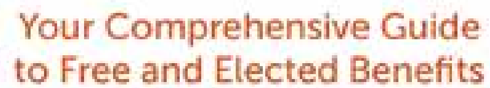


2018

YOUTILITIES

BECOME YOUR BEST YOU
HANDBOOK

BARRY-WEHMILLER BENEFITS AT-A-GLANCE

	For information about...		Go to...	Special notes...	Call | E-mail...	Page #
FREE BENEFITS Compliments of Barry-Wehmiller	**BW Wellbeing**	Overview	www.bwwellbeing.com	N/A	bwwellbeing@barry-wehmiller.com	3
		Vitality	www.powerofvitality.com	To register: Team member's SSN needed	877.224.7117 | wellness@powerofvitality.com	4
		Right Weigh	http://participants.kershhealth.com/rightweigh/rightweigh	Available to team members and spouses with BMI of 27 or higher	888.695.3774	6
		Personal Health Coaching	www.guidanceresources.com	Click: Register > Organization Web ID: BWC4U	US: 800.272.7255 | Canada: 866.641.3847	6
		Counseling Resources				
		Tobacco Cessation	www.quitnow.net	To register: Employer–Barry-Wehmiller, Health Plan–N/A	866.784.8454	6
	Hearts to Hands Relief Fund		www.barrywehmiller.com/hearts-to-hands	N/A	314.588.8200 | heartstohands@stlgives.org	7
	Basic Life, AD&D and Disability Insurance		www.mylibertyconnection.com	Click: Register > Company Code: BARRY-WEHMILLER	888.287.8494	8
	Business Travel Program		www.concursolutions.com	N/A	855.850.8193	9
	Business Travel Accident and Out-of-Country Medical Insurance		www.aigbenefits.com/travelassist	Barry-Wehmiller Policy Number: 9112715	US: 877.244.6871 Outside US: 715.346.0859 | assistance@aig.com	9
ELECTED BENEFITS Choose the best for YOU	**Compass**		http://member.compassphs.com	Personal login information	855.769.4386 | rachel.kane@compassphs.com	12
	Medical	Plan Decision Support	http://member.compassphs.com	Personal login information	855.769.4386 | rachel.kane@compassphs.com	12
		Plan Participant Support	www.mycigna.com	Personal login information	800.244.6224	10
		Cigna Healthy Pregnancies, Healthy Babies				15
		Chronic Condition Support			855.246.1873	14
		Cigna Home Delivery Pharmacy	www.mycigna.com www.cigna.com/rx90network	Personal login information N/A	800.835.3784	14
		MDLIVE Telehealth Service	www.mdliveforcigna.com	Personal login information	888.726.3171	15
	Dental	Delta Dental PPO	www.deltadentalmo.com	Personal login information	800.335.8266	20
		Cigna DHMO	www.mycigna.com	Personal login information	800.244.6224	20
	Vision	EyeMed Select Network	www.eyemed.com	Personal login information	866.939.3633	21
	401(k) Retirement Savings Plan		http://bw.trsretire.com	To register: Team member's SSN needed	800.755.5801	23
	Tax-Advantaged Accounts	Flexible Spending Account(s)	http://myspendingaccount.wageworks.com	To register: BARRYWEHM-18843	888.557.3156	24
		Health Savings Account	www.mycigna.com	Click: Review My Coverage > Health Savings Account	800.244.6224	24
	Supplemental Life, AD&D and Disability Insurance		www.mylibertyconnection.com	Company Code: BARRY-WEHMILLER	888.287.8494	26
	Legal Services		www.legalplans.com	Access Code: GetLaw	800.821.6400	27
	Voluntary Benefits		N/A	N/A	888.659.1488	27

Still don't know where to go? Contact your local CPD representative or benefits@barry-wehmiller.com.

Free Benefits — Compliments of Barry-Wehmiller

4... Vitality
6... Personal Health Coaching
6... Right Weigh
6... Counseling Resources
6... Tobacco Cessation
7... Hearts to Hands Relief Fund
8... Life and AD&D Insurance
8... Short- and Long-Term Disability Insurance
9... Business Travel Program
9... Business Travel Accident Insurance
9... Out-of-Country Medical Insurance

Elected Benefits — Choose the Best for YOU!

10... Medical Plan Options
11... Enrollment Overview
12... Compass Professional Health Services
13... Better You Incentive
14... Cigna Home Delivery Pharmacy
14... Laboratory Services
14... Chronic Condition Support
15... MDLIVE Telehealth Service
15... Cigna Healthy Pregnancies, Healthy Babies
16... Medical Plan Comparison
18... Medical Plan Premiums
20... Dental Plan Options
21... Vision Plan Option
22... Dental and Vision Premiums
23... 401(k) Retirement Savings Plan
24... Tax-Advantaged Account Options (HSA and FSA)
26... Supplemental Life and AD&D Insurance
26... Supplemental Long-Term Disability Insurance
27... Legal Services
27... Voluntary Benefits (Short-Term Disability, Group Illness and Accident, and Whole Life)

Appendix

28... Preventive Drug List (for HSA and HSA BASIC Participants Only)
31... Preventive Screenings Chart
32... Legal Notices
42... Travel Assist ID Card

Because YOU Matter

At Barry-Wehmiller, we want to provide you with the vital tools and caring support you need to become your best YOU. Throughout this YOUtilities Handbook, you will find a number of **FREE** resources and **ELECTED** benefits to encourage you on your wellbeing journey.

As you take meaningful steps to care for your health, remember that your actions may be the spark of inspiration for those around you to take care as well—from your family and friends, to your team members. The journey for all of us continues inside—take time to explore the possibilities!

YOUTILIZE THIS

HAVE YOU CHECKED OUT bwwellbeing.com LATELY?

ALL team members and spouses can access the site anytime, anywhere, and learn more about free programs and company initiatives that can invigorate your personal wellbeing journey!

FREE BENEFITS
Compliments of Barry-Wehmiller

This section is full of **FREE** benefits for you (and your spouse, in many cases). You will find resources to help you become tobacco-free, set goals and lose weight, access counseling, get paid for working out, apply for help if you need it, feel the security of a financial safety net and take peace of mind with you when work takes you away from home.

Vitality

FOR SPOUSES TOO!

Free to ALL BW team members and spouses in the US and Canada, Vitality is designed to inspire, educate and assist you in making healthy choices and adopting healthy behaviors. The Vitality program year mirrors our fiscal year, beginning on October 1 and ending on September 30.

Vitality supports team members in achieving household wellness, knowing that each spouse's wellbeing has a meaningful impact on the other. As such, all Vitality accounts are household accounts—if you have a spouse, you earn Vitality points together and share one status per household.

Who should register for Vitality?

ALL BW team members and spouses in the US and Canada should register for Vitality, regardless of medical elections.

Why should I register for Vitality?

Increasing energy, maintaining a healthy weight, feeling great and reducing your risk of chronic disease are significant benefits of actively engaging with Vitality. Added incentives include the following:

- Vitality Bucks, redeemable for Amazon gift cards, merchandise and more
- FREE Fitbit Zip when you complete your biometric screening and online Vitality Health Review (VHR) for the first time
- Annual health club rebates up to $400
- Wellness rebates up to $200 for completion of tobacco-cessation or weight-reduction programs

How Can I Earn Vitality Points?

Vitality points are earned by participating in activities in different categories, such as:

- **Healthy Measures:** Non-tobacco user and in-range BMI, cholesterol, blood pressure and glucose (all measured at your biometric screening)
- **Physical Activity:** Steps/day, workouts, athletic events and BW-sponsored events
- **Education:** Online health assessments, nutrition courses, CPR certification and first aid certification
- **Prevention:** Age/gender-appropriate screenings (p. 31), dental screening, flu shot and tobacco cessation
- **BW-Sponsored Activities:** Health coaching (p. 6), weight management program (p. 6), disease management program, maternity management program and special wellbeing events

1 Vitality Point = 1 Vitality Buck to Spend on Vitality Rewards

What happens after I register?

First-time users must activate their membership by completing the VHR—an easy, 10-minute assessment of current health and habits. Completing the VHR allows Vitality to best support you in achieving your health goals.

How do I unlock the annual Vitality health club rebate?

It's easy! Complete and log 80 verified standard and/or advanced workouts during the program year by checking in at your gym on the Vitality Today app and/or tracking your workouts with a Vitality-approved device or linked app. Once you have completed your workout requirement and accrued your maximum potential for reimbursement, along with proof of payment to your health club, login to Vitality and click Rewards>Wellness Rebates. Your rebate (up to $400 per person per year) will be directly deposited into your bank account.

Who has access to the personal information I submit online to Vitality?

Vitality is completely confidential. All personal information is protected by the Health Insurance Portability and Accountability Act (HIPAA).

What is Vitality status and how is it determined?

Your Vitality status is determined by the number of Vitality points that you earn during the program year. If you have a spouse, you earn points together and share one status for your household. There are four Vitality status levels (bronze, silver, gold and platinum), and the more points you earn, the higher your status. When you achieve a higher status, you earn Vitality Bonus Bucks!

Call: 877.224.7117
Click: www.powerofvitality.com
Download the free Vitality Today app on any smartphone
To register: Team member's SSN needed

YOUTILIZE THIS

WHAT CAN I DO ON MY MOBILE DEVICE IN THE VITALITY TODAY APP?

After downloading the Vitality Today app, you can:

- Take the Vitality Health Review (VHR) and see your results
- Check in to gyms via GPS
- Submit evidence of completed activities
- Set and activate goals

WELLBEING PARTNERS
Free to YOU, Compliments of Barry-Wehmiller

Personal Health Coaching

FOR SPOUSES TOO!

Guidance Resources' Personal Health Coaching connects you with an educated and certified health professional who can help you achieve your personal health goals. Whether you want to improve your nutrition, exercise more, learn to cope with stress or lose that last five pounds, your coach will personalize a plan and help you reach your goal. Even if you're not ready for a change but want to learn more, your health coach will help you decide what's best for you.

Call: 800.272.7255 (US), 866.641.3847 (Canada)
Click: www.guidanceresources.com
Register > Organization Web ID: BWC4U

Counseling Resources—Personal, Legal, Financial

FOR SPOUSES & KIDS TOO!

Guidance Resources connects you with licensed professionals who provide FREE confidential counseling, legal and financial services. The program also includes access to comprehensive online resources to assist you with many different concerns that can impact wellbeing.

Call: 800.272.7255 (US), 866.641.3847 (Canada)
Click: www.guidanceresources.com
Register > Organization Web ID: BWC4U

YOUTILIZE THIS

HOW DO I CALCULATE MY BODY MASS INDEX?

Visit bwwellbeing.com and click on the scale for an easy-to-use BMI calculator!

Right Weigh

FOR SPOUSES TOO!

For team members and spouses with a Body Mass Index (BMI) of 27 or higher, Right Weigh is a 12-week program that helps you change the way you think, eat and move! Participants work with a personal registered dietitian to lose weight and improve health. Sessions begin every six weeks.

Call: 888.695.3774
Click: http://participants.kershhealth.com/rightweigh/rightweigh

Tobacco Cessation

FOR SPOUSES TOO!

The Optum Quit for Life Program can help you develop a personal quitting plan to stop smoking at your own pace and remain tobacco-free. A user-friendly workbook and over-the-counter nicotine replacement therapy products (patches or gum) are offered for FREE. Additional support includes:

Telephone help
- 24/7 support line
- Support calls from Quit Coaches with bachelor's degrees in counseling, addiction studies, community health education or social work
- Spanish-speaking coaches available

Online resources and mobile app
- Access your interactive quitting plan
- View progress and cost-savings trackers
- Watch videos for easy learning

Text2Quit text message support
- Text messages personalized to your quitting plan
- Scientifically proven "crave" puzzle games can help you beat urges

Call: 866.784.8454
Click: www.quitnow.net
To register: Employer–Barry-Wehmiller, Health Plan–N/A

Hearts to Hands Relief Fund

Launched in 2012, the Hearts to Hands Relief Fund provides grants to team members who are experiencing financial hardship caused by an unforeseen or extreme situation or disaster. These grants are made possible by donations from Barry-Wehmiller, BW Forsyth Partners and their subsidiaries' associates, and their purpose is to cover basic living needs during times of extreme hardship. Team members can qualify for grants up to $1,000.

Who qualifies for a grant?

US-based team members of Barry-Wehmiller, BW Forsyth Partners and their subsidiaries who have experienced significant financial hardship due to a qualifying event within the past 90 days may be eligible. Qualifying events outside of the 90-day period with extenuating circumstances will also be considered.

What qualifies as an unforeseen or extreme situation or disaster?

The following events qualify when they affect your ability to pay for basic living expenses:

- A natural disaster (flood, earthquake, wildfire, tornado, etc.) that has affected your primary residence
- A serious illness or injury (team member or immediate family member—spouse, child or parent)
- A death (team member or immediate family member), with related loss of income, funeral expenses or uninsured medical expenses
- Catastrophic or extreme circumstances (fire, robbery, assault, domestic abuse, etc.)

How can I donate to the Hearts to Hands Relief Fund?

To donate, download a pledge card from the website listed below, and submit to your local program coordinator. Donations can be made through tax-deductible payroll deduction, cash, check or credit card. In addition, you may see special fundraising events at your location throughout the year.

How do I apply for a grant?

Go to www.barrywehmiller.com/hearts-to-hands and complete the Hearts to Hands Relief Fund application. All Hearts to Hands Relief Fund applications are anonymous, and applicant information is confidentially submitted to the Greater Saint Louis Community Foundation, administrator of the program.

Call: 314.588.8200
Click: www.barrywehmiller.com/hearts-to-hands

YOUTILIZE THIS

HOW CAN I HELP?

If all US team members contributed $1 per paycheck to Hearts to Hands, we would raise $140,000 each year to support our fellow team members in their time of need.

COMPANY-PAID INSURANCE

Paid by Barry-Wehmiller for YOU

Life and Accidental Death & Dismemberment Insurance

At no cost to you, Barry-Wehmiller provides several forms of insurance as a safety net for you and your loved ones. Company-paid insurance includes the following:

Coverage	Benefit
Associate Life	2x associate base salary (maximum $250,000)
Associate AD&D	2x associate base salary (maximum $250,000)
Dependent Life Spouse	$2,500
Dependent Life Child(ren) (14 days–26 years old)	$1,000

Note: If you would like to purchase additional life and AD&D insurance for yourself and/or your dependents, see Supplemental Life and AD&D Insurance on p. 26 in the Elected Benefits section.

Call: 888.287.8494
Click: www.mylibertyconnection.com
Register > Company code: BARRY-WEHMILLER

Learn the Language

Life Insurance

- Pays a designated beneficiary a set amount of money in the event of the death of the covered individual

AD&D (Accidental Death & Dismemberment) Insurance

- Pays a designated beneficiary a set amount of money when the covered individual is involved in an accident resulting in death or loss of certain body parts
- Provides a benefit over and above what the beneficiary would receive from a normal life insurance policy

Short- and Long-Term Disability Insurance

At no cost to you, Barry-Wehmiller provides:

- **Short-Term Disability Insurance**: If you cannot work due to a non-work-related illness or injury, this benefit pays 100% of your base pay for the first six weeks and then 60% for up to 26 weeks
- **Long-Term Disability Insurance**: If you are unable to return to work after 26 weeks of short-term disability, this benefit pays 60% of your base pay up to $1,500/month

See a CPD representative for additional details.

Note: If you would like to purchase additional short- or long-term disability insurance for yourself, see Voluntary Benefits (p. 27) and Supplemental Long-Term Disability Insurance (p. 26) in the Elected Benefits section.

Call: 888.287.8494
Click: www.mylibertyconnection.com
Register > Company code: BARRY-WEHMILLER

Business Travel Program

Barry-Wehmiller's business travel program includes the following benefits:

- **Concur Solutions online travel booking tool**: Provides a 24/7 one-stop travel shop, customized with our preferred partners and discounts for air, car and hotel. All air and hotel reservations are monitored, so if a fare or rate decreases, your reservations will be rebooked at the lower price! Benefits include the following:
  - Discounts on every Delta, Southwest and United flight
  - Discounted rates on National and Enterprise rentals, with an automatic upgrade to Emerald Club status and rental insurance included
  - Hotel discounts at 200+ preferred hotel properties
- **Travel Leaders travel agency**: Offers 24/7 emergency service, unused ticket tracking and personal assistance with travel arrangements. As needed, agents can also leverage our discounts to assist you with personal travel.
- **Preferred parking program with The Parking Spot (where available)**

Get started by creating a Concur Solutions travel profile online at www.bwcorp.net/T/Pages/OnLineBookingTool.aspx. Then, be sure to use the site for ALL of your business travel needs!

Call: 855.850.8193
Click: www.concursolutions.com (after you have created your travel profile using the link above)

Business Travel Accident Insurance

This coverage includes a benefit up to $300,000, separate from the company-paid life and accidental death & dismemberment (AD&D) benefit (p. 8), in the event of your accidental death or dismemberment while on business travel. In addition, this coverage provides you with valuable travel resources when you are traveling 100 miles or more from your primary home (national or international travel; some countries excluded—see a CPD representative for a list of countries and to add special coverage) for 90 days or less. Resources include but are not limited to the following:

- Emergency medical evacuation transportation assistance
- Emergency prescription replacement
- Dispatch of doctor or specialist
- Roadside assistance
- Lost baggage, passport or travel document assistance
- Emergency telephone interpretation assistance
- Embassy or consulate referral
- Currency conversion or purchase

Call: 877.244.6871 (US), 715.346.0859 (outside US)
Click: www.aigbenefits.com/travelassist
Policy Number: 9112715

Out-of-Country Medical Insurance

If, while traveling on business outside of your country of permanent residence for less than 365 days, you suffer an injury or contract an illness that requires you to be treated by a physician, this coverage will pay the usual and customary charges for covered medical services received up to $300,000. This coverage is secondary to any private or social plan coverage.

Please detach and carry the ID card on p. 42 when you travel!

Call: 877.244.6871 (US), 715.346.0859 (outside US)
Click: www.aigbenefits.com/travelassist
Policy Number: 9112715

ELECTED BENEFITS

Choose the best for YOU

Barry-Wehmiller offers a variety of benefits you can choose to elect—from medical, dental and vision insurance to unbiased health care guidance, and from tax-advantaged and retirement savings accounts to legal services, supplemental insurance and more. Dive in and decide what is best for you and your family, both now and in the future. For additional information or official plan documents, which govern in all cases, check with your local CPD representative.

YOUTILIZE THIS

DID YOU KNOW?

You can elect any of the following independent of one another:

Medical • Dental • Vision • Compass

Medical Plan Options

We offer three medical plans administered by Cigna: **Silver PPO**, **Choice Fund HSA** and **Choice Fund HSA BASIC** (see Medical Plan Comparison on p. 16–17).

All plans offer the same provider network, 100% in-network coverage for preventive services and no lifetime benefit maximums. When you need medical care, you may visit any doctor you choose. If you use in-network providers (Open Access Plus Network on Cigna's website), you'll pay lower negotiated plan rates. In-network and out-of-network expenses accumulate independently of one another toward separate deductibles and out-of-pocket maximums.

With your enrollment in any Barry-Wehmiller medical plan, you gain access to these valuable resources for reducing your out-of-pocket costs and assisting you on your wellbeing journey:

- Compass Professional Health Services
- Better You Incentive
- Cigna Home Delivery Pharmacy
- Laboratory Services
- Chronic Condition Support
- MDLIVE Telehealth Service
- Cigna Healthy Pregnancies, Healthy Babies

Compass Medical Plan Decision Support
Call: 855.769.4386
Click: http://member.compassphs.com

Cigna Medical Plan Participant Support
Call: 800.244.6224
Click: www.mycigna.com

Enrollment Overview

Who is eligible to enroll in elected benefits?

If you are a regular, full-time team member working at least 30 hours per week, you are eligible to enroll. In addition, most of our benefits offer coverage for your eligible dependents:

- Lawful spouse (same or opposite sex)
- Children under age 26 (regardless of marital, dependency or student status)
- Children with disabilities of any age, provided the disability occurred before age 26

When you initially add or remove a dependent, you must provide copies of the following dependent verification documents to your local CPD representative:

- **Spouse:** Marriage certificate AND an additional document establishing current marital status (joint household bill, bank or credit card statement, mortgage or lease, or front page of your jointly filed federal tax return)
- **Child and/or dependent with a disability:** Birth certificate (naming you or your spouse as the child's parent) OR appropriate court order/adoption decree (naming you or your spouse as the child's legal guardian)

Note: To remove a dependent due to divorce, you must provide the first and signature pages of your divorce decree.

When can I enroll in elected benefits?

There are different benefits enrollment periods depending on your circumstance:

- New hires are eligible for benefits on the first day of hire and must enroll within 30 days.
- All team members must enroll in or minimally check your benefits elections during Annual Enrollment each fall.
- Team members with a qualifying life status change must enroll or make changes within 30 days of the status change.

Note: If you do not act within the designated enrollment period, you will need to wait until the next Annual Enrollment or life status change to adjust your elections.

What is a qualifying life status change?

An event in your life that can make you eligible for a special 30-day benefits enrollment period. Changes to your elections must be related to the life status change; for example, if you have a baby, you may add your child to your coverage but cannot drop your spouse's coverage. Examples of qualifying life status changes include, but are not limited to, the following:

- Marriage, divorce, legal separation (per state law) or annulment
- Birth, adoption, placement for adoption or appointment of legal guardianship of your child
- A dependent child reaching the age of 26
- A change in any of the following for you or a covered dependent:
  - Employment status
  - Place of residence or employment that impacts provider network access
  - COBRA, Medicare or Medicaid eligibility
- Your death or the death of a covered dependent

When does my coverage begin and end?

The date coverage begins depends on the circumstance:

- **Beginning of employment:** Coverage begins on the first day of employment, and new hires must enroll within 30 days.
- **Annual Enrollment:** Elections take effect on January 1 of the following year.
- **Life status change:** Elections take effect on the date of the event.

The date coverage ends also depends on circumstance and benefit:

- **End of employment:** Coverage ends on the last day of the calendar month in which employment terminates (except short- and long-term disability insurance, voluntary benefits and flexible spending accounts, which end on the last day of employment).
- **Dependent turning 26:** Coverage ends on the last day of the calendar month in which the individual turns 26.

How do I enroll?

Follow the steps on your Annual Enrollment or New Hire checklist to enroll. If electing medical benefits, don't forget to complete the required, once-per-lifetime Compass Get Connected process (p. 12).

Compass Professional Health Services

A personal health care consultant, Compass helps you get the right care for the right price. Compass provides unbiased guidance because it is not affiliated with any insurance company, doctor's office or hospital.

For team members who elect BW medical, dental and/or vision coverage, Compass is an included resource.

NEW this year: Team members who do not enroll in BW medical, dental and/or vision benefits can choose to elect Compass for $4.28 per month. See chart below for coverage details.

Compass services include:

- **FREE BW medical plan decision support (for ALL BW team members, regardless of BW elections):** Compass can review BW medical plan offerings and help you decide what is right for you. To access this service, just call the Compass number on the right.
- **Doctor recommendations:** Compass has researched your area to find highly rated, cost-effective doctors, helping to take the guesswork out of finding a physician.
- **Pricing estimates:** Compass can provide cost comparisons for procedures, medications and other health services.
- **Billing assistance and claim reconciliation:** Compass can help you navigate complex medical claims and bills.
- **Compass Health Track (for BW medical enrollees only):** Compass will e-mail you a list of recommended screenings/exams (p. 31) that can help you stay on track—completing these is a requirement to earn the Better You Incentive (p. 13).

YOUTILIZE THIS

HOW MUCH CAN COMPASS SAVE ME?

Average savings by solution type:

Prescription Review	$1,205
Cost Estimate	$601
Doctor Recommendation	$573
Bill Review	$304

Those who elect Compass coverage, or enroll in BW medical, dental and/or vision benefits, can access Compass services by completing the Compass Get Connected process (required for BW medical enrollees once per lifetime). If you have not already done so:

1. Visit http://member.compassphs.com and click Register.
2. After you complete your new user registration, you'll be directed to the Get Connected landing page. Click Begin, watch the Get Connected video, and complete the Get Connected process.

Note: For those who elect Compass, premiums are paid post-tax through payroll deduction. Once enrolled, you can drop coverage at any time.

Call: 855.769.4386
Click: http://member.compassphs.com

Compass Services	BW Medical Enrollees	BW Dental Enrollees	BW Vision Enrollees	Compass-Only Enrollees	All BW Team Members
Plan Decision Support	●	●	●	●	●
Doctor Recommendations	●	●	●	●	
Pricing Estimates	●	●	●	●	
Billing Assistance	●	●	●	●	
Health Track	●				

Note: Compass is completely confidential. All personal information and results are protected by the Health Insurance Portability and Accountability Act (HIPAA).

Better You Incentive

For team members planning to enroll in 2019 BW medical plans, the Better You Incentive is an additional source of inspiration to engage in healthy behaviors. Those who take important actions to care for their health in 2018 by completing the requirements of the Better You Incentive will pay at least $1,200/$2,400 less (see chart at right for detailed incentive explanation) in 2019 medical premiums than those who do not participate.

To earn the incentive for 2019 premiums, you (AND your covered spouse) have until September 30, 2018, to:

1. Register and complete the Compass Get Connected process, if you have not already done so (p. 12)
2. Complete and report all actions on your e-mailed Compass Health Track, an action plan that tracks your completion of these critical prevention activities:
   a. Obtain GOLD (or higher) status in Vitality, our online personalized wellbeing program (p. 4-5)
   b. Complete an annual physical and all age/gender-appropriate screenings (p. 31)

Note: Don't ignore your Compass e-mails! Check your spam folder, or call Compass if you are not receiving them.

Important Update on Earning the Better You Incentive

Because individual wellbeing is significantly impacted by household health, the Better You Incentive was designed so that team members and spouses (for family coverage) would earn it *together*. Due to recent changes in Equal Employment Opportunity Commission regulations, team members and covered spouses now can INDIVIDUALLY earn the 2019 Better You Incentive (see chart below for details). Barry-Wehmiller's commitment to family wellbeing remains steadfast despite this regulatory change, and we urge you *and* your spouse to continue taking critical actions to care for your health in 2018, and making progress along your journey to becoming your best YOU!

Coverage Level	Who is covered?	Who completed ALL required actions?	You will save...
Individual	Team member	Team member	$1,200
Family	Team member, spouse (with or without children)	Team member **OR** spouse	$1,200
		Team member **AND** spouse	$2,400
	Team member, child(ren)	Team member	

Better You Incentive FAQ

How will I get my Compass Health Track? Check your e-mail (and spam folder)! Each month, Compass will e-mail your Health Track to the address you provided during the Get Connected process. Your covered spouse needs to complete the Get Connected process to receive a Health Track as well.

How do I get to GOLD status? All paths to GOLD start with the completion of your Vitality Check (biometric screening) and the online Vitality Health Review. Then, your personalized Vitality goals will set you on the best path to GOLD. Despite the federal regulation change noted above, if you have a spouse, you earn Vitality points together and share one status per household, regardless of BW medical coverage level. Together, you and your spouse must earn 1.5x the points an individual needs to get to any given status.

I may have trouble getting my spouse involved in Vitality. Why is the program set up that way? Household wellbeing has a significant impact on individual wellbeing, so it's critical for both of you to engage in healthy behaviors. We want to do our part to support that.

I'm not getting credit for a completed activity on my Health Track. What should I do? You can "self-attest" to completing certain activities. Contact Compass at incentives@compassphs.com or 855.769.4386. You'll be asked for the date of the activity and the name of your doctor.

Can I qualify for the incentive if I am not enrolled in 2018 medical but choose to enroll in 2019? Yes! You will need to complete the same requirements. However, because you will not have received a Compass Health Track, you must submit legal verification stating that you have completed the required activities. See your local CPD representative for this form.

Cigna Home Delivery Pharmacy

Cigna Home Delivery Pharmacy is designed especially for individuals who take prescription medications on a regular basis, such as those used for diabetes, asthma, heart conditions, high blood pressure and birth control. You will save time and money by having a 90-day supply of your medication delivered to your doorstep for as long as your doctor prescribes it.

Note: Preventive medications also can be filled in a 90-day supply at select in-network retail pharmacies and still be covered under your plan. To see a list of pharmacies prior to enrolling, visit www.cigna.com/rx90network.

Call: 800.835.3784
Click: www.mycigna.com

YOUTILIZE THIS

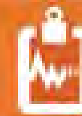
DID YOU KNOW?

Cigna's Prescription Drug Price Quote Tool, at ***www.mycigna.com*** > Estimate Health Care Costs, can help you compare prices between local retail pharmacies and Cigna Home Delivery Pharmacy.

Laboratory Services

Cigna contracts with many laboratories to provide network access for lab services. Two of the largest laboratories, Laboratory Corporation of America (LabCorp) and Quest Diagnostics, Inc. (Quest), are included in the preferred network.

Call: 800.244.6224
Click: www.mycigna.com

 Chronic Condition Support

If you're living with heart disease, asthma, diabetes, depression, osteoarthritis or another chronic condition, Cigna can help. Partner with a nurse, coach, nutritionist or clinician to:

- Live more comfortably with your health condition
- Identify and reduce triggers that affect your condition
- Make educated decisions about your treatment options

Call: 855.246.1873
Click: www.mycigna.com

MDLIVE Telehealth Service

MDLIVE Telehealth Service connects you quickly with a board-certified doctor via secure video or phone conference. When you need a more convenient way to see a doctor, MDLIVE is available 24 hours a day, 7 days a week. This service is confidential and compliant with all medical privacy regulations and requirements (see p. 17 for cost).

Call: 888.726.3171
Click: www.mdliveforcigna.com

Cigna Healthy Pregnancies, Healthy Babies

Cigna Healthy Pregnancies, Healthy Babies is designed to help you and your baby stay healthy during your pregnancy and in the initial weeks after your baby's birth. Throughout your pregnancy, you will have 24/7 access to nurses who can support you in different ways, from providing tips for handling discomfort to helping you understand your maternity benefits. Register as soon as you learn of your pregnancy! After completing the program (approximately six weeks post-partum), you will receive a check that can help with new baby expenses ($400 if you register in your first trimester, $200 if you register in your second trimester).

Call: 800.244.6224
Click: www.mycigna.com

MEDICAL PLAN COMPARISON

Choose the best for YOU

YOUTILIZE THIS

WHAT'S THE BEST PLAN FOR ME?

For plan decision support, call Compass Professional Health Services at 855.769.4386 or visit http://member.compassphs.com.

Compare Barry-Wehmiller Medical Plans

The chart on p. 17 shows a general comparison of Barry-Wehmiller's three medical plan options:

Silver PPO: A traditional Preferred Provider Organization (PPO) plan with higher premiums, lower deductibles and set copays for services and prescriptions. Copays do not apply toward your medical deductible.

Choice Fund HSA or **Choice Fund HSA BASIC:** High Deductible Health Plans (HDHPs) with lower premiums and higher deductibles. Certain preventive medications are covered at 100% (p. 28-30). Team members pay all costs out-of-pocket (after the Cigna discount is applied) until they reach their deductible.

Learn the Language

Premium
The amount you pay for your health insurance every month

Annual Deductible
The amount that you and each of your covered dependents must pay out-of-pocket each year for covered expenses before the plan will pay benefits

Network
A group of doctors, labs, hospitals and other providers that your plan contracts with at a set payment rate

Out-of-Pocket Maximum
The most you pay during a calendar year before your plan starts to pay 100% for covered health benefits

Copay
A set dollar amount you pay for doctor visits, prescriptions and other health care services

Coinsurance
The percentage you pay for the cost of covered health care services, after you meet your deductible

Individual Family Member (Embedded) Deductible and/or Out-of-Pocket Maximum
A feature of certain family medical insurance plans. With this feature, there are two deductibles and/or out-of-pocket maximums—one that applies only to the first family member to reach it and a higher one for the whole family. Having an embedded deductible and/or out-of-pocket maximum means that when your expenses for any one family member reach the designated level, the medical insurance plan "turns on" for that individual. To activate the insurance benefits for the rest of your family, your combined expenses must reach the designated family level.

Reminder: Coinsurance percentages listed below reflect the percentage you pay for the cost of covered health care services, after you meet your deductible.

	Silver PPO		Choice Fund HSA		Choice Fund HSA BASIC	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Medical Deductible						
Individual	$500	$1,000	$2,000	$4,000	$3,000	$6,000
Family	$1,000	$2,000	$4,000	$8,000	$6,000	$12,000
Individual Family Member	$500	$1,000	N/A	N/A	N/A	N/A
Annual Pharmacy Deductible						
Individual	$100	N/A	Medical deductible applies		**Medical deductible applies**	
Family	$100/individual					
Out-of-Pocket Maximum						
Individual	$4,000	$8,000	$4,000	$8,000	$6,000	$12,000
Family	$8,000	$16,000	$8,000	$16,000	$12,000	$24,000
Individual Family Member	$4,000	$8,000	$4,000	$8,000	$6,000	$12,000
Tax-Advantaged Account Options—See p. 24-25						
	FSA		HSA with company funding ($500 individual/$1,000 family)		HSA with no company funding	
Hospital						
Inpatient (per admission)	$300 copay, 20% coinsurance	$600 copay, 40% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Outpatient	20% coinsurance	40% coinsurance				
Urgent Care Copay	$50 copay					
Emergency Room	20% coinsurance		20% coinsurance		20% coinsurance	
Office Visits						
Physician/Retail Clinics	$25 copay	40% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Specialist	$40 copay					
Preventive Care (including immunizations)	$0		$0		$0	
Lab, Radiology, X-Ray Services	20% coinsurance		20% coinsurance		20% coinsurance	
Mental Health and Substance Abuse						
Inpatient	$300 copay, 20% coinsurance	$600 copay, 40% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Outpatient	$40 copay	40% coinsurance				
MDLIVE Telehealth Service						
	$25 copay	N/A	$42 before deductible then 20% coinsurance ($8.40)	N/A	$42 before deductible then 20% coinsurance ($8.40)	N/A
Prescription Costs: Retail (30-Day Supply)/Cigna Home Delivery Pharmacy and Select In-Network Retail Pharmacies—See p. 14 (90-Day Supply)						
Generic	$15/$30	N/A	20% coinsurance	N/A	20% coinsurance	N/A
Preferred Brand	$35/$70					
Non-Preferred Brand	$60/$120					

Note: The Choice Fund HSA and HSA BASIC plans include 100% pharmacy coverage for certain preventive medications. For more information, see p. 28-30 or visit www.mycigna.com.

MEDICAL PLAN PREMIUMS

YOUR portion of the shared responsibility

At Barry-Wehmiller, the cost of health care coverage is a shared responsibility between you and the company. Your premium cost depends on your compensation band. Premiums are deducted from your paycheck on a pre-tax basis.

Hourly team members: To calculate your compensation band, multiply your hourly rate x average hours per week x 52.

2018 Monthly Medical Premiums *REGULAR*

Compensation Band		Silver PPO		Choice Fund HSA		Choice Fund HSA BASIC	
		Individual	Family	Individual	Family	Individual	Family
A	$0–$36,500	$260.44	$719.21	$172.29	$474.79	$54.04	$147.34
B	$36,501–$46,500	$312.52	$869.45	$208.36	$574.95	$90.10	$243.75
C	$46,501–$57,000	$364.61	$1,009.68	$240.41	$669.12	$122.14	$334.37
D	$57,001–$99,999	$414.70	$1,135.91	$274.46	$753.26	$156.19	$415.37
E	$100,000+	$440.55	$1,206.69	$291.56	$800.20	$165.93	$441.25

YOUTILIZE THIS

HOW HAS THE BETTER YOU INCENTIVE HELPED TEAM MEMBERS?

8 team members believe their lives may have been saved because they completed critical health screenings in order to earn the incentive

40% of team members are current on preventive screenings

They have collectively saved **$2,400,000** on their medical premiums!

MEDICAL PLAN PREMIUMS

YOUR portion of the shared responsibility

2018 Monthly Medical Premiums *WITH BETTER YOU INCENTIVE* (p. 13)

Compensation Band		Silver PPO		Choice Fund HSA		Choice Fund HSA BASIC	
		Individual	Family	Individual	Family	Individual	Family
A	$0–$36,500	$160.44	$519.21	$72.29	$274.79	$0.00	$0.00
B	$36,501–$46,500	$212.52	$669.45	$108.36	$374.95	$0.00	$43.75
C	$46,501–$57,000	$264.61	$809.68	$140.41	$469.12	$22.14	$134.37
D	$57,001–$99,999	$314.70	$935.91	$174.46	$553.26	$56.19	$215.37
E	$100,000+	$340.55	$1,006.69	$191.56	$600.20	$65.93	$241.25

Your oral health is a critical component of your overall health. As such, we offer two dental plans that can be elected regardless of whether you enroll in medical— one administered by Delta Dental of Missouri and the other by Cigna. Both plans offer up to two in-network cleanings per member per year at no charge. In addition, participants have access to orthodontia benefits in both plans.

Delta Dental
Call: 800.335.8266
Click: www.deltadentalmo.com

Cigna DHMO
Call: 800.244.6224
Click: www.mycigna.com

Compare Barry-Wehmiller Dental Plans

Delta Dental PPO: A Preferred Provider Organization (PPO) plan that allows you to see any dentist you wish. If you use in-network providers (PPO and Premier on Delta Dental's website), you'll pay lower negotiated plan rates. If you use out-of-network providers, you pay more for covered services, may have to file your own claims and can be billed for charges exceeding the usual market cost.

Average discount range for dentists in the PPO Network is 20–30%, while the average range for Premier Network dentists is 5–10%.

Cigna Dental HMO: A Health Maintenance Organization (HMO) plan with lower monthly premiums, a limited provider network and no out-of-network benefits. This plan does not require members to satisfy an upfront deductible; however, all services have a preset fee schedule. You must select a primary dentist when enrolling.

Note: Before electing Cigna Dental HMO, be sure to check if your area has in-network providers who are accepting new patients.

	Delta Dental PPO			Cigna Dental HMO
	PPO	Premier	Out-of-Network	
Annual Deductible (separate from orthodontia)				
Individual	$50			N/A
Family	$50/individual ($150 maximum)			
Annual Benefit Maximum (separate from orthodontia)				
	$1,000/individual Charges for exams, cleanings, X-rays and fluoride treatments do not apply toward your annual maximum.			N/A
Preventive and Diagnostic Services (oral exams, cleanings, X-rays, fluoride application, sealants)				
	$0		20% (not applied to deductible)	Based on a fee schedule
Basic Services (fillings, extractions, root canal, oral surgery)				
	20% coinsurance			Based on a fee schedule
Major Services (crowns, bridges, dentures)				
	50% coinsurance			Based on a fee schedule
Orthodontia				
Coverage Age Limit	Dependent children under 19 only			N/A
Lifetime Deductible	$50			
Services	50% coinsurance			Based on a fee schedule
Lifetime Maximum	$1,000/individual			24 months of treatment

Note: This chart is a general comparison of our two dental plans. For additional decision support, go to www.deltadentalmo.com or http://member.compassphs.com.

Learn the Language

Annual or Lifetime Maximum

The maximum dollar amount the plan will pay toward the cost of dental care within a specific benefit period. The patient is personally responsible for paying costs above the maximum.

Vision Plan

We offer a comprehensive vision program through EyeMed Vision Care. This plan can be elected regardless of whether or not you enroll in medical and is designed to reduce your costs for routine, preventive eye care (eye exams, eye wear and other services). Our network (Select Network on EyeMed's website) includes major retailers (LensCrafters, Sears Optical, JCPenney, Target Optical, Pearle Vision Centers and more) as well as private practice providers.

EyeMed Vision Care features the following:

- Annual in-network exam covered at 100%
- Significant savings off of retail prices for frames, lenses and contact lenses
- Retinal imaging benefit for early detection and diagnosis
- In-network online contact lens ordering through ContactsDirect

Call: 866.939.3633
Click: www.eyemed.com

	EyeMed Vision Care	
	In-Network	Out-of-Network
Vision Plan Features		
Exam	$0	reimbursement up to $30
Frames	$0 copay up to $150 allowance	up to $75
Standard Dilation	$0	N/A
Retinal Imaging	100% up to $39	N/A
Lenses (additional options are available)		
Single Vision	$10 copay	up to $25
Bifocal		up to $40
Standard Progressives		
Trifocal		up to $55
Contact Lenses		
Elective	100% up to $150 allowance	up to $120
Medically Necessary	$0	up to $200
Standard Contact Fitting Fee	up to $40	N/A
Premium Contact Fitting Fee	10% off retail	
Laser Vision Correction		
	15% off retail or 5% off promotion	N/A
Frequency Limits		
Exam	12 months	
Lenses or Contacts		
Frames	24 months	

See the Savings from EyeMed Vision Care!

GLASSES	Average Retail Price	Average Member Out-of-Pocket	Percent Savings
Exam/Fitting	$105	$2	98%
Frames	$175	$30	83%
Lenses	$171	$50	71%
Add-Ons	$60	$42	30%
Total	**$511**	**$124**	**76%**

CONTACT LENSES	Average Retail Price	Average Member Out-of Pocket	Percent Savings
Exam/Fitting	$105	$2	98%
Fit & Follow-Up	$59	$44	25%
Contacts	$222	$76	66%
Total	**$386**	**$122**	**68%**

DENTAL AND VISION PREMIUMS

YOUR portion of the shared responsibility

2018 Monthly Dental Premiums		
	Delta Dental PPO	Cigna Dental HMO
Individual	$15.10	$13.22
Family	$65.97	$55.92

YOUTILIZE THIS

DID YOU KNOW?

Trips to the dentist aren't just great for your smile—they may help your overall health. Proper dental care may help prevent:

- Tooth loss
- Digestion issues
- Cardiovascular disease

2018 Monthly Vision Premiums	
Individual	$2.73
Family	$12.12

YOUTILIZE THIS

DID YOU KNOW?

Like your dentist, your eye doctor may be able to spot other health issues, including:

- High blood pressure
- High cholesterol
- Diabetes

401(k) Retirement Savings Plan

Barry-Wehmiller's 401(k) Retirement Savings Plan, administered by Transamerica, is an important tool to help you with critical preparation for retirement. Team members are eligible to participate in the plan on their first day of employment, with contributions typically starting within 60 days.

After your first payroll is processed, your account will be automatically set up as follows:

- To save 6% of eligible compensation on a pre-tax basis.
- To utilize PortfolioXpress, an automated asset allocation service based on a designated retirement year and risk preference (default is age 65 and moderate). This free service is designed for those who prefer a low-maintenance, yet responsible approach to retirement plan investing.

At any point, you can change your contribution level and/or investment elections. The plan has a wide variety of investment options, including a self-directed brokerage account that allows more hands-on account management.

You can contribute to our plan in three different ways, with the similarities and differences highlighted in the chart to the right.

Note: Your 401(k) beneficiary designation is separate from the company paid life program. Please login to your retirement account to complete this designation.

Call: 800.755.5801
Click: http://bw.trsretire.com
To register: Team member's SSN needed

	Traditional Pre-Tax	Roth 401(k)	Voluntary After-Tax
Participant Contributions	1-100% of earnings up to the IRS limit		1-25% of earnings
Eligible for Company Match	100% of contributions up to 3% *PLUS 50% of contributions from 3-4%* on eligible compensation		N/A
Tax Treatment of Participant Contributions	Pre-tax	After tax	
Tax Treatment of Company Match	Pre-tax		N/A
Tax Treatment of Qualified Distributions	All contributions & earnings subject to tax	Tax-free for participant contributions & earnings; company match subject to tax	Tax-free for contributions, earnings subject to tax
Subject to Distribution Restrictions	Yes, prior to: age 59.5, death, disability, hardship or termination		No: available for distribution any time
Available for Loan	Yes		

2017 Contribution Limits*

Participant	$18,000 combined	N/A
Additional Catch-Up Allowed for Participants Age 50+	$6,000 combined	
Participant + Company	$53,000 combined	

**For 2018 contribution limits (announced by November 2017), go to www.irs.gov or http://bw.trsretire.com.*

Learn the Language

401(k) Beneficiary

Your online beneficiary designation, not your will, determines how your retirement plan assets are distributed. Without a designation, assets will be distributed according to the plan provisions. For the Barry-Wehmiller plan, the default primary beneficiary is your surviving spouse, and the contingent is your estate, requiring your heirs to open an estate with the state probate court.

Health Savings and Flexible Spending Accounts

Regardless of whether or not you enroll in a BW medical plan, Barry-Wehmiller offers tax-advantaged account options for all team members. These accounts can save you money by allowing you to set aside pre-tax dollars for qualified expenses.

Health Savings Account
Call: 800.244.6224
Click: www.mycigna.com
Review My Coverage > Health Savings Account

Flexible Spending Accounts
Call: 888.557.3156
Click: http://myspendingaccount.wageworks.com

*If I have an HSA, what FSA accounts can I enroll in?

Participants in an HSA can enroll in the Dependent Care FSA but not the Health Care FSA.

**How do company HSA contributions to the Choice Fund HSA plan work?

Participants in the Choice Fund HSA plan (not HSA BASIC) will receive the company contribution in quarterly installments beginning in January. These funds are deposited to the team member's HSA as soon as possible, typically in the first month of each calendar quarter. During the year, new hires and newly enrolled team members (due to a life status change) will begin receiving the company contribution in the first full calendar quarter in which they are enrolled in the plan.

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (FSA)
Who is eligible to contribute?	Choice Fund HSA and HSA BASIC enrollees UNLESS you are age 65+ and covered by Medicare. See box to left.*	All team members not contributing to an HSA	All team members with qualifying child or elder care expenses
What kinds of expenses can I pay with the money in my account?	Eligible medical, presciption, dental, vision and hearing expenses for you, your spouse or your dependents, even if they are not enrolled in a BW medical plan		• Payments to nursery schools, day care centers or individuals caring for preschool children • Before- and/or after-school care • Summer day camps if care is custodial in nature • Day care for dependent parents who spend at least 8 hours/day in your home
Who administers the account?	HSA Bank	WageWorks	WageWorks
How do I enroll?	When you first enroll in the Choice Fund HSA or HSA BASIC plan, an account will automatically be set up for you. You will then receive instructions from HSA Bank on how to access and use your account. Company contributions begin with your first full quarter.	In your initial eligibility period, at any life status change or during Annual Enrollment, you may enroll in either or both of these accounts. You must designate a contribution amount and will then receive instructions from WageWorks for how to access and use your account.	
2018 contribution limits	Individual: $3,400 / Family: $6,750 Additional catch-up contribution allowed for participants age 55+: $1,000	$2,550	$5,000 ($2,500 if you are married and file taxes separately)
Convenient debit card provided	Yes	Yes	No
Balance rolls over year-to-year	Yes	No – "Use It or Lose It" rule applies	No – "Use It or Lose It" rule applies
Earns tax-free returns	Yes	No	No
You can take the account with you should you leave BW	Yes	No	No
Your unused balance is payable to your beneficiary	Yes	No	No
BW contributes to your account	Yes – Choice Fund HSA only (not HSA BASIC). See box to left.**	No	No
Contribution amount can be changed during the plan year without a qualifying event	Yes	No	No

Note: For a complete list of eligible expenses, see IRS Publications 502 (Health Care) and 503 (Dependent Care) at www.irs.gov.

TAX-ADVANTAGED ACCOUNT OPTIONS

Choose the best for YOU

Tips for Determining How Much to Contribute to a Tax-Advantaged Account

1. **Gather your health care out-of-pocket expenses from 2017 and use the total as a baseline**. If you have been enrolled in a BW plan, login to www.mycigna.com and select Manage Claims and Balances > Claims to see a list of your 2017 medical, prescription and dental (if enrolled in the Cigna Dental HMO) out-of-pocket costs.
2. **Remember: Unused amounts in an *HSA* roll over from year to year**, so there's no harm in contributing more than your annual expenses. **Unused amounts in an *FSA* are forfeited at year-end,** so estimate carefully to maximize your tax benefit and minimize the risk of falling prey to "Use It or Lose It."
3. **For Choice Fund HSA and HSA BASIC participants**:
   - Consider saving the difference between your premium and the premium you would pay for the Silver plan. You'll be spending the same amount as you would if you chose the Silver plan, but the additional money will be in your HSA for whenever you need it.
   - Set a goal to reach a balance in your HSA that could offset your deductible, if needed.

Learn the Language

Use It or Lose It!

An IRS rule with regard to FSAs stipulates that plan year expenses must be incurred by December 31 and claims must be processed through WageWorks by March 31. Money left in an FSA must be forfeited at year-end, so budget carefully!

YOUTILIZE THIS

DID YOU KNOW?

Team members with existing HSAs and/or FSAs are required to designate a contribution amount during Annual Enrollment each year, as prior year elections do not roll over.

Supplemental Life and Accidental Death & Dismemberment Insurance

You may choose to purchase additional life and AD&D insurance for yourself and your dependent(s) at affordable group rates. You must enroll in Associate Supplemental Coverage in order to enroll your spouse or child(ren).

If you enroll after your initial eligibility period, Evidence of Insurability (EOI) is required, and coverage is subject to approval by the insurance company. Current enrollees may increase coverage by one increment during Annual Enrollment without providing EOI.

Supplemental Coverage	Life Insurance Benefit Options	AD&D Insurance Benefit Options	EOI Required for Coverage Over...
Associate	1-5x annual base salary (maximum $500,000)	1-5x annual base salary (maximum $500,000)	3x salary or $200,000 whichever is less
Spouse	Increments of $5,000, up to $100,000*	% of associate's benefit amount (maximum $150,000): if no children – 60% if you have children – 50%	$50,000
Child(ren) (14 days –26 years old)	Option 1: $5,000 Option 2: $10,000	% of associate's benefit amount (maximum $37,500): if no spouse – 15% if you have a spouse – 10%	Not required

**Benefit cannot be greater than 50% of the associate benefit (Basic + Supplemental). For more information on company-paid life and AD&D coverage, see p. 8.*

Note: Rates and EOI rules are built into the enrollment system. See your local CPD representative for more information.

Call: 888.287.8494
Click: www.mylibertyconnection.com
Company code: BARRY-WEHMILLER

Supplemental Long-Term Disability Insurance

If you are unable to return to work after 26 weeks of short-term disability and you wish to supplement your company-paid long-term disability benefit (p. 8), you may purchase additional long-term disability coverage at affordable group rates as follows:

- **Option 1:** Increase your maximum monthly benefit to $5,000
- **Option 2:** Increase your maximum monthly benefit to $10,000

During Annual Enrollment, you may increase coverage by one increment ($0 to Option 1 or Option 1 to Option 2) without EOI. Pre-existing condition limitations will apply only on the increased benefit.

Call: 888.287.8494
Click: www.mylibertyconnection.com
Company code: BARRY-WEHMILLER

Learn the Language

Evidence of Insurability (EOI)
A record of a person's past and current health events, used by insurance companies to determine whether a person meets the company's definition of good health.

Legal Services

Through Barry-Wehmiller, you can elect coverage for important everyday legal services for just $18.25 a month. MetLaw (administered by Hyatt Legal Plans) will provide legal representation for you, your spouse and your dependents, through a nationwide network of more than 14,000 participating plan attorneys. These individuals have met strict selection criteria and have an average of 25 years or more of legal experience. You also have the flexibility to use a non-plan attorney and get reimbursed for covered services according to a set fee schedule.

When you use a plan attorney for covered services (examples listed below), there are no deductibles, copays, claim forms, waiting periods or limits on usage. Consultations may be done in-person or over-the-phone—whatever is most convenient for you!

Note: Premiums are paid through post-tax payroll deduction. Once enrolled, you remain in the plan for the full calendar year.

Call: 800.821.6400
Click: www.legalplans.com
Access code: GetLaw

Voluntary Benefits

Our voluntary benefits, administered by Unum, provide an opportunity to purchase additional insurance for less than if you bought it on your own.

Barry-Wehmiller offers several voluntary insurance options:

- **Voluntary Short-Term Disability**: Supplements company-paid short-term disability (p. 8)
- **Group Critical Illness Coverage**: Pays a cash payment if you are diagnosed with a serious illness
- **Group Accident Coverage**: Pays a cash payment if an injury occurs off-the-job
- **Whole Life Insurance**: Provides a permanent life insurance option with lifetime level premiums and an investment component

Note: Premiums are paid through post-tax payroll deduction.

Call: 888.659.1488

Covered Legal Services

Court Appearances
- Civil litigation defense
- Personal property protection
- Traffic ticket defense (except DUI)

Document Review & Preparation
- Mortgages
- Deeds, promissory notes
- Immigration assistance

Debt Collection Defense
- Identity theft defense
- Repayment schedule
- Tax audits

Identity Management Services
- Proactive services
- Theft and fraud support
- Recovery and replacement services
- Credit monitoring for victims

Real Estate Matters
- Sale, purchase, refinancing or home equity loans (for primary or secondary residence)
- Boundary or title disputes
- Property tax assessments

Wills
- Wills and codicils
- Living wills and powers of attorney
- Trusts

Family Law
- Protection from domestic violence
- Adoption
- Name change

PREVENTIVE DRUG LIST

Preventive Preferred Brands and Generics Drug List

For Choice Fund HSA and HSA BASIC plans, certain preventive medications are covered at 100% when you use the Cigna Home Delivery Pharmacy or select in-network retail pharmacies (p. 14). For new prescriptions, you may use any retail pharmacy for the first two fills.

Following is a list of specific medications that fall within the zero-cost Rx program, as of the time this handbook was printed.

Call: 800.835.3784
Click: www.mycigna.com

YOUTILIZE THIS

HOW WILL I KNOW IF A MEDICATION IS STILL COVERED?

This list, evaluated by a Cigna review board, is ever-changing due to patent expirations and formulary changes. To confirm if a particular medication is covered at 100%, please call Cigna.

Asthma Related

- Advair Diskus
- Advair HFA
- albuterol
- aminophylline
- Anoro Ellipta
- Atrovent HFA
- Breo Ellipta
- budesonide
- caffeine and sodium benzoate
- caffeine citrate
- cromolyn solution
- fluticasone-salmeterol
- Incruse Ellipta
- ipratropium
- ipratropium-albuterol
- levalbuterol
- levalbuterol HFA
- metaproterenol
- montelukast
- ProAir HFA
- ProAir RespiClick
- QVAR
- Striverdi Respimat
- Symbicort
- terbutaline
- Theochron
- theophylline
- Xolair
- zafirlukast
- zileuton ER

Blood Pressure Related

- acebutolol
- acetazolamide
- Afeditab CR
- amiloride
- amiloride-HCTZ
- amlodipine
- amlodipine-atorvastatin
- amlodipine-benazepril
- amlodipine-olmesartan
- amlodipine-valsartan
- amlodipine-valsartan-HCTZ
- atenolol
- atenolol-chlorthalidone
- benazepril
- benazepril-HCTZ
- betaxolol
- bisoprolol
- bisoprolol-HCTZ
- bumetanide
- candesartan
- candesartan-HCTZ
- captopril
- captopril-HCTZ
- Cartia XT
- carvedilol

- chlorothiazide
- chlorthalidone
- clonidine
- Clorpres
- Coreg CR
- diltiazem
- diltiazem CD
- diltiazem ER
- Dilt-XR
- dopamine
- doxazosin
- enalapril
- enalaprilat
- enalapril-HCTZ
- epinephrine auto-injector
- eplerenone
- eprosartan
- esmolol
- ethacrynate
- felodipine ER
- fosinopril
- fosinopril-HCTZ
- furosemide
- guanfacine
- hydralazine
- hydrochlorothiazide
- indapamide
- irbesartan
- irbesartan-HCTZ
- isradipine
- labetalol
- lisinopril
- lisinopril-HCTZ
- losartan
- losartan-HCTZ
- Matzim LA
- methazolamide
- methyclothiazide
- methyldopa
- methyldopa-HCTZ
- methyldopate
- metolazone
- metoprolol
- metoprolol ER-HCTZ
- metoprolol-HCTZ
- minoxidil
- moexipril
- moexipril-HCTZ
- nadolol
- nadolol bendroflumethiazide
- nicardipine
- nifedipine
- nifedipine ER
- nimodipine

- nisoldipine
- norepinephrine
- olmesartan
- olmesartan-amlodipine-HCTZ
- olmesartan-HCTZ
- perindolpril erbumine
- phenoxybenzamine
- phentolamine
- pindolol
- prazosin
- propranolol
- propranolol ER
- propranolol-HCTZ
- quinapril
- quinapril-HCTZ
- ramipril
- sodium nitroprusside
- Sorine
- sotalol
- sotalol AF
- spironolactone
- spironolactone-HCTZ
- Taztia XT
- telmisartan
- telmisartan-amlodipine
- telmisartan-HCTZ
- terazosin
- timolol
- torsemide

PREVENTIVE DRUG LIST

- trandolapril
- trandolapril-verapamil ER
- triamterene-HCTZ
- valsartan
- valsartan-HCTZ
- Vecamyl
- verapamil
- verapamil ER
- verapamil ER PM
- verapamil SR

Blood Thinner Related

- argatroban
- asprin-dipyridamole ER
- Brilinta
- cilostazol
- clopidogrel
- dipyridamole
- Eliquis
- eptifibatide
- Jantoven
- warfarin
- Xarelto

Cholesterol Related

- amlodipine-atorvastatin
- atorvastatin
- cholestyramine
- cholestyramine light
- colestipol
- ezetimibe
- ezetimibe-simvastatin
- fenofibrate
- fenofibric acid
- fluvastatin ER
- fluvastatin
- gemfibrozil
- lovastatin
- niacin ER
- omega-3 acid ethyl esters
- pravastatin
- Prevalite
- rosuvastatin
- simvastatin

Diabetes Related

- acarbose
- alogliptin
- alogliptin-metformin
- alogliptin-pioglitazone
- Basaglar
- Bydureon
- Byetta
- chlorpropamide
- diabetic supplies (i.e. lancets, syringes, urine test, alcohol pads)
- Farxiga
- glimepiride
- glipizide
- glipizide ER
- glipizide XL
- glipizide-metformin
- glyburide
- glyburide micronized
- glyburide-metformin
- Glyxambi
- Humalog
- Humulin
- Janumet
- Janumet XR
- Januvia
- Jardiance
- Levemir
- metformin
- metformin ER
- miglitol
- nateglinide
- OneTouch test strips
- pioglitazone
- pioglitazone-glimepiride
- pioglitazone-metformin
- repaglinide
- repaglinide-metformin
- Soliqua
- SymlinPen
- Synjardy
- Synjardy XR
- tolazamide
- tolbutamide
- Tresiba FlexTouch U-200
- Trulicity
- Xigduo XR
- Login to www.mycigna.com or check your plan materials to learn more about how your plan covers diabetes-related preventive medications.

Osteoporosis Related

- alendronate
- calcitonin-salmon
- etidronate
- Forteo
- Fosamax Plus D
- ibandronate
- Miacalcin (calcitonin-salmon)
- pamidronate
- raloxifene
- risedronate
- risedronate DR
- zoledronic acid

Prenatal Vitamins

All prescription strength prenatal vitamins are considered preventive.

Check your plan materials for formulary placement of branded prenatal vitamins.

Note: Brand-name medications start with a capital letter, and generic medications start with a lowercase letter. If a brand-name medication has an equivalent generic available, it will be listed next to the brand name in parentheses.

Preventive Screenings

The following screenings are recommended for everyone based on US Preventive Services Task Force Guidelines, and are required for team members and covered spouses wishing to earn the Better You Incentive (p. 13).

Screening/Exam	Frequency	Men	Women	Age	Vitality Points Available
Physical*	Annually	●	●	18+	N/A
Colorectal Cancer Screening (any one of the three)					
• Fecal occult blood test	Annually	●	●	50-74	400 points
• Sigmoidoscopy/barium enema, X-ray	Every 5 years				
• Colonoscopy	Every 10 years				
Cervical Cancer Screening (Pap smear)	Every 3 years		●	21-65	400 points
Breast Cancer Screening (mammogram)	Every 2 years		●	50-74	400 points
Osteoporosis Screening (DEXA scan)	Every 2 years		●	65+	N/A

**Biometric screenings do NOT count toward annual physical requirements.*

YOUTILIZE THIS

DID YOU KNOW?

According to a study from the Harvard School of Public Health: 40% of all colorectal cancers might be prevented if people underwent regular colonoscopy screenings.

Legal Notices—Health and Welfare Plans

Federal regulations require that these important legal notices be distributed to anyone eligible for Barry-Wehmiller Health and Welfare plans.

Please keep them on file in case a qualifying life event allows you to participate in the Barry-Wehmiller plans during the upcoming year. For further clarification, please e-mail benefits@barry-wehmiller.com and a member of the benefits team will assist you.

Medicare Part D Creditable Coverage Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Barry-Wehmiller 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

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. Barry-Wehmiller has determined that the prescription drug coverage offered by the Barry-Wehmiller Companies Welfare Benefit Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed at the end of this section.

Late Enrollment and the Late Enrollment Penalty

If you decide to wait to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15th through December 7th. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period, you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1% of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go nineteen months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty*.

Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are "special enrollment periods" that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes "creditable" prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Compare Coverage

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. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting us at the telephone number or address listed at the end of this section.

Coordinating Other Coverage with Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the Barry-Wehmiller Plan due to your employment (or someone else's employment, such as a spouse or parent), your coverage under the Barry-Wehmiller Plan will not be affected. For most persons covered under the Plan,

the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or Web address listed below.

If you do decide to join a Medicare drug plan and drop your Barry-Wehmiller prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to reenroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

*For more information about this notice or your current prescription drug coverage...*Call Culture & People Development at (314) 862-8000 for more information about this notice. 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 Barry-Wehmiller changes. You also may request a copy.

*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 whether or not you are required to pay a higher premium (a penalty).

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.

Prescription Drug Coverage and Medicare Part D Non-Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Barry-Wehmiller 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

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. Barry-Wehmiller has determined that the prescription drug coverage offered by the Barry-Wehmiller Choice Fund HSA BASIC ("Plan") is, on average for retiree plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays, and is considered "non-creditable" coverage. This is important, because most likely, you will get more help with your drug costs if you join a Medicare drug plan than if you only have prescription drug coverage from the Plan. It's also important because if you delay your enrollment in a Medicare drug plan you may have to pay a late enrollment penalty later, when you do enroll in a Medicare drug plan. See the discussion below about late enrollment penalties that might apply when you move from "non-creditable" coverage to a Medicare drug plan after your first opportunity to do so.
3. You have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join. Read this notice carefully—it explains your options.

Consider joining a Medicare drug plan. You can keep your coverage from Barry-Wehmiller. You can keep the coverage regardless of whether it is "creditable" or "non-creditable," that is, regardless of whether it is as good as a Medicare drug plan. However, because your existing coverage is "non-creditable" coverage, meaning that on average it's NOT at least as good as standard Medicare prescription drug coverage, you may pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information, you should contact Medicare at the telephone number or web address listed at the end of this section.

LEGAL NOTICES

Late Enrollment and the Late Enrollment Penalty
If you decide to *wait* to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in a Medicare drug plan after first becoming eligible to enroll, you may have to pay a higher premium when you later enroll in a Medicare drug plan.

If after your initial Medicare Part D enrollment period, you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1% of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage after your initial enrollment period.

For example, if you do not enroll in a Medicare drug plan during your Medicare Part D initial enrollment period, and you then go 19 months without "creditable" prescription drug coverage before enrolling in a Medicare drug plan, your Medicare drug plan premium may be at least 19 percent higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage.

Please note again that Barry-Wehmiller has determined the prescription drug coverage you currently have through its plan is NOT "creditable" coverage. This means that if you do not enroll in a Medicare drug plan during your initial enrollment period, and don't have or acquire "creditable" prescription drug coverage during the ensuing 63 days; you will pay a late enrollment penalty when you ultimately enroll in a Medicare drug plan.

Special Enrollment Periods and Exceptions to the Late Enrollment Penalty
There are "special enrollment periods" that allow you to enroll in a Medicare drug plan months or even years after you first became eligible to do so. Whether you will be required to pay a late enrollment penalty when you enroll in a Medicare drug plan during a special enrollment period depends on whether you are moving to a Medicare drug plan from creditable, or non-creditable, prescription drug coverage.

If after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored prescription drug coverage, you will be eligible to enroll in a Medicare drug plan during a two-month special enrollment period. If your employer- or union-sponsored prescription drug coverage was "creditable" coverage, your enrollment in a Medicare drug plan will be without penalty (assuming you did not have a 63-consecutive-day or longer break in "creditable" coverage after your Medicare Part D initial enrollment period). On the other hand, if the coverage was "non-creditable" your enrollment in the Medicare drug plan will be subject to a late enrollment penalty unless you had non-creditable coverage for fewer than 63 consecutive days after your Medicare Part D initial enrollment period.

In addition, if through no fault of your own, you otherwise lose creditable prescription drug coverage (e.g., your employer- or union-sponsored plan's coverage changes from creditable to non-creditable, or you lose creditable prescription drug coverage under an individual policy), you will be able to join a Medicare drug plan without penalty. This special enrollment period ends two months after the month in which your other coverage ends.

Please note again that Barry-Wehmiller has determined the prescription drug coverage you currently have through its plan is NOT "creditable" coverage. This means when you lose or decide to leave coverage under the Barry-Wehmiller Choice Fund HSA BASIC health plan after your initial Medicare Part D enrollment period you will pay a late enrollment penalty when you ultimately enroll in a Medicare drug plan.

Compare Coverage
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. See the Barry-Wehmiller Plan's summary plan description for a summary of its prescription drug coverage. If you don't have a copy of the summary plan description, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage with Medicare Part D
Generally speaking, if you decide to join a Medicare drug plan while covered under the Barry-Wehmiller Plan due to your employment (or someone else's employment, such as a spouse or parent), your coverage under the Barry-Wehmiller Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or Web address listed below.

If you do decide to join a Medicare drug plan and drop your Barry-Wehmiller prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to reenroll or add coverage.

For more information about this notice or your current prescription drug coverage...
Call Culture & People Development at (314) 862-8000 for more information about this notice. 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 Barry-Wehmiller changes. You also may request a copy.

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).

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.

Privacy Practices Notice

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access To This Information. Please Review It Carefully.

The Health Insurance Portability and Accountability Act of 1996 and the regulations thereunder ("HIPAA") require a health plan to notify participants about its privacy policies and procedures with respect to participants' health information. This document is intended to satisfy HIPAA's notice requirement.

Barry-Wehmiller Companies, Inc. and its affiliates (the "Company") maintain the Barry-Wehmiller Companies, Inc. Medical Plan, the Barry-Wehmiller Companies, Inc. Dental Plan, the Health Care Expense Reimbursement Account of the Barry-Wehmiller Companies, Inc. Cafeteria Plan, and the Barry-Wehmiller Companies, Inc. Employee Assistance Plan (each plan or program is individually or collectively referred to as the "Plan" throughout this notice). The Plan or the insurer may share enrollment information with the Company, and may provide summary health information to the Company for Plan design purposes.

The Plan has authorized certain employees of the Company to have access to your health information (referred to as "employees with access"), so that they may perform certain administrative functions for the Plan. These administrative functions—treatment, payment, and health care operations—are described below. Employees with access also may use and disclose your health information for other purposes, which are outlined in this notice. Note, however, that only the Privacy Officer may have access to health information with respect to the EAP, and such access is strictly limited to the information necessary to carry out the Privacy Officer's management duties relating to the implementation of or compliance with the requirements of the HIPAA privacy regulations; no other associates have been authorized to have access to your EAP health information for any purpose.

Third party "business associates" that perform various services for the Plan also may have access to your health information. However, the Plan's business associates are subject to the HIPAA privacy and security rules in the same way that the Plan is subject to such rules. In addition, each of the Plan's business associates has entered into an agreement with the Plan to safeguard your health information in accordance with HIPAA.

This notice will tell you about the ways in which employees with access to your health information and the Plan's business associates may use and disclose such information. It also describes the Plan's obligations and your rights regarding the use and disclosure of your health information.

The Plan is required by HIPAA to:

- make sure that your health information is kept private
- give you this notice of the Plan's legal duties and privacy practices with respect to your health information
- follow the terms of the notice that is currently in effect

In addition, if the Plan determines that a breach of your unsecured health information has occurred, the Plan must notify you of the breach. The Plan must also notify the Department of Health and Human Services, and in some cases, the media.

The Plan also is required to designate a Privacy Officer who is responsible for the development and implementation of the Plan's Privacy and Security Policies and Procedures. The Plan has designated the Company's Leader, Health & Wellbeing as the Privacy Officer. The Privacy Officer may be contacted as noted above.

How Employees With Access and Business Associates and May Use and Disclose Your Health Information

The following categories describe different ways in which employees with access and the Plan's business associates are permitted or required to use and disclose your health information. Not every use or disclosure in a category will be listed. In any event, the Plan is prohibited from using or disclosing any genetic health information for underwriting purposes, and from communications with you without your authorization concerning a product or service when the Plan receives remuneration for making the communication from the third party whose product or service is being marketed.

For Treatment. Employees with access and business associates may use and disclose your health information to facilitate medical treatment or services by health care providers. For example, if you are unable to provide your medical history as the result of an accident, a business associate may advise an emergency room physician about the types of prescription drugs you currently take.

For Payment. Employees with access and business associates may use and disclose your health information to make coverage determinations and payment in accordance with the terms of the Plan (this includes billing, claims management, subrogation, reviews for medical necessity and appropriateness of care, utilization review and preauthorization). For example, a business associate may tell your health care provider whether you are eligible for Plan coverage. Also, your health information may be shared with another health plan to coordinate benefit payments.

For Health Care Operations. Employees with access and business associates may use and disclose your health information to enable the Plan to operate or to operate more efficiently. This includes: conducting quality assessment and improvement activities, submitting claims for stop-loss coverage, determining employee contributions, conducting or arranging for medical review, legal services, and audit services, disease management, case management, planning and development and general Plan administrative activities. For example, the Plan may use your claims information to refer you to a disease management program, project future benefit costs, or audit the accuracy of its claims processing functions. In addition, the Plan may contact you to provide you information about treatment alternatives or other health-related benefits that may be of interest to you. In general, if the Plan receives direct or indirect

payment by an outside entity to send you a communication, prior authorization from you will be required.

Other Permitted Uses and Disclosures:

- The Plan may be required by law to disclose your health information.
- The Plan will make your health information available to you, and to the Secretary of the Department of Health and Human Services for purposes of HIPAA enforcement.
- Your health information may be disclosed to a public health agency. This may include disclosing your health information to report certain diseases, death, abuse, neglect or domestic violence or reporting information to the Food and Drug Administration, if you experience an adverse reaction from any of the drugs, supplies or equipment that are involved in your care.
- Your health information may be disclosed to government agencies so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
- Your health information may be disclosed as authorized by law to comply with workers' compensation laws.
- Your health information may be disclosed in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Your health information may be disclosed to law enforcement officials to report or prevent a crime, locate or identify a suspect, fugitive or material witness or assist a victim of a crime.
- Your health information may be used or disclosed to avert a serious threat to health or safety if the use or disclosure is necessary to prevent a serious and imminent threat to the health or safety of a person or to the public, and is disclosed to a person who is reasonably able to prevent or lessen the threat, including the target of the threat.
- Your health information may be used or disclosed for limited research purposes, provided that a waiver of the authorization required by HIPAA has been approved by an appropriate privacy board.
- If you are a member of the armed forces, the Plan may disclose your health information as required by military command authorities or to evaluate your eligibility for veteran's benefits. The Plan also may disclose health information about foreign military personnel to the appropriate foreign military authority.
- Your health information may be disclosed to coroners, health examiners and funeral directors so that they can carry out their duties or for purposes of identification or determining cause of death.
- Your health information may be disclosed to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
- The Plan may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release your health information to the correctional institution or law enforcement official.
- Your health information may be disclosed to your spouse, a family member or a close personal friend if the health information is directly relevant to your spouse's, family member's or close personal friend's involvement with payment related to your health care.

Pursuant to an Authorization. For uses and disclosures of your health information beyond the uses and disclosures described above, the Plan is required to obtain your written authorization. You may revoke an authorization at any time.

Your Rights With Respect to Your Health Information
You have the following rights with respect to your health information:

Right to Inspect and Copy. You have the right to inspect and copy your coverage, payment and claims record and other health information used by the Plan to make benefit determinations about you. To inspect and copy such information, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

The Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may file a complaint regarding the denial.

If the Plan maintains an electronic health record ("EHR") that contains your health information, you may have the right to request an electronic copy or direct that a copy of the EHR be sent to a designated individual. The Plan may charge you a fee (not greater than its labor costs) for responding to your request. Contact the Privacy Officer for more information.

Right to Amend. You have the right to request that the Plan amend your coverage, payment and claims record and other health information used by the Plan to make benefit determinations about you. You have the right to request an amendment for as long as the information is maintained by or for the Plan.

To request an amendment, you must submit your request in writing to the Privacy Officer. In addition, you must provide a reason that supports your request.

If your request is denied in whole or in part, the Plan will provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosure of your health information.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of the Plan's disclosures of your health information during a time period which may be no longer than six years prior to the date of your request (three years for EHRs), if applicable). There are exceptions to the types of disclosures for which the Plan is required to account. For example, for health information that is not in an EHR, the Plan is not required to give you an

accounting of disclosures for purposes of treatment, payment or health care operations, and the Plan is not required to account for disclosures made prior to the date HIPAA first applied to the Plan.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request should indicate in what form you want the accounting (for example, paper or electronic). The first accounting you request within a 12 month period will be free. For additional accountings, the Plan may charge you for the costs of providing the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction on the health information that the Plan may use or disclose about you for treatment, payment or health care operations, or that the Plan may disclose to your spouse, a family member or a close personal friend who is involved with payment related to your health care.

In general, we are not required to agree to your request. However, we are required to agree to a request to restrict disclosure of your health information for payment or health care operations (but not for treatment purposes) if you have paid your provider in full, out-of-pocket.

Requests for restrictions must be made in writing to the Privacy Officer. In your request, you must provide: (1) what information you want to restrict; (2) whether you want to restrict use, disclosure or both; and (3) to whom you want the restrictions to apply.

Right to Request Confidential Communications. You have the right to request that the Plan communicate with you in a certain way or at a certain location, such as only at work or by mail.

Requests for confidential communications must be made in writing to the Privacy Officer. The Plan will attempt to honor all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

You also may obtain a copy of this notice on our website at: http://www.bwwellbeing.com/benefits-links

Changes to This Notice
The Plan reserves the right to change the terms of this notice. The Plan reserves the right to make the revised notice effective with respect to all of your health information already maintained by the Plan, as well as any of your health information maintained by the Plan in the future. In the event of a material change to the notice, a revised version of the notice will be provided to you in a manner permitted by the HIPAA privacy regulations.

Complaints
If you believe your privacy rights have been violated or if you have been notified by the Plan that a breach of your health information has occurred, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact the Privacy Officer at the address listed on the first page of this notice. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

Special Enrollment Rights 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 later 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).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e., legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment)
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place
- Failing to return from an FMLA leave of absence
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP)

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within *60 days* of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within *60 days* after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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.

**This notice is relevant for healthcare coverages subject to the HIPAA portability rules.*
Revised October 19, 2010

Right to Designate Primary Care Provider and of No Obligation for Pre-Authorization for OB/GYN Care Notice

Barry-Wehmiller Welfare Benefit Plans generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator at (314) 862-8000.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Barry-Wehmiller Companies or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Plan Administrator at (314) 862-8000.

Women's Health and Cancer Rights Notice

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections 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 was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedemas

The Barry-Wehmiller Welfare Benefit Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

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 August 10, 2017. Contact your State for more information on eligibility.

ALABAMA – Medicaid	KENTUCKY – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
ALASKA – Medicaid	**LOUISIANA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
ARKANSAS– Medicaid	**MAINE – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**MASSACHUSETTS – Medicaid and CHIP**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
FLORIDA – Medicaid	**MINNESOTA – Medicaid**
Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739
GEORGIA – Medicaid	**MISSOURI – Medicaid**
Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
INDIANA – Medicaid	**MONTANA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
IOWA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562	Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
KANSAS – Medicaid	**NEVADA – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900

LEGAL NOTICES

NEW HAMPSHIRE – Medicaid	SOUTH DAKOTA – Medicaid
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY – Medicaid and CHIP	**TEXAS – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK – Medicaid	**UTAH – Medicaid and CHIP**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA – Medicaid	**VERMONT– Medicaid**
Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
OKLAHOMA – Medicaid and CHIP	**WASHINGTON– Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
OREGON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
RHODE ISLAND – Medicaid	**WYOMING – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
SOUTH CAROLINA – Medicaid	
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	

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.

Legal Notice Regarding Barry-Wehmiller Companies, Inc. Wellbeing Programs

The Barry-Wehmiller Companies, Inc. Wellbeing Program is a voluntary wellbeing program available to all U.S. and Canada employees and spouses. The Wellbeing Program is administered according to federal rules permitting employer-sponsored wellbeing programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Wellbeing Program you and your spouse (if applicable) will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include height, weight, blood pressure and a blood test for cholesterol, triglycerides, glucose, HbA1c and cotinine. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the Wellbeing Program will receive an incentive of Vitality Points redeemable for Gift Cards and Fitness Devices. There are numerous ways to earn Vitality points and you can find the schedule and point level criteria by logging into www.powerofvitality.com and navigating to Points>Points Planner. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive 500-5,275 Vitality Points for an individual and 500-10,550 for associate and spouse (dependent on activities and results). Maximum incentive for all activities and outcomes is $400 for an individual and $800 for associate and spouse. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Vitality at 877-224-7117.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the Wellbeing Program, such as tobacco cessation and weight loss programs. You also are encouraged to share your results or concerns with your own doctor.

The Barry-Wehmiller Companies, Inc. Better You Incentive (BYI) Program is a voluntary wellbeing program available to all eligible U.S. employees and spouses enrolled in the Barry-Wehmiller Medical Plan. The BYI Program is administered according to federal rules permitting employer-sponsored wellbeing programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the BYI Program you and your spouse (if applicable) will be asked to complete an annual physical, age and gender specific preventive screenings, and to reach the Gold status or higher (i.e. reaching 6,000 Vitality Points for an individual or 9,000 Vitality points for an associate and spouse) in Vitality. You are not required to participate in the BYI in order to be eligible for medical coverage.

However, employees who choose to complete the requirements for the BYI program will receive a reduced BW medical premium of $50/month for individual coverage and $100/month for family coverage.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Compass at 855-769-4386.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellbeing programs described above and Barry-Wehmiller Companies, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, such wellbeing programs will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellbeing programs, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellbeing programs described above will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellbeing programs described above, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in such wellbeing programs or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellbeing programs will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are a health coach, Vitality, Quest, and Verisk (in the case of the Wellbeing Program), and Compass in the case of the BYI Program, in order to provide you with services under the wellbeing programs.

In addition, all medical information obtained through the wellbeing program described above will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellbeing

programs will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellbeing programs, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellbeing programs described above, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Director, Health & Wellbeing at 314-862-8000.

Summary Annual Report for Barry-Wehmiller Companies Welfare Benefit Plan

This is a summary of the annual report of the Barry-Wehmiller Companies Welfare Benefit Plan (Employer Identification Number 43-0172560, Plan Number 501) for the plan year 01/01/2016 through 12/31/2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Barry-Wehmiller Companies, Inc. has committed itself to pay certain Health, Dental and Temporary Disability claims incurred under the terms of the plan.

Insurance Information
The plan has insurance contracts with Combined Insurance Company of America (EyeMed Vision Care), Liberty Life Assurance Company of Boston, National Union Fire Insurance Company of Pittsburgh, PA, Cigna Health and Life Insurance Company, ComPsych Corporation, Life Insurance Company of North America, Group Health Plan, Inc. HealthPartners), MCS Life Insurance Company, First Unum Life Insurance Company, Provident Life and Accident Insurance Company and Unum Life Insurance Company of America to pay certain Vision, Life Insurance, Temporary Disability, Long-Term Disability, AD&D, Business Travel Accident, Dental, Employee Assistance Plan, Health, Evacuation, Accident and Critical Illness claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2016 were $4,582,908.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2016, the premiums paid under such "experience-rated" contracts were $51,699 and the total of all benefit claims paid under these experience-rated contracts during the plan year was $24,485.

Your Rights to Additional Information
You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

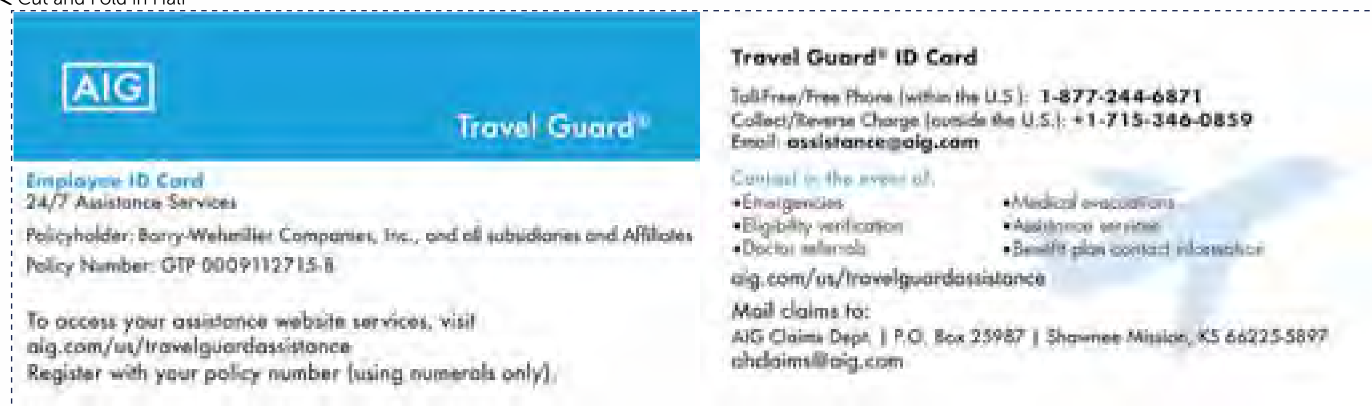
1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 8020 Forsyth Blvd., St. Louis, MO 63105-1707 and phone number, 314-862-8000.

You also have the legally protected right to examine the annual report at the main office of the plan: 8020 Forsyth Blvd., St. Louis, MO 63105-1707, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

FOR CLARIFICATION, ADDITIONAL INFORMATION OR TO REQUEST SPECIAL ENROLLMENT, PLEASE CONTACT CULTURE AND PEOPLE DEVELOPMENT AT 314.862.8000 OR BENEFITS@BARRY-WEHMILLER.COM.

Cut and Fold in Half



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