



2021-2022 Benefits Guide

June 1, 2021 - May 31, 2022

HEALTH
WELLNESS
FINANCIAL



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ✓ Your spouse
- ✓ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.
- ✓ 401(K) eligibility - 18 Years or older, not an intern

When Coverage Begins

New Hires: You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days of continuous service.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

Open Enrollment:

Changes made during Open Enrollment are effective June 1, 2021 - May 31, 2022.

Choose Carefully!

Because of IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ✓ Marriage or divorce
- ✓ Birth or adoption of a child
- ✓ Child reaching the maximum age limit
- ✓ Death of a spouse or child
- ✓ Change in child custody
- ✓ Change in coverage election made by your spouse during his/her employer's Open Enrollment period
- ✓ You lose coverage under your spouse's plan

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter first, middle and last name, as well as a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Enrollment

Go to:

<https://www.employeenavigator.com/benefits/Account/Login>. There, you will find detailed information about the plans available to you and instructions for enrolling.

Medical Plans

We are proud to offer you a choice of three medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.



- Blue Cross Blue Shield PPO **Club Plan**
- Blue Cross Blue Shield PPO **Spade Plan**
- Blue Cross Blue Shield HDHP **Diamond Plan** (High Deductible Plan with a Health Savings Account [HSA])

You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Preferred Network. The plan-year deductible must be met before certain services are covered. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD)

| | Club Plan \$750 Deductible | | Spade Plan \$1,500 Deductible | | Diamond Plan \$3,000 Deductible | |
|--|--|--|--|--|------------------------------------|---------------------------|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| <u>Deductible</u> | | | | | | |
| Individual | \$750.00 | \$1,500.00 | \$1,500.00 | \$3,000.00 | \$3,000.00 | \$6,000.00 |
| Family | \$1,500.00 | \$3,000.00 | \$3,000.00 | \$6,000.00 | \$6,000.00 | \$12,000.00 |
| Co-Insurance | 80% | 50% | 80% | 50% | 80% | 50% |
| <u>Out-of-Pocket</u> | | | | | | |
| Individual | \$3,500.00 | \$7,000.00 | \$5,250.00 | \$9,750.00 | \$6,000.00 | \$12,000.00 |
| Family | \$7,000.00 | \$14,000.00 | \$10,500.00 | \$19,500.00 | \$12,000.00 | \$24,000.00 |
| Office Visit | \$20.00 | Deductible & Co-Insurance | \$30.00 | Deductible & Co-Insurance | Deductible & Co-Insurance | Deductible & Co-Insurance |
| Specialty Office Visit | \$40.00 | Deductible & Co-Insurance | \$50.00 | Deductible & Co-Insurance | Deductible & Co-Insurance | Deductible & Co-Insurance |
| Emergency Room (co-pay waived if admitted) | \$250 Co-pay, then deductible and 20% Co-Insurance | \$250 Co-pay, then deductible and 20% Co-Insurance | \$250 Co-pay, then deductible and 20% Co-Insurance | \$250 Co-pay, then deductible and 20% Co-Insurance | Deductible & Co-Insurance | Deductible & Co-Insurance |
| In-Patient Services (pre-certification required or \$500 penalty applied) | Deductible & Co-Insurance | Deductible & Co-Insurance | Deductible & Co-Insurance | Deductible & Co-Insurance | Deductible & Co-Insurance | Deductible & Co-Insurance |
| Preventative Services Including: | No Co-pay | Deductible & Co-Insurance | No Co-pay | Deductible & Co-Insurance | No Co-pay | Deductible & Co-Insurance |
| Annual GYN | No Co-pay | Deductible & Co-Insurance | No Co-pay | Deductible & Co-Insurance | No Co-pay | Deductible & Co-Insurance |
| Well Child Care | No Co-pay | Deductible & Co-Insurance | No Co-pay | Deductible & Co-Insurance | No Co-pay | Deductible & Co-Insurance |
| Immunizations (adult & child as recommended) | No Co-pay | Deductible & Co-Insurance | No Co-pay | Deductible & Co-Insurance | No Co-pay | Deductible & Co-Insurance |
| Annual PSA (one per calendar year for 40 years and over) | No Co-pay | Deductible & Co-Insurance | No Co-pay | Deductible & Co-Insurance | No Co-pay | Deductible & Co-Insurance |
| Office Visit for Preventative Services | No Co-pay | Deductible & Co-Insurance | No Co-pay | Deductible & Co-Insurance | No Co-pay | Deductible & Co-Insurance |
| Prescription: | Retail | Mail | Retail | Mail | Retail | Mail |
| Generic | \$10.00 | \$20.00 | \$15.00 | \$30.00 | Deductible & Co-Insurance | Deductible & Co-Insurance |
| Brand Formulary | \$35.00 | \$70.00 | \$45.00 | \$90.00 | Deductible & Co-Insurance | Deductible & Co-Insurance |
| Brand Non-Formulary | \$50.00 | \$100.00 | \$70.00 | \$140.00 | Deductible & Co-Insurance | Deductible & Co-Insurance |
| Specialty | \$75.00 | \$75.00 | \$100.00 | \$100.00 | Deductible & Co-Insurance | Deductible & Co-Insurance |

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

Benefits with an asterisk () require that the deductible be met before the Plan begins to pay.

1.If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental Plan

We are proud to offer you a dental plan.

Delta Dental of Oklahoma DPPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental of Oklahoma network.

Following is a high-level overview of the coverage available.

| Key Medical Benefits | DPPO | |
|--|-----------------------------------|-----------------------------|
| | In-Network Only | Out-of-Network ¹ |
| Deductible (per plan year) | | |
| Individual / Family | \$50/\$150 | \$50/\$150 |
| Benefit Maximum (per plan year; preventive, basic, and major services combined) | | |
| Per Individual | \$1,500 | \$1,500 |
| Covered Services | | |
| Preventive Services | No charge | No charge |
| Basic Services | 20%* | 20%* |
| Major Services | 50%* | 50%* |
| Orthodontia (Child Only) | 50%; \$1,500 lifetime max benefit | |

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



Vision Plan

We are proud to offer you a vision plan through Vision Service Provider (VSP). This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Vision Service Provider (VSP) network.

Following is a high-level overview of the coverage available.

| Key Vision Benefits | In-Network | Out-of-Network Reimbursement |
|---|---------------------------------|------------------------------|
| Exam (once every 12 months) | \$10 | Up to \$50 |
| Materials Copay | \$25 | N/A |
| Lenses (once every 12 months) | No charge after materials copay | Up to \$50 |
| Single Vision | | Up to \$75 |
| Bifocal | | Up to \$100 |
| Trifocal | | |
| Frames (once every 24 months) | Covered up to \$150 | Up to \$70 |
| Contact Lenses (once every 12 months; in lieu of glasses) | Covered up to \$150 | Up to \$105 |

Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered by Trustmark. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2021, you may contribute up to \$2,750 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Examples of qualified expenses include:

- ✓ Coinsurance
- ✓ Copayments
- ✓ Deductibles
- ✓ Prescriptions
- ✓ Dental treatment
- ✓ Orthodontia
- ✓ Eye exams/eyeglasses
- ✓ Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf

Dependent Care FSA

For 2021, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Life Insurance

Life insurance provides your named beneficiary with a beneficiary in the event of your death.

Basic Life (Company-paid)

This benefit is provided at **NO COST** to you through Cigna.

| | |
|----------------|---|
| Benefit Amount | 1 time your annual earnings up to a \$310,000 maximum |
|----------------|---|

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: Unused funds of up to \$550 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually.

Unused funds over \$550 will **NOT** be returned to you or carried over to the following year.

Dependent care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through May 31, 2022, and must file claims by August 31, 2022.

NOTE – if you enroll in the Diamond Plan (high deductible plan with the HSA), then you are not eligible for the FSA for Healthcare. You may still enroll in the FSA for Dependent Care.



Health Saving Accounts

We provide you with an opportunity to participate in Health Saving account (HSAs) that will be administered through HSA BANK. HSA allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Savings Account

For 2021, you may contribute up to **\$3,600** per individual and **\$7,200** per family to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Examples of qualified expenses include:

- ✓ Coinsurance
- ✓ Copayments
- ✓ Deductibles
- ✓ Prescriptions
- ✓ Dental treatment
- ✓ Orthodontia
- ✓ Eye exams/eyeglasses
- ✓ Lasik eye surgery

The maximum includes contributions from your employer. Flintco will contribute \$520 for each person enrolled in HSA.

For a complete list of eligible expenses, visit:

<https://www.irs.gov/pub/irs-pdf/p502.pdf>



HSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because HSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care HSA:

- ✓ **Unused funds will roll over year to year.**
- ✓ **There's no "use it or lose it" penalty.**
- ✓ **Additional retirement savings. After age 65, funds can be withdrawn for any purpose without penalty, but may be subject to income tax if not used for IRS-qualified medical expenses.**

Long-term Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

| Long-Term Disability (Company-Paid) | |
|--|--------------------------------|
| Provided at NO COST to you through Cigna. | |
| Benefit Percentage | 60% |
| Monthly Benefit Maximum | \$10,000 |
| When Benefits Begin | After 90th day of disability |
| Maximum Benefit Duration | Social Security Retirement Age |

Voluntary Life Insurance

If you determine you need more than the Company-paid Basic Life coverage, you may purchase additional coverage for yourself and your eligible family members.

| | Benefit Option | Minimum Available | Maximum Available | Guarantee Issue* |
|------------|---|---------------------------|---|--|
| Employee | 1, 2, 3, 4 or 5 times your annual earnings, up to the lesser of 5 times your annual earnings or \$750,000 | 1 time your annual salary | Lesser of 5 times your annual salary to \$750,000 | Lesser of 5 times annual earnings or \$500,000 |
| Spouse | \$10,000 increments up to \$250,000 (not to exceed 50% of the employee total Life amount) | \$10,000 | Lesser of \$250,000 or up to half of employee combined basic and optional life amount to a maximum of \$250,000 | \$50,000 |
| Child(ren) | Under age 26 - up to \$10,000 | \$1,000 | \$10,000 | \$10,000 |

*During your initial eligibility period only, you can receive coverage up to the Guarantee Issue amounts without having to provide Evidence of Insurability (information about your health). Coverage amounts that require Evidence of Insurability will not be effective unless approved by the insurance carrier.

Voluntary AD&D Insurance

Accidental Death and Dismemberment (AD&D) Insurance through Cigna / New York Life provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

| | Benefit Option | Minimum Available | Maximum Available |
|------------|---|--------------------------|-------------------|
| Employee | 1, 2, 3, 4, 5, 6, 7, 8, 9, or 10 times annual compensation rounded to the next higher \$1,000 if not already a multiple thereof | \$10,000 | \$500,000 |
| Spouse | 50% of employee election | 50% of employee election | \$250,000 |
| Child(ren) | 15% of employee election | 15% of employee election | \$10,000 |

Flintco Savings Plus Plan

To help you prepare for the future, Flintco sponsors a 401(k) plan as part of its benefits package. The plan is comprised of a range of investment options, from aggressive to conservative funds. By saving on a before-tax basis, you delay paying income taxes on the money you save, as well as your account earnings, until you withdraw the money from the plan.

With this plan, you may defer up to 50% of your annual salary, up to an annual maximum of \$19,500 for 2021, on a before-tax basis. Special “catch-up” provisions may apply to plan participants age 50 & over. Flintco provides a generous match of your contributions:

- ✓ **Your first 3% of salary deferrals** \$1 Flintco match for each \$1 you contribute
- ✓ **Your next 2% of salary deferrals** \$.50 Flintco match for each \$1 you contribute

Roth Contributions

Roth contribution amounts are deducted from compensation but are subject to federal and state income tax, as well as FICA taxes. Therefore, Roth contributions effectively reduce your take home pay by a greater amount than the same percentage of pre-tax contributions. You should contact your tax advisor concerning the form of contributions you elect. If you elect a Roth contribution, the match will be placed in your pre-tax account, not your Roth account, because taxes will not have been taken from the company match.

Here are the facts:

- ✓ Four out of 10 people over age 55 have less than \$100,000 saved for retirement.
- ✓ Research indicates that American workers will need 80 to 100% of their current income to be comfortable during retirement.
- ✓ More than half of all American workers report having less than \$25,000 saved for retirement in total savings and investments.

How do I enroll in the Flintco 401(k) Plan?

All new employees are automatically enrolled in the plan at 3% deferral to the pre-tax bucket. In addition, each Jan. 1st, all employees who are contributing less than 5% will be increased by 1% each year until the employee is contributing at least 5%. Employees have 90 days to opt out of auto-enrollment or auto increase. In addition, this plan offers an open enrollment year round. Participants may enroll and access their accounts at any time 24/7 by visiting www.startright.bokf.com. Please contact Human Resources for further information regarding enrollment and the eligibility for the company match.



Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

Contact Information

| Coverage | Carrier | Phone # | Website |
|----------------------------------|---------------------------|--------------|---|
| Medical | Blue Cross Blue Shield | 866-882-8363 | www.bcbsok.com |
| Dental | Delta Dental of Oklahoma | 800-522-0188 | www.deltadentalok.org |
| Vision | Vision Service Plan (VSP) | 800-877-7195 | www.vsp.com |
| Flexible Spending Accounts (FSA) | Trustmark | 800-990-9058 | www.trustmarkbenefits.com/Health-Benefits |
| Health Spending Account (HSA) | HSA Bank | 800-357-6246 | https://myaccounts.hsabank.com/Login.aspx |
| Life/AD&D and Disability | Cigna / New York Life | 800-362-4462 | my.cigna.com |
| 401(k) Retirement Savings | Bank of Oklahoma | 800-876-9557 | www.startright.bokf.com |

Benefit Website

[EmployeeNavigator.com](https://www.employeenavigator.com)

can be accessed anytime you want additional information on our benefits programs. Access

<https://www.employeenavigator.com/benefits/Account/Login> for more information.

Questions?

If you have additional questions, you may also contact:

Jill Lingle at 918-710-2164

JLingle@flintco.com

