INSURABILITY (EOI) REQUIRED</b>	N/A

## **VOLUNTARY EMPLOYEE LIFE for Full Time and Part Time Employees**

<b>COVERAGE AMOUNT</b>	\$10,000 INCREMENTS
<b>WHO PAYS</b>	YOU PAY THE FULL COST OF COVERAGE
<b>BENEFITS PAYABLE</b>	IF YOU DIE WHILE COVERED UNDER THE PLAN; THIS BENEFIT IS IN ADDITION TO YOUR BASIC LIFE/AD&D BENEFIT
<b>MAXIMUM BENEFIT</b>	\$500,000
<b>EVIDENCE OF INSURABILITY (EOI) REQUIRED</b>	FOR ELECTIONS GREATER THAN \$200,000

## **VOLUNTARY SPOUSE /DOMESTIC PARTNER LIFE for Full Time and Part Time Employees**

<b>COVERAGE AMOUNT</b>	\$10,000 INCREMENTS
<b>WHO PAYS</b>	YOU PAY THE FULL COST OF COVERAGE
<b>BENEFITS PAYABLE</b>	IF YOU DIE WHILE COVERED UNDER THE PLAN; THIS BENEFIT IS IN ADDITION TO YOUR BASIC LIFE/AD&D BENEFIT
<b>MAXIMUM BENEFIT</b>	\$500,000
<b>EVIDENCE OF INSURABILITY (EOI) REQUIRED</b>	FOR ELECTIONS GREATER THAN \$30,000

## **VOLUNTARY CHILD LIFE for Full Time and Part Time Employees**

<b>COVERAGE AMOUNT</b>	\$2,500 INCREMENTS
<b>WHO PAYS</b>	YOU PAY THE FULL COST OF COVERAGE
<b>BENEFITS PAYABLE</b>	IF YOU DIE WHILE COVERED UNDER THE PLAN; THIS BENEFIT IS IN ADDITION TO YOUR BASIC LIFE/AD&D BENEFIT
<b>MAXIMUM BENEFIT</b>	\$10,000
<b>EVIDENCE OF INSURABILITY (EOI) REQUIRED</b>	N/A

# SURVIVOR BENEFITS

---

## BENEFICIARY DESIGNATION

A beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life offered by Bedrock Group. Benefits payable for a dependent's death under the Lincoln Financial insurance are payable to you.

It is important that your beneficiary designation is clear so that there will be no question as to your intentions. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies), please indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage. If the beneficiary is not legally related, insert the words "Not Related" in the relationship field.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in percentages.

## ALL PERCENTAGES SHOULD TOTAL TO 100%.

For example:

PRIMARY	CONTINGENT
Mary J. Doe, Wife (34%)	Joseph W Doe, Son (50%)
Jane Doe, Daughter (33%)	Jane Doe, Daughter (50%)
John Doe Son (33%)	<b>OR</b> Estate of the Insured (100%)

If there is insufficient space for your beneficiary designations, leave it blank and attach a separate sheet of paper indicating your designations and share percentages. If you need assistance, contact Human Resources or your own legal counsel.

IN GENERAL, THE AMOUNT OF LIFE INSURANCE YOU PURCHASE SHOULD COVER LIVING, PERSONAL AND HOUSEHOLD EXPENSES FOR YOUR FAMILY FOR AT LEAST A YEAR.



# INCOME PROTECTION

---

## BEDROCK GROUP OFFERS DISABILITY COVERAGE TO PROTECT YOU AGAINST AN UNFORTUNATE OR DEBILITATING INJURY.

*This insurance protects a portion of your income until you  
can return to work, or until you reach retirement age.*

### **SHORT TERM DISABILITY (STD) INSURANCE for Full Time Employees**

STD insurance protects a portion of your income if you become partially or totally disabled for a short period of time. It replaces 60% of your income, up to a maximum weekly benefit of \$2,500, depending on your current annual earnings. You must be sick or disabled for at least 8 days before you can receive a benefit payment. Payments may last up to 12 weeks. Certain exclusions, along with any pre-existing condition limitations, may apply. Please refer to your Summary Plan Description for details or contact Human Resources for specific benefits.

### **LONG TERM DISABILITY (LTD) INSURANCE For Full Time Employees**

LTD insurance protects a portion of your income if you become partially or totally disabled for an extended period of time. This insurance replaces 60% of your income, up to a maximum of \$12,500 per month, depending on your current annual earnings. You must be sick or disabled for at least 90 days before you can receive a benefit payment.

Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner. Certain exclusions, along with any pre-existing condition limitations, may apply. Please refer to your Summary Plan Description for details or contact Human Resources for specific benefits.

### **NOTES**

---

**DISABILITY INSURANCE IS NOT THE  
SAME AS WORKERS' COMPENSATION.**  
THE INJURY OR ILLNESS DOES NOT HAVE TO  
BE THE RESULT OF A WORKPLACE INCIDENT.

# LIFE PROTECTION

---

## LEGALZOOM LIFEPLAN

LifePlan™ is a comprehensive employee benefit that provides integrated legal, financial, tax and insurance services to help members confidently navigate the major and daily life events their families face including marriage, home purchase, childbirth, retirement and end of life planning.

## HERE'S WHAT YOU GET

- 500+ person success center readily available to serve you
- Convenient access (phone, mobile app, web) to handle all of your matters seamlessly
- Instant scheduling of certified attorneys and accountants through our national network
- Annual check-ins to anticipate and respond to your life changes as they happen
- Unlimited secure digital storage for your most important documents and personal memories

## LEGAL ADVICE

Attorney advice sessions across a spectrum of common legal matters including:

- Family – Marriage, divorce, child custody / child support
- Financial – Bankruptcy, lawsuits, debt, collections, small claims
- Real Estate – Foreclosure, home sales, landlord/tenant issues
- Estate Planning – Last will, living will, power of attorney, living trust, trust funding
- Other – Personal injury, property damage

## TAX ADVICE

Tax advice sessions through our partner, 1-800Accountant

## FINANCIAL ADVICE

Unlimited financial advice sessions with an independent certified financial advisor through a LegalZoom business partner.

## INSURANCE ADVICE

Unlimited insurance advice sessions with an independent certified insurance agent through a LegalZoom business partner.

## AN ATTORNEY-ASSISTED ESTATE PLAN

Last will or living trust, an advanced healthcare directive (living will) and a financial power of attorney.

## ATTORNEY CONSULTED LEGAL LIBRARY

Standardized legal agreements for over 150 legal matters including Business Agreements, Affidavits, Landlord / Tenant forms, Non-Disclosure Agreements, Promissory Notes, and many more.

## 10% OFF OVER 40 COMPREHENSIVE PRODUCTS & SERVICES INCLUDING

Business Services – LLCs, Incorporations, DBAs, Non-profits and many more Intellectual Property – Trademarks, Copyrights, Patents and many more Personal Services – Divorce, Name Changes, Real Estate leases, and many more.

## DOCUMENT REVIEW

Legal review of LegalZoom and non-LegalZoom documents.

## ID THEFT PROTECTION

Full Service Identity Restoration, \$1M Identity Insurance, 1 Bureau Credit Monitoring and more.

This is a general overview and is for illustrative purposes only. Plans and services vary state to state. See our plan contract for your state of residence for complete terms, coverage, amounts, conditions, and exclusions.

LegalZoom is not a law firm or a substitute for an attorney or law firm and does not provide legal advice or services.

## ADDITIONAL BENEFITS

---

# BEDROCK GROUP KNOWS THE VALUE OF WELL-ROUNDED, BALANCED EMPLOYEES, WHICH IS WHY WE OFFER ADDITIONAL BENEFITS TO HELP YOU MANAGE YOUR LIFE.

### **EMPLOYEE ASSISTANCE PROGRAM**

Bedrock Group cares about you and your family's total health management—mental, emotional and physical. For that reason, we provide an Employee Assistance Program (EAP) at no cost to you.

This service connects you with the best mental health and counseling services. Whether you are interested in work/life resources, mental health assistance, or legal and financial advice, the EAP service can connect you and members of your household with a variety of professionals. With just one phone call, at any hour of the day or night, you can speak with helpful resources. The EAP benefit includes three face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Bedrock Group. You may also access information, benefits,

educational materials and more either by phone at 888-628-4824 or online at [www.GuidanceResources.com](http://www.GuidanceResources.com) (username = LFGsupport; password = LFGsupport1).

### **THE PROGRAM PROVIDES REFERRALS TO HELP WITH:**

- Emotional Health and Well-Being
- Alcohol or Drug Dependency
- Marriage or Family Relationship Problems
- Job Pressures
- Stress, Anxiety, Depression
- Grief and Loss
- Financial or Legal Advice

# 401K RETIREMENT SAVINGS PLAN

---

All new hires will be automatically enrolled in 401k at 6% payroll deductions upon eligibility. Employees are eligible for 401K, the 1st of the month after 3 from your date of hire. To opt out, you must go online at [www.TA-Retirement.com](http://www.TA-Retirement.com). The 401K provider is Transamerica. The website is: [www.TA-Retirement.com](http://www.TA-Retirement.com). Once you log in follow the instructions to set up a new account. This is also how you sign up and/or change contribution amounts. Phone access is available at (800) 401-8726. You can log in or make changes at any time but changes are only effective the 1st of each month.

## NOTES

---

### PLAN SUMMARY

- The plan has a "Safe Harbor Match" that allows you to get a match of up to 4% of your salary and it's 100% vested after 2 years. All you need to do is make sure you are contributing 6% of your pay into the 401(k) (see table below).
- The company will pay much of the Administrative costs of providing and operating the plan.
- There is an independent financial advisor to advise on the plan and support participant education and investment
- Transamerica provides an opportunity for Pre-tax and after tax (Roth) savings.
- There is a menu of 12 Investment options, plus the opportunity to develop investments options to fit individual objectives.

### 401K MATCHING SCHEDULE

SALARY DEFERRAL ELECTION	NEW COMPANY MATCH
1%	100%
2%	100%
3%	50%
4%	50%
5%	50%
6%	50%

A 6% deferral election means a 4.0% company match. Vesting is 100% after 2 years credited service years.

# 2018 MONTHLY PREMIUMS

Premium contributions for your elected benefits will be deducted from your paycheck on a pre-tax basis for medical, dental, vision benefits. Voluntary life insurance premiums will be deducted on a post-tax basis. Your level of coverage will determine your monthly premium. Premiums noted below include the Tobacco discount of \$50/month. See Tobacco Discount on pg 10 and Tobacco Affidavit on pg 30.

### FULL-TIME EMPLOYEES

COVERAGE		EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
MEDICAL (BCBS OF MICHIGAN)	HDHP	\$30.00	\$150.00	\$105.00	\$300.00
	PPO	\$65.00	\$333.00	\$240.00	\$550.00
DENTAL (DELTA)		\$6.50	\$35.00	\$40.00	\$85.00
VISION (VSP)		\$2.04	\$5.16	\$4.81	\$13.22

### PART-TIME EMPLOYEES

COVERAGE		EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
MEDICAL (BCBS OF MICHIGAN)	HDHP	\$81.00	\$496.00	\$365.00	\$840.00
	PPO	\$140.00	\$633.00	\$485.00	\$1,058.00
DENTAL (DELTA)		\$8.50	\$35.00	\$40.00	\$85.00
VISION (VSP)		\$6.81	\$11.47	\$11.73	\$18.89

### HAWAII RESIDENTS ONLY

COVERAGE		EMPLOYEE ONLY	EMPLOYEE + 1 Dependent	EMPLOYEE + 2+ Dependents
MEDICAL (Kaiser)	HMO	1.5% of wages to a max of \$70	\$375.00	\$240.00

VOLUNTARY LIFE AND AD&D (LINCOLN FINANCIAL)	Age Bands	EMPLOYEE	SPOUSE
		Premium Rates/\$1,000	
		Younger than 25	\$0.081
	Age 25-29	\$0.081	\$0.081
	Age 30-34	\$0.079	\$0.079
	Age 35-39	\$0.113	\$0.113
	Age 40-44	\$0.182	\$0.182
	Age 45-49	\$0.320	\$0.320
	Age 50-54	\$0.490	\$0.490
	Age 55-59	\$0.824	\$0.824
	Age 60-64	\$1.030	\$1.030
	Age 65-69	\$1.560	\$1.560
	Age 70-74	\$3.074	\$3.074
	Older than 75	\$3.074	\$3.074
<b>CHILD LIFE</b>			
	Premium/\$1,000	\$0.146	

# TOBACCO AFFIDAVIT

---

**If you fail to submit this Tobacco/Nicotine Affidavit, the Tobacco/Nicotine Surcharge will be applied to your monthly medical premium regardless of you or your dependents' tobacco/nicotine use status.**

I am aware that effective January 1, 2018, Bedrock Group (and affiliated companies) will implement a Tobacco/Nicotine Surcharge for employees participating in the Bedrock Group medical plan(s) who use tobacco or nicotine. The \$50 per month Tobacco/Nicotine Surcharge is in addition to my regular monthly medical premium and is applied to myself, my spouse/domestic partner, and/or all my dependent child(ren) over age 18 who are tobacco/nicotine users. The maximum surcharge amount that may be applied is \$50 per month. I understand that my employer may require certification of non-tobacco user status in the future.

## TOBACCO/NICOTINE DEFINITION

I am or my spouse/domestic partner and/or dependent(s) is considered to be a tobacco/nicotine user if I/we have used tobacco/nicotine products - cigarettes, cigars, cigarillos, pipes, chewing tobacco, snuff, dip, e-cigarettes, loose tobacco smoked via pipe or hookah, and any other tobacco product, regardless of frequency, method of use or location (this includes daily, occasionally, socially, at home only, etc.) in the last twelve months.

After reading the information provided above, I hereby certify that:

- 1(a). \_\_\_\_\_ I am a tobacco/nicotine user.  
1(b). \_\_\_\_\_ I am not a tobacco/nicotine user.  
2(a). \_\_\_\_\_ My spouse/domestic partner is a tobacco/nicotine user.  
2(b). \_\_\_\_\_ My spouse/domestic partner is not a tobacco/nicotine user.  
3(a). \_\_\_\_\_ My dependent child(ren) over age 18 is/are a tobacco/nicotine user(s).  
3(b). \_\_\_\_\_ My dependent child(ren) over age 18 is/are not a tobacco/nicotine user(s).

## ANNUAL ENROLLMENT

I understand that if I check box #1(a), #2(a), or #3(a) above, a Tobacco/Nicotine Surcharge will be applied to my monthly medical premium starting with the first pay period of the following calendar year. **To qualify for the Tobacco Free discount, you must return a completed affidavit to Human Resources by 11/17/17.**

## NEWLY MEDICALLY ENROLLED

I understand that if I check box #1(a), #2(a), or #3(a) above a Tobacco/Nicotine Surcharge will be applied to my monthly medical premium beginning with my first medical plan payroll deduction. **To qualify for the Tobacco Free discount, you must return a completed affidavit to Human Resources within 30 days from date of hire or qualifying event.**

Our health plan is committed to helping you achieve your best health. Rewards for participating in the cessation program are available to all benefits enrolled employees. If you are a tobacco/nicotine user as defined above, you may be eligible to avoid the Tobacco/Nicotine Surcharge by different means. The tobacco free discount will start upon your completion of UBreathe coaching sessions or the reasonable alternative program by April 13, 2018. If you are a new hire/enrollee, the tobacco free discount will start upon your completion of completing UBreathe coaching sessions within 105 days from the effective date of your coverage.

I, \_\_\_\_\_, acknowledge the UBreathe Cessation Program will identify by name individuals who have met the above requirements. I acknowledge that if I am a tobacco/nicotine user, my name may be shared with vendors who can help me quit tobacco/nicotine. No Personal Health Information will be disclosed.

I have read and understand the statements on this document, and I hereby certify my statements to be true and correct in all material respects. I further understand that falsification of this document is grounds for terminating my participation in the Company medical plan and/or other disciplinary action, up to and including termination of my employment with the company.

**To Enroll Call UBreathe: 800-882-2109 or email: [coaching@marqueehealth.com](mailto:coaching@marqueehealth.com)**

---

SIGNATURE

---

DATE

---

Print

Name

# GLOSSARY

---

## **COINSURANCE**

Your share of the cost of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service, typically after you meet your deductible. For instance, if your plan's allowed amount for an office visit is \$100 and you've met your deductible (but haven't yet met your out-of-pocket maximum), your coinsurance payment of 20% would be \$20. Your plan sponsor or employer would pay the rest of the allowed amount.

## **COPAY**

The fixed amount, as determined by your insurance plan, you pay for health care services received.

## **DEDUCTIBLE**

The amount you owe for health care services before your health insurance or plan sponsor (employer) begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you've met your \$1,000 deductible for covered health care services. This deductible may not apply to all services, including preventive care.

## **EMPLOYEE CONTRIBUTION**

The biweekly amount you pay for your insurance coverage.

## **EXPLANATION OF BENEFITS**

A statement sent by your insurance carrier that explains which procedures and services were provided, how much they cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision. These statements are also posted on the carrier's website for your review.

## **FLEXIBLE SPENDING ACCOUNTS (FSAS)**

An option that allows participants to set aside pre-tax dollars to pay for certain qualified expenses during a specific time period (usually a 12-month period). There are two types of FSAs: the Health Care FSA and the Dependent Care FSA.

- Health Care FSA – With the Health Care FSA, participants can use their accounts to cover eligible medical expenses such as copays, eye exams, prescriptions and more. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code. Please note that over-the-counter medications are not eligible for reimbursement without a doctor's

prescription with the Health Care FSA.

- Dependent Care FSA– A Dependent Care FSA – helps to reimburse participants for eligible expenses associated with caring for a qualified dependent, such as a dependent younger than age 13 or another dependent that may be incapable of self-care. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Both accounts are “use it or lose it,” meaning that funds not used by the end of the plan year will be lost.

## **HEALTH CARE COST TRANSPARENCY**

Also known as Market Transparency or Medical Transparency. Health care provider costs can vary widely, even within the same geographic area. To make it easier for you to get the most cost effective health care products and services, online cost transparency tools, which are typically available through health insurance carriers, allow you to search an extensive national database to compare costs for everything from prescription drugs and office visits to MRIs and major surgeries.

## **HEALTH SAVINGS ACCOUNT (HSA)**

A personal health care bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable, meaning if you change jobs your account goes with you.

## **HIGH DEDUCTIBLE HEALTH PLAN (HDHP)**

Plan option that provides choice, flexibility and control when it comes to spending money on health care. Preventive care is covered at 100% with in network providers, there are no copays, and all qualified employee-paid medical expenses count toward your deductible and your out-of-pocket maximum.

## **IN-NETWORK**

In-network providers are doctors, hospitals and other providers that contract with your insurance company to provide health care services at discounted rates.

CONTINUED ON NEXT PAGE

# GLOSSARY

---

## **OUT-OF-NETWORK**

Out-of-network providers are doctors, hospitals and other providers that are not contracted with your insurance company. If you choose an out-of-network doctor, services will not be provided at a discounted rate.

## **OUT-OF-POCKET MAXIMUM**

Also known as an out-of-pocket limit. The most you pay during a policy period (usually a 12-month period) before your health insurance or plan begins to pay 100% of the allowed amount. This limit does not include your premium, charges beyond the Reasonable & Customary, or health care your plan doesn't cover. Check with your health insurance carrier to confirm what payments apply to the out-of-pocket maximum.

## **OVER-THE-COUNTER(OTC) MEDICATIONS**

Medications typically made available without a prescription.

## **PRESCRIPTION MEDICATIONS**

Medications prescribed to you by a doctor. Cost of these medications is determined by their assigned tier: Generic, Preferred or Non-Preferred.

- **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding Preferred or Non-Preferred versions. The color or flavor of a Generic medicine may be different, but the active ingredient is the same. Generic drugs are usually the most cost-effective version of any medication.
- **Preferred Drugs** – Brand-name drugs on your provider's list of approved drugs. You can check online with your provider to see this list.
- **Non-Preferred Drugs** – Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher co-payments.

## **REASONABLE AND CUSTOMARY ALLOWANCE (R&C)**

Also known as an eligible expense or the Usual and Customary (U&C). The amount your insurance company will pay for a medical service in a geographic region based on what providers in the area usually charge for the same or similar medical service.

## **SUMMARY OF BENEFITS AND COVERAGE (SBC)**

Mandated by health care reform, your insurance carrier or plan sponsor will provide you with a clear and easy to follow summary of your benefits and plan coverage.

## **SUMMARY PLAN DESCRIPTION (SPD)**

It is a summary of the material provisions of the plan document, and is the main vehicle for communicating plan rights and obligations to participants and beneficiaries.



# REQUIRED NOTICES

---

## **IMPORTANT NOTICE FROM BEDROCK GROUP LP ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE UNDER THE BLUE CROSS BLUE SHIELD OF MICHIGAN PLAN(S)**

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

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

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

### **WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?**

You can join a Medicare drug plan when you first become eligible for Medicare during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll each year from October 15th through December 7th.

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

## **WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?**

If you decide to join a Medicare drug plan, your current Bedrock Group LP coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current Bedrock Group LP coverage, be aware that you and your dependents will not be able to get this coverage back.

## **WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?**

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

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

## **FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE:**

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

**CONTINUED ON NEXT PAGE**

# REQUIRED NOTICES

---

## **FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE:**

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: January 01, 2018  
Name of Entity/Sender: Bedrock Group LP  
Contact—Position/Office: Human Resources  
Address: 485 Milwaukee Ave.  
Detroit, MI 48202  
Phone Number: 313-334-7553

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT**

The Women's Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. The Act requires that all group health plans providing medical and surgical benefits with respect to a mastectomy must provide coverage for all of the following:

- Reconstruction of the breast on which a mastectomy has been performed
- Surgery and reconstruction of the other breast to

- produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions which apply for the mastectomy. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description or contact Human Resources at 313-334-7553.

## **HIPAA PRIVACY AND SECURITY**

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. The Notice of Privacy Practices has been recently updated. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 313-334-7553.

## **HIPAA SPECIAL ENROLLMENT RIGHTS**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);

**CONTINUED ON NEXT PAGE**

# REQUIRED NOTICES

---

- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s) other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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

To request special enrollment or obtain more information, contact Human Resources at 313-334-7553.

## IMPORTANT CONTACTS

---

**MEDICAL & PHARMACY** BlueCross BlueShield of Michigan  
313-225-9000  
www.bcbsm.com

**DENTAL** Delta Dental of Michigan  
800-524-0149  
www.deltadentalmi.com

**VISION** VSP  
800-877-7195  
www.vsp.com

**HEALTH SAVINGS ACCT.** Health Equity  
866-346-5800  
www.healthequity.com

**FLEXIBLE SPENDING ACCT.** Discovery Benefits  
866-451-3245  
www.discoverybenefits.com

**LIFE AND AD&D** Lincoln Financial  
800-423-2765  
(Select Option 1 for claims/  
Option2 for administration and  
other questions)  
www.Lincoln4Benefits.com

**DISABILITY** Lincoln Financial  
800-423-2765  
(Select Option 1 for claims/  
Option 2 for administration and  
other questions)  
www.Lincoln4Benefits.com

**EMPLOYEE ASSISTANCE PROGRAM** Lincoln Financial (ComPsych)  
888-628-4824  
www.GuidanceResources.com  
Username: LFGsupport  
Password: LFGsupport1

**BEDROCK GROUP HUMAN RESOURCES** Aimee Dowling  
485 W Milwaukee  
5th Floor / Detroit, MI 48202  
313-334-7553  
adowling@shinola.com

Katherine Chapman  
485 W Milwaukee  
5th/Floor Detroit, MI 48202  
313-334-7613  
kchapman@shinola.com

**FILSON BENEFITS** Vanessa Garcia  
1741 1st Avenue S  
Seattle, WA 98134  
206-805-3636

# NOTES

---