



2022 - 2023 Employee Benefit Summary

Associated Hardwoods, Inc.

**Plans Effective 11/1/2022 -
10/31/2023**



Insurance Contact Information

MEDICAL

CBS / 90 Degree Benefits

(800) 277-9476

www.90degreebenefits.com

Cservice.T4@90degreebenefits.com

Balancebill.T4@90degreebenefits.com

Patient Advocates:

CAREVALENT:

1-844-286-1507

patientadvocacy@payercompass.com

Watson Insurance Contacts

(800) 849-9287

www.watsoninsurance.com

Watson Insurance Agency has professional, dedicated agents to assist you with your claims and benefit questions.



Charlotte Harvey

Employee Benefits Consultant

(704) 854-4684 (direct)

(704) 564-8839 (cell)

charvey@watsoninsurance.com



90 Degree Benefits / CBS Contacts

(800) 277-9476

www.90degreebenefits.com



Debbie Douglas

Client Account Manager

(704) 373.0447 x2340 (direct)

Debbie.Douglas@90degreebenefits.com



The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

2022-2023 Benefit Highlights

Eligibility:

- All fulltime employees 30 hours minimum per week
- All benefits are effective next day following 60 consecutive days of active employment (with the exception of the 401(k)/Profit Sharing Plan). See additional information in this booklet for details.

Eligible Dependents:

- Legal Spouse who is not eligible for coverage on another health plan
- Children to age 26 (end of the month)

Qualifying Event Changes:

The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan during their initial eligibility period or once a year at open enrollment. Pre-tax benefit choices are binding through the end of the plan year ending 10/31/2023, which is currently 12/31/2023. The following circumstances are the ONLY reasons you may make any changes to your benefit elections during the plan year:

- **Marriage**
- **Divorce**
- **Birth or Adoption**
- **Death of Spouse or Dependent**
- **Death of Dependent**
- **Loss or gain of spouse's job where coverage was maintained through the spouses plan.**

These special circumstances, often referred to as life event changes, allow you to make plan changes at any time during the year in which they occur. You must inform your Human Resource Department within 30 days of the qualifying event in order to make the changes. All other changes will be deferred to your open enrollment period.

Enrollment Procedures:

Medical/FSA: To elect coverage, change coverage or add/delete a dependent you must submit an enrollment/change form to your group administrator no later than 30 days from the date of the qualifying event.



PO Box 491 · Granite Falls, NC 28630 · 828 396 3321 · 800 489 8179 · f 828 396 6202 · office@associatedhardwoods.com

4511 E. Osborne Ave. · Tampa, FL 33637 · 813 984 9111 · Toll Free 866 984 9111 · Fax 813 984 9098

www.associatedhardwoods.com

TO: All Employees
DATE: January 1, 2023
SUBJECT: Important Information for 2023

HEALTH INSURANCE

Associated Hardwoods and Jordan-Holman Lumber remain committed to offer quality, affordable health care insurance and other benefits to our employees and their families. We will continue to offer health premiums at no cost to our employees, and at a reduced cost to our employees' dependents. Please refer to the information available in the rest of this booklet for details about co-pay and deductibles.

The following table shows the employee bi-weekly premium amounts for coverage in 2023 will become effective starting with the premium for the month of January 1st 2023.

<u>Coverage</u>	<u>Bi-Weekly Amount</u>
Employee Only	FREE
Employee + One Child	*\$77.43
Employee + Children	\$284.16
Employee + Spouse	\$371.95
Employee + Family	\$402.94

*We are no longer accepting new enrollments at the Employee + One Child rate. However, those who currently have this level of coverage will be grandfathered in.

The open enrollment period for health insurance is the month of January. You may enroll or drop eligible Dependents in the health insurance plan during open enrollment. The effective date will be January 1st, 2023 unless there is a qualifying event. You must submit any voluntary enrollment changes by December 31st, 2022. As a reminder, spouses who work for employers who offer health coverage are not eligible for coverage on the AHI/JHL plan.

FLEXIBLE BENEFIT PLAN

ACS Benefit Services will continue to administer our flexible savings plan for medical and dependent expenses. If you wish to enroll or re-enroll in the flexible benefit plan, you must complete the enrollment form by December 31st, 2022 or within 60 days of hire, whichever comes later. If you are currently enrolled in the flexible spending plan and use the debit card, your debit card will be reactivated when ACS Benefit Services receives your new flexible spending account election.

401(k) PROFIT SHARING PLAN

We began offering a 401(k) Profit Sharing Plan in 2017. This plan is administered by Fidelity Investments. Our local contact for enrollments and other questions is Phillip Clark with OmniStar Financial Group, at 910-319-7834. Fidelity will contact you when you are eligible to enroll in the plan. Additional information is available in this booklet.

REMINDERS

On the www.ahiwork.com website you will find our health insurance plan documents and several important other notices. We are required to distribute these notices annually to our employees. This letter serves as our annual distribution. Using the website, you will be able to view and print the notices. When you access the website, you will be prompted for a User ID and password. Enter "user@associatedhardwoods.com" for the User ID and "hardwood" for the Password. If you do not have Internet access or prefer a written copy, you may request a printed copy of any notices from the office.

Here are the important deadlines to remember:

- **December 31st** to enroll in the flexible benefits plan
- **December 31st** to drop or enroll dependents in the health insurance plan

Medical Insurance

90 Degree Benefits Group # 2450

Who is Eligible and When:

Employees are eligible for benefits after probationary period of 60 consecutive days

Employer Pays:

Associated Hardwoods, Inc. will continue to pay 100% of the employee only medical coverage and a portion of the dependent coverage premium.

Employee Pays:

Per Pay Period Deductions	26 Pay Periods
Employee Only	FREE
*Employee + One Child	\$77.43
Employee + Children	\$284.16
Employee & Spouse	\$371.95
Family	\$402.94

**We are no longer accepting new enrollments at the Employee + One Child rate. However, those who currently have this level of coverage will be grandfathered in.*

Plan Design	Coverage
Deductible (Calendar Year)	\$1,000 Individual / \$3,000 Family
Coinsurance	25%
Out of Pocket Maximum (Includes Deductibles, Coinsurance, Copays & Prescriptions)	\$9,100 Individual / \$18,200 Family
Primary Care Visits	\$20 copay
Specialist Visits	\$40 copay
Preventive Care	0%, Deductible does not apply
Inpatient Services	25% after deductible
Outpatient Services	25% after deductible
Outpatient & Independent laboratory	25% after deductible
Emergency Room	25% after deductible
Urgent Care	\$40 copay

Prescription Drugs

DRUG CARD	Tier 1	Tier 2	Tier 3	Tier 4
Copay for 30 day Supply	30%	30%	30%	30%

What Happens After My Visit?

You will receive an Explanation of Benefits (EOB) from Corporate Benefits Service- 90 Degree Benefits that notifies you of your Patient Responsibility. Always compare your Patient Responsibility to what the Provider states is due. If the Provider bill states you owe more than your Patient Responsibility on your EOB, this is a Balance Bill.

Example: Your EOB states you owe \$135. However, the Provider bill states you owe \$835. This would be a balance bill.

Who Can You Call With Questions?

If you think you've received a balance bill, contact Corporate Benefits Service (90 Degree Benefits). They can connect you with an Member Advocate who can answer any questions you may have about balance billing. If a dispute is filed, a CareValent Patient Advocate will contact the provider on your behalf.

IF A PROVIDER OR ANY AGENCY SEEKING PAYMENT CONTACTS YOU REGARDING A BALANCE BILL, CONTACT US WITHOUT DELAY!

Patient Advocates are available to answer your questions at (844) 286-1507. Or call [Corporate Benefits Service](https://www.carevalent.com) at [\(800\) 277-9476](tel:8002779476) to speak with a customer service representative.



CAREVALENT
a Payer Compass Company

Explanation of Benefits (EOB)

A document explaining the bill and what your Plan and Patient are responsible for paying. This document will be supplied from Corporate Benefits Service- 90 Degree Benefits.

Patient Responsibility

The portion of the bill you are responsible for paying.

Balance Bill

A bill that states the Patient owes more than what is stated in their Explanation of Benefits.

96% of the time there is not an issue with balance billing.

60 DAYS

Under the Fair Credit Billing Act (FCBA), a consumer has 60 days to dispute an invalid balance. Disputes filed after 60 days are not protected under the FCBA. The 60 days starts from the date on the first statement you are sent, not the date of service.

Need Help With A Balance Bill?

Call Corporate Benefits Service (90 Degree Benefits) at
800-277-94676

Patient Advocacy—Medical



CAREVALENT
a Payer Compass Company

Your Patient Advocate is available to help you and speak with your physician on your behalf. Feel free to contact them Monday – Friday from 8:00 AM to 6:00 PM (EST), with the exception of national holidays, at the toll-free number 1-844-286-1507

Q: Who is the Patient Advocate?

A: CareValent, a Payer Compass Company, will assign a Patient Advocate to you for support and guidance with providers for your new plan. Here are a few of the services the Patient Advocate can provide:

- Help you understand your plan and how it works
- Assist you in finding out whether your current physician will accept the reimbursement rate of your new plan as payment in full
- Refer you to an accepting provider in your area for the specialty you need
- **Support you if you receive a balance bill from your provider**

Q: What is a balance bill?

A: When the provider bills you for any amounts over the plan's allowance for the service rendered. Example: Doctor's charges are \$100 and the plan allowance at a certain percentage of Medicare is \$70.00. If the provider bills you the \$30 difference, they are balance billing. You will be able to see the amount that exceeds your plan maximum and the allowable amount on the explanation of benefits (EOB) received from Corporate Benefits Service/90 Degree Benefits

Q: What should I do if I receive a balance bill?

A: Contact the Corporate Benefits Service/ 90 Degree Benefits at 1-800-277-9476 (**Customer Service** toll-free number on your ID card), and they will have you send them a copy of the billing from your provider. The Corporate Benefits / 90 Degree Benefits will then review the bill to make sure it's an actual balance billing scenario and not something such as owed co-pays, deductibles, or coinsurance. If it's a true balance bill, the Corporate Benefits / 90 Degree Benefits will forward the information to CareValent. A CareValent Patient Advocate will contact the provider on your behalf. The Patient Advocate may send a letter to the provider addressing the balance bill, and you will receive a copy of that letter. Your Patient Advocate will keep you informed on the status of your balance bill.

PATIENT ADVOCACY/BALANCE BILL ASSISTANCE CONTACT INFO:

90 DEGREE BENEFITS:

1-800-277-9476

Balancebill.t4@90degreebenefits.com

Cservice.T4@90degreebenefits.com

CAREVALENT:




1-844-286-1507

patientadvocacy@payercompass.com

<https://www.payercompass.com/resources/>

Medical ID Card

FRONT

 <p>Questions? 800-277-9476 or 90DegreeBenefits.com</p>  <p>The Right Turn For Your Benefits</p>	<p>Member:</p> <p>Jordan-Holman Lumber Company</p> <p>Medical Group #: T042450</p> <p>Member: JOHN SAMPLE</p> <p>Member ID: SMPL0001</p>	<p>Medical Plan</p> <p>OPEN ACCESS</p> <p>Your plan is self-funded through Jordan-Holman Lumber dba Associated Hardwoods and pays any licensed provider. There is no PPO network.</p> <p>Coverage: Family</p>
<p>Pharmacy Plan:</p>  <p>elixirsolutions.com</p> <p>Rx Bin: 800004 Rx Members: (800) 771-4648</p> <p>Rx Grp: 10007112</p> <p>Rx PCN: 008126</p>	<p>Co-Pays</p> <p>Primary Care: \$20 Co-pay</p> <p>Specialist: \$40 Co-pay</p> <p>Urgent Care: \$40 Co-pay</p>	<p>Deductible/Out-of-Pocket Maximums</p> <p>Deductible: \$1,000 single/\$3,000 family</p> <p>Out of Pocket Maximum: \$9,100 single / \$18,200 family</p>

BACK

<p>Pre-Certification</p> <p>ADMISSION CERTIFICATION: All hospital admissions must be reported to Alliance Review Services at 1-800-373-4454. Failure to comply could reduce benefits or result in a denial of benefits.</p> <p>Unauthorized or fraudulent use of this card to obtain prescription drugs and/or benefits is punishable by law.</p>	<p>Member:</p> <p>Member Services: 1-800-277-9476 Online Access: www.90degreebenefits.com</p>	<p>Providers:</p> <p>Provider Benefits/Eligibility: 1-443-441-2050 Provider Claim Status: 1-443-441-2050 Online Provider Portal for eligibility/claim status: www.90degreebenefits.com (no password req.)</p> <p>This card is for identification purposes and is not a guarantee of benefits.</p>
<p>Claims Submission:</p> <p>SEND ALL MEDICAL CLAIMS TO:</p> <p>Corporate Benefits Service, Inc. P.O. Box 211778 Eagan, MN 55121 Payor ID# 56116</p> <p>For help finding a physician provider, contact Patient Advocacy at 1-844-286-1507.</p>	<p>NO PPO NETWORK</p> <p>Assignment of Benefits permitted only (i) subject to the terms and conditions of the plan, and (ii) as full consideration for services/treatment rendered except for applicable co-pay, deductible, and coinsurance.</p>	

Explanation of Benefits

**RETAIN FOR TAX PURPOSES
 THIS IS NOT A BILL**

Questions about your Explanation of Benefits?
 Please call Corporate Benefits Service/ 90 Degree
 Benefits at
 (800) 277-9476.

Customer Service

Questions? Please contact us at
(800) 277-9476 or (704) 373-0447
 Please visit us at our web-site:
www.90degreebenefits.com

Group#: 2450
 Group: :
 Date: 01/09/19



Claim#:
 Patient:

Provider: [Redacted]
 Patient#: [Redacted] Member ID: [Redacted]

Dates of Service	Description of Service	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Covered By Plan	Deductible Amount	Co-pay/Co-Ins Amount	Balance Amount	Paid At	Payment Amount
11/27-11/27/2018	99213 OI/SPECIALIST	\$136.00	\$43.88	RBP	\$0.00	\$92.12	\$0.00	\$50.00	\$42.12	100%	\$42.12
Column Totals		\$136.00	\$43.88		\$0.00	\$92.12	\$0.00	\$50.00	\$42.12		\$42.12
Patient's Responsibility:											\$50.00
										Other Carrier Adjustments	\$0.00
										Total Net Payment	\$42.12

Payment Details

Paid To	Check No.	Amount
Sample Provider	119925	\$42.12

You Should Know

For dates of service 01/01/2017 and after, this Plan pays claims based on a percentage of the Medicare allowable reimbursement. By accepting this payment, the provider affirms that it accepts this payment as payment in full and forfeits its right to balance-bill the patient. If payment is not accepted as payment in full, please return check to sender. For dates prior to 01/01/2017, see below for Additional Information. Payment made at a percentage of Medicare rates pursuant to the Plan's Maximum Allowable Charge. Consult the Plan Document or call 1-844-286-1507 for details. The Plan may not issue benefits in excess of Permitted Payment Levels/Plan Allowable as set forth in the terms of the applicable Plan Document.

Additional Information

According to ERISA, if you disagree with this benefit determination you may send a written request for review of your claim to the above address within 180 days from receipt of this Explanation of Benefits. A response to your request will be made in writing within 60 days after it is received.
 (Line 01-\$43.88)REFERENCED BASED PRICING REFERENCED BASED PRICING

Medical Plan Member Portal Quick Start Guide



A Turn For The Better

Member Portal Access Instructions

Registration

1. Visit your Member Portal at <https://portal.90degreebenefits.com>
2. In the upper right corner of the Member Portal home screen, click **Register Now**.

Register Now

3. Fill out the Registration Form and click **Submit**. Your **ID Number** is printed on your Health Insurance Member ID Card.



Logging In

Once you have registered for the Member Portal, you may use your username and password to log in. The **Login** button is in the upper right corner of the Member Portal at <https://portal.90degreebenefits.com>

Account Access

User Name* ⓘ

Password*

[Forgot password?](#)

Login

Mobile App: my90DB

Use your mobile device to access the same great health plan and wellness features of your Member Portal! Look for the **my90DB** mobile app in the Apple App Store and Google Play Store.



Access Your Member Portal at <https://portal.90degreebenefits.com> or download the **my90DB** mobile app.

Medical Plan Member Portal Quick Start Guide



When logging in on your desktop browser, a quick overview of your wellness program will show



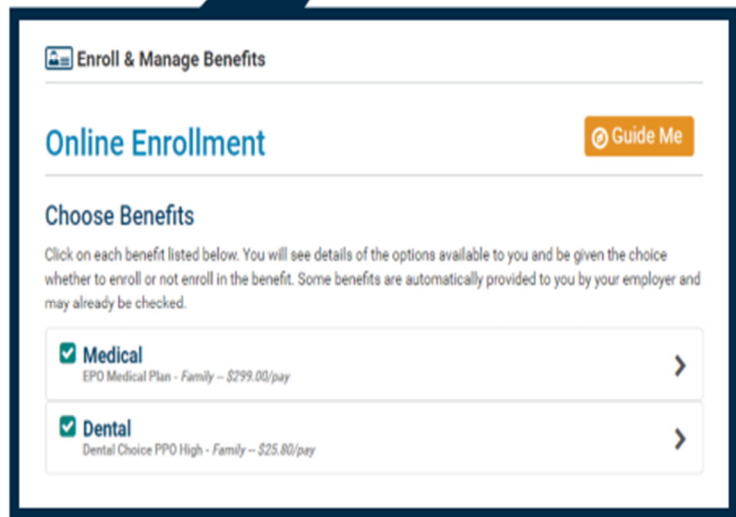
Benefits Enrollment and Management

- Elect benefits during open enrollment and change benefits during qualifying life events
- Manage your benefits
- Easily view and print plan documentation and forms
- Upload qualified life event documentation
- Complete coordination of benefits forms
- Print extra copies of your ID card



Access to Claims and Explanations of Benefits

- View medical and Rx claims
- Keep track of current and past medications
- View expenses applied to deductible and out-of-pocket maximums



Access Your Member Portal at <https://portal.90degreebenefits.com> or download the **my90DB** mobile app.

Short Term Disability

Corporate Benefits Service / 90 Degree Benefits
Group # 2450

Who is Eligible and When:

Employees are eligible for benefits 1st day following 60 days of employment

Employee Pays: Nothing. This is 100% paid by the employer

Associated Hardwoods pays 100% of the premium

Plan Design	Benefit
Benefit Percentage	60%
Maximum Weekly Benefit	\$1,500
Elimination Period	7 Days Accident, 7 Days Sickness
Benefit Duration	8 Weeks

Please see Summary Plan Document for additional details on the Short Term Disability Coverage

Like most, unless you know someone who has been disabled, you may not see the value of Disability insurance. You may think it won't happen to you, but if it does, you are vulnerable to lost income.

An injury or sickness may slow you down, but it won't slow down your monthly bills. Expenses such as house and care payments, or even daily living expenses such as groceries and gas, will still need to be paid. Disability insurance can help replace your lost income and help ensure your finances are not depleted.

DID YOU KNOW?



46% of Americans cannot cover a \$400 emergency.¹



Just over 1 in 4 of today's 20-year-olds will become disabled before they retire.²

Flexible Spending Account

ACS Benefit Services

- Manage your account at www.acsflex.ih1ondemand.com or download the mobile app
- You can use your debit card for eligible FSA expenses
- You can make a maximum contribution of \$3,050 (or \$117.30 bi-weekly) for your General Purpose for the 2023 Plan Year.
- You can contribute up to \$5,000 per family (\$192.31 bi-weekly) for dependent care FSA
- You can rollover up to \$570 of your 2022 funds to your 2023 contribution, and \$610 of your 2023 funds to your 2024 contribution

ACS Benefit Services will continue to administer our flexible savings plan for medical and dependent expenses. Flexible spending accounts allow you to pay for eligible medical and dependent care expenses by contributing to a pre-tax account through payroll deductions, thus reducing your taxable income. Generally, the funds in these accounts must be spent during the plan year or they are lost. However, you are allowed to rollover up to \$610 of your 2023 contributions into 2024. Plan accordingly when determining your annual contributions. You can request a debit card to pay for eligible expenses at time of the service, or you can submit a paper claim after an expense is incurred to receive reimbursement from your account. Copies or receipts may be requested by ACS for purchases made with the debit card. Examples of allowable health expenses are deductibles, co-pays for doctors visits or prescriptions, eyeglasses, dental cleanings, dentures, braces, chiropractic care, mental health treatment, and over-the counter drugs with a doctor's prescription. Eligible benefits are determined by the IRS and are subject to change. The maximum annual contribution for health expenses for 2023 is \$3,050 or \$117.30 bi-weekly. The maximum contribution for childcare expenses is \$5,000 or \$192.31 bi-weekly. You may submit childcare expenses for reimbursement up to one month in advance. Reimbursements can be made directly to your back account through direct deposit, to a debit card, or by a check mailed to your home.

Use the FSA Calculator Tool to help you make an informed decision about your FSA contribution amount

GSK FSA/HSA Calculator Tool

Here, you'll be estimating how much you spend on over-the-counter (OTC) products and other healthcare services for the year. As you choose, we'll keep a running total. Then, at the end, you can get an accurate picture of your potential healthcare spending, and be able to make better budget decisions in the future.

<https://www.bewellandstaywell.com/fsa-hsa-tools/healthcare-cost-calculator/>

401(K) / Profit Sharing Plan

Fidelity Investments

This plan is administered by Fidelity Investments. Our local contact for enrollments and other questions is Phillip Clark with OmniStar Financial Group, at 910-319-7834. Fidelity will contact you when you are eligible to enroll in the plan. All employees who have attained 21 years of age and 12 months of service shall be eligible to participate in the 401(k) Plan. Entry dates shall be the first date of each Plan Year and the first day of the fourth, seventh, and tenth months of each Plan Year. With this traditional 401(k) savings plan, you can have a small amount of money deducted from your check without paying federal or state taxes. Associated Hardwoods will match your deductions up to 100% of the first 3% and 50% of the next 2% of your gross pay, with a maximum employer matching contribution of 4%.

Example:

- If you deduct 3% or less of your gross pay, Associated Hardwoods will match 3% of your gross pay
- If you deduct 4% of your gross pay, Associated Hardwoods will match 3.5% of your gross pay
- If you deduct 5% or more, Associated Hardwoods will match 4% of your gross pay

The money you save is yours and can be withdrawn without penalty when you reach age 65 or retirement age. You can also withdraw the money before age 65, if you are no longer employed by Associated Hardwoods or you meet certain conditions, but you will pay a tax penalty for early withdrawal (before 59 1/2). The matching money that Associated Hardwoods contributes to your account becomes yours on day one of participation.

The plan also allows you to defer after-tax dollars in a Roth 401(k) option. Contact OmniStar for more information.



CONTACT:
Phillip Clark
OmniStar Financial Group
910-319-7834