



WillowWood

**2020
Benefits
Guide**

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Welcome to Your WillowWood Benefits!

At WillowWood, we consider our employees to be our most valuable asset. You work hard to support our company goals and we want to reward you for your commitment and dedication. To enhance your overall compensation, we are pleased to offer distinctive employee programs, competitive benefits, and valuable resources to help you live your best life.

Your benefit needs change as your life changes. Whether you're just out of college, have an active family, or are getting close to retirement, we offer plans that fit your stage of life. Taking the time to research your options will help you make the most of the benefits available to you and choose the right coverage for you and your family.

We understand that information is key when it's time to make choices about your health benefits. In this guide, you'll find details about your benefit options. We encourage you to carefully review the plans and select the right coverage for your unique needs.

Who Is Eligible?

All regular, full-time employees who regularly work 30 or more hours per week are eligible to participate in our benefit plans.

You may enroll your eligible dependents in many of the same plans you choose for yourself. Proof of dependent status may be required to enroll. Eligible dependents include:

- Your legal spouse as defined by state in which you reside. However, for purposes of eligibility this does not include a common-law marriage spouse
- Your natural, adopted, or stepchildren up to age 26
- Your dependent children of any age, if disabled and incapable of self-support due to mental or physical disability (child must be disabled prior to reaching age 26).

Enrolling in Your Benefits

The choices you make when you first become eligible are in effect for the remainder of the plan year. It's important to review your benefit options and choose the best coverage for you and your family.

You have three opportunities to enroll or make changes:

1. Within 30 days of your eligibility date
2. Within 30 days of a qualified change in family status. Examples include:
 - a. Marital status change (marriage, divorce, or legal separation)
 - b. Birth or adoption of a child
 - c. Death of a dependent
 - d. Loss or gain of other health coverage for you and/or dependents.
 - e. Change in employment status
 - f. Change in Medicaid/Medicare eligibility for you or a dependent
 - g. Receipt of a Qualified Medical Child Support Order (or other court order)
3. During the annual enrollment period

COBRA Coverage – If You Leave Your Job

Your WillowWood employer-sponsored benefits end on the last day of the month following your termination. You may be eligible to continue coverage for certain benefits for yourself and your dependents as allowed under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

The following benefits qualify for COBRA coverage:

- Medical and Prescription Drug
- Dental
- Vision
- Flexible Spending Accounts (FSAs)

If you participate in COBRA, you must enroll within 60 days of your notification date or coverage end date. You will be responsible for making monthly payments for the full premium, plus a 2% administration fee. In most cases, COBRA coverage is available for up to 18 months, though extensions may be available under qualifying circumstances.



Ready to Enroll?

It's important to review your needs and the needs of your family so you can make the best choices from the options available to you. Follow these steps to enroll in your benefits.

1. Evaluate Your Needs

Be a smart health care shopper and ask yourself the following questions:

- **Who should I cover?** Evaluate your coverage options for all dependents who meet eligibility requirements.
- **How much did I spend on health care this past year?** Consider your past expenses to help you plan for the future.
- **Will I need more or less health care coverage next year?** Estimate the amount of health care you will require in the upcoming year.

2. Review Your Options

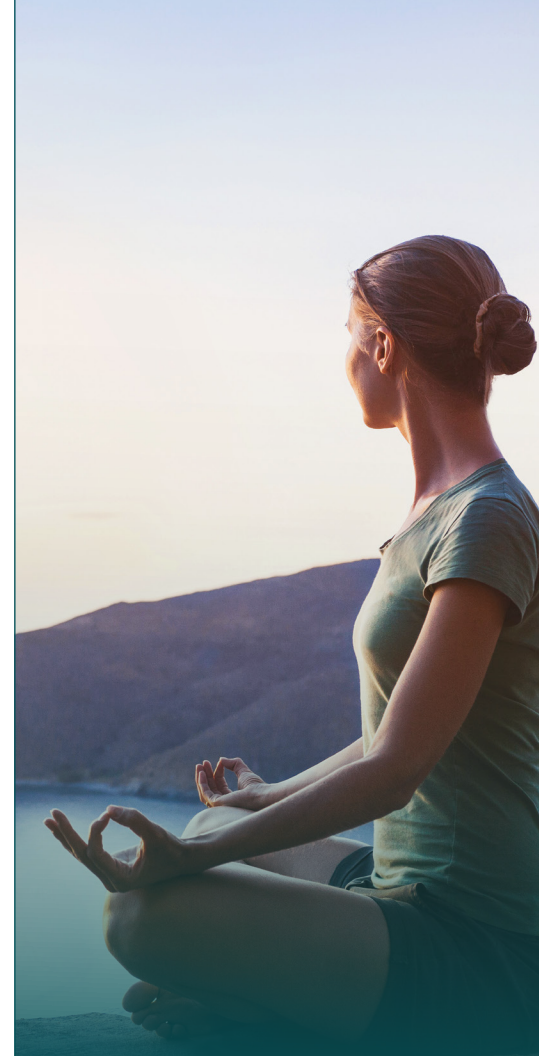
- Review this benefits guide to compare your options and evaluate plan costs and potential savings.

3. Enroll Online

- Visit **owwco.namely.com** to enroll.
- Enter your username and password.
- Follow the prompts to select or waive each of your benefit options.
- If waiving coverage, follow the prompts online to signify you are waiving coverage.
- Submit your elections through Namely.

4. Confirm Your Elections

- After you submit your elections, review your confirmation statement carefully to make sure your benefits and dependent information are correct.



Helpful Enrollment Tip

Each year you wish to participate in a Flexible Spending Account, or Health Savings Account, you must designate the amount you want to contribute to each account from your paycheck up to annual IRS limits.

Preventive Care Visits – See Your Doctor At Least Once a Year

Preventive care visits are critical to your overall health. Routine checkups and screenings can help you avoid serious health problems. Work as a team with your doctor to manage your overall health, and reach your health and wellness goals.

Preventive care visits include screenings, exams, tests, and immunizations to identify health problems early. This enables you to take action and keep treatable health issues from becoming chronic conditions. The best part? These visits are covered in full by your health plan when you use an in-network provider. Set a calendar reminder and make it a priority to schedule your annual preventive care visit each year.

Health Advocacy – A Helping Hand with Your Health Care

Insurance coverage can be complicated. Compass is designed to provide support when you need it most. When you reach out to Compass, you will be connected to a Personal Health Advocate (PHA) who will help you make informed health care decisions and save money.

Your PHA can help you:

- Locate providers
- Uncover claims and billing errors
- Explain medical conditions and treatments
- Clarify Medicare, Medicaid, and Medicare Supplement plans

If you need help managing health care decisions, call Compass at 800-513-1667 or go online to answers@compassphs.com.

Employee Assistance Program (EAP) – Help is Just a Call Away

When you need help with work, home, personal or family issues, the Employee Assistance Program (EAP) offers value-added programs and services at no charge.

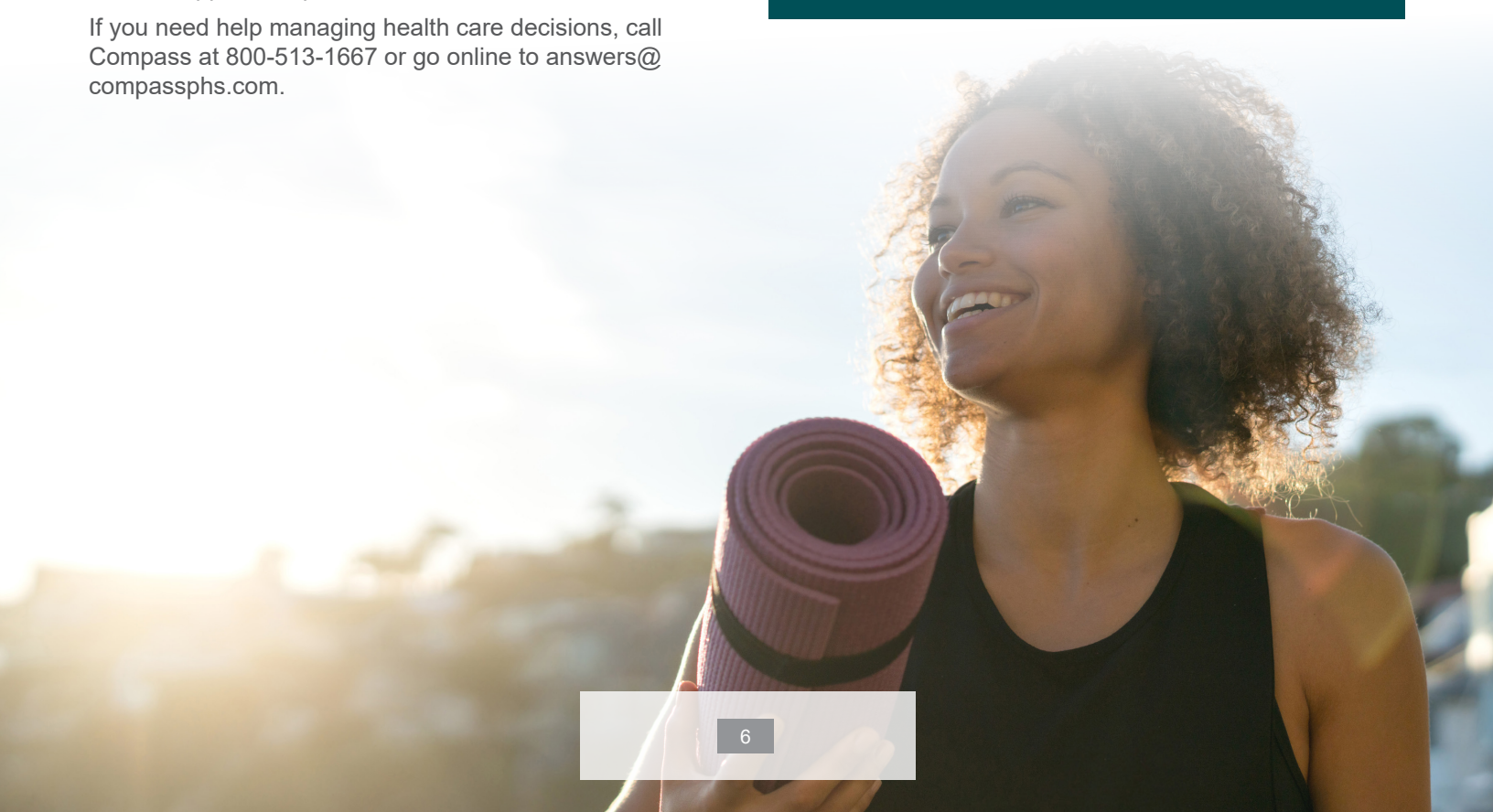
WillowWood employees and their household family members can access this confidential service through EmployeeConnect (ComPsych) through Lincoln Financial Group to help with many life challenges including elder care, illness, grief and loss, stress and depression, financial counseling, family challenges, legal matters, and much more. These services can help you overcome challenges while saving you both time and money.

The EAP gives you access to:

- Unlimited phone sessions
- Up to 4 face-to-face sessions per incident per year
- Child care and elder care assistance
- Financial services assistance
- Legal resources
- Concierge services

Contact the EAP for 24/7 Support

ComPsych (EmployeeConnect)
Call (888) 628-4824
Online at www.GuidanceResources.com
Username: LFGsupport
Password: LFGsupport1



Benefit Terms & Definitions

To better understand your coverage, it's helpful to be familiar with benefits vocabulary. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Bill – When a health care provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Copay – A fixed dollar amount you pay the provider at the time of service; for example, a \$25 copay for an office visit or a \$15 copay for a generic prescription.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible – The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible; for example, the deductible does not apply to preventive care services.

Emergency Room Care – Care received at a hospital emergency room for life-threatening conditions.

In-Network Care – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-Network Care – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The complete cost of your plans. You share this cost with your employer and pay your portion through regular paycheck deductions.

Preventive Care – Routine health care including annual physicals and screenings to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent Care – Urgent care is not the same as emergency care. Visit urgent care for sudden illnesses or injuries that are not life-threatening. Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

Benefit Acronyms

AD&D = Accidental Death & Dismemberment

FSA = Flexible Spending Account

HDHP = High Deductible Health Plan

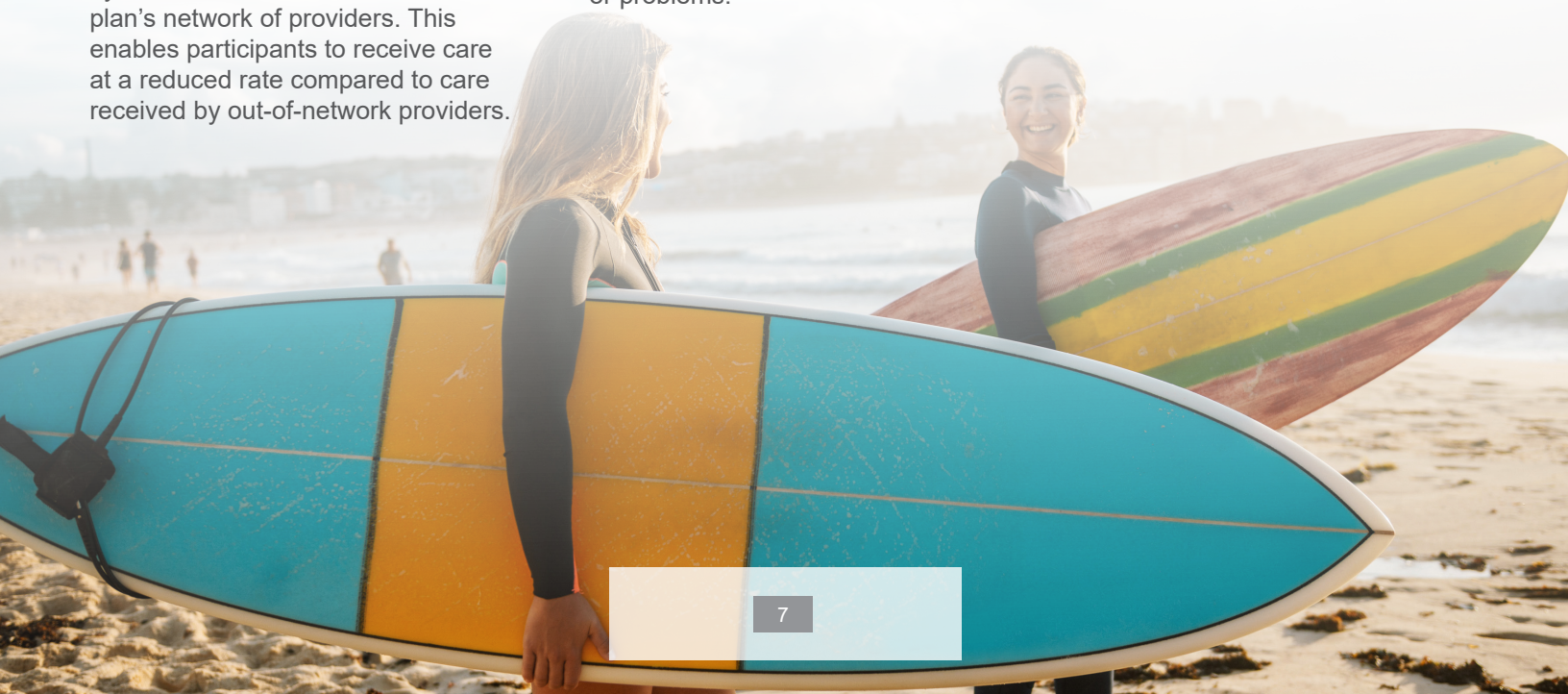
HSA = Health Savings Account

LTD = Long-Term Disability

OOPM = Out-of-Pocket Maximum

PPO = Preferred Provider Organization

STD = Short-Term Disability





Medical Coverage – To Keep You Healthy

Is anything more important than your health? At WillowWood, our goal is to inspire you to reach your highest potential and be the best version of you. This starts with taking care of your overall health.

Which Medical Plan Is Right for You?

WillowWood is pleased to offer medical coverage through UMR. When deciding which medical plan is the best fit for you and your family, it's important to consider the total cost of coverage. This includes what you pay in premiums out of your paycheck and what you pay for services.

While each medical plan covers preventive screenings in full, the medical plans vary on annual deductibles, copays, and levels of coinsurance. This means you may pay more out-of-pocket costs with one plan versus another. The ideal medical plan should cover most of your health plan with out-of-pocket costs that meet your budget.

Explanation of Medical Plan Options

Preferred Provider Option (PPO) Plan

A PPO plan gives you the option to seek medical treatment from a contracted medical provider, at negotiated rates, or from an out-of-network provider, at an additional cost. You may pay a copay for select services, with the exception of preventive care, which is covered in full. Other services may be subject to the annual deductible and coinsurance. Once you reach the out-of-pocket maximum, the plan will pay 100% for all eligible expenses for the remainder of the plan year. While you can visit any doctor, you'll save the most money by using in-network providers.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

With the HDHP, you can receive medical services from in-network or out-of-network providers. You pay for all medical services until you reach the annual deductible, except for in-network preventive care which is covered in full. After your annual deductible is met, the plan pays for a percentage of covered services known as coinsurance. When you reach the out-of-pocket maximum, the plan will pay 100% for all eligible expenses for the remainder of the calendar year.

When you enroll in the HDHP, you are eligible to open a Health Savings Account (HSA) to help pay for eligible health care expenses (deductibles, coinsurance, and prescriptions) with pre-tax dollars. See the How the Health Savings Account (HSA) Works section in this guide for more information.

Prescription Drug Coverage

Prescription drug coverage is included in the medical plan you select.

Regardless of which plan you choose, you'll save the most money by using a participating pharmacy. You can access a list of pharmacies through your plan's website or by calling member services.

High-Deductible Health Plans: If you enroll in an HDHP, you will pay the full cost for prescription drugs until you meet your deductible. Once you meet your plan's deductible, you share the cost of prescription drugs with the plan.

How to Find a UMR Provider

1. Log on to UMR.com
2. Select "Find a Doctor"
3. Enter your search criteria

Your Cost for Coverage

While WillowWood pays the majority of the medical, dental, and vision premiums for you and your dependents, you also contribute to your health care premiums. You can select different coverage levels for medical, dental, and vision insurance based on your individual needs.

Your bi-weekly payroll deductions for medical, dental, and vision coverage are shown in the table below:

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical				
UMR PPO	\$84.39	\$193.73	\$175.68	\$278.65
UMR HDHP with HSA	\$42.48	\$97.52	\$88.43	\$140.27
Dental				
Delta Dental of Ohio PPO	\$3.64	\$10.97	\$10.97	\$10.97
Vision				
Lincoln PPO	\$2.22	\$4.20	\$4.94	\$6.93

Coverage Type	Wellness Incentive 3 out of 5*	Wellness Incentive 4 out of 5*	Wellness Incentive 5 out of 5*
Employee Only Coverage	\$8	\$15	\$25
Employee + Spouse Coverage	\$12	\$23	\$36
Employee + Child(ren) Coverage	\$12	\$23	\$36
Employee + Family Coverage	\$18	\$32	\$46

- Those enrolled in the traditional PPO medical plan will receive their wellness incentives in the form of reduced per pay premium contributions.
- Those enrolled in the High Deductible Health Plan will receive their wellness incentives in the form of a per pay company contribution to their HSA account.

Your Medical Plan Options

Plan Features	Medical PPO		Medical HDHP with HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible Individual/Family	\$3,000 / \$6000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,000 / \$16,000
Calendar Year Out-of-Pocket Maximum Individual/Family	\$3,000 / \$6,000	\$9,000 / \$18,000	\$5,500 / \$11,000	\$11,000 / \$22,000
WillowWood Annual HSA Wellnes Incentives	N/A		Wellness incentives will be in the form of a per pay company contribution to the HSA for those enrolled in the Medical HDHP.	
	You pay:		You pay:	
Preventive Care Visit	Covered in full	30% after deductible	Covered in full	90% after deductible
Primary Care Visit	\$25 copay	30% after deductible	10% after deductible	90% after deductible
Specialist Visit	\$50 copay	30% after deductible	10% after deductible	90% after deductible
Lab & X-ray	No charge	30% after deductible	10% after deductible	90% after deductible
Urgent Care	\$75 copay	30% after deductible	10% after deductible	90% after deductible
Emergency Room (copay waived if admitted)	\$200 copay, deductible waived if True ER		10% after deductible	
Outpatient Surgery	100% after deductible	30% after deductible	10% after deductible	90% after deductible
Inpatient Services	100% after deductible	30% after deductible	10% after deductible	90% after deductible
Chiropractic (x visits per year)	\$50 copay	30% after deductible	10% after deductible	90% after deductible
Prescription Drugs: Retail (up to a 30-day supply)				
Tier 1	\$15 copay	If you use a Non-Network Pharmacy, you pay upfront. You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copay.	\$15 copay	If you use a Non-Network Pharmacy, you pay upfront. You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copay.
Tier 2	\$40 copay		\$40 copay	
Tier 3	\$75 copay		\$75 copay	
Tier 4	\$75 copay		\$75 copay	
Prescription Drugs: Mail Order (up to a 90-day supply)				
Tier 1	\$25 copay	same as above	\$25 copay	same as above
Tier 2	\$100 copay		\$100 copay	
Tier 3	\$140 copay		\$140 copay	
Tier 4	n/a		n/a	

HDHP has an embedded deductible. \$4,000 In-Network and \$8,000 Out-of-Network maximum amount that any one person will satisfy toward the annual family deductible.

How the Health Savings Account (HSA) Works

If you enroll in a High-Deductible Health Plan (HDHP), you may be eligible to open a Health Savings Account (HSA) through TASC to help pay for eligible health care expenses not covered under your medical, dental, or vision plan. An HSA makes it easy to pay for current health care costs and save for future health care needs now or into retirement.

HDHP with Health Savings Account FAQ

What are the benefits of an HSA? An HSA offers the opportunity for you to set aside tax-free* money to pay for out-of-pocket health care expenses. Since the HSA is your bank account, the unused funds roll over year to year. If you leave the company, the account goes with you. HSAs are also a great retirement savings account. You can contribute up to the annual IRS maximums (including the age 55+ catch-up contributions) with pre-tax dollars to pay for health care after you retire.

How much can I contribute? Contributions cannot exceed the annual IRS maximums listed below:

Coverage Type	2020 Maximum Contribution Limit	Wellness Incentive HSA Contribution 3 out of 5*	Wellness Incentive HSA Contribution 4 out of 5*	Wellness Incentive HSA Contribution 5 out of 5*
Employee Only Coverage	\$3,550	\$8	\$15	\$25
Employee + Spouse Coverage	\$7,100	\$12	\$23	\$36
Employee + Child(ren) Coverage	\$7,100	\$12	\$23	\$36
Employee + Family Coverage	\$7,100	\$18	\$32	\$46
Age 55+ Catch-up Contribution	Additional \$1,000			

* Amounts shown are per paycheck from WillowWood if you are eligible.

How do I get the employer contribution?

You must first open an HSA to be eligible for employer contributions. WillowWood will automatically contribute to your HSA each pay period based on your Wellness Incentive participation. Company contributions will be added and accrue over the course of the year.

How do I get reimbursed?

When you enroll in an HSA, you will receive a TASC debit card to pay for eligible expenses. You can also submit claims online through your own personal account at TASOnline.com.

Are HSAs really tax-free?

Yes! HSAs give you a triple tax advantage: your contributions to the HSA are not taxed, payment of qualified expenses is tax-free, and earnings are tax-free. Keep in mind, there are a few important rules you need to follow. If you use your HSA funds for expenses the IRS considers eligible, the money remains tax-free. If you use funds for ineligible expenses, you will pay applicable taxes and an excise tax penalty (currently 20%).

What about the fine print?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be covered under another non-qualified health plan, including your spouse's Health Care Flexible Spending Account.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.

Access Your HSA on the Go

TASC

Call 800-422-4661

Online at tasconline.com

Flexible Spending Accounts (FSAs) – Save Money by Planning Ahead

Flexible Spending Accounts (FSAs), administered by TASC, allow you to set aside pre-tax dollars to pay for eligible health and dependent care expenses. As an eligible employee, you may choose to enroll in one or both Flexible Spending Accounts. Each year, you must elect the annual amount you want to contribute to each account. Your contributions will be deducted pre-tax from your paycheck which can help reduce your taxable income.

Health Care FSA – IRS Annual Maximum \$2,700

Your Health Care FSA will reimburse you for eligible expenses that you, your spouse/domestic partner, and your children incur during the plan year. The entire annual amount you elect can be used at any time during the plan year even though your contributions are deducted each paycheck. When you incur an eligible expense, you can use your TASC debit card or pay out-of-pocket and submit a reimbursement request with documentation.

Eligible expenses include copays, coinsurance, deductibles, orthodontia, glasses/contact lenses, and much more. For a complete list, refer to IRS Publication 502: Medical and Dental Expenses, available at www.irs.gov/publications.

Note: if you are enrolled in the HDHP with HSA, you are not eligible to participate in the Health Care FSA.

Limited Purpose FSA – IRS Annual Maximum \$2,700

HDHP with HSA participants are eligible to participate in the Limited Purpose Health Care FSA to set aside pre-tax dollars for eligible dental and vision expenses only.

What's in the fine print?

FSAs offer sizable tax advantages, but are subject to IRS regulations:

- All expenses for the Health Care and Dependent Care Flexible Spending Accounts must be incurred during the plan year: January 1 through December 31.
- The IRS has a strict "Use-It or Lose-It" rule for FSAs.
- At the end of the calendar year, participants can roll over up to \$500 of unused health care funds. Any remaining funds above this amount will be forfeited.
- Once you enroll in the FSA, you can only change your contribution amount if you experience a qualified status change.
- Each account functions separately. You cannot transfer funds from one FSA to another

Dependent Care FSA – IRS Annual Maximum \$5,000

Your Dependent Care (or daycare) FSA lets you use "before-tax" dollars to pay daycare expenses for children age 12 and under, or for elder dependents unable to care for themselves. The care must be necessary for you and your spouse to remain employed. Care may be provided through live-in care, babysitters, or licensed daycare centers. Unlike the Health Care FSA, you can be reimbursed only up to the amount available in your account after your payroll contributions.

Dental Coverage – Worth Smiling About

Good dental care improves your overall health. Our dental plans help you maintain a healthy smile through regular preventive dental care and offers coverage to fix problems as soon as they occur. When choosing a plan, consider your anticipated dental needs, as well as the network, deductibles, copays, and services each plan covers. Review your dental plan options to determine which plan is best for you and your family. To find an in-network provider, visit www.dentaldentoh.com.

Explanation of Dental Plan Options

PPO Dental Plan

With the PPO dental plan, you may visit any dentist of your choice. Keep in mind, you'll receive the highest coverage when you use an in-network provider. If you visit an out-of-network provider, you will not benefit from discounted rates and will pay more out-of-pocket for services. Many dentists outside the provider network will require you to pay for services upfront and submit forms for reimbursement from your plan.

Plan Features	Delta Dental of Ohio PPO Plan		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Out-of-Network* Dentist
	You pay:		
Calendar Year Deductible (waived for Preventive Services)	\$50 Individual / \$150 Family		
Calendar Year Benefit Maximum	\$1,500		
Diagnostic and Preventive Services (e.g., x-rays, cleanings, exams)	100%	100%	100%
Basic and Restorative Services (e.g., fillings, extractions, root canals)	90%	90%	80%
Major Services (e.g., dentures, crowns, bridges)	60%	60%	50%
Orthodontia Children to age 19	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,000		

*For Out-of-Network services, members pay applicable coinsurance plus any amount that exceeds the usual, customary, and reasonable charge.

Vision Coverage – Protect Your Eyesight

Voluntary Vision coverage is through Lincoln VisionConnect! This coverage will allow you to use the Spectera Eyecare Network providers. The plan allows you to have an exam every 12 months, lenses or contact lenses every 12 months (one or the other), and frames every 12 months (with lenses benefit).

You may choose any provider; however using providers in the Spectera network should lower your out-of-pocket expenses. Here are some participating providers: **Costco Optional, EyeMart Express, EyeMart Optical, Eye-Mart, Sam's Club, Sears Optical, Target Optical, Vision Mart, VisionMart Express, and Walmart.** A full list of participating providers may be accessed at <http://lvc.lfg.com> or by calling 1-800-440-8453.

Please visit the member website for more details on the Lincoln VisionConnect plan. The website will provide an up to date directory of in-network providers, printable ID cards and more.

Below is a brief benefit summary.

Plan Features	Lincoln Financial Spectera Vision Plan	
	In-Network	Out-of-Network
Exams - once every 12 months	Employee Costs	Plan Pays
Copay	\$ 10	Not Applicable
Exams	\$0 after copay	Up to \$40
Coatings	Employee Costs	Plan Pays
Scratch Warranty	\$10	Not covered
Tint	\$14	Not covered
UV Coating	\$16	Not covered
Standard Anti-Reflective Coating	\$40	Not covered
Premium Anti-Reflective Coating	\$80	Not covered
Platinum Anti-Reflective Coating	\$90	Not covered
Factory Applied Scratch Resistant Coating	No charge	100%

Vision Coverage – continued

Plan Features	Lincoln Financial Spectera Vision Plan	
	In-Network	Out-of-Network
Lenses - once every 12 months	Employee Costs	Plan Pays
Copay	\$25	Not Applicable
Single Vision Lenses	\$0 after copay	Up to \$40
Lined Bifocal Lenses	\$0 after copay	Up to \$40
Lined Trifocal Lenses	\$0 after copay	Up to \$60
Lenticular Lenses	\$0 after copay	Up to \$80
Roll and Polish Edges	\$13	Upt to \$80
Photochromatic Plastic Lenses	\$67	Not covered
Standard Progressive Plastic Lenses	\$70	Not covered
Premium Progressive	\$110	Not covered
Platinum Progressive Plastic Lenses	\$150	Not covered
Frames	\$250	Not covered
Materials	Employee Costs	Plan Pays
Polycarbonate Lenses for Children	No charg	Not covered
Polycarbonate Lenses for Adults	\$33	Not covered
High Index (<=1.66)	\$53	Not covered
High Index (1.67-1.73)	\$63	Not covered
Frames - once every 12 months	Employee Costs	Plan Pays
Allowance	\$130 Retail Allowance - 30% off any amount above the frame allowance	Up to \$45
Contacts - once every 12 months	Employee Costs	Plan Pays
Copay - for selected contacts	\$25	Up to \$125
Elective Contacts Exam & Fitting	\$0 after copay	Up to \$125
Elective Contact Allowance - Select contacts in lieu of lenses and frames	\$0 after copay	Up to \$125
All Other Contacts	Covered up to \$125	Up to \$125
Medically Necessary Contacts	Covered 100%	Up to \$210

Vision Coverage – continued

Covered Contact Lens Selection

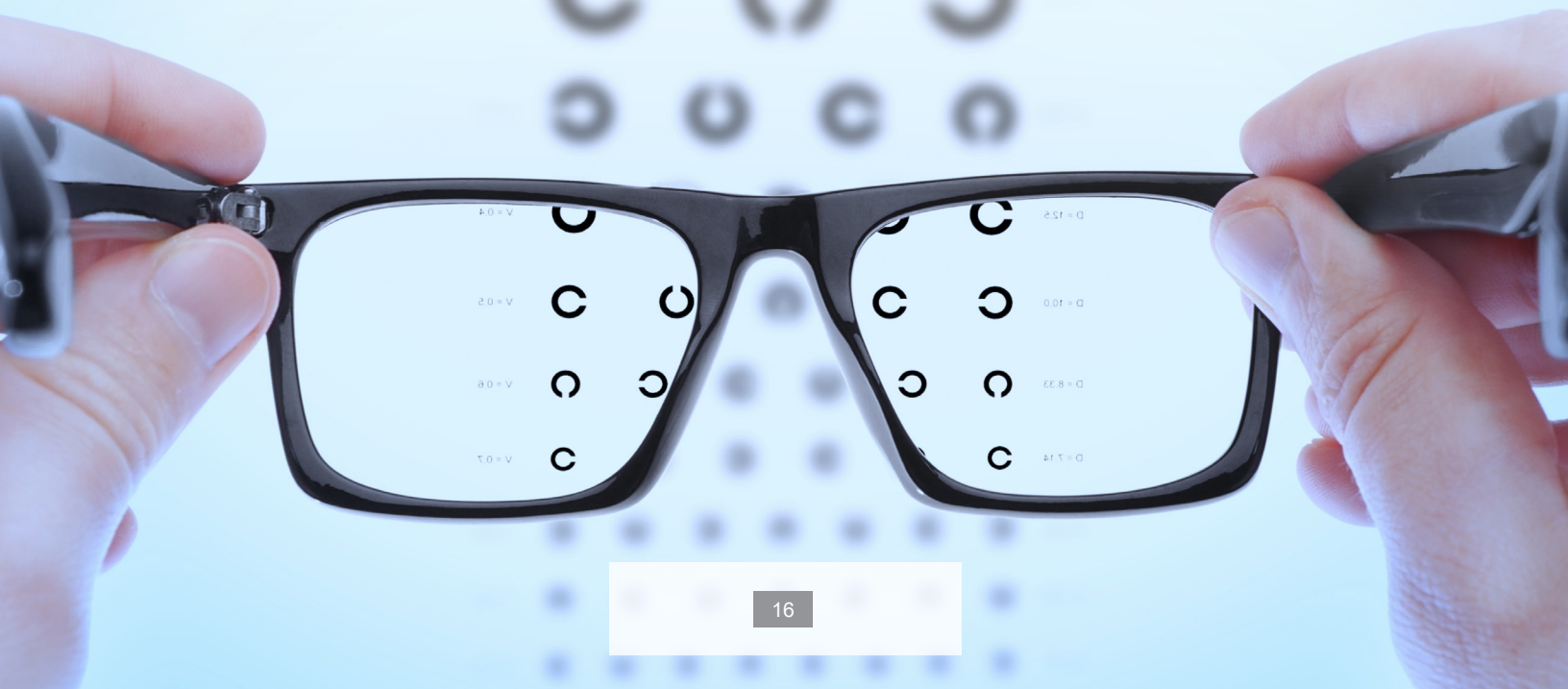
When purchasing from the Covered Contact Lens Selection, the benefit is covered in full after the copay, if any.*

Daily Wear
Alcon Dailies AquaComfort Plus (30 lenses per box)
Alcon Dailies AquaComfort Plus Toric (30 lenses per box)
CooperVision Proclear 1 day (30 lenses per box)
1-Day Acuvue Moist (30 lenses per box)

Biweekly Wear
Alcon Freshlook Handling Tint (6 lenses per box)
CooperVision Avaira (6 lenses per box)
CooperVision Biomedics 55 premier (6 lenses per box)
Acuvue 2 (6 lenses per box)

Monthly Wear
Alcon Air Optix Aqua 9 (6 lenses per box)
CooperVision Biofinity (6 lenses per box)
CooperVision Frequency 55 aspheric (6 lenses per box)
CooperVision Proclear sphere (6 lenses per box)
Bausch + Lomb PureVision (6 lenses per box)
Bausch + Lomb Ultra (6 lenses per box)
Acuvue Vita (6 lenses per box)

* This includes fitting/evaluation fees, contacts (including up to four boxes of disposables, depending on prescription and plan selected) and up to two follow-up visits. The covered Contact Lens Selection is not available at **Walmart, Sam's Club or Costco**. Contact Lens Selection list subject to change.



Life and AD&D – Coverage for Peace of Mind

Life and Accidental Death and Dismemberment (AD&D) insurance, through Lincoln, provides financial security to you and your family if you pass away or become seriously injured.

Basic Life and AD&D Insurance

As an eligible employee, you receive both Basic Life and Basic AD&D insurance in the amount of of \$25,000. The cost of Basic Life and AD&D coverage is sponsored by WillowWood.

Voluntary Life and AD&D Insurance

In addition to Basic Life and AD&D, you may buy voluntary Life and AD&D coverage at discounted rates that you may not be able to secure on your own. The chart below describes the amounts of coverage you can buy for yourself, your spouse, and your child(ren).

Benefit Features	Voluntary Life and AD&D Options*		
	Employee	Spouse	Dependent Child(ren) (under age 19, age 25 if full time student)
Coverage Options	Increments of \$25,000	Increments of \$10,000 / \$25,000 / \$30,000	Age 14 days to 6 months: \$250 6 months to age 19/25: \$10,000
Maximum	\$150,000 not to exceed 5 times salary, max of \$50,000 after age 70	\$30,000	\$10,000
Guaranteed Issue Amount	\$150,000 (reduced to \$20,000 at age 70- 74, none after age 74)	\$30,000	
Guaranteed Issue Period	Within 30 days of benefits eligibility or a qualifying life event		

*Evidence of Insurability (EOI) may be required.

What Is EOI?

Evidence of Insurability (EOI) is the process of providing health information to qualify for certain types of insurance coverage. If you elect voluntary Life and AD&D coverage above the guaranteed issue limit or outside of the guaranteed issue period, you will be required to submit a health questionnaire (in some cases, a physical exam may be required). Your questionnaire will be reviewed by [Life Carrier] and you will be notified of their decision directly.

How much voluntary Life and AD&D insurance should I buy?

When deciding how much voluntary Life and AD&D coverage to buy, consider the following three factors:

1. How much will your dependents need to pay debts, such as a mortgage, car loan, or credit card balances?
2. How much do your dependents need to maintain their current standard of living?
3. What kind of future would you like to provide for your dependents or others who depend on you for financial support?

Who should be my beneficiary?

You may choose anyone to be the beneficiary of your Life and AD&D policy in the event of your death or serious injury. Once you select your beneficiary, your designation will remain unchanged until you submit a new beneficiary designation form. We encourage you to periodically review your beneficiary designations to ensure they are up to date and accurate. You may change your beneficiary as often as you wish at owwco.namely.com.

Voluntary Life Insurance Premiums

Voluntary Life Premiums										
Employee Benefit Options								Spouse Benefit Options		
AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000		\$10,000	\$25,000	\$30,000
<30	\$.88	\$1.75	\$2.63	\$3.50	\$4.38	\$5.25		\$.35	\$.88	\$1.05
30 - 34	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00		\$.40	\$1.00	\$1.20
35 - 39	\$1.38	\$2.75	\$4.13	\$5.50	\$6.88	\$8.25		\$.55	\$1.38	\$1.65
40 - 44	\$2.13	\$4.25	\$6.38	\$8.50	\$10.63	\$12.75		\$.85	\$2.13	\$2.55
45 - 49	\$3.38	\$6.75	\$10.13	\$13.50	\$16.88	\$20.25		\$1.35	\$3.38	\$4.05
50 - 54	\$6.63	\$13.25	\$19.88	\$26.50	\$33.13	\$39.75		\$2.65	\$6.63	\$7.95
55 - 59	\$10.75	\$21.50	\$32.25	\$43.00	\$53.75	\$64.50		\$4.30	\$10.75	\$12.90
60 - 64	\$13.00	\$26.00	\$39.00	\$52.00	\$65.00	\$78.00		\$5.20	\$13.00	\$15.60
65 - 69	\$16,250	\$32,500	\$48,750	\$65,000	\$81,250	\$97,500		\$6,500	\$15,250	\$19,500
	\$14.63	\$29.25	\$43.88	\$58.50	\$73.13	\$87.75		\$5.85	\$14.63	\$17.55
70 - 74	\$10,000	\$20,000	N/A	N/A	N/A	N/A		N/A	N/A	N/A
	\$21.30	\$42.60	N/A	N/A	N/A	N/A		N/A	N/A	N/A
75 - 79	\$6,250	\$12,500	N/A	N/A	N/A	N/A		N/A	N/A	N/A
	\$50.84	\$101.69	N/A	N/A	N/A	N/A		N/A	N/A	N/A

Voluntary AD&D Premiums
Employee & Spouse
\$0.03/\$1,000 of coverage

Disability Coverage – Prepare for the Unexpected

Have you considered how you'd pay your mortgage or buy groceries if you are injured or ill and unable to work? If you experience an injury or illness that prevents you from working, disability coverage provides partial income replacement to assist you financially.

Short-Term Disability (STD)

Short-Term Disability coverage, through Lincoln, provides you with a portion of income replacement if you are unable to work due to a non-occupational illness or injury. This is a voluntary plan and premium is paid 100% by the employee.

Your STD coverage is listed in the table below:

Short-Term Disability (STD)			
Percent of Earnings	Weekly Maximum	Elimination Period	Maximum Duration
60%	\$1,000	7 days	13 weeks

Estimate your bi-weekly STD premium payments:

Short-Term Disability (STD)		
	Determine Your Bi-Weekly Costs	EXAMPLE John Doe
(1) List your Weekly earnings up to a Maximum of \$1,666.67 (if you earn more than this amount, just enter this amount)	\$ _____	\$1,000
(2) Multiply your Weekly Earnings by 60%	0.60	0.60
(3) Your Estimated Weekly Benefit is:	\$ _____	\$600
(4) Divide your Estimated Weekly Benefit by \$10 (Premium rates are based on per \$10 of weekly benefit)	\$10	\$10
(5) Your Premium rate will be based on this amount	\$ _____	\$60
(6) Multiply your Weekly Earnings by the Premium rate per \$10 of weekly benefit	\$0.49	\$0.49
(7) Your Monthly Premium rate is:	\$ _____	\$29.40
(8) Calculate your Bi-Weekly Premium rate by multiplying the monthly premium rate by 12 and then dividing the product by 26	\$ _____	\$13.57

Long-Term Disability (LTD)

Long-Term Disability coverage, through Lincoln, pays you a portion of your earnings if you cannot work for an extended time due to a disabling illness or injury. You are automatically enrolled in LTD at no cost to you.

Your LTD coverage is listed in the table below:

Long-Term Disability (LTD)			
Percent of Earnings	Monthly Maximum	Elimination Period	Maximum Duration
60%	\$5,000	90 days	Up to the later of Age 65 or Social Security Normal Retirement Age

Benefits are reduced by other sources of disability income you may qualify for such as Social Security and Workers' Compensation.

401(k) Retirement Plan – Save Now for a Secure Future

Retirement readiness is an important part of overall financial wellness. The WillowWood Company 401(k) Plan administered by John Hancock offers a variety of investment options. WillowWood generously matches up to 100% of the first 3% and 50% of the next 2% of employee 401(k) contributions to help grow your retirement savings.

Eligibility

You are eligible to participate in the 401(k) plan on the first of the month after 30 days of service. When eligible, you may enroll in the 401(k) plan, designate beneficiaries, and allocate your investments at any time. You do not need to wait for annual enrollment to make changes.

Personal contributions are pre-tax (or post-tax if enrolling in a Roth 401(k)) and are added to your account conveniently through payroll deductions.

Company 401(k) Contributions

The key to a successful retirement is to start saving now! WillowWood will match employee contributions dollar-for-dollar up to 3%, and 50% on the dollar between 3% and 5%. You are 100% vested immediately in both your salary deferrals and the company match.

Advantages of a Roth 401(k)

Traditional 401(k) contributions are pre-tax, so you don't pay taxes until you withdraw the money in retirement. Roth 401(k) distributions are post-tax, so you pay taxes during the year when you make contributions, but you don't pay taxes when you withdraw the funds in retirement. Funds grow tax-free in a Roth account.

While you may elect to make contributions to both a traditional 401(k) and a Roth 401(k), you may only contribute a combined total of \$19,000 per year. If you're age 50 or older, you can make "catch up" contributions up to \$6000 per year. You don't need to make a separate election to contribute additional "catch up" funds. Your contributions will simply continue until you meet the annual "catch up" limit.



401(k) Fast Facts

- You are eligible to participate in the 401(k) plan on the first day of the month following 30 days of employment.
- In 2019, you may contribute up to 100% of your compensation up to the IRS maximum of \$19,000. 2020 limits will be released later this year.
- If you are age 50 or over, you can make "catch-up" contributions up to \$6,000.
- WillowWood will match 100% of each dollar you contribute up to the first 3% of your annual salary, and 50% between 3% and 5%.

Keep Track of Your 401(k)

John Hancock

Call (800) 732-5543

Online at mylife.jhrps.com

Your Benefits Contacts – Reach Out to the Experts

Coverage	Contact	Policy Number	Phone	Website
Medical	UMR	#76410435	800-826-9781	umr.com
Health Savings Account (HSA)	TASC	N/A	800-422-4661	participant portal: tascparticipant.lh1ondemand.com
Dental	Delta Dental of OH	#0820-0001	800-524-0149	deltadentaloh.com
Vision	Lincoln	#400236442	800-440-8453	lfg.com
Flexible Spending Account (FSA)	TASC	N/A	800-422-4661	tasconline.com
Life and AD&D	Lincoln	#10121142	800-423-2465	lfg.com
Disability	Lincoln	STD #10121144 LTD #10121143	800-423-2465	lfg.com
401(k)	John Hancock Trust Company LLC	#002	800-294-3575	mylife.jhrps.com

Benefits Information Portal

Need more information about your benefits? You can safely access benefits information for you and your family 24 hours a day, 7 days a week.

Learn about your WillowWood benefit options:

- Download forms
- Review plan summaries
- Explore additional value-added programs available to you through our insurance vendors

Log in to the site to get started:

- Go to www.owwco.namely.com



Let us handle the healthcare stuff.

Health benefits can be confusing, medical costs are rising, and finding the right care for you and your family can be frustrating and time consuming. We are here to simplify your healthcare experience and help you take control of healthcare costs. Your personal Health Pro® consultant will take care of you, so you can spend more time on what matters most. We can help you...

- **Understand your benefits**

Clear up any confusion about your health plan.

- **Find great doctors**

Locate highly-rated doctors, dentists and eye care professionals.

- **Save money on healthcare**

Compare prices and choose more cost-effective options.

- **Pay less for prescriptions**

Get recommendations for lower-cost medications.

- **Resolve billing errors**

Over 30% of medical bills are wrong.
Don't get overcharged.

- **Schedule appointments**

Have your appointments scheduled at times most convenient for you.



Get started.

Member Portal: StartWithCompass.com

Health Pro: answers@compassphs.com | 800.513.1667

Please note: Starting January 1, 2020, Compass will be called Alight.



EmployeeConnectSM services

- Company sponsored
- Strictly confidential
- Provided at no charge to you
- Available to you and your dependents 24/7

You get:

- Unlimited phone access to legal, financial, and work-life services
- In-person help with short-term issues
- Up to four* sessions per person, per issue, per year

Detach and keep this card with you at all times.



The resources you need to meet life's challenges.

Life has its share of ups and downs — and sometimes you may need a little guidance through the “downs.” *EmployeeConnectSM* services included with your employer’s long-term disability insurance offer an array of confidential services to help you and your loved ones meet the challenges that life, work, and relationships can bring.

Unlimited 24/7 assistance

You can access the following services anytime, online or with a toll-free call:

- Information, resources, and referrals on family matters, such as child and elder care; kennels and pet care; event and vacation planning; moving and relocation; car buying; college planning; and more
- Legal information and referrals for situations requiring expertise in family law, estate planning, landlord/tenant relations, consumer and civil law, and more
- Guidance with financial matters, including household budgeting, and short- and long-term planning

In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*, you get:

- In-person help for short-term issues (up to four* sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and subsequent meetings at a reduced fee

*In California, up to three sessions in six months, starting with initial contact by employee.

EmployeeConnectSM

Employee Assistance Program Services

Confidential help 24 hours a day, 7 days a week for employees and family members

COMPSYCH[®]
GuidanceResources[®] Worldwide

Visit www.GuidanceResources.com

(user name = LFGsupport;
password = LFGsupport1).

Or talk with a specialist at 888-628-4824.

- ▶ Family
- ▶ Parenting
- ▶ Addictions
- ▶ Emotional
- ▶ Legal
- ▶ Financial
- ▶ Relationships
- ▶ Stress

Insurance products issued by:

The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York

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Online resources

EmployeeConnect offers a wide range of information and resources that you can research and access on your own just by visiting GuidanceResources.com. You'll find:

- Articles and tutorials
- Streaming videos
- Interactive tools — including financial calculators, budgeting spreadsheets, and a language translator

*EmployeeConnect*SM counselors are experienced and credentialed

When you call our toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice, and referrals. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face meetings, you will be referred to a fully credentialed, state-licensed clinician.

You'll receive a customized information packet for each of the work-life services you use.



To take advantage of the *EmployeeConnect*SM program,
or for more information:

Visit www.GuidanceResources.com or call 888-628-4824.

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