



**WRIGHT BROTHERS CONSTRUCTION CO., INC.  
WRIGHT BROTHERS CONTRACTING, INC.  
WRIGHT INDUSTRIAL GROUP, LLC**

# 2022

## EMPLOYEE BENEFITS GUIDE



*Wright Brothers is an ever evolving Christian owned business steeped in the traditional core values of integrity, urgency, selflessness and hard work. As such, we hold ourselves accountable in implementing these principals and leading by example.*



# WELCOME TO THE 2022 BENEFITS PACKAGE

## At Wright Brothers Construction Co., Inc., we believe.....

Your health and wellness is important. To perform at your best and enjoy all that life has to offer, you need to care for you!

Your benefits package is designed to help you do just that - to care for yourself, to offer you choices and to give you opportunities to improve your health. This brochure summarizes all the information and resources available to you.

## MAKING CHANGES DURING THE YEAR

- Generally, you can only change your benefit elections during the annual benefits Open Enrollment period. An exception is made for any Qualified Life Event (QLE), such as marriage, divorce, birth or adoption. You must notify Human Resources within 31 days of any QLE to make changes. Otherwise, you will have to wait until the next open enrollment period. Any changes you make to your benefit choices must be directly related to the Life Event. Proof of the change may be required (example: a marriage license or birth certificate).

## Benefits are Effective January 1, 2022 - December 31, 2022

## NOT SURE HOW TO GET STARTED? DON'T WORRY!

Now is the perfect time to prepare by doing the following:

- ➡ Review this guide to learn about the benefits being offered this year
- ➡ Call Human Resources to ask any benefit questions prior to enrolling



## WAIVING COVERAGE

- If you decide that you have appropriate benefits from an alternate source you may choose to waive coverage. If you are declining enrollment for yourself or your dependents (including your spouse) because of other insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, providing that you request enrollment within 31 days after your other creditable group or government sponsored coverage ends.

## WHEN COVERAGE ENDS

- Benefits end on your last day worked. You will be offered the option to continue health care benefits through COBRA Insurance, subject to and in accordance with Federal Law.

## A WORD ABOUT COVID

- Wright Brothers encourages the use of science-based vaccines to help in preventing the spread of COVID and/or lessening side effects in the event of a COVID diagnosis.
- We believe vaccination is another step in our approach to continuous improvement of our safety program and this step can provide protection for both yourself and fellow employees.





# MEDICAL INSURANCE



## MEDICAL INSURANCE

One way your employer helps look after the health and welfare of you and your family is with comprehensive and flexible Medical Insurance. Your plan gives you access to a large provider network, and you won't have to worry about referrals.

## WHAT IS AN HDHP?

High deductible health plans (HDHPs) take a different approach to insurance than traditional managed health care plans. HDHPs combine a lower premium with a Health Savings Account (HSA). The lower premium makes coverage more affordable - the impact on your paycheck can be significantly less than with traditional plans. The deductible encourages prudent spending for cost sustainability, and the pre-tax money in the HSA gives you a boost toward meeting your deductible. If health care needs in a given year are low, you may be able to cover out-of-pocket expenses entirely from your HSA. HDHPs are built on the belief that if we're more knowledgeable about what health services cost - and have a stake in how our health care dollars are spent - we have a powerful incentive to manage our health and our health care dollars wisely.

## WHAT IS AN HSA?

An HSA works like a savings account. Funds are deposited into the account by the employee and/or the employer on a tax-free basis and can be used to pay for eligible health care expenses like doctor visits, prescription drugs, and dental and vision care incurred by you and your eligible dependents.



## FREQUENTLY ASKED QUESTIONS

### How many hours do I need to work to be eligible for insurance benefits?

You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

### Will I receive a new ID card?

You will receive an ID card in the mail if you are electing coverage.

### Does the deductible run on a calendar year or policy year basis?

A calendar year basis.

### How long can I cover my dependent children?

Dependent children are eligible until the end of the month in which they turn age 26.

### I just got hired. When will my benefits become effective?

Your insurance benefits will begin on the 91st day of employment, provided you submit a completed application to Human Resources within the time frame specified.

## To find a Cigna provider in your area, visit [cigna.com](https://cigna.com)

1. Click on "Find a Doctor, Dentist, or Facility"
2. Choose "Employer" coverage
3. Type in your zip code
4. Click on the category of provider you would like to search in the specialty drop-down box
5. Select the Cigna Open Access Plan
6. You may apply additional filters to narrow your search



# MEDICAL PLAN OPTIONS



Medical Benefit Plan Design	Plan Option 1	Plan Option 2
	In-Network Benefits	In-Network Benefits
<b>NETWORK: CIGNA OPEN ACCESS PLUS</b>		
<b>Annual Deductible</b> Individual / Family	\$3,000 / \$6,000	\$5,000 / \$10,000
<b>Coinsurance</b>	100%	100%
<b>Total Out-Of-Pocket Maximum</b> Individual / Family (includes deductible, coinsurance & copays)	\$3,000 / \$6,000	\$5,000 / \$10,000
<b>Office Visit</b> Primary Care Physician / Specialist	100% after deductible	100% after deductible
<b>Preventive Care</b> Routine Physicals, Well Woman Exams, Mammograms (age 40+), Well Child Exams COVID Vaccinations	Covered at 100%	Covered at 100%
<b>Hospital Care</b> Inpatient / Outpatient	100% after deductible	100% after deductible
<b>Outpatient Facility and Physician Services</b> Outpatient Surgery, Ambulance Service, Emergency Room Services	100% after deductible	100% after deductible
<b>Behavioral Health</b> Inpatient / Outpatient	100% after deductible	100% after deductible
<b>Therapy Services (30-36 visits/calendar year)</b> Office Visits	100% after deductible	100% after deductible
<b>Medical Equipment</b> Durable Medical Equipment Hearing Aids (once every 3 years)	100% after deductible	100% after deductible
<b>Approved Preventive Drugs</b> Generic (Retail / Mail Order) Preferred Brand (Retail / Mail Order) Nonpreferred Brand (Retail / Mail Order)	\$3 / \$9 \$25 / \$75 \$50 / \$150	\$3 / \$9 \$25 / \$75 \$50 / \$150
<b>All Other Pharmacy (Non-Preventive)</b> Generic (Retail / Mail Order) Preferred Brand (Retail / Mail Order) Nonpreferred Brand (Retail / Mail Order) Specialty	100% after deductible 100% after deductible 100% after deductible 100% after deductible	100% after deductible 100% after deductible 100% after deductible 100% after deductible



# DENTAL INSURANCE



## HOW TO FIND A DENTIST

To find a Cigna provider in your area, visit [cigna.com](https://cigna.com)

- Click on “Find a Doctor, Dentist, or Facility”
- Choose “Employer” coverage
- Type in your zip code
- Click on the category of provider you would like to search in the specialty drop-down box
- Select the Total Cigna DPPO Plan
- You may apply additional filters to narrow your search



## YOUR DENTAL BENEFITS

The Cigna DPPO dental plan is available to full time employees working at least 30 hours or more per week and eligible family members. With the Cigna DPPO plan, you can visit any licensed dentist or specialist. It is to your advantage to utilize the broad range of in-network dentists Cigna has made available to you in order to maximize the benefits of your plan and attain the highest cost savings. While out-of-network dentists are available, you will be responsible for any cost that exceeds Cigna’s negotiated fees, plus any deductible and co-insurance associated with your procedure. Regular dental check-ups and cleanings are essential to protect you and your family from the high cost of dental disease and surgery.

Dental   Cigna DPPO		
	DPPO Network	Out-of-Network
Annual Deductible	Individual   \$50 Family   \$150	Individual   \$50 Family   \$150
Annual Maximum	\$1,000	\$1,000
Orthodontia (Adults & Children) Lifetime Maximum	50% \$1,000	50% \$1,000
Preventive Services Exams, Cleanings, Routine X-rays, etc.	100%	100%
Basic Services Fillings, Extractions, Endodontics, Periodontics, etc.	80%	80%
Major Services Implants, Crowns, Bridges, etc.	50%	50%
Orthodontics	50%	50%
Waiting Period	None	None



# VISION INSURANCE



## YOUR VISION BENEFITS

The Cigna vision plan offers both in-network and out-of-network coverage. It is to your advantage to utilize a Cigna network provider in order to maximize the benefits of your plan and attain the highest cost savings.

Out-of-network benefits are based on a reimbursement schedule.

## HOW TO FIND A VISION PROVIDER

To find a Cigna provider in your area, visit <https://cigna.vsp.com/eye-doctor.html>

- Log In or Click on “Search As Guest”
- Search By Location/Services or By Eye Care Professional or Office Name
- You may apply additional filters to narrow your search



## Vision Summary of Service

	In-Network Benefit	Out-Of-Network Benefit
<b>Copay</b>		
Exams	\$10 Copay	Up to \$45
Materials	\$10 Copay	N/A
<b>Frequencies</b>		
Exams	12 months	12 months
Lenses	12 months	12 months
Frames	24 months	24 months
<b>Lenses</b>		
Single Vision	\$10 Copay	Up to \$40
Lined Bifocal	\$10 Copay	Up to \$65
Lined Trifocal	\$10 Copay	Up to \$75
Progressives	\$10 Copay	Up to \$75
Lenticular	\$10 Copay	Up to \$100
<b>Frames Allowance</b>	Up to \$150 20% Off After Allowance	Up to \$83
<b>Contact Lenses</b> (in lieu of lenses + frames)		
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered at 100%	Up to \$210





# HEALTH SAVINGS ACCOUNT (HSA)



## HOW YOUR HSA WORKS

For 2022, the Company will contribute up to \$600 if you have single coverage and up to \$1,000 if you have family coverage, as a dollar per dollar match of your HSA contributions. Contributions will be deposited on a per paycheck basis. The maximum amount that may be contributed to the HSA for 2022 is \$3,650 for employee-only coverage and \$7,300 for family-level coverage (these maximums are set by the U.S. Department of the Treasury). Maximum amounts include funds the company deposits into your HSA, as well as any contributions you make. You can start, stop, or change contributions to your HSA at any time.

If you turn age 55 or older in 2022, you may contribute up to an additional \$1,000/year in catch-up contributions. All contributions to your HSA are portable. This means if you don't spend all your HSA dollars in a given year, they will remain in your account without the risk of forfeiture, even if you leave the Company or switch to a different medical plan. This allows you to build up a reserve to use toward future health care expenses.

## IMPORTANT HSA RULES

You cannot open an HSA if you are:

- Covered by any other medical plan, including a health care flexible spending account
- Enrolled in Medicare
- Claimed as a dependent on another person's tax return
- Have received VA medical benefits in the past three months.

If you cover a dependent in the plan, they can be covered under another medical plan but cannot have a health care FSA. HSAs have important tax implications. Account holders must file a tax form and certify that reimbursements were for eligible expenses on behalf of their eligible tax dependents.

Contribute up to  
**\$3,650/Single**  
**\$7,300/Family**

## USING YOUR HSA DOLLARS

You can use your HSA dollars to pay for all section 213(s) medical, prescription, dental, and vision expenses that are not covered by insurance. This includes copays, coinsurance, amounts that apply to your deductible, Medicare parts B, C, and D premiums, long-term care premiums, COBRA coverage, and an individual medical insurance policy if you receive unemployment benefits.

Employer HSA Match	Plan Option 1	Plan Option 2
Coverage Tier	(up to)	(up to)
Individual	\$600	\$600
Family	\$1,000	\$1,000





# TELEMEDICINE and BENEFITS WALLET

## NEW PROVIDER EFFECTIVE 3/1/2022



### HealthJoy Makes it Easier to be Healthy and Well.

HealthJoy is the virtual access point for all your healthcare navigation and employee benefits needs. With 24/7 access to HealthJoy's dedicated concierge team, telemedicine visits, and care navigation tools, you and your family can be connected with the right tools at the right moment in your care journey. Telemedicine is included in your medical insurance package and provides access to a medical provider via phone, video, or mobile application. Available 24/7, ANYTIME, ANYWHERE!

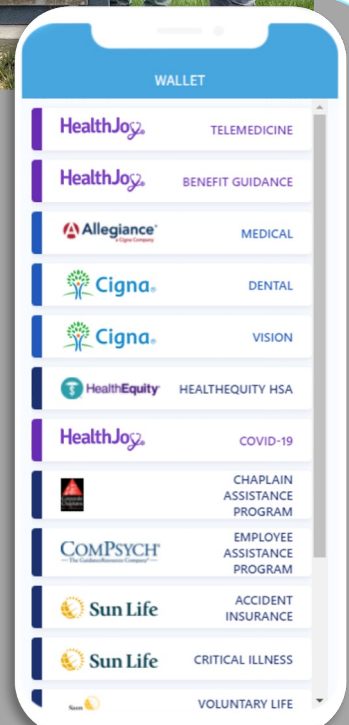
#### When can I use Telemedicine?

- If you are considering a visit to the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or any time you are away from home
- When your doctor is unavailable
- For many medical conditions, including but not limited to:
  - Cold & Flu Symptoms
  - Allergies
  - Sore Throat
  - Bronchitis
  - Minor Infections
  - Rash
  - Sinus Problems
- For short-term prescription refills
- No cost to consult with a Telemedicine provider
- Prescriptions can be sent electronically to your pharmacy



### HealthJoy Benefits Wallet

Provides a  
personalized, digital  
version of all your  
employee benefits,  
including copies of  
your insurance cards.



It is recommended to visit your primary care physician for routine/preventive care. Your primary doctor knows you and your health history and has access to your medical records. As an alternative, Telemedicine can share the results of your telemedicine visit with your primary care physician, with your consent.

***If you believe you are experiencing a life-threatening medical emergency, please go to the nearest emergency room or dial 9-1-1 immediately.***





# LIFE AND AD&D INSURANCE



## Group Life & AD&D Coverage

Life Insurance can help provide for your loved ones if something were to happen to you. Wright Brothers Construction Co., Inc. provides Group Life Insurance to eligible employees after one year of continuous full-time employment.

Wright Brothers pays for the full cost of this benefit for employees, meaning you are not responsible for paying any monthly premiums. You may choose to add basic life coverage for your spouse and dependents, at a cost of \$0.29 per week / \$1.25 per month. Contact Human Resources at 423-336-2261 if you would like to update your beneficiary information or have questions regarding this policy.

Basic Life Age-Reduction applies as follow:

65% at age 70, 50% at age 75



## Voluntary Life & AD&D Summary of Benefits

Benefit Amounts Available	Employee   \$10,000 - \$500,000 (not to exceed 5x annual salary) Spouse   \$5,000 - \$150,000 (not to exceed 50% of employee amount) Dependent   \$2,000 - \$10,000
Guaranteed Issue for Newly Eligible Employees*	Employee   \$150,000 Spouse   \$50,000 Dependent   \$10,000
Age-Reduction	67% at age 70, 50% at age 75
Conversion	Included
Portability	Included
Accelerated Benefit	75%

## Voluntary Life & AD&D Coverage

With Voluntary Life & AD&D insurance, you are responsible for paying the full cost of coverage through weekly payroll deductions. You can purchase coverage for yourself, your spouse and dependent children.

The Voluntary Life minimum coverage level is \$10,000 and maximum is the lesser of 5x salary or \$500,000. The chart below outlines the weekly costs of purchasing additional coverage.

**\*Please note: If you are not newly eligible, you will be required to submit an Evidence of Insurability questionnaire for any employee/spouse coverage level.**



# DISABILITY INSURANCE



Wright Brothers Construction Co., Inc. provides full-time employees with Short-Term and Long-Term Disability income benefits after one year of continuous employment.

We want to do everything we can to protect you and your family. That's why we pay for the full cost of Short-Term and Long-Term Disability insurance.

In the event you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Short-Term Disability Summary of Benefits	
Benefit Amount	60% of weekly earnings* Up to a maximum of \$1,000/week
Benefits Begin	Injury 15 <sup>th</sup> day/ Sickness 15 <sup>th</sup> day
Maximum Benefit Period	24 weeks

Long-Term Disability Summary of Benefits	
Benefit Amount	60% of monthly earnings* Up to a maximum of \$5,000/month
Benefits Begin	181 <sup>st</sup> day
Maximum Benefit Period	Social Security Normal Retirement Age

***\*Earnings are calculated based on a 40-hour work week.***







# EMPLOYEE ASSISTANCE PROGRAM (EAP)



**EAP Business Class Anytime  
Free 24/7  
Confidential Support**

**877-595-5281**

**[www.guidanceresources.com](http://www.guidanceresources.com)  
Web ID: EAPBusiness**

## **Employee Assistance Program (EAP)**

This program is in place to assist you with confidential solutions to life's challenges. The EAP can assist you with legal guidance, confidential counseling, work-life balance, financial resources, and free online will preparation.

## **Who will I speak with when I call?**

Depending on the reason for your call, you will be connected with trained clinicians, attorneys, or financial experts to assist you with your concerns.

## **What happens when I call for counseling support?**

When you call, you will speak with a Guidance Consultant, a master's or PhD level counselor who will collect some general information about you and will talk with you about your needs. The Guidance Consultant will provide the name of a counselor in your area that can assist you. You will receive 3 in person or call-in sessions per issue, per person, per calendar year at no cost to you.







# CHAPLAIN ASSISTANCE PROGRAM

We have partnered with Corporate Chaplains of America to provide the Chaplain Assistance Program (CAP).

Your chaplain is available to you

**24 hours a day, 7 days a week.**

**Connect by phone, text, e-mail, or virtually using the My Chaplain app.**

***24/7/365 Confidential Support***

**877-322-2427**

## **Pre-Marriage and Marriage Issues**

Marriage isn't always like the romantic comedies that Hollywood portrays. Whether you're engaged or married, a CCA Corporate Chaplain is available for you.

## **Grief Care and Hospital Visits**

You can't control when tragedy strikes; however, you can control who walks alongside you. A CCA Corporate Chaplain supports you and your family.



## **Children and Aging Parents Support**

Whether you are caring for children or caring for aging parents, each season of life has fresh challenges. A CCA Corporate Chaplain is here to support you through it.

## **Stress Management**

Don't let stress control you; a CCA Corporate Chaplain is here to help you manage your stress to help you get back in control of your life.



**APPLE APP STORE:**

**<https://apps.apple.com/us/app/my-chaplain/id1154125285>**

**GOOGLE PLAY STORE:**

**<https://play.google.com/store/apps/details?id=cca.mychaplain>**



# ACCIDENT INSURANCE

***\*NEW BENEFIT OFFERING FOR 2022***



Accident insurance will deliver payment to you for qualifying incidents, which may include:

- Injuries such as fractures, dislocations, burns, concussions, cuts and lacerations, eye injuries, coma, torn knee cartilage, broken tooth, ruptured disc, and paralysis
- Medical services and treatments such as ambulance (ground and air), emergency care, non-emergency care, hospital (admission, confinement and inpatient rehab), physician follow-up, therapy services, medical testing (X-rays, MRIs and CT scans), medical appliances, inpatient and outpatient surgery
- Family lodging and travel needs related to an accident and follow-up care

Accident Insurance is a limited benefit policy. It does not provide basic hospital, basic medical, or major medical insurance. Refer to policy, certificate, and any issued riders for coverage terms and conditions.

Accident Insurance Plan Details	
Accidental Death	
Employee	\$15,000
Spouse	100% of EE benefit amount
Child	50% of EE benefit amount
Wellness Benefit	\$50
Fractures	Up to \$3,000
Dislocations	Up to \$2,000
Hospital Admission	
Standard	\$500, once per benefit year
Intensive Care Unit	\$750, once per benefit year
Ambulance	
Ground	\$100
Air	\$750
Portability	Included



# CRITICAL ILLNESS

**\*NEW BENEFIT OFFERING FOR 2022**



Critical Illness insurance provides supplemental coverage for acute illnesses that can be financially catastrophic. Plans specify a distinct list of conditions that will be covered. It is important to read your benefits carefully in order to understand what will be covered.

Some of the illnesses that may be covered include the following:

- Cancer
- Heart attack and stroke
- Kidney failure
- Major organ transplant
- Blindness and deafness
- Multiple sclerosis
- Coma



**\*\*See Critical Illness Brochure for Rates for Each Tier of Coverage\*\***

## Critical Illness Summary of Benefits

Benefit Amounts	<b>Employee</b>   \$10,000 - \$20,000 <b>Spouse</b>   \$10,000 - \$20,000 (not to exceed 100% of employee amount) <b>Dependent</b>   \$5,000 - \$10,000 (not to exceed 50% of employee amount)
Guaranteed Issue for Newly Eligible Employees	<b>Employee</b>   \$20,000 <b>Spouse</b>   \$20,000 <b>Dependent</b>   \$10,000
Wellness Benefit	\$50
Employee Age Reduction Pre-existing Limitation	50% at age 70, rounded to the next highest \$1,000 12 months
For a complete list of covered benefits, see the Critical Illness plan document	

**\*Please note: If you are not newly eligible, you will be required to submit an Evidence of Insurability questionnaire for any employee/spouse coverage level.**





# GLOSSARY OF INSURANCE TERMS



## Balance Billing

An out-of-network healthcare provider billing a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

## Co-Insurance

The percentage of costs of a covered health care service shared between insurance carrier and the insured after you pay your deductible.

## Co-Payment

A fixed amount you pay for a covered health care service.

## Deductible

The amount you pay for applicable out-of-pocket covered health care services before your insurance plan starts to pay.

## Emergency Services

Sudden and unexpected accident or illness that requires advanced or immediate medical treatment.

## Formulary

A list of prescription drugs that are covered by your health insurance plan. Depending on the type and brand, drugs are categorized into tiers, which may affect how much you pay for each drug. This is sometimes referred to as Prescription Drug List (PDL).

## Non-Preferred Provider

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider and will have more administrative responsibilities.

## Out-Of-Pocket Maximum

The maximum amount you can pay during a plan year for your share of the costs of covered services. This includes deductibles, co-pays, and coinsurance, but not premiums. After you meet this limit, the plan will pay 100% of the allowed amount.

## Prior Authorization

Certain services or procedures may require written permission or recommendation from a health care professional to validate medical necessity in order to be covered by your insurance.

## Preferred Provider

A provider who has a contract with your insurer or plan to provide services to you at a discount. Preferred providers will file claims on your behalf and will not balance bill.

## Premium

The amount that must be paid for your insurance plan each month. This amount may be shared by you and your employer.

## Primary Care Physician

A physician, nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

## Specialist

A physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

## UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical services. The UCR amount may be used to determine the allowed amount.

## Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.



## CONTACTS

### HAVE QUESTIONS, PROBLEMS OR CONCERNS?

The following are your carrier numbers and websites should you need assistance understanding your benefits, claims or other insurance related information.

COVERAGE	CONTACT/COMPANY	PHONE NUMBER	WEBSITE / E-MAIL
Medical Claims Administrator	Allegiance	406-721-2222	<a href="http://www.askallegiance.com">www.askallegiance.com</a>
Medical Provider Search	Cigna	855-799-1974	<a href="http://www.cigna.com">www.cigna.com</a>
Pharmacy	Express Scripts	800-282-2881	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Dental	Cigna	855-799-1974	<a href="http://www.cigna.com">www.cigna.com</a>
Vision	Cigna	855-799-1974	<a href="https://cigna.vsp.com/eye-doctor.html">https://cigna.vsp.com/eye-doctor.html</a>
Life, Disability, Accident, Critical Illness	SunLife	800-247-3810	<a href="https://login.sunlifeconnect.com/commonlogin/#/login/10">https://login.sunlifeconnect.com/commonlogin/#/login/10</a>
Telemedicine	HealthJoy	877-500-3212	<a href="https://healthjoy.com">https://healthjoy.com</a>
Employee Assistance Program	EAP	877-595-5281	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
Corporate Chaplains of America		501-920-5200 877-322-2427	
Health Savings Account	HealthEquity	866-346-5800 866-375-1323	<a href="http://www.myhealthequity.com">www.myhealthequity.com</a>

*The information in this enrollment guide is presented for illustrative purposes only. The text presented in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail.*

*All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have questions about the guide, please contact Human Resources at 423-336-2261.*





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