TA WOODS COMPANY

Employee Benefits Guide 2018-2019

"We are what we repeatedly do. Excellence then, is not a behavior, but a habit" - Aristotle

This Guide is only intended to offer an outline of benefits. All details and contract obligations of plans are stated in the group contract/insurance documents, including any disclosures (whether regarding "grandfathering" of plans or others) required by the new health reform law, the Patient Protection and Affordable Care Act (PPACA). In the event of conflict between this guide and the group contract/insurance documents, the group contract/insurance documents will prevail. Please contact your Human Resources Department for further information.

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WELCOME TO TA WOODS COMPANY'S 2018-2019 BENEFIT PROGRAM

We strive to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Enrollment Guide.

This guide will outline all of the different benefits offered, so you can identify which offerings are best for you and your family.

The 2019 open enrollment runs from November 20th through November 26th. The benefits you choose during open enrollment will become effective on December 1st.

WHAT'S HAPPENING IN 2018?

- Medical will move to Blue Cross Blue Shield – some plan and rate changes
- Dental and Vision is changing to Principal – rates are decreasing
- Life and Disability products will also change to Principal
- Voluntary worksite benefits being offered through Colonial

WHO IS ELIGIBLE?

If you're a full-time employee at TA WOODS COMPANY, you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. For new employees, benefits will be effective as of the 91st day of full time service. In addition, your legal spouse and your children up to age 26 are eligible for the plans offering dependent coverage.

HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other coverage by you or a covered dependent
- Eligibility for Medicare by you or a covered dependent
- Covered dependent turns age 26

If you're unsure whether an event qualifies, please consult with Human Resources for further assistance.
If you experience one of these events in the coming year and wish to make a corresponding change to your benefit elections, you MUST notify Human Resources within 30 days of that event. Otherwise, you will need to wait until the next open enrollment opportunity, which occurs once per year.

HEALTH INSURANCE – BLUE CROSS BLUE SHIELD

Our benefits feature a choice of two health plans – base and buy-up. When you are making decisions about your benefit elections, consider not only your costs within the plan for certain types of care, but also consider the cost of your deductions every pay period—which you'll pay regardless of your health care needs. When you select a plan, you will have the same plan for yourself and any covered dependents, and you will not be able to change between plans during the plan year.

The following charts illustrate the two plans offered. The information shown represents Member Responsibility. To find participating providers visit, www.blueconnectnc.com.

Base Plan Services	In-Network	Out-of-Network
Preventive Care	$0 - 100% covered	Not Covered
Physician Visit *(primary / specialist)(Tier 1 / Tier 2)*	Tier 1: $35 / $70 copay Tier 2: $35 / $105 copay	Ded, then 70%
MDLive *(virtual visit)*	$35 copay	Ded, then 70%
Labs and x-rays *(performed outside physician's office)*	Tier 1: Ded, then 40% Tier 2: Ded, then 60%	Ded, then 70%
Office surgery or allergy injections	Tier 1: $35 / $70 copay Tier 2: $35 / $105 copay	Ded, then 70%
Urgent Care	$70 copay	$70 copay
Emergency Room	$350 copay	$350 copay
Hospitalization *(inpatient or outpatient)* **PAC: Per Admission Copay*	Tier 1: $0 PAC, then Ded, then 40% Tier 2: $750 PAC, then Ded, then 60%	$750 PAC, then Ded, then 70%
Deductible *(individual / family)*	$5,000 / $12,700	$10,000 / $25,400
Out-of-pocket Maximum *(individual/family)*	$6,850 / $13,700	$13,700 / $27,400
Prescription Drugs *(per 30 day supply per Rx))* Tier 1: Tier 2: Tier 3: Tier 4: Tier 5:	 $25 Copay $40 Copay $80 Copay $105 Copay $50% Coinsurance up to $200 (min. of $50)	

Buy Up Plan Services	In-Network	Out-of-Network
Preventive Care	$0 - 100% covered	Not covered
Physician Visit *(primary / specialist)(Tier 1 / Tier 2)*	$35/$70 copay	Ded, then 50%
MDLive *(virtual visit)*	$35 copay	Not Available
Labs and x-rays *(performed outside physician's office)*	Ded, then 20%	Ded, then 30%
Office surgery or allergy injections	$35/$70 copay	Ded, then 50%
Urgent Care	$75 copay	$75 copay
Emergency Room	$500 copay	$500 copay
Hospitalization *(inpatient or outpatient)*	Ded, then 20%	Ded, then 50%
Deductible *(individual / family)*	$3,000 / $6,000	$6,000 / $12,000
Out-of-pocket Maximum *(individual/family)*	$6,000 / $12,000	$12,000 / $24,000
Prescription Drugs *(per 30 day supply per Rx))* Tier 1: Tier 2: Tier 3: Tier 4: Tier 5:	 $10 Copay $25 Copay $40 Copay $80 Copay $25% Coinsurance up to $200 (min. of $100)	

2018-2019 EMPLOYEE WEEKLY DEDUCTIONS

SUMMARY OF PREVENTIVE CARE SERVICES

Your plan pays 100% of most preventive care services with no out-of-pocket costs to you.

Preventive care includes medical tests (sometimes called screenings), checkups and counseling to help prevent illnesses, disease or other health problems. It's important to know what preventive care is and what questions to ask your doctor to avoid extra costs.

WHICH TYPES OF SERVICES ARE COVERED AT 100%?

Preventive care is covered at 100% when 1) it is done by an in-network doctor*, 2) the doctor's office bills the claim as a preventive visit and 3) services are listed as preventive care under the Affordable Care Act (ACA). This list doesn't include everything, so make sure you check the full list of services on our website at *bcbsnc.com/preventive*.

MEN

Screenings:
- Abdominal aortic aneurysm
- Blood pressure
- Cholesterol
- Colon cancer
- Depression
- Diabetes
- Lung cancer

Other services:
- Immunizations, including flu shot
- Obesity screening and counseling
- Quitting tobacco
- Sexually transmitted infection (STI) counseling

WOMEN

Screenings:
- Blood pressure
- Breast cancer counseling for genetic testing
- Cholesterol
- Colon cancer
- Depression
- Diabetes
- Lung cancer
- Mammogram (breast cancer)
- Osteoporosis
- Pap test
- Chlamydia and gonorrhea

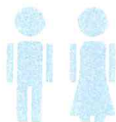
Other services:
- Contraception
- Immunizations, including flu shot
- Intimate partner violence
- Obesity screening and counseling
- Quitting tobacco
- Sexually transmitted infection (STI) counseling

PREGNANT WOMEN

Pregnancy-related services:
- Breastfeeding support, supplies and counseling
- Folic acid supplementation

Screenings:
- Bacteria in urine
- Gestational diabetes
- Iron deficiency anemia
- Rh incompatibility
- Hepatitis B

INFANTS, CHILDREN AND TEENS



Services and screenings:
- Developmental and behavioral
- Fluoride dental varnish and oral health check
- Immunizations, including flu shot
- Newborn and infant screenings
- Hearing/vision test
- Well-baby/well-child care

Other services:
- Depression screening
- Lead exposure test
- Obesity counseling
- Sexually transmitted infection (STI) screening and counseling
- Tobacco and alcohol use counseling

AVOID EXTRA COSTS:

When you make your appointment:

Ask: Is my doctor in my plan's network?*

Say: I want preventive care screenings and tests that are 100% covered by my plan.

When you get to the doctor's office:

Ask your doctor:

+ Will any tests or treatments I get today not be covered as preventive care?
+ Will talking about other topics that are not preventive care mean that I will be charged for today's visit?
+ Can any lab work be sent to a Blue Cross NC in-network lab to lower my costs?

These services are not covered as preventive:

Below are some common tests your doctor may do that are not listed as preventive care by the ACA and may cost you money at your doctor's office or lab:

- Urinalysis
- Hormone tests
- Vitamin D tests
- Chest X-rays
- Thyroid tests
- EKGs (electrocardiograms)

The ACA lists certain services as preventive care to be paid at 100%

- These benefits are available for members of transitional, ACA and "non grandfathered" individual health insurance plans that took effect after March 23, 2010.
- If you get your health insurance through work and your Summary of Benefits section of your benefit booklet contains PREVENTIVE CARE covered under federal law, then you have these benefits at no charge IN-NETWORK.
- These benefits are currently in effect unless otherwise noted.
- Check your Benefit Booklet for details on other preventive care benefits.
- This information is for reference only and does not guarantee payment of any claims.

* Confirm In-Network doctors and facilities in the Find a Doctor Tool by visiting www.bcbsnc.com/content/providersearch.

EMERGENCY ROOM OR URGENT CARE?

When you or a loved one gets sick or injured, it can be really scary. You may not be sure where you should go—especially at night or on the weekend. Can it wait until your doctor's office opens? Should you head to urgent care? Is it serious enough for the emergency room (ER)?

Time, cost, hassle—your health care experience can be very different based on where you go. Blue Cross and Blue Shield of North Carolina (Blue Cross NC) wants to help you choose wisely. And the first step is having a clear picture of all your options. Visit www.bcbsnc.com/content/campaigns/careoptions/index.htm

If you have a life threatening issue, never wait. Call 911 or go straight to the nearest emergency room!

More than 10 percent of all emergency room visits could have been better addressed in either an urgent care facility or a doctor's office. If you're suddenly faced with symptoms of an illness or injury, how can you determine which facility is most appropriate for your condition?

The Emergency Room (ER)

Emergency rooms are equipped to handle life-threatening injuries and illnesses and other serious medical conditions. An emergency is a condition that may cause loss of life or permanent or severe disability if not treated immediately. You should go directly to the nearest emergency room if you experience any of the following:

- Chest pain
- Shortness of breath
- Severe abdominal pain following an injury
- Uncontrollable bleeding
- Confusion or loss of consciousness, especially after a head injury
- Poisoning or suspected poisoning
- Serious burns, cuts or infections
- Inability to swallow
- Seizures or Paralysis
- Broken bones

Patients at the emergency room are sorted, or triaged, according to the seriousness of their condition. For example, a patient with severe injuries from a car accident would likely be seen before a child with an ear infection, even if the child was brought in first.

Those who go to the ER with relatively minor injuries or illnesses often have to wait more than an hour to be seen, depending on the severity of the other patients' conditions. Often they could have been seen more quickly at an urgent care facility.

Urgent Care

Urgent care centers are usually located in clinics or hospitals, and, like emergency rooms, offer after-hours care. Unlike emergency rooms, they are not equipped to handle life-threatening situations. Rather, they handle conditions that require immediate attention—those where delaying treatment could cause serious problems or discomfort.

Some examples of conditions that require urgent care are these:

- Ear infections
- Sprains
- Urinary tract infections
- Vomiting
- High fever

Urgent care centers are usually more cost-effective than ERs for these conditions. In addition, the waiting time in urgent care centers is usually much shorter. Choosing the appropriate place of care can not only ensure prompt medical attention but will also help reduce any unnecessary expenses.

HEALTH & WELLNESS RESOURCES

BlueConnect

Blue Cross and Blue Shield of North Carolina (BCBSNC) is making health care simpler and more personalized. Blue Connect is your personal source for all tools and information about your health plan, health management and health care options. It's designed to make health care easier. And Blue Connect is customizable, so the tools and information you need are one click away. It gives you on-the-go access to tools, resources and support when, where and how you want it.

Register today to:

+ Access HealthNAVSM1 to locate the right provider, read patient reviews and compare costs and options of health care procedures and drugs
+ Use Blue Link to connect all your lifestyle data for a snapshot of your current health
+ View current and past claims and Request an ID card
+ Get up-to-date benefits information and download forms
+ Take advantage of member health programs, resources and discounts

Go mobile

Access Blue Connect on any mobile device so you can be in touch with your BCBSNC plan and your health wherever you go. Log in or register at *BlueConnectNC.com*.

Blue365.

Staying healthy means more than just seeing the doctor once or twice a year and BCBSNC is committed to helping its members find savings wherever they can. Blue365 offers member-only discounts on healthy products and services at no extra cost. Get deals, discounts & more:

+ Fitness: Gym memberships & fitness gear
+ Healthy Eating: Weight loss & nutrition programs
+ Personal Care: Vision & hearing care
+ Living: Travel & family activities
+ Wellness: Mind/body wellness

Joining is easy: Simply visit *bcbsnc.com/blue365* to register.

HealthLineBlue

When you have a question, all you have to do is dial our toll-free number to speak to a member of the Health Line Blue team. Our trained nurses are available 24/7 to weigh in on minor conditions like:

+ Stomach aches
+ Headaches
+ Sore Throat
+ Minor allergic reactions
+ Insect Bites
+ Cuts and scrapes
+ Possible strains or sprains

Get help day or night: Call Health Line Blue at 877-477-2424 (Spanish-speaking nurses are available). To learn how to choose the right place for care, visit *bcbsnc.com/content/campaigns/careoptions/*.

HealthyOutcomes
care management

Dealing with a complex medical or disease-related condition isn't easy. BCBSNC can help lighten the load by offering support through one of our Care Management programs. Our goal is to provide you with the tools and information you need to boost your quality of life and to help you navigate the health care system when you're in need of extra support. It's personal. It's private. And it's available at no additional cost.

Learn more: Log in or register at *BlueConnectNC.com* and click on Wellness. If you need support for a complex condition, please call 1-800-218-5295, press # and then dial extension 55547.

TheBlueCard.
Now Home Is Where The Card Is®

When traveling, the one thing you don't want to have to worry about is getting sick. But sometimes it happens. And if it does, you don't want to be without your health coverage. With BlueCard, your BCBSNC coverage travels with you. We've partnered with doctors and hospitals around the U.S. – and in more than 190 countries and territories – to ensure that wherever you go, there we are.

If you need medical assistance, call 1-800-810-BLUE (2583) or call collect at 1-804-673-1177, 24 hours a day, seven days a week.

TELEMEDICINE / VIRTUAL VISITS

MDLIVE is a HIPAA- and PHI-compliant virtual care solution that provides you with access to board-certified doctors and pediatricians from where it's most convenient for them — home, office, or on the go. After registering, on average in under 10 minutes, you can have a virtual consult to diagnose non-emergency medical issues through secure video on their computer, tablet, or the MDLIVE mobile app. When a medical condition calls for a prescription, MDLIVE doctors can send an e-prescription to your local pharmacy of choice (restrictions apply).

Conditions Commonly treated through a virtual visit:

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Headache
- Insect bites
- Nausea / Vomiting
- Pink Eye
- Rash
- Respiratory problems
- Sore throats
- Urinary problems / UTI

MDLIVE at a glance

One of the nation's largest virtual care networks
More than 22 million members
< 10 minutes average wait time
State-licensed, board-certified physicians averaging 15 years of practice experience
NCQA certified/accredited and follows URAC guidelines for quality care

Everybody wins

Easy. Convenient. Cost-effective.. MDLIVE is transforming healthcare by providing virtual care services as part of a company healthcare benefits package:

Lower healthcare costs – At just around $45 per virtual consultation, MDLIVE is a low cost alternative to $130 doctor visits, $160 urgent care visits, and $1,200 ER visits.

Decreased absenteeism and increased productivity – Employees no longer have to miss an entire morning, afternoon, or day of work to see a doctor for a routine illness.

Healthy body and mind - MDLIVE makes life easier for your employees and saves your business and employees money, resulting in a healthier, happier workforce.

MDLIVE.com
+1 (800) 400 MDLIVE

DENTAL INSURANCE – PRINCIPAL

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. The following chart outlines the dental benefits we offer and the member cost responsibility. Benefits described are in-network; out-of-network claims are reimbursed to you based on the 90th percentile. To find network providers, visit https://c3.go2dental.com/member/dental_search/provsel.cgi

TYPE OF SERVICE	IN NETWORK	OUT OF NETWORK
Preventive Care Routine oral exams, Cleanings, Bitewing and full-mouth x-rays, Fluoride treatments, Sealants for children, Space maintainers, etc.	$0 - 100% covered	
Basic Care Fillings, Endodontics (root canals), Periodontal maintenance and surgery, Simple and Complex extractions, Oral Surgery	Deductible, then 0%	Deductible, then 20%
Major Care Bridges & Dentures, Crowns, General anesthesia, Inlays, Onlays, Repair and maintenance of Crowns, Bridges & Dentures, etc	Deductible, then 50%	
Deductible Per plan year (3 per family max) ~per covered person	$50	
Annual Maximum Per plan year ~per covered person	$1,000	

Maximum Accumulation Plan

This allows for a portion of unused dollars to roll over to next year's maximum benefit amount. To qualify, a member must have had a dental service performed within the calendar year and use less than a maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit of $1,000. If qualification is met, 50% of the threshold will be carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. A member can accumulate no more than four times the carryover amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.

Benefit Threshold	$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	$250	Rollover amount is added to the following year's maximum
Maximum Carryover	$1,000	Maximum accumulation for Dental Rewards and PPO Bonus combined

2018-2019 EMPLOYEE WEEKLY DEDUCTIONS			
Employee Only	Employee & Spouse	Employee & Children	Employee & Family
[illegible]	[illegible]	[illegible]	[illegible]

VISION INSURANCE – PRINCIPAL/VSP

Vision insurance can help you maintain your vision as well as detect various health problems. Our vision plan entitles you to specific eye care benefit, including routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. The following chart outlines the vision benefits we offer and the member cost responsibility. Both in-network and out-of-network benefits are shown below. Out-Claims are reimbursed to you up to an allowable amount. To find network providers, visit https://www.vsp.com .

	Your cost In-Network	Out-of-Network Allowance
Routine Eye Exam		
Ophthalmologist	$10 Copay	Up to $45
Optometrist	$10 Copay	Up to $45
Standard contact lens fitting	Up to $60 Copay	Not Covered
Specialty contact lens fitting	Up to $60 Copay	Not Covered
Standard plastic lenses		
Single Vision:	$25 Copay	Up to $30
Bifocal:	$25 Copay	Up to $50
Trifocal:	$25 Copay	Up to $65
Lenticular:	$25 Copay	Up to $100
Standard Progressive:	$25 Copay + amounts over allowance	Up to bifocal allowance
Polycarbonate for Children	Covered In Full	Not Covered
Contact Lenses		
Conventional	$150 Allowance	Up to $105
Medically necessary	Covered In Full	Up to $210
Frames	$130 allowance, then 20% off balance	Up to $70
Frequency		
Examination	Once every 12 months	
Lenses or Contacts	Once every 12 months	
Frames	Once every 24 months	
Refractive Surgery	Savings when you use a VSP-contracted laser vision center	

2019 EMPLOYEE WEEKLY DEDUCTIONS			
Employee Only	**Employee & Spouse**	**Employee & Children**	**Employee & Family**
$.62	[illegible]	$2.16	[illegible]

BASIC LIFE INSURANCE - PRINCIPAL

Life insurance can help provide for your loved ones if something were to happen to you. TA WOODS provides you with $25,000 in group life and accidental death and dismemberment (AD&D) insurance.

TA WOODS pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Please notify HR if you would like to update your beneficiary information.

Additional coverage for your spouse ($7,500 benefit) and children (up to $2,500) may also be purchased.

Did you know? *Insurance providers will not pay life insurance proceeds to a minor child. If you wish your life insurance benefit to be paid to a child or children as your primary or contingent beneficiary, consider establishing a trust or asking a trusted friend or relative to receive the proceeds and use them to take care of your children.*

VOLUNTARY LIFE INSURANCE - PRINCIPAL

While TA WOODS offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying additional life insurance coverage.

For you:

- You may elect coverage in units of $10,000 to a maximum amount of $300,000.
- Up to $100,000 is guaranteed if you are under age 70 and apply now when you are first eligible. If you are 70 or older, up to $10,000 is guaranteed.
- Any other coverage amounts will require health questions and you must be approved by the insurance company.

For your spouse:

- Coverage for your spouse is available in units of $5,000, up to $100,000.
- Up to $30,000 is guaranteed if your spouse is under age 70 and is elected now when you are first eligible. If your spouse is 70 or older, up to $10,000 is guaranteed.
- Any other amounts require health questions and your spouse must be approved.

For your children:

- Provided you elect coverage for yourself, you may cover all your eligible dependent children for $2,500, $5,000 or $10,000. The cost is the same to you, regardless of the number of children covered.
- All amounts are guaranteed if elected when first eligibile.
- Maximum: $10,000 but no more than 100% of your coverage amount.

The charts on the following page outline the cost per pay period of purchasing additional coverage.

VOLUNTARY LIFE INSURANCE PREMIUMS

SUPPLEMENTAL LIFE INSURANCE with AD&D

	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
$10,000	$0.29	$0.31	$0.40	$0.54	$0.82	$1.30	$2.48	$2.90	$4.95	$7.12
$15,000	$0.43	$0.47	$0.61	$0.81	$1.23	$1.96	$3.72	$4.34	$7.43	$10.68
$20,000	$0.58	$0.62	$0.81	$1.08	$1.64	$2.61	$4.96	$5.79	$9.90	$14.24
$25,000	$0.72	$0.78	$1.01	$1.36	$2.05	$3.26	$6.20	$7.24	$12.38	$17.80
$30,000	$0.87	$0.93	$1.21	$1.63	$2.46	$3.91	$7.44	$8.69	$14.85	$21.36
$35,000	$1.01	$1.09	$1.41	$1.90	$2.87	$4.56	$8.68	$10.14	$17.33	$24.92
$40,000	$1.15	$1.25	$1.62	$2.17	$3.28	$5.22	$9.92	$11.58	$19.80	$28.48
$45,000	$1.30	$1.40	$1.82	$2.44	$3.69	$5.87	$11.16	$13.03	$22.28	$32.04
$50,000	$1.44	$1.56	$2.02	$2.71	$4.10	$6.52	$12.40	$14.48	$24.75	$35.60
$60,000	$1.73	$1.87	$2.42	$3.25	$4.92	$7.82	$14.88	$17.38	$29.70	$42.72
$70,000	$2.02	$2.18	$2.83	$3.80	$5.73	$9.13	$17.37	$20.27	$34.65	$49.83
$80,000	$2.31	$2.49	$3.23	$4.34	$6.55	$10.43	$19.85	$23.17	$39.60	$56.95
$90,000	$2.60	$2.80	$3.63	$4.88	$7.37	$11.73	$22.33	$26.07	$44.55	$64.07
$100,000	$2.88	$3.12	$4.04	$5.42	$8.19	$13.04	$24.81	$28.96	$49.50	$71.19
$110,000	$3.17	$3.43	$4.44	$5.97	$9.01	$14.34	$27.29	$31.86	$54.45	$78.31
$120,000	$3.46	$3.74	$4.85	$6.51	$9.83	$15.65	$29.77	$34.75	$59.40	$85.43
$130,000	$3.75	$4.05	$5.25	$7.05	$10.65	$16.95	$32.25	$37.65	$64.35	$92.55
$140,000	$4.04	$4.36	$5.65	$7.59	$11.47	$18.25	$34.73	$40.55	$69.30	$99.67
$150,000	$4.33	$4.67	$6.06	$8.13	$12.29	$19.56	$37.21	$43.44	$74.25	$106.79
$160,000	$4.62	$4.98	$6.46	$8.68	$13.11	$20.86	$39.69	$46.34	$79.20	$113.91
$170,000	$4.90	$5.30	$6.87	$9.22	$13.93	$22.17	$42.17	$49.23	$84.15	$121.03
$180,000	$5.19	$5.61	$7.27	$9.76	$14.75	$23.47	$44.65	$52.13	$89.10	$128.15
$190,000	$5.48	$5.92	$7.67	$10.30	$15.57	$24.77	$47.13	$55.03	$94.05	$135.27
$200,000	$5.77	$6.23	$8.08	$10.85	$16.38	$26.08	$49.62	$57.92	$99.00	$142.38
$210,000	$6.06	$6.54	$8.48	$11.39	$17.20	$27.38	$52.10	$60.82	$103.95	$149.50
$220,000	$6.35	$6.85	$8.88	$11.93	$18.02	$28.68	$54.58	$63.72	$108.90	$156.62
$230,000	$6.63	$7.17	$9.29	$12.47	$18.84	$29.99	$57.06	$66.61	$113.85	$163.74
$240,000	$6.92	$7.48	$9.69	$13.02	$19.66	$31.29	$59.54	$69.51	$118.80	$170.86
$250,000	$7.21	$7.79	$10.10	$13.56	$20.48	$32.60	$62.02	$72.40	$123.75	$177.98
$260,000	$7.50	$8.10	$10.50	$14.10	$21.30	$33.90	$64.50	$75.30	$128.70	$185.10
$270,000	$7.79	$8.41	$10.90	$14.64	$22.12	$35.20	$66.98	$78.20	$133.65	$192.22
$280,000	$8.08	$8.72	$11.31	$15.18	$22.94	$36.51	$69.46	$81.09	$138.60	$199.34
$290,000	$8.37	$9.03	$11.71	$15.73	$23.76	$37.81	$71.94	$83.99	$143.55	$206.46
$300,000	$8.65	$9.35	$12.12	$16.27	$24.58	$39.12	$74.42	$86.88	$148.50	$213.58

Indicates Spouse maximum benefit

CHILD or CHILDREN

$2,500	$0.12
$5,000	$0.23
$10,000	$0.46

DISABILITY INCOME BENEFITS – PRINCIPAL

TA WOODS provides full-time employees with long-term disability income benefits and makes a short-term policy available for you to elect if desired. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

	Short-term Disability
Benefits Begin	1st day of disability due to injury / 8th day of disability due to sickness
Benefits Payable	Up to 26 weeks
Weekly Income Payment	$250
Pre-existing condition limitations	3 / 12*
Premiums paid by	You

**if you are disabled due to an injury or sickness (including pregnancy) for which treatment was received or recommended in the 3 months prior to your effective date, benefits for that condition will not be paid if a claim is incurred within the first 12 months on the plan.*

When you have an illness or injury that prevents you from working, your claim is reviewed by the insurance company. Once the claim is approved, benefits are paid directly to you.

All employees covered under the Principal disability plans are automatically eligible for Employee Assistance Program services – tools and solutions to help you and your family deal with life's everyday, and not so everyday, challenges. EAP services are free and confidential... available 24/7 by phone or online, and face-to-face for up to three counseling sessions per year. Please call 1.800.356.7089 or visit www.magellanhealth.com/member for more information.

TA WOODS COMPANY

Annual Required Notices

Updated: December 2018
Please read these important notices about your benefits.

Notice of HIPAA Special Enrollment Rights
Wellness Program Disclosure
Newborns' and Mothers' Health Protection Act
Women's Health & Cancer Rights
Medicare Creditable Coverage Disclosure Notice
CHIP Premium Assistance Notice

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

To request special enrollment or obtain more information, contact the plan administrator identified at the end of these notices.

WELLNESS PROGRAM DISCLOSURE

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call the plan administrator identified at the end of these notices and we will work with you to develop another way to qualify for the reward.

NEWBORN'S AND MOTHER'S HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- *All stages of reconstruction of the breast on which the mastectomy has been performed;*
- *Surgery and reconstruction of the other breast to produce a symmetrical appearance; and*
- *Prostheses and treatment of physical complications of the mastectomy, including lymphedemas.*

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

BLUE CROSS BLUE SHIELD	DEDUCTIBLES		OUT OF POCKET LIMIT	
BASE PLAN	In-Network	Out of Network	In-Network	Out of Network:
Employee Only	$5,000	$10,000	$6,850	$13,700
Family Total	$12,700	$25,400	$13,700	$27,400

BLUE CROSS BLUE SHIELD	DEDUCTIBLES		OUT OF POCKET LIMIT	
BUY UP PLAN	In-Network	Out of Network	In-Network	Out of Network:
Employee Only	$3,000	$6,000	$6,000	$12,000
Family Total	$6,000	$12,000	$12,000	$24,000

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current TA WOODS coverage will be affected. *See* pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you do decide to join a Medicare drug plan and drop your current TA WOODS coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information or call Medicare at 800-633-4227. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through TA WOODS changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	12/1/2018
Name of Entity/Sender:	TA WOODS COMPANY
Contact--Position/Office:	Teresa Cox
Physical Address:	6713 Netherlands Drive Wilmington, NC 28405
Mailing/Billing Address	6713 Netherlands Drive Wilmington, NC 28405
Phone Number:	910-452-7900

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call
1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
myalhipp.com/ PH: 1-855-692-5447	flmedicaidtplrecovery.com/hipp/ PH: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program myakhipp.com/ PH: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility:	dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) PH: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
myarhipp.com/ PH: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 www.in.gov/fssa/hip/ PH: 1-877-438-4479
COLORADO – Health First Colorado (Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**
www.healthfirstcolorado.com/ PH: 800-221-3943 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer	dhs.iowa.gov/hawk-i PH: 1-800-257-8563

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
www.kdheks.gov/hcf/ PH: 1-785-296-3512	www.dhhs.nh.gov/ombp/nhhpp/ PH: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901- 4999
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
chfs.ky.gov PH: 1-800-635-2570	www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid PH: 609-631-2392 CHIP Website: www.njfamilycare.org/index.html CHIP PH: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
dhh.louisiana.gov/index.cfm/subhome/1/n/331 PH: 1-888-695-2447	www.health.ny.gov/health_care/medicaid/ PH: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
www.maine.gov/dhhs/ofi/public-assistance/index.html PH: 1-800-442-6003 TTY: Maine relay 711	dma.ncdhhs.gov/ PH: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
www.mass.gov/eohhs/gov/departments/masshealth/ PH: 1-800-862-4840	www.nd.gov/dhs/services/medicalserv/medicaid/ PH: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp PH: 1-800-657-3739	www.insureoklahoma.org PH: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
www.dss.mo.gov/mhd/participants/pages/hipp.htm PH: 573-751-2005	healthcare.oregon.gov/Pages/index.aspx www.oregonhealthcare.gov/index-es.html PH: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
dphhs.mt.gov/MontanaHealthcarePrograms/HIPP PH: 1-800-694-3084	www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm PH: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
www.ACCESSNebraska.ne.gov PH: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	www.eohhs.ri.gov/ PH: 855-697-4347
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid dhcfp.nv.gov PH: 1-800-992-0900	www.scdhhs.gov PH: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
dss.sd.gov PH: 1-888-828-0059	www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program PH: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
gethipptexas.com/ PH: 1-800-440-0493	mywvhipp.com PH: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid medicaid.utah.gov/ CHIP health.utah.gov/chip PH: 1-877-543-7669	www.dhs.wisconsin.gov/publications/p1/p10095.pdf PH: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
www.greenmountaincare.org/ PH: 1-800-250-8427	wyequalitycare.acs-inc.com/ PH: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid www.coverva.org/programs_premium_assistance.cfm CHIP: www.coverva.org/programs_premium_assistance.cfm	PH: 1-800-432-5924 PH: 1-855-242-8282

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

WHO TO CALL

Medical Customer Service Phone Web Address	Blue Cross Blue Shield 877.258.3334 www.blueconnectnc.com
Dental,Vision,Life,Disability Customer Service Phone Web Address	Principal 800.245.1522 www.principal.com