

2021

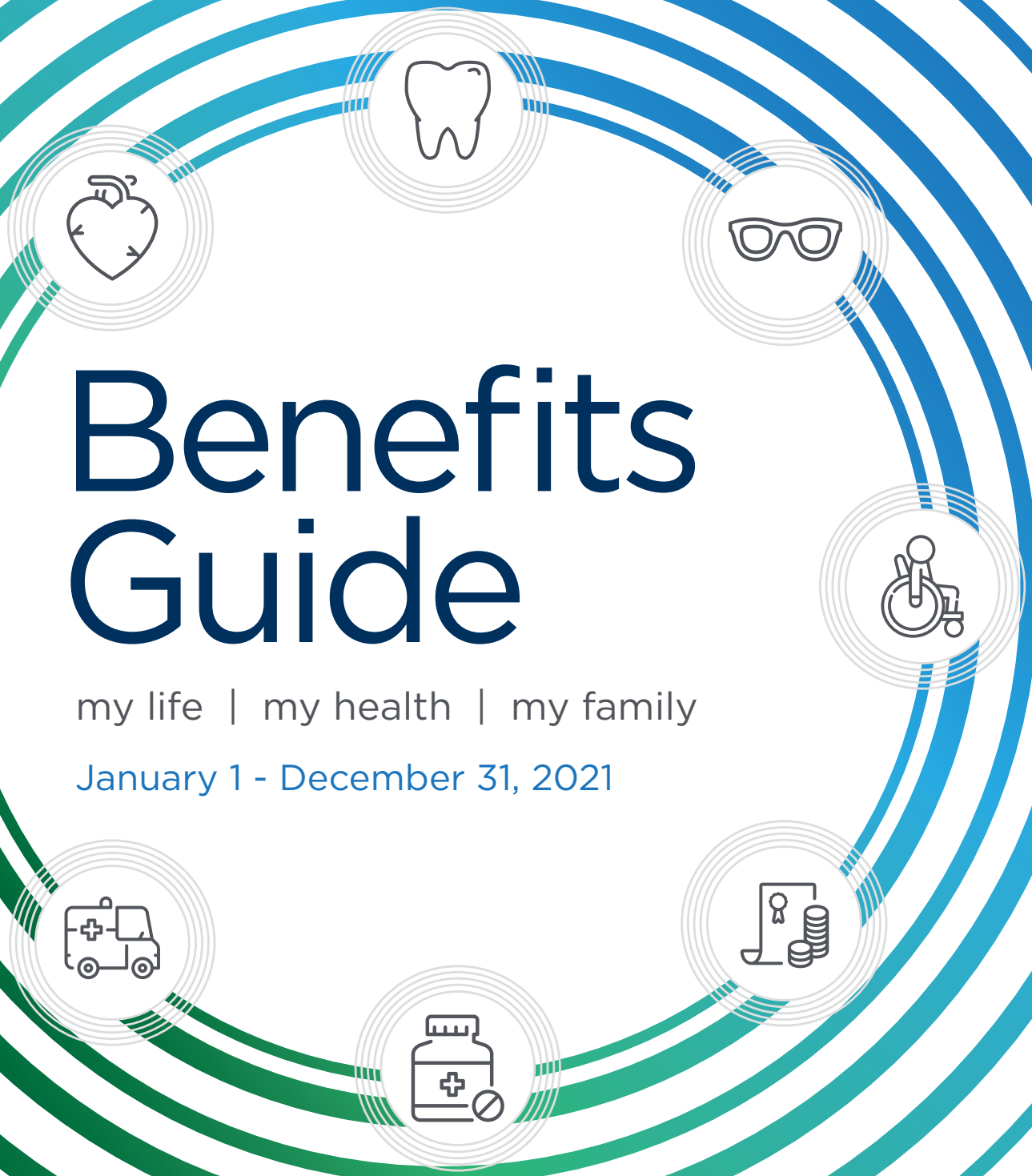
Benefits Guide

my life | my health | my family

January 1 - December 31, 2021



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Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or his/her children, where applicable by state law
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 60 days.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2021.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP, or child
- ▶ You lose coverage under your spouse's/RDP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Please complete enrollment forms and submit to Human Resources.

Medical

We are proud to offer you a choice among four different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Kaiser Permanente HMO + HSA

Kaiser Permanente HMO

With these plans, you must use Kaiser facilities and providers for your medical and pharmacy needs. Services received outside of the Kaiser network are not covered, except in the case of emergency medical care.

Kaiser Permanente PPO + HSA

Kaiser Permanente PPO

These plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Kaiser Permanente network. The calendar-year deductible must be met before certain services are covered.

Health Savings Account (HSA)

Some of the medical plans come with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **NOTE:** *If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL deductible (up to the family limit) before the plan starts to pay expenses for that individual.*
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. **NOTE:** *If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100 percent for that individual.*



- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, we will contribute \$100 per month to your HSA if you enroll in employee-only coverage, \$150 per month if you enroll in employee + spouse or employee + child(ren) coverage and \$200 per month if you enroll in family coverage. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2021
Employee Only	\$3,600
Family (employee + 1 or more)	\$7,200
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.

Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Kaiser Permanente \$1,500 Deductible HSA - Core HMO	Kaiser Permanente \$500 Deductible - Core HMO	Kaiser Permanente \$1,500 Deductible HSA - Access PPO		Kaiser Permanente \$500 Deductible - Access PPO	
	In-Network Only	In-Network Only	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)						
Individual / Family	\$1,500 / \$3,000	\$500 / \$1,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$500 / \$1,000	\$500 / \$1,000
Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$4,500 / \$7,350	\$1,500 / \$3,000	\$4,500 / \$7,350	\$4,500 / \$7,350	\$2,000 / \$4,000	\$2,000 / \$4,000
Company Contribution to Your Health Savings Account (HSA) (prorated for new hires/newly eligible)						
Employee	\$100 per month	N/A	\$100 per month	N/A	N/A	N/A
Employee + Spouse	\$150 per month		\$150 per month			
Employee + Child(ren)	\$150 per month		\$150 per month			
Family	\$200 per month		\$200 per month			
Covered Services						
Office Visits (physician/specialist)	20%*	1st 4 covered at \$20, then \$20 copay*	20%* / 10%*enhanced	50%*	1st 4 covered at \$20/\$10 enhanced, then 20%*	40%*
Routine Preventive Care	No charge	No charge	No charge	Not covered	No charge	Not covered
Outpatient Diagnostic (lab/X-ray)	20%*	Covered in full up to 1st \$500 then deductible applies	20%* / 10%*enhanced	50%*	Covered in full up to 1st \$500 then 20%*	Covered in full up to 1st \$500 then 40%*
Complex Imaging	20%*	Covered in full up to 1st \$500 then deductible applies	20%* / 10%*enhanced	50%*	Covered in full up to 1st \$500 then 20%*	Covered in full up to 1st \$500 then 40%*
Chiropractic	20%*	\$20 copay*	20%* / 10%*enhanced	50%*	\$20*	40%*
Ambulance	20%*	20%*	20%* / 10%*enhanced	20%*	20%*	20%*
Emergency Room	20%*	\$150 copay*	20%*	20%*	\$150 copay + 20%*	\$150 copay*
Urgent Care Facility	20%*	\$20 copay*	20%* / 10%*enhanced	50%*	\$20*	40%*
Inpatient Hospital Stay	20%*	\$200 copay*	20%* / 10%*enhanced	50%*	20%*	40%*
Outpatient Surgery	20%*	\$100 copay*	20%* / 10%*enhanced	50%*	20%*	40%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)						
Retail Pharmacy (30-day supply)	\$10* / \$20* / \$40*	\$10 / \$25 / \$50	20%* / 10%*enhanced	Not covered	\$10 / \$35 (\$30 enhanced) / \$70 (\$65 enhanced)	Not covered
Mail Order (90-day supply)	\$30* / \$60* / \$120*	\$20 / \$50 / \$100	20%* / 10%*enhanced	Not covered	\$20 / \$60 / \$130	Not covered

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. *Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental

We are proud to offer you a choice between two different dental plans.

Delta Dental of WA DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental of WA network.

Willamette DHMO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

Following is a high-level overview of the coverage available.

Key Dental Benefits	DPPO		DHMO
	In-Network	Out-of-Network ¹	In-Network Only
Deductible (per calendar year)			
Individual / Family	\$0 / \$0	\$50 / \$100	None / None
Benefit Maximum (per calendar year; preventive, basic, and major services combined)			
Per Individual	\$1,000 ²	\$1,000	No charge
Covered Services			
Preventive Services	No charge	20%	See Schedule
Basic Services	20%	30%*	See Schedule
Major Services	50%	60%*	See Schedule
Orthodontia (Child & Adult)	50%; \$1,000 Lifetime Max. Benefit	50%; \$1,000 Max. Benefit	\$2,500 copay. See schedule for details

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Does not apply to preventive services.

Vision

We are proud to offer you a vision plan.

The Exam: Kaiser Permanente / Hardware: Administered by Zak Designs vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Kaiser Permanente network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	See medical plan benefit schedule	See medical plan benefit schedule
Materials Copay	N/A	N/A
Lenses (once every 12 months)	See medical plan benefit schedule	See medical plan benefit schedule
Single Vision		See medical plan benefit schedule
Bifocal		See medical plan benefit schedule
Trifocal		See medical plan benefit schedule
Frames (once every 12 months)	Reimbursed up to \$50 for individual / \$100 for employees + dependents	Reimbursed up to \$50 for individual / \$100 for employees + dependents
Contact Lenses (once every 12 months; in lieu of glasses)	Reimbursed up to \$50 for individual / \$100 for employees + dependents	Reimbursed up to \$50 for individual / \$100 for employees + dependents



Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Rehn & Associates. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2021, you may contribute up to \$2,700 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

NOTE: If you enroll in the HSA medical plan, you may not participate in a Health Care FSA.

Dependent Care FSA

For 2021, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through March 15, 2022, and must file claims by March 31, 2022.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.



Life and AD&D Insurance

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Lincoln Financial.

Benefit Amount	
	All full-time employees: \$50,000 / Executives & full-time managers: 2 times annual salary to a \$200,000 max

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability

Provided at an affordable group rate through Lincoln Financial.

Benefit Percentage	60%
Weekly Benefit Maximum	\$2,500
When Benefits Begin	After 7th day of disability
Maximum Benefit Duration	13 weeks

Voluntary Long-Term Disability

Provided at an affordable group rate through Lincoln Financial.

Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	To age 65 or Social Security Retirement Age

Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Lincoln Financial.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to four (4) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Valuable Extras

We also offer the following additional benefits:

- ▶ Pet Insurance through Pets Best
- ▶ Business Travel Accident through Geo Blue



Cost of Benefits

January 1 - December 31, 2021

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical & Vision

Coverage Tier	Bi-Weekly Employee Contribution			
	Kaiser Permanente \$1,500 Deductible HSA - Core HMO	Kaiser Permanente \$500 Deductible - Core HMO	Kaiser Permanente \$1,500 Deductible HSA - Access PPO	Kaiser Permanente \$500 Deductible - Access PPO
Employee Only	\$0	\$20.00	\$12.50	\$50.00
Employee + Spouse/RDP	\$101.50	\$185.00	\$132.50	\$267.00
Employee + Child(ren)	\$64.00	\$123.50	\$85.00	\$172.00
Family	\$152.00	\$297.50	\$246.50	\$375.50

Dental

Coverage Tier	Bi-Weekly Employee Contribution	
	Delta Dental of WA DPPO	Willamette DHMO
Employee Only	\$0	\$0
Employee + Spouse/RDP	\$15.50	\$15.00
Employee + Child(ren)	\$20.19	\$17.50
Family	\$35.15	\$32.50

Voluntary Disability

Benefit	Bi-Weekly Employee Contribution
Short-Term Disability	\$0.192 per \$10 of benefit
Long-term Disability	\$0.31 per \$100 of benefit

Registered Domestic Partner (RDP) Contributions: Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your RDP's or RDP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for RDP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an RDP must be taken on an after-tax basis.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Kaiser Permanente	(888) 901-4636	www.kp.org/wa
Dental	Delta Dental of WA	(800) 554-1907	www.deltadentalwa.com
	Willamette Dental	(855) 433-6825	www.willamettedental.com
Vision	Contact Human Resources		
Flexible Spending Accounts (FSAs) and Health Savings Account (HSA)	Rehn & Associates	(800) 872-8979	www.rehnonline.com
Life/AD&D	Lincoln Financial	(877) 275-5462	www.lfg.com
Disability	Lincoln Financial	(877) 275-5462	www.lfg.com
Employee Assistance Program (EAP)	Lincoln Financial	(877) 275-5462	www.lfg.com
Pet Insurance	Pets Best	(888) 984.8700	www.petsbest.com/zakpet
Business Travel Accident	Geo Blue	(800) 257-4823	www.geo-blue.com

Questions?

If you have additional questions, you may also contact:

Human Resources

Melissa Kuntzmann at (509) 244-1248
kuntzmann@zak.com

Plan Advocate

Randi Jennings at (509) 462.7874
randi.jennings@hubinternational.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.
Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

