

Benefits at a Glance

Your benefits are an important part of your overall compensation. This overview was designed to answer some of the basic questions you may have about your benefits.

Effective February 1, 2022 - January 31, 2023

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NEW

Southern HVAC is thrilled to introduce you to our new employee benefit plan offerings. Over the next few days, we'll hold Open Enrollment meetings and provide full benefit plan information with you. Please be sure to attend a meeting and ask any questions before enrolling. You can access our new benefits guide and additional materials online at our new Paylocity website or see your local office for paper copies in English and Spanish.

Additional questions may be directed to: benefits@southernhvac.net or (888) 334-2338

Eligibility

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

- ▶ Your legally married spouse or Domestic Partner
- ▶ 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.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a Qualifying Event during the year. Following are examples of the most common Qualifying Events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching age 26
- ▶ Death of a spouse or child
- ▶ Change in child custody
- ▶ You lose coverage under your spouse's plan

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified 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.

Medical Plans

We are proud to offer you a choice among three medical plans through Cigna. Following is a high-level overview of the coverage available.



	OAP 4K HDHP w/HSA	4K OAP	2K OAP
	In-Network	In-Network	In-Network
Deductible			
Individual/Family	\$4,000 / \$8,000	\$4,000 / \$8,000	\$2,000 / \$4,000
Out-of-Pocket Maximum			
Individual/Family	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700
Physician Services			
Primary Care/Specialist	20% After Ded.	\$45/\$65 Copay	\$30/\$60 Copay
Diagnostic Services			
Lab & X-Rays	20% After Ded.	No Charge	No Charge
Advanced Imaging	20% After Ded.	30% After Ded.	20% After Ded.
Hospital Services			
Inpatient/Outpatient Surgery	20% After Ded.	30% After Ded.	20% After Ded.
Urgent Care	20% After Ded.	\$75 Copay	\$75 Copay
Emergency Room	20% After Ded.	\$250 Copay	\$250 Copay
Prescription Drugs			
Tier 1/Tier 2/Tier 3/Tier 4	After Ded. \$10/\$35/\$60/25%	\$10/\$35/\$60/25%	\$10/\$35/\$60/25%
	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual/Family)	\$7,000 / \$14,000	\$10,000 / \$20,000	\$6,000 / \$15,000
Out-of-Pocket Max (Individual/Family)	\$10,000 / \$20,000	\$20,000 / \$40,000	\$9,000 / \$27,000
Coinurance	40%	50%	40%

Coinurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying. 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 dental and vision coverage through Mutual Of Omaha. Following is a high-level overview of the plans available.



Key Dental Benefits	In-Network	Out-of-Network
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year)		
Per Individual	\$1,500	\$1,500
Covered Services		
Preventive Services	No Charge	No Charge
Basic Services	20% after Deductible	20% after Deductible
Major Services	50% after Deductible	50% after Deductible
Orthodontia	(Child Only) 50% up to \$1,250 lifetime max	(Child Only) 50% up to \$1,250 lifetime max

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

Key Vision Benefits	In-Network
Exam (once every 12 months)	\$10
Lenses (once every 12 months)	\$25
Frames (once every 24 months)	\$150 allowance
Contact Lenses (once every 12 months; in lieu of glasses)	\$150 allowance 20% off overage

Life/AD&D

Basic Life and Accidental Death and Dismemberment (AD&D) coverage is provided through Mutual of Omaha at NO COST to you. You also have the opportunity to purchase additional Supplemental coverage at affordable group rates through SunLife.

Basic Coverage: 1 times your base annual salary up to a \$250,000 maximum.

Supplemental Coverage: Employee Coverage up to \$500,000, Spouse Coverage up to \$250,000 (not to exceed 50% of your additional life coverage) and Child(ren) Coverage up to \$10,000 (not to exceed 50% of your additional life coverage).

Disability

You are provided Short-Term Disability Insurance through Mutual of Omaha at NO COST to you. Disability Insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Employer Paid Short-Term Disability (STD): Benefit amount is equal to 60% of your weekly earnings up to \$1,000. Benefits begin on the 1st date of accident and 8th day of sickness for up to 12 weeks.

You may elect to enroll in Long-Term Disability Insurance through Mutual of Omaha with convenient paycheck deductions.

Employee Paid Long-Term Disability (LTD): Benefit amount is equal to 60% of your monthly earnings up to \$5,000. Benefits begin after the 90th day of disability.

Employee Assistance Program

The employee assistance program is provided to you and members of your household at NO COST to you. This program is administered through Mutual of Omaha and allows 24/7 access to professionals who can help you develop an action plan when you need assistance with emotional well-being, family and relationships, substance abuse and addiction, legal assistance, work and career, and more. Access the EAP by calling 800-316-2796 or logging on to www.mutualofomaha.com/eap.

Rates Per Paycheck

Coverage Tier	Cigna Medical			Dental	Vision
	OAP 4K HDHP w/HSA	4K OAP	2K OAP	Mutual of Omaha	Mutual of Omaha
Employee Only	\$30.53	\$45.80	\$56.74	\$7.15	\$1.35
Employee + Spouse	\$106.86	\$157.74	\$183.18	\$15.23	\$3.23
Employee + Child(ren)	\$89.05	\$117.03	\$137.39	\$17.31	\$3.46
Family	\$170.46	\$226.44	\$262.06	\$25.38	\$5.77

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.

Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.

