

Benefits Summary

Cozzini Bros., Inc.



8/1/2023—07/31/2024

PICK THE BEST BENEFITS FOR YOU & YOUR FAMILY

Cozzini Bros., Inc. strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you are getting the most out of our benefits—that is why we’ve put together this Open Enrollment Benefits Guide.

As an existing employee, your benefits, if you elect to participate, will take effect on August 1, 2023. This guide will outline all the different benefits Cozzini Bros., Inc. offers for your plan year 2023-2024, so you can identify which offerings are best for you and your family.

Elections you make during your open enrollment will be in force until the next applicable open enrollment period, typically held in June/July for an August 1st effective date.

If you have questions about any of the benefits mentioned in this guide reach out to Cozzini’s HR Department at HR@cozzinibros.com.

What is new?

Your Medical, Dental, Vision, Life, AD&D and Disability benefits will remain with BlueCross BlueShield for the upcoming plan year. Cozzini will also be introducing American Health Resources as a gap/layered plan administrator for medical benefits. Cozzini will be moving Accident and Critical Illness to Voya and will be offering two brand new benefits through Voya: Hospital Indemnity and Whole Life with Long-Term Care*. Please review this full benefit guide for a refresher on benefits from past years and information on the new plan offerings!

*Benefit availability may vary by state; meet with an EOI benefits counselor to learn more about your options



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Open Enrollment





Open Enrollment Information

Open Enrollment for your Cozzini Bros., Inc. benefit plan will be held from June 26th through July 9th, 2023. This is an active enrollment, meaning you **must** take action to ensure you have coverage for the upcoming plan year which begins August 1st, 2023. This will be your only opportunity to enroll in benefits until the next Open Enrollment period held in 2024, unless you or an eligible dependent experience a Qualifying Life Event (QLE).

Failure to participate in the Open Enrollment process will result in all benefits being waived for you and your eligible dependents except for the company paid Basic Life/AD&D, Short-Term Disability and Employee Assistance Program (EAP) plans.

How to Enroll

Benefits are more important than ever and Cozzini Bros., Inc. encourages you to spend extra time evaluating your benefit options. As such, Cozzini has partnered with EOI Service Company so you can enroll with the guidance of a professional benefit counselor.

Each benefit eligible employee is required to speak with a benefit counselor either in-person or over-the-phone to enroll in or waive benefits for the 2023-24 plan year. During your confidential appointment, the benefit counselor will answer your questions, provide detailed information and enroll you and your eligible dependent (s) in your selected benefits. To schedule your appointment visit <http://www.CozziniBros.MyBenefitsLibrary.com> or call (800) 203-0850. If you have any questions about the Open Enrollment process or any questions on available benefits, please contact Human Resources.





Eligibility Information

Eligibility

All regular, active full-time employees working at least 30 hours per week are eligible to participate in the health and welfare benefit plans outlined in this brochure.

Who is Eligible for Coverage?

You can elect coverage for yourself, your legal spouse, your domestic partner, your child (biological, adopted, stepchild, or minor that you are a legal guardian of) up to age 26, and any disabled children of any age who depend on you for support and maintenance. You have the following coverage options for your Medical, Dental, Vision, Voluntary Life/AD&D, Accident, Critical Illness, Hospital Indemnity, FSA and HSA benefits:

- Employee
- Employee + Spouse / Employee + Domestic Partner
- Employee + Child (ren)
- Employee + Family

New Hire Effective Date of Coverage

Your elected benefits become effective on the first day of the month following 60 days of employment. You will be required to complete the appropriate enrollment within 30 days of your first day of full-time employment.

Qualified Life Events (QLE)

Your benefit elections will remain in effect for the plan year. If you experience a qualified change in status during the plan year, you may be able to make changes to certain benefits before the beginning of the next plan year. You must notify Human Resources within 30 days of the qualifying event to change your benefit elections. Examples of QLEs include:

- Marriage or Divorce
- Birth, death or adoption of a child
- Loss of other insurance coverage
- Dependent aging out of coverage
- Dependent obtains other insurance coverage
- Reduction in hours or change in employment status

Pre-Tax, Post-Tax, Imputed Income and Taxability

Medical, Dental, Vision, Flexible Spending Account (FSA), and Health Savings Account costs will be deducted pre-tax for all employees and eligible dependents; however, when you're enrolling your Domestic Partner (Employee + DP, Family with DP), the domestic partners' portion of the premiums paid (by Cozzini or by you) will be taxable. Imputed income will apply for any benefit amount over \$50,000 (for Employer paid Term Life/AD&D). Voluntary Term Life/AD&D, Voluntary Long-Term Disability, Critical Illness, Hospital Indemnity and Accident plans will be deducted on a post-tax basis. Additionally, the Employer paid Short-Term Disability premiums are not taxed; therefore, when an STD claim is filed (and approved), the weekly payment will have the appropriate amount of State and Federal taxes deducted.

What Happens to My Benefits if I Leave Employment or Have a Change in Employment Status?

If you change to a part-time employee or leave employment with Cozzini Bros, you are able to continue your Medical, Dental, Vision and FSA benefits through COBRA. Your benefits will remain in tact, but you will be responsible for full premium payments. You may also convert or port your elected Life/AD&D, Accident, Critical Illness and Hospital Indemnity plans to remain covered under those benefits. For more information on these processes, please contact Human Resources.



Frequently Asked Questions (FAQs)

What if I don't want to enroll in any benefits?

Notify your EOI representative during your required call that you would like to waive all benefits. Please note that all employees are automatically enrolled in Basic Life/AD&D and Short-Term Disability benefits, which are both company paid. Beneficiary information will be required for the Basic Life/AD&D.

When will I receive my medical and dental ID cards?

All employees that enroll in the health plan will receive new medical ID cards and a separate card for pharmacy benefits that will be sent directly to your home address by the effective date of 8/1/2023. If you do not receive your ID cards by the effective date, please contact the Human Resources Team at HR@cozzinibros.com. You won't receive new dental or vision cards unless you're enrolling for the first time.

I'm new to the High Deductible Health Plan (HDHP). What do I need to do to activate my Health Savings Account (HSA)?

Once you have completed the HSA enrollment in the Paylocity Employee Benefits Portal, you will receive an email from AmeriFlex with instructions on completing your account set up and agree to the HSA Disclosures Statements. After acknowledging receipt of the disclosures, your account will be finalized with AmeriFlex. A second email will provide a registration link in order to access your account online at any time. Please note that if additional documentation is required to satisfy Patriot Act requirements you will be notified by AmeriFlex directly, if you have questions about this process please contact AmeriFlex Participant Services at (888) 868-3539 or go to www.myameriflex.com/HelpCenter.com.

Once the account is created and active, your account information must be provided to HR@cozzinibros.com or by calling (888) 868-3539 in order for HSA funds to be deposited into your account. If you do not receive the initial emails from AmeriFlex after completing enrollment in Paylocity, please contact Human Resources at HR@cozzinibros.com.

When will I get my HSA debit card?

For new High Deductible Plan participants your HSA debit card will arrive once a deposit has been made to your account; current HSA cardholders will not receive a new debit card unless your current one is due to expire. If you do not receive your debit card by mid-August, contact AmeriFlex at (888) 868-3539 or by logging in to your account at www.myameriflex.com.

I am new to the Flexible Spending Account (FSA) and/or Dependent Care FSA (DCFSA) plans. How do I use the funds?

Visit ameriflex.wealthcareportal.com to set up your account. Once your online account is set up, debit card (s) will be sent out to the addresses of the linked accounts. Claims can be paid at time of payment by using the debit card or submitting online.

How do I verify my benefit elections after Open Enrollment and during the plan year?

Log in to your account in the Paylocity Employee Benefits Portal and click on "Benefits", then click "Enrollment Summary". If you have any questions or concerns regarding discrepancies between your enrollments and status with the benefit carriers, please contact the Human Resources Team at HR@cozzinibros.com.

Medical Insurance





Medical Insurance



BlueCross BlueShield
of Illinois

www.bcbsil.com | Phone Number is on back of your ID Card

Preferred Provider Organization (PPO)

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. You have a deductible to meet and once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. The types of medical services that accumulate towards your deductible are inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). If you go to the doctor, see a specialist, utilize the ER or take a prescription drug, you'll pay a copay for those specific services. Copays do not accumulate towards your deductible but they do accumulate towards your overall out-of-pocket maximum.

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

This medical plan option is comprised of two components (1) a High Deductible Health Plan (HDHP) and (2) a tax-exempt savings account called a Health Savings Account (HSA). The HDHP is a high deductible PPO plan that provides health care benefits after the deductible has been met. All medical services, with the exception of preventive care, are paid for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible. This includes routine office visits, procedures, lab work, prescription drugs, etc.



Layered/Gap Insurance



www.ahr.net | (800) 570-3757 | info@ahr.net

Effective 8/1/2023, Cozzini's medical plans will include a layered/gap insurance plan that will be administered by American Health Resources (AHR).

The PPO and HDHP/HSA Plans will consist of two parts:

- Plan 1: A **major medical plan**, through BlueCross BlueShield of Illinois, to cover big expenses
- Plan 2: A **layered plan (also known as gap plan)**, through AHR, to cover routine care before you reach your major medical plan deductible and out-of-pocket maximum. This is the part of the health plan that you elect during the enrollment process.

What is the main reason for this change? You get better coverage, a lower out-of-pocket maximum, and everyone saves money!

AHR has answers on how your overall plan design works together and will only direct you to BCBSIL when necessary

- You will receive an ID card from both BCBSIL and AHR
- Use both your BCBSIL ID card and your AHR ID card at your doctor or clinic to make sure your claims are applied to your BCBSIL deductible **and** your layered insurance gap deductible/copays
- BCBSIL will send your claim information directly to AHR and AHR will automatically pay it, based on the plan design, directly to the medical provider
- After AHR processes your claim, you will receive email confirmation
- **IMPORTANT:** At the Doctor, Lab, Outpatient Facility or Hospital always show both your BCBSIL ID card and your AHR ID card. The instructions on the AHR card indicate that your provider may collect the copay illustrated. However if they don't require payment on the date of service, once your claim HSA been processed by BCBSIL/AHR your provider will send you an invoice for appropriate amount due.
- **IMPORTANT:** At the Pharmacy, make sure to use both your BCBSIL ID card and your AHR ID card, pay your copay/cost, and you're all set! Remember, BCBSIL is primary coverage and AHR (through Southern Scripts Rx) is secondary coverage
- Mail Order Pharmacy: Use Express Scripts through BCBSIL and submit your claims to AHR via email, fax, online or by mail

To log in to your account, go to www.ahr.net and click the AHR Login. Your user ID and password will be provided to you one your enrollment HSA been completed.



AHR Layered Insurance FAQs



I have questions on my benefits—who do I call?

Always call AHR first! AHR has the answers on how your overall plan design works together and will only direct you to BCBSIL when necessary.

Why does the BCBSIL member portal show my deductible as \$6,000/\$12,000?

The coverage through BCBSIL is the base major medical plan. The additional coverage through AHR pays the difference between the deductible shown at BCBSIL and the deductible in the benefits you signed up for.

What should I do if my doctor's office does not know what to do with the AHR ID card?

Please ask the provider to read the instructions on the back of your AHR ID card. The AHR ID card verifies that you have additional coverage that pays before BCBSIL and tells them how much of a copay to collect. The provider does not have to file anything with AHR, only BCBSIL.

What if my provider says they don't recognize who AHR is?

The provider would look up the AHR payor ID number in the billing system. The Payor ID is located on the back of your AHR ID card.

Who do I contact if the doctor's office is requesting the full deductible for a procedure?

Have the provider contact AHR to verify benefits available before your BCBSIL deductible is met.

Situational Example—Procedure—Doctor requesting out-of-pocket payment:

Robert needs to have knee surgery. Robert is enrolled on AHR's Bronze Gap Plan through his employer. The provider verifies Robert's coverage with BCBSIL. The base plan is a high deductible plan with BCBSIL, and the provider requests \$5,000 deductible paid in advance. Robert would need to provide his secondary coverage ID card from AHR. On this card the provider will see the information to run his secondary coverage through payor provider system, which will show that Robert has a \$2,000 deductible with 100% coinsurance. If they have any issues identifying AHR on the provider system, please direct them to call the number on the back of your ID card.

What do I do if a medical bill does not seem to have been paid by AHR's secondary payment coverage?

Take a picture of your bill and email it to AHR at info@ahr.net and ask them to confirm if they have paid the provider. You can also call AHR at (800) 570-3757 and they will be happy to investigate the matter, and if appropriate, pay your bill.

How do I fill a retail prescription?

At the pharmacy, provide your BCBSIL card and your AHR card. The pharmacist must run the BCBSIL card first as primary insurance, then the AHR card is run as secondary coverage. When the pharmacist enters the information provided on the front of the AHR card, they will know to collect your copay. AHR will pay the balance due. If the pharmacist has questions, they should call Southern Scripts.

How do I fill a mail order prescription?

Visit www.bcbsil.com and get the price of your meds through BCBSIL. Print the order and email it to reimburseme@ahr.net and AHR will direct-deposit the full amount into your bank account. Complete your order with Express Scripts.

How do I set up my AHR account so I can be reimbursed by direct deposit?

After you have set up your account using your ID and password provided after enrollment, click on "Employee Update", go to the bottom of the screen and add banking information, and click submit. Information takes around 2 business days to process.

How do I keep track of my claims to see if they have been paid?

You can view/track your claims through your AHR account. You can also get same-day email notification when claims are processed by providing your email address to your AHR account.



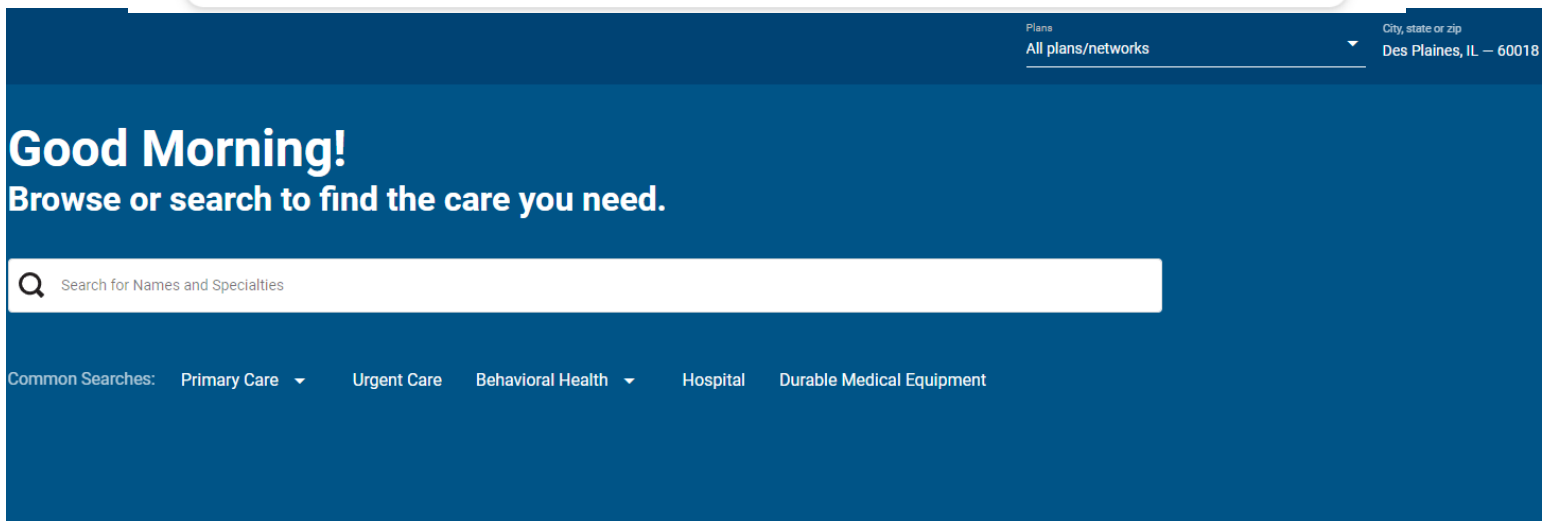
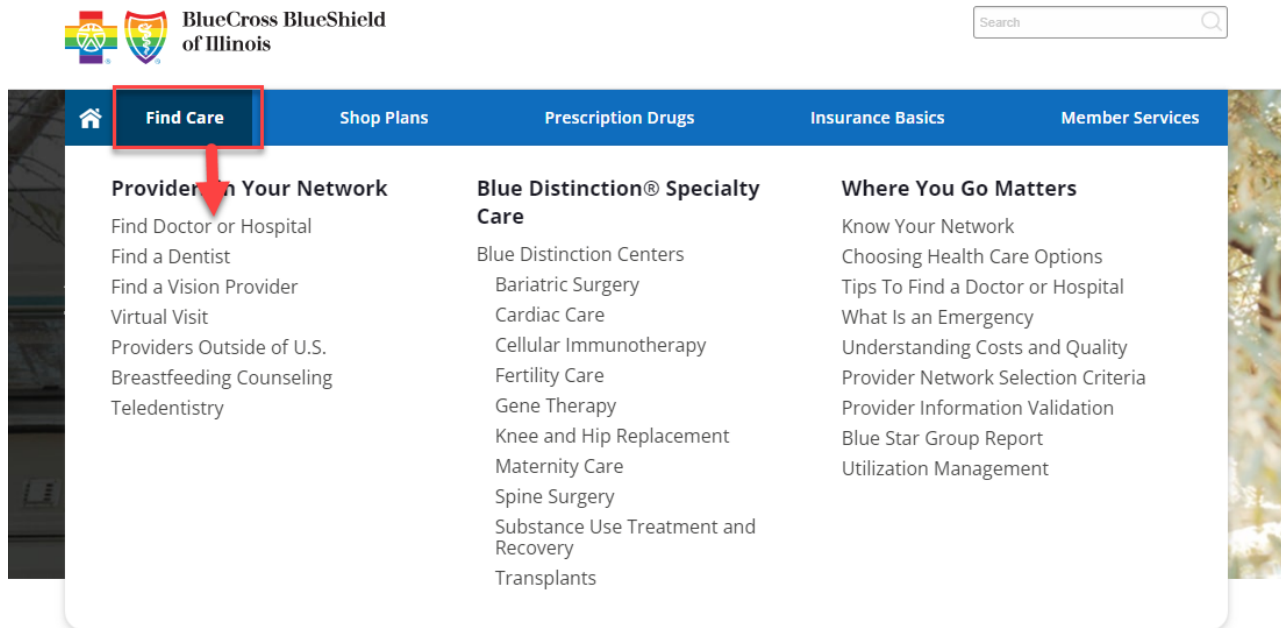
BCBSIL Provider Finder



BlueCross BlueShield
of Illinois

How to Find a Provider

1. Visit www.bcbsil.com
2. Click "Find Care" on the top menu bar, then select "Find a Doctor or Hospital"
3. Click the "Search as a Guest" option (note: if you are not changing medical plans and already have a Blue Access for Members (BAM) account registered, you can select the "Member Login" option. By doing this, your designated plan network will pre-load when searching for providers).
4. If you are searching as a guest, select the "Participating Provider Organization (PPO)" for your search
5. Enter in your home address ZIP code.
6. You can now search for providers by name or specialties, or browse by category using one of the listed categories



Browse by Category

Find results using these care categories

Cost Estimates



Compare costs for any procedure, or find out what your copay is.

Medical Care



Find general doctors, specialists, hospitals, urgent care centers, group practices, labs, an...

Urgent Care Center



Treatment for a condition that is not life threatening, but requires prompt attention

Behavioral Health



Treatment for Mental Health and Substance Use Disorders



Medical Benefits Table & Rates

Choice of plan options:	Bronze PPO	Gold PPO	Basic HSA
Network	Participating Provider Organization (PPO)	Participating Provider Organization (PPO)	Participating Provider Organization (PPO)
Deductible Individual (In/Out Network) Family (In/Out Network)	\$2,500 / \$14,000 \$5,000 / \$28,000	\$1,000 / \$14,000 \$2,000 / \$28,000	\$3,000 / \$14,000 \$6,000 / \$28,000
Deductible Type	Embedded	Embedded	Embedded
Coinsurance (In/Out Network)	80% / 50%	100% / 50%	100% / 50%
Out-of-Pocket Max Individual (In/Out Network) Family (In/Out Network)	\$4,000 / \$14,000 \$8,000 / \$45,000 <i>Includes Deductible</i>	\$2,000 / \$14,000 \$4,000 / \$45,000 <i>Includes Deductible</i>	\$3,000 / \$14,000 \$6,000 / \$45,000 <i>Includes Deductible</i>
Physician Services (In-Network) Well Adult / Well Child Telemedicine Physician Office Specialist Office Diagnostic Lab & X-Ray Advanced Imaging (MRI, CT, etc.)	FREE \$0 copay \$20 copay \$20 copay Ded. then 20% Ded. then 20%	FREE \$0 copay \$20 copay \$20 copay Ded then 0% Ded. then 0%	FREE Ded. then 0% Ded. then 0% Ded. then 0% Ded. then 0% Ded. then 0%
Hospital Care (In-Network) Emergency Room Inpatient Hospital Outpatient Surgery	\$150 copay Ded. then 20% Ded. then 20%	\$150 copay Ded. then 0% Ded. then 0%	Ded. then 0% Ded. then 0% Ded. then 0%
Urgent Care (In-Network)	\$50 copay	\$50 copay	Ded. then 0%
Rx Drugs Retail (In-Network)* Generic Preferred Brand Non-Preferred Brand Specialty	\$10 copay \$35 copay \$60 copay \$150 copay	\$10 copay \$35 copay \$60 copay \$150 copay	Ded. then 0% Ded. then 0% Ded. then 0% Ded. then 0%
Rx Drugs Retail 90 Day Supply (In-Network)* Generic Preferred Brand Non-Preferred Brand	\$30 copay \$105 copay \$180 copay	\$30 copay \$105 copay \$180 copay	Ded. then 0% Ded. then 0% Ded. then 0%

*Rx copayments shown are for preferred participating pharmacies. Using a non-preferred or non-participating pharmacy will result in a higher cost for your prescription drugs. Please review the full plan documents for more information.

	Bronze PPO Plan		Gold PPO Plan		Basic HSA Plan	
Bi-Weekly Contributions:	You Pay	Company Pays	You Pay	Company Pays	You Pay	Company Pays
Employee Only	\$82.21	\$191.83	\$99.50	\$193.16	\$46.90	\$213.66
Employee & Spouse/DP*	\$192.38	\$357.28	\$231.33	\$377.43	\$125.57	\$420.36
Employee & Child (ren)	\$172.67	\$320.68	\$197.81	\$322.74	\$108.94	\$364.71
Family*	\$274.81	\$510.36	\$328.09	\$535.31	\$176.20	\$589.90

*Domestic Partners can be enrolled in Emp + SP/DP and Family coverage tiers. Reference page 4 for information on Domestic Partner taxation.

Health Savings Accounts
(HSA)

And

Flexible Spending Accounts
(FSA)





Health Savings Account (HSA)

www.myameriflex.com | (888) 868-3539



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

Although you have the flexibility to see any doctor or visit any hospital of your choice, you will pay significantly less money out of your pocket if you use a doctor or hospital that is in the network. Preventive care services are covered at 100% as long as your physician codes your visit as preventive and services fall under the allowable preventive services guidelines (www.healthcare.gov/coverage/preventive-care-benefits). For other services, including routine office visits, procedures, lab work, prescription drugs, etc., no benefits will be paid until your annual deductible has been met.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. The account can be funded with tax-exempt dollars by you, your employer or by anyone else on your behalf. You own the money in your HSA account and it is yours to keep – even when you change plans or retire. The funds roll over from year to year to be used when you really need them.

You're eligible for a health savings account if:

- You are covered by a qualified high deductible health plan (HDHP)
- You are not covered by any other medical coverage that is not considered a qualified HDHP
- You are not enrolled in Medicare (Part A included)
- You are not enrolled in a Medical Flexible Spending Account (your own or your spouse's)

Paying the true cost of your medical services, less carrier discounts, until your deductible has been met will feel a bit different than other medical plans you may have been enrolled in previously. The company will be making a contribution into your HSA on your behalf to help you pay towards any qualified medical expenses you may incur throughout the year. You too can put your own pre-tax dollars into this account for future medical expenses. Your HSA plan banking is administered through Accresa, a sister company of Ameriflex. You may contact HSA member services at (888) 868-3539 with questions about your account. To learn more about your HSA, please visit www.myameriflex.com and register to manage your HSA online. You may also email service@myameriflex.com with any HSA questions.

Tax-free Annual Contribution	Employee Only	Family
2023 Per Pay Company Contribution (\$250 Total)	\$9.62	\$9.62
2023 Potential Annual Employee Contribution	\$3,600	\$7,500
2023 IRS Maximum Contribution	Employee Only	Family
Maximum HSA Contribution	\$3,850	\$7,750
Catch-up Contribution (Age 55 and Older)	\$1,000*	

The IRS maximums illustrated are based on a combination of both employer and employee deposits. Cozzini will make the employer contribution deposit each pay period.

Note: You must be an active employee currently enrolled in the Cozzini Bros., Inc. HDHP Plan at the time per pay period deposits are made in order to receive the employer funds.

Employee annual HSA contributions are not required and can be changed throughout the year, as needed. Employees can elect any amount as long as the annual total does not exceed the amount illustrated in the table above. Employee HSA elections will be deposited per payroll.

*After age 65, the money can be withdrawn penalty free. However, you continue to be taxed on funds not used for qualified medical services. The tax-preferred status of your HSA contributions depend on a number of factors. For example, you must be enrolled in a qualified high deductible health plan. Also, residents of California and New Jersey are taxed on HSA contributions at the state level. State tax laws can change periodically, so you should consult with a tax advisor to confirm the tax treatment of HSA contributions in your state.



Flexible Spending Account (FSA)

www.myameriflex.com | (888) 868-3539

Flexible Spending Account (FSA)

Flexible Spending Accounts (FSA) allow you to save money on a pre-tax basis to pay for qualified medical, dental, and vision expenses and/or dependent care expenses you may incur throughout the year. The money you put into your FSA is done so on a pre-tax basis. This means you are lowering your taxable income and also not paying taxes when the money is used for qualified expenses. FSA's are "use it or lose it" accounts.

Health Care FSA

You may contribute up to \$3,050 per plan year to pay for qualified medical, dental and vision expenses for yourself and eligible family members. Funds in this account can be used to cover all eligible expenses on your tax dependents even if they are not enrolled under your plans. Eligible reimbursable expenses include plan deductibles and copays (if applicable), orthodontia expenses not covered by your dental plan, prescription drugs and over the counter medications, prescription eye glasses and contact lenses, Lasik eye surgery and much more. You do not need to be enrolled in the Cozzini Benefit Plans to qualify.

Dependent Care FSA

You may contribute up to \$5,000 per plan year to pay for qualified eligible dependent care expenses. Funds in this account are saved on a tax-free basis. You do not need to be enrolled in the Cozzini Benefit Plans to qualify. Dependent Care FSA's are not. Front loaded and there are no rollover benefits associated with this option.

FSAs do have a use-it or-lose-it provision, so be conservative when electing how much to contribute. You are eligible to rollover up to \$610 to the next year. Rollover applies to Health Care FSA and Limited Purpose FSA only.



Tips, Tricks & Tools





Telemedicine



BlueCross BlueShield
of Illinois

www.MDLIVE.com/bcbsil | (888) 676-4204

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Illinois (BCBSIL) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative to going to the emergency room or an urgent care center.

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold
- Flu
- Ear problems
- Pinkeye

Behavioral Health

- Anxiety/depression
- Child behavior/learning issues
- Marriage problems



Connect²

Access where the BCBSIL App, online video or telephone service is available



Interact

Real-time consultation with a board-certified doctor or therapist



Diagnose

Prescriptions sent electronically to a pharmacy of your choice (when appropriate)



Website:

Visit the website

MDLIVE.com/bcbsil

- Choose a doctor
- Video chat with the doctor
- You can also access through Blue Access for Members™



BCBSIL App:

- Download the app from the Apple App Store™, Google Play™ Store or Windows® Store
- Open the app and choose a doctor
- Video chat with the doctor from your mobile device



Telephone:

- Call MDLIVE (888-676-4204)
- Speak with a health service specialist
- Speak with a doctor



Livongo—Diabetes & Hypertension Management

Livongo for Diabetes & Hypertension is a health benefit program that combines advanced technology with coaching to support management of your diabetes & hypertension. This program is available to qualified employees and covered dependents at no cost. Qualified members will be contacted directly by Livongo via phone, mail or email; there is no self-referral option to participate. Participant eligibility is based on clinical data and claim activity. Livongo provides:

DIABETES

- Advanced blood glucose meter
- Unlimited strips—shipped directly to your door
- 24/7 certified diabetes education
- Optional notifications for high/low readings

HYPERTENSION

- 24/7 nutrition, weight, stress, blood pressure coaching
- Resources to help monitor blood pressure
- Mobile app to track progress & get personalized coaching, weight management advice, and daily alerts/reminders



Hinge Health—Musculoskeletal (MSK) Program

Hinge Health is a digital health company providing a MSK program that turns established, proven, non-surgical care guidelines into a 12-week, coach-led program delivered remotely using mobile and wearable technology. Qualified members will be contacted directly by Hinge Health via phone, mail or email; there is no self-referral option to participate. Participant eligibility is based on clinical data and claim activity. The 12-week program for chronic back and joint pain provides:

- Personalized, science-based education curriculum
- Exercise regime that improves strength and mobility
- Real-time feedback and tracking
- Behavioral support and 1:1 coaching with feedback



Wondr—Metabolic Syndrome Reversal Program

Wondr is a coach-led digital program that provides a behavioral counseling program for metabolic syndrome reversal and weight management. This program is available to qualified employees and covered dependents at no cost. Qualified members will be contacted directly by Wondr via phone, mail or email; there is no self-referral option to participate. Participant eligibility is based on clinical data and claim activity. The program can be completed in the comfort of your own home! Features of the program include:

- Counseling for skill building, reinforcement, and development
- Weekly self-paced, informative video sessions
- Interactions with health coaches for support
- Customized communication materials



Mail Order

To use mail order for maintenance medications, log into Blue Cross Blue Shield Access for Members (BAM) at www.bcbsil.com. Next complete the mail order form. Mail a copy of your prescription, along with the completed order form and payment to Express Scripts at www.express-scripts.com/rx to save time and money!

(Note: CVS Pharmacies are **not** considered an in-network with BCBSIL)



BlueCross BlueShield Value Added Benefits

BlueAccess for Members: www.bcbsil.com

A secure member website that gives you immediate access to health care benefit information. Here you can check claim status, find in-network providers, use the hospital comparison tool, and much more.

BlueAccess Mobile™

Access your BlueAccess for Members account from a mobile device. Opt in to receive texts for Rx refill reminders, diet and fitness tips, claim updates and more. Download the app for immediate access.

Virtual Visits—MDLIVE (PPO/HSA Members Only)

MDLIVE's telehealth program provides enrolled members with access to non-emergency medical care without even leaving the couch. Visit a doctor virtually 24 hours a day, 7 days a week for a variety of different ailments and symptoms. Log on to MDLIVE.com/bcbsil or call 888.676.4204 today to find out additional info on this awesome benefit.

24/7 Nurseline: 800.299.0274 (PPO Members Only)

General health info and guidance for specific conditions from fevers to bee stings from a registered nurse.

Maternity Care Program: 888.421.7781

Personalized support provided by Obstetrical nurses.

Mail Order Prescriptions: 833.715.0942

Through Express Scripts (express-scripts.com/rx), mail order prescriptions save time and money.

Blue365 Discounts

Access to additional special program discounts. Details can be accessed by logging into Blue Access for Members via www.bcbsil.com. Once logged in, go to the *My Coverage* tab and click on *Discounts* found under *Member Advantages*.

Well onTarget Member Wellness Program

Access health and wellness resources that can help you manage your health. Resources include health assessments, self-directed courses and health coaching.



Tips to Save Money

Preventive/Wellness Exams Covered at 100%

- Preventive care is equal to one physical exam per year per enrolled member
- Females get an annual well-woman exam covered at 100% in addition to their annual physical exam
- No out-of-pocket costs apply - these exams are fully covered as long as your physician codes them as preventive

Prescription Drugs

- Ask your doctor if there's a generic version of any medication you're currently taking or being prescribed
- Take advantage of the Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates
- Visit www.goodrx.com or www.myprime.com to find ways to save on your prescriptions.

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing, in-network imaging centers than at hospitals
- Whenever possible, compare cost options prior to scheduling your necessary services

Accessing Medical Care

The ER is a costly experience for issues that aren't true emergencies. There are alternatives that can offer quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- Doctor's office: for symptoms that aren't life threatening, call and let them know your symptoms require immediate attention
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit www.bcbsil.com to find a clinic near you*
- Urgent Care (UC): less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.

* If enrolled in a BCBS medical plan, before filling any prescription, please refer to <https://www.myprime.com/content/myprime-v2/en/sso-consent.html> or contact BlueCross BlueShield to find out if your prescription drug(s) are covered in-network.

Dental Insurance





Dental Insurance



BlueCross BlueShield
of Illinois

www.bcbsil.com | (800) 367-6401

Preferred Provider Organization (PPO)

These dental plans allow the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

Preventive:

- Annual cleanings (2 per year)
- X-rays (1 per year)
- Sealants & space maintainers
- And more

Basic:

- Fillings
- Simple extractions
- Periodontal maintenance
- And more

Major:

- Root canals
- Surgical extractions
- Dentures/bridges/partials
- And more

Choice of plan options:	PPO In-Network / Out-of-Network [^]
Network Name	BlueCare Dental
Individual Deductible (Family = 3x)	\$50 / \$150
Preventive Coinsurance*	100% / 100%
Basic Coinsurance*	80% / 80%
Major Coinsurance*	50% / 50%
Annual Plan Maximum	\$1,000 / \$1,000
Orthodontia Coinsurance*	50% / 50%
Orthodontia Lifetime Maximum (for dependent children up to age 26)	\$1,250 / \$1,250

*These percentages represent how much the dental plan will cover. You are responsible for the rest of the cost-share payment.

[^]Out-of-Network dental providers will charge 90% of the Usual & Customary rate.

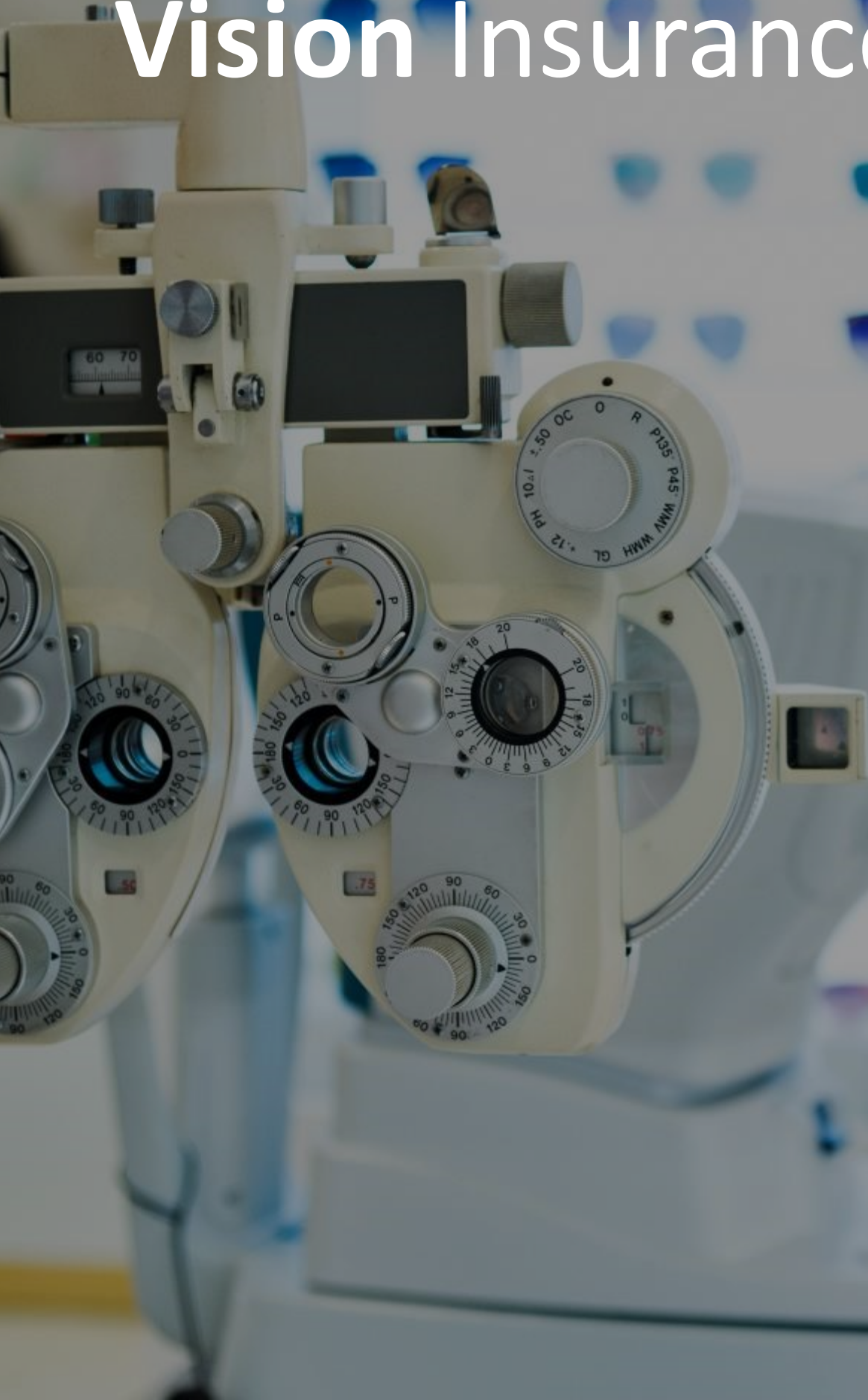
How to Find a Provider

1. Visit www.bcbsil.com
2. Click "Find Care" on the top menu bar, then select "Find a Dentist"
3. Select **BlueCare Dental PPO** network
4. You can now search for a provider by Dentist Name, Location, County or Center Name

Bi-Weekly Contributions:	You Pay
Employee Only	\$12.28
Employee & Spouse/DP*	\$27.15
Employee & Child (ren)	\$25.47
Family*	\$42.05

*Domestic Partners can be enrolled in Emp + SP/DP and Family coverage tiers. Reference page 4 for information on Domestic Partner taxation.

Vision Insurance





Vision Insurance



BlueCross BlueShield
of Illinois

www.bcbsil.com | (800) 367-6401

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will merely offer you an allowance towards your vision services.

Eye-care providers include many independent optical shops and national chains.

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Eye Exam	Every 12 months	\$10 copayment	\$30 max allowance
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 months*	\$25 copayment \$25 copayment \$25 copayment \$25 copayment	\$25 max allowance \$40 max allowance \$55 max allowance \$55 max allowance
Frames	Every 24 months*	\$150 allowance + 20% off remaining balance	\$75 max allowance
Medically Necessary Contacts	Every 12 months**	Covered in full	\$210 max allowance
Disposable Contacts	Every 12 months**	\$150 allowance	\$120 max allowance
Conventional Contacts	Every 12 months**	\$150 allowance + 15% off remaining balance	\$120 max allowance

*Vision benefit frequencies are based on the date of service

** You cannot get contact lenses and frames/lenses in the same 12 month period.

In-Network Online Providers

As always, you may also consider one of our many in-network online options including:

Glasses.com, ContactsDirect.com, LensCrafters, Ray-Ban and Target Optical

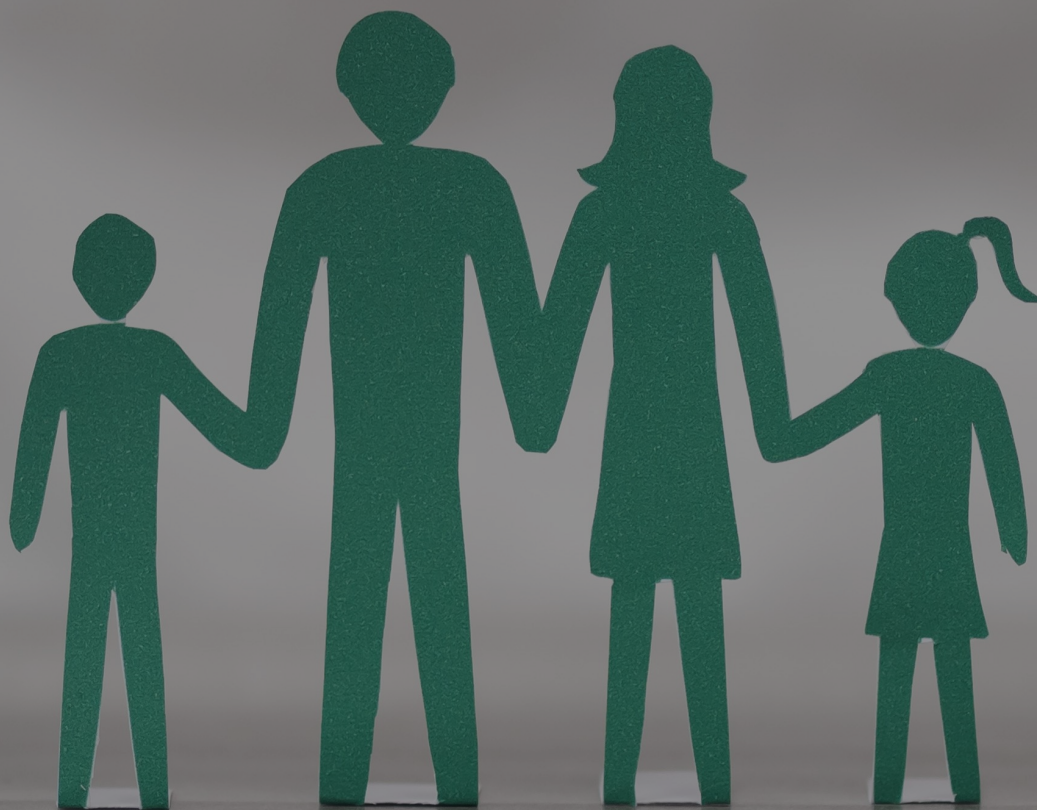
How to find a provider

1. Visit www.eyemedvisioncare.com/bcbsilvis
2. From the "Find an eye doctor" drop down list at the top of the page, choose "Provider Locator—Select Network"
3. Search for an in-network provider by location, doctor, or an Online Provider, including LASIK

Bi-Weekly Contributions:	You Pay
Employee Only	\$3.40
Employee & Spouse/DP*	\$6.46
Employee & Child (ren)	\$6.80
Family*	\$10.00

*Domestic Partners can be enrolled in Emp + SP/DP and Family coverage tiers. Reference page 4 for information on Domestic Partner taxation.

Additional Benefits





Basic Life and AD&D

www.bcbsil.com/ancillary | (800) 367-6401

Basic Life Insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. In addition, Accidental Death and Dismemberment (AD&D) provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident. Always make sure your beneficiaries are updated. The cost of the benefit is 100% paid for by the company.

Basic Life/Accidental Death & Dismemberment	
Benefit Amount	\$25,000 per employee - Life \$25,000 per employee - AD&D



Voluntary Term Life and AD&D

www.bcbsil.com/ancillary | (800) 367-6401

Voluntary Term Life/AD&D allows you to purchase additional coverage at your own financial expense to ease your loved ones' financial burden if something should happen to you. Costs are determined on group discounted rates. Always make sure your beneficiary information is updated. A spouse or domestic partners maximum election cannot exceed the amount the employee takes out on themselves. The cost of the benefit is 100% paid for by you. Your age and the amount of insurance you elect determines the premium you'll pay. Children can be covered until they reach age 26. Costs will go up as you age. See your plan documents for more detail.

	Employee	Spouse/DP	Child(ren)
Coverage Increments	\$10,000	\$5,000	Birth—6 months: Flat \$1,000 6 months—26 years: \$2,000 increments
Maximum Benefit Amount	\$500,000	\$500,000	\$10,000
Guaranteed Issue Amount*	\$150,000	\$50,000	\$10,000
Benefit Reduction Schedule	65% of original benefit at age 70 50% of original benefit at age 75		None

* Guarantee issue applies to new hires only; if voluntary life was waived during the initial enrollment period you must complete an Evidence of Insurability.

Bi-Weekly Rates:

Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Employee	\$0.047	\$0.048	\$0.055	\$0.068	\$0.094	\$0.136	\$0.207	\$0.319	\$0.469	\$0.748	\$1.270	\$3.087
Spouse	\$0.039	\$0.041	\$0.048	\$0.061	\$0.087	\$0.128	\$0.199	\$0.312	\$0.426	\$0.681	\$0.681	\$0.681
Child	\$0.235											

Rates shown are per \$1,000 of elected Voluntary Life/AD&D coverage. Spouse rates are based on employee's age.

Sample Calculation (32 years old—elected \$50,000; 28 year old Spouse—elected \$25,000):

$$\underline{\$50,000 \times \$0.055 = \$2,750.00 / 1,000 = \$2.75}$$

$$\underline{\$25,000 \times \$0.041 = \$1,025.00 / 1,000 = \$1.03}$$

Do Your Own Calculation:

Elected Amount X Age Rate = Amount / 1,000 = Bi-Weekly Premium

_____ X _____ = _____ / 1,000 = _____



Cozzini is proud to include Premier Whole Life as a new benefit offering to employees. Whole Life insurance is a portable form of life insurance that is designed to provide long-term insurance protection for employees during their working years and beyond. The coverage amount that is chosen and the policy premiums are guaranteed to be fixed for the life of the policy as long as the premium payments are met. The policies also include optional benefits that include an Accelerated Death Benefit and Long Term Care Benefit.

What is Whole Life Insurance?

Whole Life Insurance is an individual life insurance policy that pays a benefit to your beneficiary if you pass away. Your premium payments will stay the same for the life of the policy, as long as you meet the required premium payments. Plus, the policy builds cash value, which you can borrow against. Any unpaid loan would be subtracted from the benefit that is paid to your beneficiary. Features of Premier Whole Life Insurance include:

- Flexibility: After the first policy year, the death benefit may be increased to meet your changing needs
- Payroll deduction: Premiums are paid through convenient payroll deductions
- Keep your coverage: Should you leave your current employer, or retire, you can take your coverage with you and choose one of a number of convenient payment plans

How can life insurance help?

Examples of how your life insurance benefit could be used include:

- Pay off any remaining medical bills, funeral costs and debts
- Provide ongoing financial support to your family
- Keep your family in your home by paying off the mortgage
- Fund your children's education

Who is eligible for life insurance?

- All active full time employees working 30+ hours per week.
- Your spouse (Age 15—70 years). Coverage is available as long as the employee is eligible to apply, even if the employee chooses not to do so. If both you and your spouse are employees, you may elect to be covered with an employee or a spouse policy, but not both. Each person can only be covered by one policy.
- Your Children (Age 15 days—24 years). Coverage is available as long as the employee is eligible to apply, even if the employee chooses not to do so. Coverage is available to children and dependent grandchildren. Each child/grandchild must be equally insured. If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same children under this benefit. If the parent who is covering the children stops being insured as an employee then the other parent may apply for children's coverage.

What amount am I eligible for?

- Employee: Up to \$500,000 for non-tobacco users and \$250,000 for tobacco users
- Spouse: Up to \$500,000 for non-tobacco users and \$250,000 for tobacco users
- Children: Options of \$12,500 / \$15,000 / \$20,000 / \$25,000 in coverage

Note: A state specific life insurance application needs to be completed and submitted for any amount of coverage

Do I need to answer any health questions?

- Employee: If you are under age 50, you may elect up to \$75,000 without answering health questions. If you are age 51 through 65, you may elect up to \$25,000 without answering health questions. If you are age 66 through 70, you may elect up to \$25,000 with some health questions required for coverage.
- Spouse: You may elect the greater of \$5 per week or \$5,000 of life insurance on your spouse through age 65 with some health questions required for coverage. Spouses age 66 through 70 will need to answer health questions and be fully underwritten for any amount of coverage.
- Children: You may elect \$12,500 / \$15,000 / \$20,000 / \$25,000 of life insurance on your children with some health questions required for coverage.



Premier Whole Life w/ Long-Term Care



What optional benefits are available?

Your Premier Whole Life Insurance offering includes the following optional benefits. These benefits require one-on-one enrollment with a licensed insurance producer. Availability and provisions may vary by state. See your policy and any riders for a complete list of available benefits, along with applicable provisions, exclusions and limitations.

Accelerated Death Benefit* - Provides you with access to your death benefit in the event you are diagnosed with a terminal illness or serious illness or injury. The policy death benefit is reduced by the amount of the accelerated death benefit.

Long Term Care (LTC) Benefit* - Allows you to receive accelerated payment of your death benefit if you are receiving qualified care to assist with daily living, including home health care, adult day care or confinement to a long term care facility. The policy death benefit is reduced by the amount of the long term care payments. Minimum policy face amount of \$12,500 is needed to elect this rider. Maximum policy face amount of \$250,000 needed for this rider.

LTC with Restoration and Extension of Benefits* - Each month a long term care payment is made, the life insurance death benefit and cash values, if any, are restored to the full amount. The full life insurance death benefit and cash value, if any, are maintained at the original face amount at all times. Extends the total number of 4% or 2% payments up to an additional 25 or 50 months once the base rider benefits are exhausted.

*Receipt of the accelerated benefit may be taxable or may adversely affect your eligibility for Medicaid or other government benefits. You should consult your personal tax advisor to assess the impact of this benefit.

Questions?

- For more information, please call Voya's customer service team at (877) 236-7564 or go to <https://presents.Voya.com/EBRC/CozziniBros>
- For details regarding specific premium with the various benefits, contact EOI Service Company to speak to an insurance representative at <http://www.CozziniBros.MyBenefitsLibrary.com>

Exclusions & Limitations*

Life insurance coverage has a two-year suicide exclusion from the effective date of coverage or an increase in coverage

*Exclusions and limitations may vary by state. Read your policy and riders carefully for exact terms, conditions, exclusions and limitations.

	Eligibility	Coverage Type	Coverage Amount
Employee	Age 15 through 50 Age 51 through 65 Age 66 through 70	Guaranteed Issue Guaranteed Issue Contingent Issue	Not to exceed \$75,000 Not to exceed \$25,000 Not to exceed \$25,000
Spouse/Domestic Partner	Age 15 through 65 Age 66 through 70	Contingent Issue Above Contingent Issue	Greater of \$5/week or \$5,000
Dependent	Age 15 days through 24 years	Contingent Issue	\$12,500 / \$15,000 / \$20,000 / \$25,000



Premier Whole Life Rates



\$25,000 Insurance Amount

Issue Age	Non-Tobacco [^]			Tobacco		
	Bi-Weekly Premium	Cash Value* 20th Year	Cash Value* Age 65	Bi-Weekly Premium	Cash Value* 20th Year	Cash Value* Age 65
25	\$8.54	\$3,200	\$9,747	\$14.52	\$4,263	\$11,726
35	\$12.92	\$4,747	\$8,703	\$22.64	\$6,116	\$10,498
45	\$22.12	\$7,062	\$7,062	\$34.66	\$8,492	\$8,492
55	\$43.06	\$10,259	\$4,188	\$56.90	\$10,871	\$4,939

Non-Tobacco [^]			Tobacco		
Issue Age	Bi-Weekly Premium	Insurance + LTC with REB	Issue Age	Bi-Weekly Premium	Insurance + LTC with REB
25	\$8.54	\$9.34	25	\$14.52	\$15.34
35	\$12.92	\$14.40	35	\$22.64	\$24.12
45	\$22.12	\$24.80	45	\$34.66	\$37.34
55	\$43.06	\$48.16	55	\$56.90	\$62.00

\$50,000 Insurance Amount

Issue Age	Non-Tobacco [^]			Tobacco		
	Bi-Weekly Premium	Cash Value* 20th Year	Cash Value* Age 65	Bi-Weekly Premium	Cash Value* 20th Year	Cash Value* Age 65
25	\$17.06	\$6,401	\$19,494	\$29.04	\$8,526	\$23,452
35	\$25.82	\$9,494	\$17,407	\$45.26	\$12,232	\$20,996
45	\$44.22	\$14,124	\$14,124	\$69.30	\$16,984	\$19,984
55	\$86.12	\$20,518	\$8,376	\$113.78	\$21,743	\$9,879

Non-Tobacco [^]			Tobacco		
Issue Age	Bi-Weekly Premium	Insurance + LTC with REB	Issue Age	Bi-Weekly Premium	Insurance + LTC with REB
25	\$17.06	\$18.68	25	\$29.04	\$30.66
35	\$25.82	\$28.80	35	\$45.26	\$48.24
45	\$44.22	\$49.60	45	\$69.30	\$74.68
55	\$86.12	\$96.30	55	\$113.78	\$123.98

*Cash values illustrated above apply to a base policy contract only

[^]No Tobacco use is defined as an individual who has not used tobacco in any form within the previous 24 months

This benefit summary is an overview of your benefits. For complete benefit information, please review the plan documents.



Short & Voluntary Long-Term Disability

www.bcbsil.com/ancillary | (800) 367-6401

If you become ill or suffer an injury that prevents you from working disability insurance replaces a portion of your income for a defined maximum period of time. Cozzini Bros., Inc provides short term disability at no cost to its' employees and long term disability can be elected and paid for through payroll deductions.

Short-term disability is designed to replaces part your income in the event of a temporary disability such as an illness, recovery from a surgical procedure and more.

Disability Coverage	Short-Term	Voluntary Long-Term
Waiting Period	Begins on 8th day of continuous injury or illness	Begins on the 91st day of continuous injury or illness
Benefit Amount	60% of weekly earnings	60% of monthly earnings
Maximum Benefit	\$2,000 per week	\$5,000 per month
Length of Payment Period	11 weeks	SSNRA
Pre-Existing Condition Limitation	None	12/12/24
Premium Contribution	Company paid	Employee paid

Voluntary Long-Term Disability offers gives you a way to have an income stream when they are unable to work for a long period of time due to an unexpected injury or illness so they can continue to make mortgage payments, car loan payments, monthly bills, and other expenses that could cause major stress during a period of uncertainty.

Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Bi-Weekly Rates	\$0.046	\$0.060	\$0.102	\$0.136	\$0.248	\$0.446	\$0.579	\$0.773	\$0.599	\$0.840	\$0.615

Rates are per \$100 of covered monthly covered payroll

Sample Calculation (30 years old—\$65,000 annual salary):

$\$65,000 / 12 \text{ Months} = \$5,416.67$ Monthly Earnings (Maximum monthly earnings is capped at \$8,333.33 for the VLTD benefit)

$\$5,416.67 \times 60\% = \$3,250$ Monthly Voluntary LTD Benefit (what you would receive monthly if accepted for VLTD payments)

$\$5,416.67 \times \$0.102 = \$552.50 / 100 = \5.53 Bi-Weekly Premium

Do Your Own Calculation:

_____ / 12 Months = _____ Monthly Earnings (\$8,333.33 maximum)
Annual Pay

_____ X 60% = _____ Monthly Voluntary LTD Benefit (\$5,000 maximum)
Monthly Earnings
(max \$8,333.33)

_____ X _____ = _____ / 100 = _____ Bi-Weekly Premium
Monthly Earnings Age-Based Rate
(max \$8,333.33)



Family Medical Leave Administration

Website and Phone Number TBD

IMPORTANT NOTE:

COMING SOON FMLA coverage through ComPsych will go into effect September 1, 2023.

Continue to contact the Human Resources Department for any FMLA related matters until the ComPsych benefit goes into effect.

If you have specific family or medical reasons that require you to take a leave from work, the Family and Medical Leave Act (FMLA) lets you take that leave unpaid, while protecting your job. The length of leave will vary for each situation. You are eligible for FMLA when you have worked for Cozzini Bros., Inc. for at least 12 months and have worked 1,250 hours during the 12 months prior to your leave start date.

When to submit a Leave of Absence claim for your personal health condition

- A physician has determined you are unable to work due to illness, injury or pregnancy
- It is 7 or more days in advance of a planned medical absence (Example is surgery on a scheduled date)
- You need a personal leave of absence
- You are covered for leave under a state specific law (laws vary based on the state you are a resident of)

When to submit a Leave of Absence claim for care of a family member

- Care for a family member who has a serious health condition
- Care for a child due to birth, adoption or foster care placement
- Absent to due qualifying leave from spouse, child or parent on covered active duty in the Armed Forces

How to report your leave

When the need for leave is foreseeable (approaching due date for a pregnancy, for example), the employee must provide Cozzini Bros., Inc. and FMLASource at least 30 days notice. When the leave is not foreseeable, the employee must report the notice as soon as reasonably possible.

- Call the toll free number or submit by visiting the website and submit your leave through the online portal. Phone number and website link will be provided soon.
- If you are reporting time off for an intermittent leave, contact ComPsych and notify the HR department

Important reminders when applying for FMLA

- Employees must use half of accrued and unused PTO (which includes PTOM) before taking time unpaid
- FMLA and Short-Term Disability run concurrently, when applicable. The same call-in rules apply for employees who are on intermittent leave as active employees. Employees on intermittent leave must call FMLASource to report the time used for FMLA.



Employee Assistance Program (EAP)



www.guidanceresources.com | (866) 899-1363

EAP is a confidential service that offers caring and professional assistance for a broad range of concerns; including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Receive up to 3 face-to-face sessions per issue per year. Services are confidential—neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day/7 days a week for you and your eligible dependents through unlimited telephonic service. There is no cost, it's just there for you when you need it.

Possible reasons to call can include:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and child care
- Elder care referrals
- Domestic violence
- Workplace conflict
- Work/life balance
- Addiction and recovery
- Financial issues
- Legal assistance
- And more



Beneficiary Resource Services



When a loved one dies, families often face complex issues ranging from estate planning, legal questions, funeral planning, coping with grief and financial uncertainties. Dearborn offers a program available to all employees that combines family wellness and security, including the following services:

- Emotional Support
- Grief and Financial Counseling
- Funeral Planning
- Legal Support
- Online Will Preparation

You can reach Beneficiary Resource Services at (800) 769-9187 or visit www.beneficiaryresource.com.



Travel Resource Services



All employees have access to Dearborn's Travel Resource Services provider which offers around the clock emergency and information services, including the following:

- 24 hour emergency services when traveling more than 100 miles from home
- Medical Search and Referral
- Medical Evacuation & Emergency Travel Arrangements
- Travel Companion Services (for dependents, too)
- Legal Assistance
- Replacement of medication and eyeglasses
- Emergency cash

You can reach Travel Resource Services at (202) 659-7807 or at ops@europassistance-usa.com



Voluntary Accident Insurance

www.voya.com | (800) 955-7736



Voluntary Accident provides you with a lump-sum payment if you experience one or more of the events outlined by the plan coverage. The benefits covers accidents sustained on or off your job. The cost of the benefit is 100% paid for by you. You are eligible to receive a \$50 reimbursement by submitting proof you completed a wellness screening or procedure. Covered screenings/procedures are outlined in the plan documents. Examples of covered benefits include, but are not limited to:

Benefits Received from Covered Accident
Ground/Air Ambulance—\$400/\$2,000
Emergency Room Treatment—\$250
Fractures—Up to \$10,000
Dislocations—Up to \$8,000
Hospital/ICU Admission—\$1,750
Hospital/ICU Confinement—\$275/\$450 per day
Initial/Follow-Up Physician's Office—\$100 per visit
AD&D (Employee/Spouse or DP/Children) - \$40,000/\$15,000/\$8,000

Bi-Weekly Contributions:	You Pay
Employee Only	\$4.14
Employee & Spouse/DP*	\$6.86
Employee & Child(ren)	\$7.99
Family	\$10.71

*Domestic Partners can be enrolled in Emp + SP/DP and Family coverage tiers. Reference page 4 for information on Domestic Partner taxation.



Voluntary Hospital Indemnity Insurance

www.voya.com | (800) 955-7736



Voluntary Hospital Indemnity provides you with a lump-sum payment if you or a covered dependent will be confined to a hospital or ICU room for an extended period of time. The benefit will provide a lump-sum payment for admission to a room and provide a daily lump-sum benefit for each additional day you remain hospitalized. The cost of the benefit is 100% paid for by you.

Benefits Received from Hospitalization
Hospital/ICU Admission—\$500 per confinement (1 admission per calendar year)
Hospital Confinement—\$100/day (up to 30 days per confinement)
ICU Confinement—\$200/day (up to 15 days per confinement)
Rehabilitation Unit Confinement—\$50/day (up to 10 days per confinement)

Bi-Weekly Contributions:	You Pay
Employee Only	\$4.06
Employee & Spouse/DP*	\$8.94
Employee & Child(ren)	\$7.16
Family	\$12.03

*Domestic Partners can be enrolled in Emp + SP/DP and Family coverage tiers. Reference page 4 for information on Domestic Partner taxation.

This benefit summary is an overview of your benefits. For complete benefit information, please review the plan documents.



Voluntary Critical Illness Insurance

www.voya.com | (800) 955-7736



Critical Illness Insurance can help safeguard your finances by providing you with a lump-sum payment when your family needs it most. If you meet the policy requirements, Critical Illness insurance will provide you with a lump-sum payment upon diagnoses for one or more of the covered conditions. The cost of the benefit is 100% paid for by you. Spouse/Domestic Partner and Dependent Children will be enrolled at 50% of the elected Employee amount if enrolled in coverage. Below include some, but not all, covered illnesses and the percentage of your benefit to be paid if you or a covered dependent experience them.

You are eligible to receive a \$50 reimbursement by submitting proof you completed a wellness screening or procedure. Covered screenings/procedures are outlined in the plan documents.

	Benefit	Guarantee Issue Amount
Employee	\$10,000 / \$20,000 / \$30,000	\$30,000
Spouse/DP	50% of Employee amount	All amounts
Child(ren)	50% of Employee amount	All amounts

Covered Illness	% of Benefit	Covered Illness	% of Benefit	Covered Illness	% of Benefit
Invasive Cancer	100%	Heart Attack	100%	Loss of Sight	100%
Carcinoma in Situ	25%	Coronary Artery Bypass	25%	Coma	100%
Major Organ/Kidney Failure	100%	Stroke	100%	ALS	100%

Bi-Weekly Rates:

Age	< 30	30-39	40-49	50-59	60+
Employee	\$0.092	\$0.175	\$0.420	\$0.942	\$1.758
Spouse/DP*	\$0.115	\$0.203	\$0.457	\$0.983	\$1.791
Child	\$0.120				

*Domestic Partners can be enrolled in coverage. Reference page 4 for information on Domestic Partner taxation.

Rates shown are per \$1,000 of Critical Illness coverage amount. Spouse rates are based on Employee age.

Sample Calculation (43 years old, electing \$20,000 in Employee Coverage)

$\$20,000 \times \$0.420 = \$8,400 / 1,000 = \8.40 Bi-Weekly Premium

Do Your Own Calculation

Elected Amount X Age Rate = Amount / 1,000 = Bi-Weekly Premium

_____ X _____ = _____ / 1,000 = _____



401(k) Program



www.empowermyretirement.com | (800) 338-4015

The 401(k) Plan is an employer sponsored retirement plan that allows employees to save and invest for the purpose of building savings for retirement. Saving through a 401(k) Plan is an easy way to set aside money for your future.

Automatic Enrollment for 401(k) Contributions:

Employees become eligible for the plan the first of the month coincident with or next following the date they complete 60 days of service. If you do not make an election regarding how much you would like to contribute to the plan, you will be automatically enrolled at 1% of compensation. This contribution rate will increase by 1% each year until your contribution rate reaches 10%. The contribution rate increases will be effective the first payroll on or after April 1st each year. If you would like to contribute a different amount or make no contribution to the plan, you should login to your account with Empower and make an election regarding your contribution rate. Changes to contribution amounts must be made 7 days before a payroll date to be updated for that pay period.

Contributions to your account:

- You can make pre-tax contributions up to the IRS calendar year dollar limit
- If you are over the age of 50, you may make an additional catch-up contribution during the calendar year, which allows for increased retirement savings
- You can increase or decrease your contributions at any time to take effect first day of next quarter
- You can begin contributing on your entry date as specified by the plan
- You can rollover money into the plan from a prior employer's qualified plan or an IRA

Company match:

Cozzini Bros., Inc matches employee contributions dollar-for-dollar on the first 3% you contribute to the plan. We encourage all employees to make 401(k) contributions of at least 3% of compensation to take advantage of the increased company contribution.

Automatic Escalation:

For employees who are already enrolled and making 401(k) contributions equal to or greater than 1% of compensation, your contribution rate will be automatically increased by 1% per year until your contribution rate is at least 10% beginning with the first payroll on or after April 1, 2023. You can elect to increase your contributions at a different rate or change the effective date of the increases by logging into your account with Empower and making an election.

Investing your account:

Our plan offers a broad choice of investment funds for your savings and the company matching contributions. An array of fund options allow you to tailor your investment strategy to meet the goals you feel are important. Log on to our 401(k) vendor website (www.empowermyretirement.com) for additional details and information.

Vesting:

Employee elective contributions are always fully vested. The company's matching and profit sharing contributions are subject to a 6-year graded vesting schedule. If you die, become disabled or reach SSNRA while employed by Cozzini, you will become fully vested in your Account Balance.



401(k) Program



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Distributions:

Your elective contributions and vested company matching & profit sharing contributions will generally be paid to you within a reasonable period of time after the end of the calendar quarter that you terminate employment and request a distribution.

Distributions due to “financial hardships” are available from your employee contributions, exclusive of any earnings allocated to these contributions. Please refer to the Summary Plan Description (SPD) and 401(k) Plan documents for financial hardship reasons.

Please see the Retirement Plan Enrollment Form for a list of the funds. You are able to change your investment direction any time by calling (800) 338-4015 or visiting www.empowermyretirement.com.

Loans:

The plan administrator approves loans based on the following:

- \$1,000 minimum—no more than 2 outstanding loans at one time
- Can borrow 50% of present vested Account Balance to a max of \$50,000
- You pay the cost of documenting and administering the loan
- Principal and interest on loan can be repaid through payroll deductions
- Interest is charged at a fixed rate for the term of the loan equal to 1% plus the prime rate in effect at the time the loan is granted
- Unless loan is used to purchase primary residence, it must be paid back within 5 years


Directed Investments:


You will be able to direct the investment of all of your accounts among a menu of mutual funds offered by Empower Retirement. Please see the Retirement Plan Enrollment Form for a list of the funds. You are able to change your investment direction any time by calling (800) 338-4015 or visiting www.empowermyretirement.com.





You will be able to access the BSwift site directly from the Web Pay Employee Self Service Portal by clicking on the **HR & Payroll** option, then selecting the **BSwift** link from the dropdown options. You will not need a separate User ID or password when accessing the site via the Employee Self Service Portal.

The site supports the following internet browsers. Cozzini encourages you to keep your browser updated.

Mozilla Firefox, version 35.0 and up. Download [Mozilla Firefox](#) 

Safari, version 9.0 and up. Download [Safari](#) 

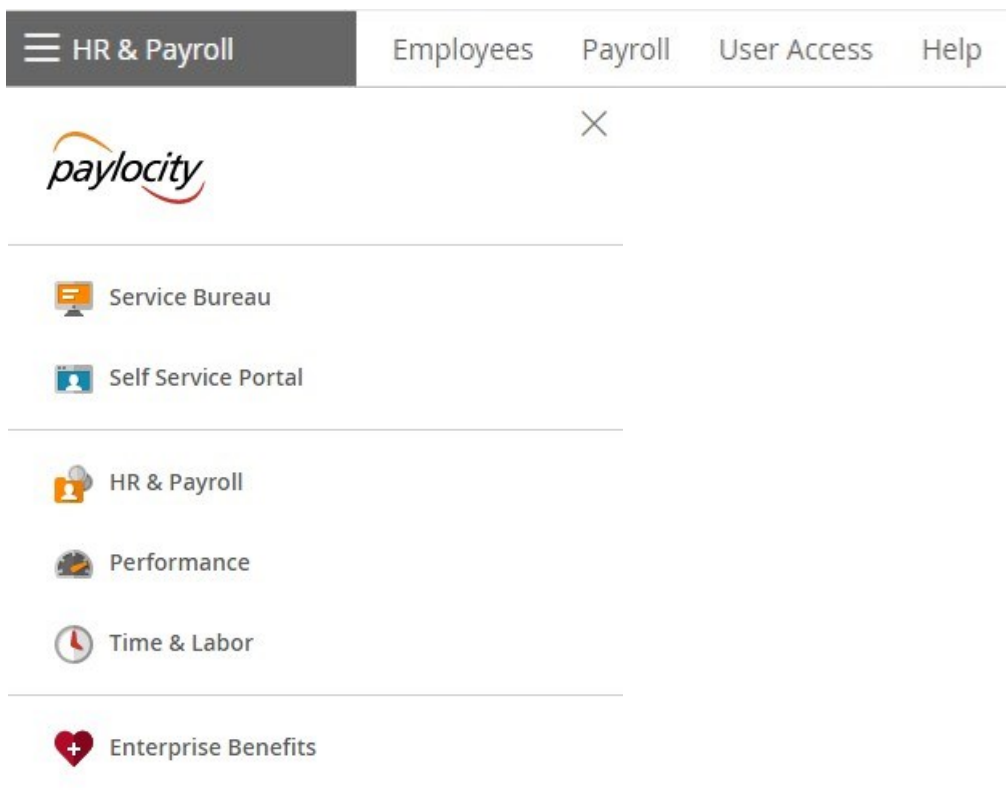
Google Chrome, version 39.0.2171.99 m and up. Download [Chrome](#) 

Microsoft® Internet Explorer*, version 11.0 and up. Download [Internet Explorer](#) 

*Please note that Microsoft® Edge is now the default internet browser for Windows operated software. You can still access Internet Explorer version 11.0 through Microsoft® Edge by reloading with Internet Explorer Mode.

You will have the ability to log straight into the BSwift site via Web Pay, using Single Sign on:

Once you enter your Web Pay profile, you can access BSwift at the top of the screen by selecting: **HR & Payroll > BSwift**



Note: You can use your smartphone or tablet to complete this process. However, the site can only be accessed through a browser. There is no app available, therefore a laptop or computer is your best option.

****For successful navigation of the site, do NOT use the “Back” button in your internet browser, as this will automatically log you out of the site. To navigate through the site, use the navigation bar located on the left hand side of the screen.**



Carrier Information

Medical

Carrier	BlueCross BlueShield of Illinois
Website	www.bcbsil.com
Phone Number	See back of ID card

Health Savings Accounts

Carrier	Accresa Bank
Website	www.myameriflex.com
Phone Number	(888) 868-3539

Dental

Carrier	BlueCross BlueShield of Illinois
Website	www.bcbsil.com
Phone Number	(800) 367-6401

Flexible Spending Accounts

Carrier	AmeriFlex
Website	www.myameriflex.com
Phone Number	(888) 868-3539

Vision

Carrier	Dearborn National (BCBS)
Website	www.bcbsil.com/ancillary
Phone Number	(800) 367-6401

Basic and Voluntary Life/AD&D

Carrier	Dearborn National (BCBS)
Website	www.bcbsil.com/ancillary
Phone Number	(800) 367-6401

Short-Term and Voluntary Long-Term Disability

Carrier	Dearborn National (BCBS)
Website	www.addcarrierwebsite.com
Phone Number	(800) 367-6401

Accident, Critical Illness, Hospital Indemnity & Whole Life

Carrier	Voya
Website	www.voya.com
Phone Number	(800) 955-7736

Employee Assistance Program (EAP)

Carrier	Dearborn National (BCBS)
Website	www.guidanceresources.com
Phone Number	(866) 899-1363

401(k)

Carrier	Empower Retirement
Website	www.empowermyretirement.com
Phone Number	(800) 338-4015

Gap/Layered Insurance

Carrier	American Health Resources
Website	www.ahr.net
Phone Number	(800) 570-3757
Email	info@ahr.net



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.