

EMPLOYEE
BENEFITS GUIDE
2022



BRAD HALL COMPANIES



This guide provides highlights of our benefits program. A complete description of your benefit plans can be found in the plan documents, Summary Plan Descriptions (SPD) and contracts. While every effort has been made to provide an accurate summary of the plans, the information contained in this guide does not replace or change the meaning of our employer-sponsored benefit(s) plan documents; SPDs and contracts; the plan documents and contracts are controlling in the event of any discrepancy. We reserve the right to terminate or amend these employer-sponsored plans at any time, in whole or in part, for any reason. Any such amendment or termination may apply to current and future participants, covered spouses, beneficiaries, and dependents.

2022 Important Information

Contacts

Medical

Blue Cross of ID
Group # 10036487
(800) 627-1188
bcidaho.com

Dental

Delta Dental of Idaho
Group # 3658
(800) 718-3374
deltadentalofid.com

Vision

LifeMap - VSP
Group # WBT001135
(800) 794-5390
vsp.com

Health Savings Account

HealthEquity
(866) 735-8195
healthequity.com

Life, AD&D and LTD

The Standard
Group #: 169294
800.722.4173 X 5583
standard.com

Open Enrollment & Claims Support

GBS of Idaho
(208) 529-3541
Travis.Argyle@gbsbenefits.com
Andrea.Alexander@gbsbenefits.com

In The Know...

- 1) Brad Hall Companies Medical benefit plan is self-insured. This means that Brad Hall Companies pay for insurance claims, not a carrier. By working together as a team and making wise Healthcare choices, we can all help keep Brad Hall Companies insurance premiums down.
 - 2) Brad Hall HSA will continue to match funds:
1.5 times to a maximum of \$100 per month of your employee contribution
 - 3) Brad Hall will continue to offer 401K Options
 - 4) Walgreens is still **NOT** an In-Network Pharmacy
 - 5) Prior Authorizations are still important
There are major medical services and prescriptions that require prior auth.
Please be sure prior authorizations are in place before receiving services.
 - 6) Open Enrollment Dates are 11/22/2021 - 12/10/2021
 - 7) Wellness Visits should be completed between 1/1/2022 and 6/30/2022 to receive the HSA match.
 - 8) Brad Hall Basic & Voluntary Life and Long-Term Disability has changed carriers to The Standard
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Brad Hall Companies

January 1, 2022 - December 31, 2022

This Guide is designed to highlight your benefit options so that you can make the best possible decisions for you and your family. Use this guide as your go-to-resource when you're enrolling for benefits and throughout the plan year. The choices you make will remain in effect during the plan year, unless you have a qualifying major life event.

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset. Eligible employees have many benefit plans to choose from, so we ask that you read this benefits guide carefully to help you make the benefit elections that are the best fit for you and your family.

Benefits Overview

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is “shop” for benefits carefully, using the same type of decision-making process you use for other major purchases.

1. **Take advantage of the tools available to you.** That includes this guide, access to plan information, provider directories, and enrollment materials.
2. **Be a smart shopper.** If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits because the wrong decision could be costly.
3. **Don't miss the deadline and keep record of your enrollment!** Pay attention to the enrollment deadline and be sure to provide Human Resources with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify HR immediately if there are any discrepancies.

Who Is Eligible?

If you are a full-time non-exempt employee working 30 or more hours per week (130 hours per month), coverage will begin on the first day of the month following 60 days of qualified employment. If you are a full-time, exempt employee working 30 or more hours per week (130 hours per month), coverage will begin the first day of the month following Date of Hire.

You can also enroll your eligible dependents in the same plans you choose for yourself.

Eligible dependents include:

- Your legal spouse
- Your natural, adopted or step-child(ren) to age 26

How We Define Medical Benefits Eligibility

We are a large employer according to the Employer Shared Responsibility provisions of the ACA. The enrollment guidelines listed in this guide may vary if you are hired to work less than 30 hours per week (130 hours per month) or your hours worked drop below the threshold. Please contact us for our complete policy on Measurement Methods to determine full-time benefits eligibility status under the Employer Shared Responsibility.

When Do I Enroll?

You can enroll for coverage within 30 days of your date of hire, or during the annual open enrollment period. Outside of your open enrollment period, the only time you can change your coverage is within 30 days after you experience a qualifying event.

Benefits Overview

Making Changes During The Year

The IRS provides strict regulations about the changes to pre-tax elections during the plan year. Once you enroll in benefits, you will not be able to make any changes to your elections until the next annual open enrollment period, unless you experience a qualified life event.

Qualified life events include, but are not limited to:

- Change in your legal marital status
- Change in number of dependents
- A dependent no longer meets the eligibility requirements
- You and/or your dependent becomes eligible or loses eligibility for Medicare, Medicaid or the Children's Health Insurance Program (CHIP)
- Employee or dependents change in employment status resulting in loss or gain of eligibility for employer sponsored benefits
- A court or administrative order

It is your responsibility to notify Human Resources within 30 days after a qualified life event. Any benefit changes must be directly related to the qualified life event.

When Coverage Ends

For most benefits, coverage will end on the last day of the month in which:

- Your regular work schedule is reduced to fewer than 30 hours per week
- Your employment with Brad Hall Companies ends

Your dependent(s) coverage ends:

- When your coverage ends, or
- The last day of the month in which the dependent is no longer eligible



Important Information

GoodRx Comparison Tool

Stop paying too much for your prescriptions! With the GoodRx Comparison Tool, you can compare drug prices at over 70,000 pharmacies, and discover free coupons and savings tips.

Isn't health insurance all I need? Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more, especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

How can I find these savings? The GoodRx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

1. On the web: <https://www.goodrx.com/> Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.

2. On your phone: Available in the App Store or Google Play or, simply visit m.goodrx.com from your phone.

Please Note:

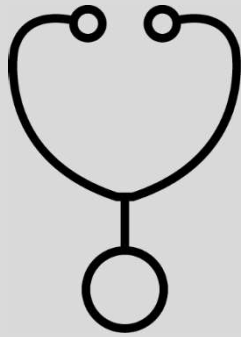
- Prescription drug pricing displayed on the GoodRx Comparison Tool may be more or less than your insurance drug card.
- Please be sure to compare all discount pricing options before you purchase.
- Check your insurance carrier's pharmacy benefit before purchasing a 90-day supply.

Health Care Reform And You

For the most up-to-date information regarding the ACA, please visit www.healthcare.gov.

Summary of Benefits and Coverage (SBC) and Uniform Glossary

In addition to the plan information in this Benefits Guide, you can also review a Summary of Benefits and Coverage for each medical plan. This requirement of the ACA standardizes health plan information so that you can better understand and compare plan features. We will automatically provide you a copy of the SBC and Uniform Glossary annually during open enrollment. Please contact HR should you need an additional copy.



Medical

Blue Cross of Idaho

Summary of Benefits 2022- Brad Hall & Associates		HSA Blue sm PPO	
		In-Network	Out-of-Network
Benefit Period* Aggregate Deductible (Individual/Family, applies to benefits below unless noted.)		\$3,000/\$6,000	
Coinsurance		You pay 30% of the allowed amount	You pay 50% of the allowed amount
Out-of-Pocket Limit (See Policy for services that do not apply to the limit.) (Includes applicable Deductible, Coinsurance and Copayments)		\$5,000/\$10,000	
COVERED SERVICES <i>By choosing a non-contracting provider you may be responsible for the difference between what Blue Cross allows and what the non-contracting provider charges. This is called balance-billing. Some services may require prior authorization.</i>		In-Network	Out-of-Network
		What you pay	
Advanced Imaging Services (Outpatient services only) (Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computed Tomography Scan (CT Scan), Positron Emission Tomography (PET), Nuclear Cardiology)		Deductible and Coinsurance	Deductible and Coinsurance
Ambulance Transportation Services			
Breastfeeding Support and Supply Services (Limited to one (1) breast pump purchase per benefit period, per insured)		No charge	
Chiropractic Care (Limited to 18 visits combined per insured, per benefit period)		Deductible and Coinsurance	
Dental Services Related to Accidental Injury			
Diabetes Self-Management Education Services (Only for accredited providers approved by BCI.)			
Diagnostic Services (Including diagnostic mammograms)			
Durable Medical Equipment, Orthotic Devices and Prosthetic Appliances			
Emergency Services – Facility Services (Copayment waived if admitted) (Additional services, such as laboratory, x-ray, and other Diagnostic Services are subject to applicable Deductible, Coinsurance and/or Copayment.) (BCI will provide in-network benefits for treatment of Emergency Medical Conditions. Insured may be balance-billed for these services.)		\$100 Copayment for hospital Outpatient emergency room visit, then Deductible and Coinsurance	\$100 Copayment for hospital Outpatient emergency room visit, then Deductible and Coinsurance
Emergency Services – Professional Services (BCI will provide in-network benefits for treatment of Emergency Medical Conditions. Insured may be balance-billed for these services.)		Deductible and Coinsurance	Deductible and Coinsurance
Home Health Skilled Nursing			80% Coinsurance after Deductible
Home Intravenous Therapy			
Hospice Services			Deductible and Coinsurance
Hospital Services (Inpatient and outpatient services at a licensed general hospital or ambulatory surgical facility.)			
Rehabilitation or Habilitation Services			
Maternity Services and/or Involuntary Complications of Pregnancy			
Outpatient Applied Behavioral Analysis (as part of an approved treatment plan)			
Mental Health– Inpatient (Facility and Professional Services)			
Mental Health– Outpatient	Psychotherapy Services		
	Facility and other Professional Services		

This information is for comparison purposes only and not a complete description of benefits. All descriptions of coverage are subject to the provisions of the corresponding policy, which contains all the terms and conditions of coverage. Certain services not specifically noted may be excluded. Please refer to the policy issued for a complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference between this comparison and its corresponding policy, the policy will control. This comparison is subject to annual update and may not reflect the information contained in the corresponding policy.

COVERED SERVICES <i>By choosing a non-contracting provider you may be responsible for the difference between what Blue Cross allows and what the non-contracting provider charges. This is called balance-billing. Some services may require prior authorization</i>	In-Network	Out-of-Network	
	What you pay		
Outpatient Habilitation Therapy Services (Includes physical, speech and occupational therapies. Limited to 20 visits combined per insured, per benefit period.)	50% Coinsurance after Deductible	80% Coinsurance after Deductible	
Outpatient Rehabilitation Therapy Services (Includes physical, speech and occupational therapies. Limited to 20 visits combined per insured, per benefit period.)			
Physician Office Visit	Deductible and Coinsurance	Deductible and Coinsurance	
Prescribed Contraceptive Services (Includes diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation.)	No charge		
Post-Mastectomy/Lumpectomy Reconstructive Surgery	Deductible and Coinsurance		
Skilled Nursing Facility (Limited to 30 days combined per insured, per benefit period.)			
Sleep Study Services			
Surgical/Medical (Professional Services)			
Therapy Services (Including chemotherapy, growth hormone therapy, radiation and renal dialysis.)			
Transplant Services	No charge for services specifically listed For services not specifically listed deductible and coinsurance		
Preventive Care Benefits (See the BCI Web site, www.bcidaho.com , for specifically listed preventive care services.)			
Immunizations (See the BCI Web site, www.bcidaho.com , for specifically listed immunizations.)	No charge for listed immunizations		
Treatment for Autism Spectrum Disorder (Services identified as part of the approved treatment plan)	Covered the same as any other illness, depending on the services rendered, see appropriate Covered Services section. Visit limits do not apply to Treatments for Autism Spectrum Disorder.		

*The specified period of time during which charges for covered services must be incurred in order to accumulate toward annual benefit limits, deductible amounts and out-of-pocket limits.

PRESCRIPTION DRUG BENEFITS (Prescription Drug Services apply to the Out-of-Pocket Limits.)	
RETAIL OR BCI MAIL ORDER PHARMACIES	WHAT YOU PAY
Generic Prescription Drugs	30% Coinsurance per prescription, after Deductible is met
Preferred Brand Name Prescription Drugs Non-	
Preferred Brand Name Prescription Drugs	
Preventive Prescription Drugs	No charge for Preventive Prescription Drugs as specifically listed on the BCI Formulary on the BCI Web site, www.bcidaho.com . Deductible does not apply.
Prescribed Contraceptives	No charge for Women's Preventive Prescription Drugs and devices as specifically listed on the BCI Web site, www.bcidaho.com ; Deductible does not apply. The day supply allowed shall not exceed a 90-day supply at one (1) time, as applicable to the specific contraceptive drug or supply.

Note: Certain Prescription Drugs have generic equivalents. If the Insured requests a Brand Name Drug, the Insured is responsible for the difference between the price of the Generic Drug and the Brand Name Drug, regardless of the Preferred or Non-Preferred status.

This information is for comparison purposes only and not a complete description of benefits. All descriptions of coverage are subject to the provisions of the corresponding policy, which contains all the terms and conditions of coverage. Certain services not specifically noted may be excluded. Please refer to the policy issued for a complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference between this comparison and its corresponding policy, the policy will control. This comparison is subject to annual update and may not reflect the information contained in the corresponding policy.

HSA PREVENTIVE DRUG LIST

You Make the Choices, We Make it Easy

If your Benefit Summary indicates specific coverage for preventive drugs, the Preventive Drug List provides the drugs you can obtain under this benefit. Plans that have specific preventive drug benefits are generally:

- High Deductible Health Plans (HDHPs) or Health Savings Account (HSA) plans
- Employer plans that have purchased an HDHP/HSA plan **OR**
- Employer plans that have purchased a preventive drug enhancement

Blue Cross of Idaho covers the drugs on this list at the preventive drug cost-sharing amount found in your plan documents, and you do not need to have met your deductible when you get these prescriptions filled at an in-network pharmacy.

FOR OUR MEMBERS:

- Visit an in-network pharmacy to receive this benefit.
- Present your Blue Cross of Idaho member ID card to ensure you receive the complete benefit.
- You or your doctor may be asked to provide supporting documentation that the drug you are taking is being used for prevention.

FOR OUR HEALTHCARE PROVIDERS:

- Please prescribe preventive drugs from this list and allow generic substitutions when medically appropriate.

NOTE: A drug's appearance on this list does not guarantee coverage. Not all drugs listed are covered by all prescription drug plans. Certain drug plans may cover additional drugs at a preventive benefit that are not listed below. Check your benefit materials for the specific drugs covered and the cost-share information for your prescription-drug benefit program. This list may not include all prescription drugs intended for preventive purposes. This list is periodically reviewed by clinical experts. Medications may be added or removed from this list based on clinical review of the medication's intended purpose and its availability.

HOW TO USE THIS LIST:

Generic drugs are listed in lower case letters, example: atenolol. Generic medications contain the same active ingredients as their corresponding brand-name counterparts; though they may look different in shape and color, they have been FDA-approved under the same strict standards.

Brand-name drugs are listed in CAPITAL letters, example: NOVOLOG. When brand-name drugs lose their patents and become available generically, only the generic equivalent will be eligible under this preventive benefit.

ANTIDEPRESSANTS		
citalopram tablets	fluoxetine capsules	sertraline tablets
escitalopram tablets	paroxetine immediate-release tablets	venlafaxine immediate-release tablets
ASTHMA		
ADVAIR HFA	fluticasone propionate-salmeterol inh	SEREVENT
budesonide-formoterol fumarate dihydrate	ipratropium soln	SPIRIVA
budesonide susp	ipratropium-albuterol soln	SPIRIVA RESPIMAT
COMBIVENT RESPIMAT	levalbuterol	terbutaline
cromolyn sodium soln	montelukast	theophylline
FLOVENT DISKUS	PULMICORT INH	theophylline ER
FLOVENT HFA	QVAR REDIHALER	zafirlukast
BLOOD PRESSURE-LOWERING MEDICATIONS		
ACE Inhibitors & Diuretic Combinations		
benazepril	fosinopril	olmesartan medoxomil
benazepril-HCTZ	fosinopril-HCTZ	olmesartan medoxomil-HCTZ
captopril	lisinopril	quinapril
captopril-HCTZ	lisinopril-HCTZ	quinapril-HCTZ
enalapril	moexipril	ramipril
enalapril-HCTZ	moexipril-HCTZ	trandolapril
Angiotensin Receptor & Diuretic Combinations		
candesartan	irbesartan-HCTZ	telmisartan-HCTZ
candesartan-HCTZ	losartan	valsartan
eprosartan	losartan-HCTZ	valsartan-HCTZ
irbesartan	telmisartan	
Beta Blockers & Diuretic Combinations		
acebutolol	labetalol	propranolol SR
atenolol	metoprolol succinate ER	propranolol-HCTZ
atenolol-chlorthalidone	metoprolol tartrate	sotalol
betaxolol	metoprolol-HCTZ	sotalol AF
bisoprolol	nadolol	timolol

THIS LIST IS SUBJECT TO CHANGE.

Check your benefit materials for cost-share information.

For specific questions regarding your coverage, please call the phone number printed on your member ID card.

bisoprolol-HCTZ	pindolol	
carvedilol	propranolol	
Calcium Channel Blockers		
afeditab CR	diltiazem SR	nifedipine osmotic
amlodipine	felodipine SR	verapamil
diltiazem	isradipine	verapamil CR
diltiazem CD	nicardipine	verapamil SR
diltiazem ER	nifedipine	
diltiazem LA	nifedipine ER	
Diuretics (water pills)		
amiloride	eplerenone	spironolactone
amiloride-HCTZ	furosemide	spironolactone-HCTZ
bumetanide	hydrochlorothiazide (HCTZ)	torsemide
chlorthalidone	indapamide	triamterene-HCTZ
chlorothiazide	metolazone	
Other Blood Pressure-Lowering Medications & Combinations		
amlodipine-atorvastatin	clonidine	methyldopa
amlodipine-benazepril	clonidine patches	minoxidil
amlodipine-valsartan	guanfacine	telmisartan-amlodipine
amlodipine-valsartan-HCTZ	hydralazine	trandolapril-verapamil
BLOOD THINNING AGENTS		
anagrelide	clopidogrel	warfarin
cilostazol	pentoxifylline	
CHOLESTEROL-LOWERING MEDICATIONS		
Statin/HMG CoA Reductase Inhibitors & Combinations		
atorvastatin	lovastatin	rosuvastatin
fluvastatin	pravastatin	simvastatin
Other Cholesterol-Lowering Medications		
cholestyramine	ezetimibe	fenofibrate
cholestyramine light	ezetimibe-simvastatin	fenofibrate, micronized
colestipol	fenofibric acid	gemfibrozil
DIABETES		
acarbose	insulin aspart	pioglitazone-glimepiride
FIASP	LANTUS	pioglitazone-metformin
glimepiride	LEVEMIR	repaglinide
glipizide	metformin	RYBELSUS (ST, QL)
glipizide extended release	metformin ER	SYMLINPEN
glipizide-metformin	nateglinide	TRESIBA
glyburide	NOVOLIN (Not including Novolin Relion Products carried at Walmart Pharmacies)	TOUJEO
glyburide, micronized	NOVOLOG	TRULICITY (ST, QL)
glyburide-metformin	OZEMPIC (ST, QL)	VICTOZA (ST, QL)
HUMULIN-R 500	pioglitazone	
Diabetic Supplies		
BD Lancets	insulin syringes	ONETOUCH Lancets
insulin pen needles	NOVOFINE Lancets	ONETOUCH test strips (QL)
OSTEOPOROSIS		
alendronate (QL)	ibandronate (QL)	risedronate (QL)
WOMENS HEALTH		
Breast Cancer Prevention		
raloxifene	tamoxifen	
Birth Control		
All generic oral contraceptives	Medroxyprogesterone acetate (IM) (QL)	Xulane (generic Ortho-Evra)
DIAPHRAGMS (QL)	etonogestrel/ethinyl estradiol ring (QL)	
Birth Control (Emergency Contraception)		
All generic emergency contraceptives	ELLA	
Thyroid		
levothyroxine tablets		
VACCINES		
FLU	PNEUMONIA	SHINGLES (AL)

THIS LIST IS SUBJECT TO CHANGE.

Check your benefit materials for cost-share information.

For specific questions regarding your coverage, please call the phone number printed on your member ID card.



Health Savings Account

HealthEquity

Health Savings Account

About Health Savings Accounts

A Health Savings Account (HSA) is a tax advantaged savings account that you own and control. HSAs are similar to retirement accounts in that fund's rollover year-to-year, it is portable if you move jobs or retire, the balance can be invested in mutual funds, and there are survivor benefits.

The HSA Advantage

- › It's a Tax Saver
 - Contributions are excluded from federal income tax
 - Your money grows tax-free
 - Withdrawals used to pay for qualified health care expenses are also tax-free
- › Ownership: The money in your HSA is always yours. Unspent balances simply roll over from year to year until spent.
- › Flexibility: You decide when and how much to contribute to your account.
- › Portable: Your money stays put even if you change health plans or employers, or if you retire.

Who is eligible?

You must be enrolled in our qualified high deductible health plan (HDHP) and meet the following requirements:

- › Have no other health insurance coverage except what's permitted by the IRS
- › Not be enrolled in Medicare
- › Not be claimed as a dependent on someone else's tax return

How much can I contribute to my HSA?

Each year the IRS establishes the maximum contribution limits (see the table below). These limits are for the total funds contributed, including company contributions, your contributions and any other contributions. Please keep in mind you can change your HSA allocation at any time during the plan year.

	<u>2022</u>
Self-Only	\$3,650
Family	\$7,300

At age 55, an additional \$1,000 contribution is allowed annually.

Determining Your Annual Contribution

Your allowed annual contribution is calculated based on the number of months covered by a qualified HDHP plan and your coverage type (self-only or family). For example, if you have self-only coverage 8 months of the year, your maximum contribution limit is \$2,433. Formula: $\$2,433 = 8 \times (\$3,650 / 12)$

Per the last-month rule (IRS Publication 969), if you are eligible on the 1st day of the last month of your tax year (usually December 1st), you are considered eligible for the entire year. You may contribute up to the annual maximum IRS limit, but only if you maintain qualified HDHP coverage for the entire following year.

Our Banking Partner

We have partnered with HealthEquity for HSA administration. For newly enrolled employees, your demographic data is transmitted to the bank upon electing our qualified HDHP. HealthEquity will mail you a welcome kit upon activating your account which will contain information about the bank and how to use the online banking features and your debit card. If you are an existing account holder, you will continue to use your same Health Savings Account which rolls over year after year. Please use the same debit card you currently have. The bank will automatically send you a new debit card approximately one month before your current card expires.

Health Savings Account

Qualified Health Care Expenses

You can use money in your HSA to pay for any qualified health care expenses you, your legal spouse and your tax dependents incur, even if they are not covered on your plan. Qualified health care expenses are designated by the IRS (Publication 502). They include medical, dental, vision and prescription expenses not covered by the insurance carrier.

Qualified expenses include, but are not limited to:

- Acupuncture
- Alcoholism (rehab)
- Ambulance
- Amounts not covered under another health plan
- Annual physical examination
- Artificial limbs
- Birth control pills/prescription contraceptives
- Body scans
- Post-mastectomy breast reconstruction surgery
- Chiropractor
- Contact lenses
- Crutches
- Dental treatments
- Eyeglasses/eye surgery
- Hearing aids
- Long-term care expenses
- Medicines (prescribed)
- Nursing home medical care
- Nursing services
- Optometrist
- Lasik surgery
- Orthodontia
- Oxygen
- Stop-smoking programs
- Surgery, other than unnecessary cosmetic surgery
- Telephone equipment for the hearing-impaired
- Therapy
- Transplants
- Weight-loss program (prescribed)
- Wheelchairs
- Wigs (prescribed)
- Over-the-counter drugs without a prescription

Non-qualified expenses include any expenses incurred before you establish your HSA.

Other non-qualified expenses include, but are not limited to:

- Concierge services
- Dancing lessons
- Diaper service
- Elective cosmetic surgery
- Electrolysis or hair removal
- Funeral Expenses
- Future medical care
- Hair transplants
- Health club dues
- Insurance premiums*
- Medicines and drugs from other countries
- Teeth whitening

The following insurance premiums may be reimbursed from your HSA:

- COBRA premiums
- Health insurance premiums while receiving unemployment benefits
- Qualified long-term care premiums
- Medicare premiums (Parts A, B, C, etc.)

> Important

Any funds you withdraw for non-qualified expenses will be taxed at your income tax rate plus a 20% tax penalty if you're under age 65. After age 65, you pay taxes but no penalty.

Documentation is Key

An HSA can be used for a wide range of health care services within the limits established by law. Be sure you understand what expenses are HSA qualified and be able to produce receipts for those items or services that you purchase with your HSA. You must keep records sufficient to show that:

- The distributions were exclusively to pay or reimburse qualified medical expenses,
- The qualified expenses had not been previously paid or reimbursed from another source, and
- The qualified expense had not been taken as an itemized deduction in any year.

Do not send these records with your tax return. Keep them with your tax records.

**HFI Management, LLC Health
Savings Account 2022
Administered by Health Equity**

IMPORTANT: *This is a summary of the plan features. For full details, please refer to the Summary Plan Description.*

Eligibility	
Eligible Employees:	All employees that are enrolled in Blue Cross Medical H.S.A. Plan are automatically enrolled in Health Savings Account administered by Health Equity.
Health Savings Account Eligibility:	To participate in, or receive funds in your H.S.A., the IRS Requires that: <ul style="list-style-type: none"> • You are only covered by an H.S.A. qualified plan, which is Brad Hall's only medical plan offering. • Other Health coverage may disqualify you from any contributions to H.S.A. These include Medicare, Tricare and traditional health plan. • You are participating in a Flexible Spending account, even through spouse.
Vesting	
Employee and Employer Contributions	You are automatically 100% vested first day of enrollment. Funds are yours to utilize and follow you even if you change employment or insurance plans.
Contributions	
Employer Matching Contribution:	The Company will make a one and a half times Matching Contribution on your behalf up to maximum employee monthly contribution of \$100 to your H.S.A. account. For example; employee elects to have \$100 taken pre-tax from payroll, employer will contribute \$150 as match. Employees must complete Wellness visit during required periods to receive match.
Additional Contributions:	The 2022 Maximum annual contributions to Health Savings Account is: Individual: \$3,650 Family or enrolled 2 or more: \$7,300 This amount includes any employer Match. Employees 55+ have additional \$1,000 annually they may contribute.
Rollovers:	Funds rollover from year to year. Funds are yours and carry over to other employment or insurance programs.
Fund Distributions	
Distributions Qualifying Health Expenses:	You may use your H.S.A. funds for any qualifying Medical, Dental or Vision Expense. You can find qualifying expenses at health Equity website: HealthEquity.com You may use your debit card for distributions or also online requests.
Early Distributions or Non-Qualifying Distributions	Any distribution taken before age 59 ½ not for Qualifying medical expenses will be taxed as regular income and IRS penalty for distribution will apply.
Health Equity Contact:	For assistance: Health Equity- 1-866-735-8195- Health Equity.com



Dental

Delta Dental of Idaho

Benefit Summary

GENERAL BENEFIT PLAN SUMMARY

Brad Hall & Associates

Group Number: 3658

Contract Effective Date: 01/01/2022

Benefit Overview	PPO	Premier	Non-Participating
Per Person Deductible Excluding Diagnostic, Preventive, Orthodontic services per benefit year	\$50	\$50	\$50
Family Deductible Excluding Diagnostic, Preventive, Orthodontic services per benefit year	\$150	\$150	\$150
Maximum Benefit Per eligible person per benefit year	\$1,500	\$1,000	\$1,000
Services	You pay the % below		
Preventive & Diagnostic Services Examinations, X-rays, teeth cleaning	0%	20%	20%
Basic Services Fillings, root canals, extractions, oral surgery	20%	30%	30%
Major Services Crowns, implants, onlays, bridges, dentures Late enrollee waiting period is 12 months	50%	60%	60%
Orthodontic Services Child Only Eligible under age 19; Maximum orthodontic lifetime benefit is \$1000; Replacement of orthodontic appliance is not covered; Late enrollee waiting period is 12 months	50%	50%	50%

PARTICIPATING AND NON-PARTICIPATING DENTISTS

If the dentist is a PPO or Premier participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee. Delta Dental will send payment to the participating dentist and the subscriber will be responsible for any co-payment and/or any non-covered services.

If the dentist is a non-participating dentist, Delta Dental will base payment on the lesser of the Submitted Amount or Delta Dental's non-participating dentist Fee. It is the subscriber's responsibility to make full payment to the non-participating Dentist. For dental services rendered by an out-of-state dentist, Delta Dental will base payment on the lesser of the Submitted Amount or the Contract Fee in that area, if the out-of-state dentist is a participating dentist with a Delta Dental plan in the state in which the service is rendered.

Delta Dental of Idaho
555 E Parkcenter Blvd
Boise, ID 83706

Customer Service
(208) 489-3580
(800) 356-7586

Benefits and Limitations

Class I Preventive and Diagnostic Services
Examinations twice per year.
Cleanings twice per year (restricts against periodontal maintenance within the same time period).
Fluoride two times in any 12 consecutive month period for dependent children under age 19.
Full mouth series or panoramic X-rays once every 5 years.
Bitewing X-rays once every 12 months.
Class II Basic Services
Periodontal maintenance is allowed 4 times in 12 months if patient has had previously treated periodontal disease.
Scaling and root planing covered once per quadrant every 24 months. Periodontal surgery is payable once per quadrant in any 3 year period.
Fillings restricted to same tooth/surface once every 24 months.
Class III Major Restorative Services
Crowns, build-ups, stainless steel crowns, onlays, or bridges on same tooth once every 7 years.
Porcelain, porcelain substrate, and cast restorations are not payable for children less than 12 years.
Partials, or dentures 1 time per arch every 7 years, eligible for partials at age 16.
Implants
Implants are a covered benefit per tooth with a maximum lifetime benefit of \$1,200 or the plan's annual maximum, whichever is less (Ages 19 and over).
Dependents
Eligible children must be under age 26.

GENERAL PLAN INFORMATION

- Optional treatment: If the subscriber or eligible dependent selects a more expensive service than is customarily provided. For example, if teeth can be restored satisfactorily with amalgam or composite material, the cost of inlays, onlays and crowns are not covered and the cost difference between the covered and the non-covered procedure is to be borne by the patient.
- Payment provisions: The following guidelines will be used to determine the date on which a service shall be paid:
 - Full dentures or partial dentures: On the date the final impression is taken.
 - Fixed bridges, crowns, and onlays: On the date the tooth or teeth are prepared.
 - Root canal therapy: On the date the root canal is initiated.

3. Processing Policies may limit benefits. Processing Policies applied to a claim are noted on the Explanation of Benefits (EOB).
4. Predeterminations: If your dental treatment involves services of \$300 or greater, it is advisable to ask your dentist to submit a predetermination of benefits. A statement will be sent to you and your dentist estimating the amount of Delta Dental payment obligation and the amount that you will owe. These estimates will be subject to your continuing eligibility in the plan and the group contract remaining in effect. If claims for other completed dental services are received and processed prior to the completion date of the proposed treatment, this may reduce Delta Dental's estimated payment for the proposed treatment and increase your obligation to the dentist. Predeterminations are valid for ninety (90) days from the date issued by Delta Dental.

Orthodontic Services

Orthodontic services are for treatment to correct malposed teeth. To determine if the orthodontic coverage begins immediately or has a waiting period, please refer to the Benefit Summary.

Prior to beginning orthodontic services, please have your dentist submit a pretreatment plan based on your financial plan with your orthodontist. Once the pretreatment plan has been approved, Delta Dental will pay the appropriate amount listed on the Benefit Summary of the initial billed amount, providing it is no greater than one third of the total treatment plan, and the same percentage of the monthly billed amount.

If the patient is in treatment at the time eligibility begins, a pro-rated payment will be paid. The pro-rated allowance reduces the orthodontic payment based on length of treatment and the financial agreement. The subscriber must present the original signed Financial Agreement to Delta Dental for calculating the pro-rated amount due. Orthodontic benefits are limited by a lifetime maximum for an eligible person. Child orthodontic treatment is limited to eligible dependent children, and to payment of monthly or other periodic charges through completion of treatment or to age 19 or to the date eligibility terminates, whichever occurs first. If your plan includes adult orthodontic coverage, there is no age limit imposed.

WHAT SERVICES ARE NOT COVERED?

No payment will be made by Delta Dental and all charges for the following services will be the responsibility of the subscriber:

1. Services for injuries or conditions payable under Workers' Compensation or Employer's Liability laws. Benefits or services that are available from any government agency, political subdivision, community agency, foundation, or similar entity. This provision does not apply to any programs provided under Title XIX Social Security Act, i.e., Medicaid.
2. Services for cosmetic surgery, or dentistry for aesthetic reasons.
3. Services or appliances started before an individual became eligible under the contract.
4. Prescription drugs, pre-medications and/or relative analgesia. General anesthesia and/or intravenous sedation other than for covered oral surgery. Charges for hospitalization, laboratory tests, and examinations and any additional fees charged by the dentist for hospital treatment.
5. Preventive control programs, including home care items.
6. Charges for failure to keep a scheduled visit with the dentist.
7. Repair, relines, or adjustments of occlusal guards.
8. Charges for completion of forms. A participating dentist may not make these charges to a subscriber or eligible dependent.
9. Prosthodontic services (Class III benefits), unless specified as a covered service in the Benefit Summary.
10. Orthodontic services (Class IV benefits), unless specified as a covered service in the Benefit Summary.
11. Lost, missing, or stolen appliances of any type and replacement or repair of orthodontic appliances.
12. Services for which no valid dental need can be demonstrated, that are specialized techniques, or that are experimental in nature as determined by the standards of generally accepted dental practice.
13. Appliances, surgical procedures, and restorations for increasing vertical dimension; for restoring occlusion; for replacing tooth structure loss resulting from attrition, abrasion, or erosion. If orthodontic benefits have been selected under this contract, this exclusion will not apply to the orthodontic services.

14. Treatment by other than a dentist, except for services performed by a licensed dental hygienist or denturist within the scope of his or her license.
15. Processing Policies may limit benefits. Processing Policies applied to a claim are noted on the Explanation of Benefits (EOB).
16. Services or supplies for which no charge is made, or for which the patient is not legally obligated to pay. This includes services or supplies furnished by a dentist who is related to the patient by blood or who is related to the patient by blood or marriage and who ordinarily dwells in the patient's household, the dentist providing service to him/her self, or services which would not have a charge in the absence of Delta Dental coverage.
17. Services or supplies received as a result of defect, or injury due to an act of war, declared or undeclared.
18. Services that are covered under a hospital, surgical/medical, or prescription drug program.
19. Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint (TMJ).
20. Myofunctional therapy.
21. Delta Dental is not obligated to pay claims received more than 12 months after the date of service.
22. Nutritional counseling, tobacco counseling and oral hygiene instruction are not covered benefits except for participants in Delta Dental's Health through Oral Wellness® (HOW®) program.

This is only a general summary of benefits. It provides a brief description about the important features of this policy and does not constitute a contract or guarantee of payment. Full terms and conditions are set forth in the policy provisions. If you have any questions about your plan's benefits or would like to submit a predetermination before services are performed, please call Delta Dental of Idaho customer service advisors at (208) 489-3580 or toll-free at (800) 356-7586. You may also log onto our website, www.deltadentalid.com, for benefit and eligibility information or up-to-date claim status.



Vision

LifeMap - VSP



LifeMap Choice Vision Insurance

In partnership with VSP®

For Brad Hall & Associates

How the Plan Works

Schedule that annual eye exam and know you're doing good for your body, and with this coverage it won't hurt your wallet. And if you need glasses or contacts, you'll find hundreds of options at affordable prices. You can even choose from some of the latest designer frames.

- **Eligibility Requirement**
If you are a full-time active employee working a minimum of 30 hours per week, you will be eligible for these benefits.
- **Who pays for the coverage?**
Vision Insurance premium is paid by you, the employee, through payroll deduction.
- **Trusted network**
The VSP network provides world-class services from high-caliber doctors. You also pay little out of pocket when you see an in-network eye doctor.
 - **Network:** VSP Choice Network

Monthly Rates

Employee Only	\$8.20 per month
Employee plus Spouse	\$16.40 per month
Employee plus Child(ren)	\$17.56 per month
Family	\$28.05 per month

In-Network Benefits Summary

Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$10
Frame	<ul style="list-style-type: none"> • \$150 allowance for a wide selection of frames • 20% off amount over allowance • Every 12 months 	\$25 For frame and lenses
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months 	
Elective Contacts (Instead of glasses)	<ul style="list-style-type: none"> • \$150 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation) • Every 12 months 	\$0
Additional Coverage	<ul style="list-style-type: none"> • Low vision testing 	
Extra Savings and Discounts	Additional Glasses and Sunglasses 20% off from any VSP doctor	
	Retinal Screening Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam	
	Laser Vision Correction <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 	

LifeMapCo.com

1 (800) 794-5390

This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.

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Coverage Outside the VSP Choice Network

Visit vsp.com for details if you plan to see an eye doctor outside the VSP network.

Exam	up to \$45	Lined Trifocal Lenses	up to \$65
Frames	up to \$70	Elective Contacts	up to \$105
Single Vision Lenses	up to \$30	Low Vision Test	up to \$125
Lined Bifocal Lenses	up to \$50		

Limitations & Exclusions

No benefits will be provided for any of the following conditions, treatments, services, supplies, or accommodations, including any direct complications or consequences that arise from them, as follows:

- Select lens options or coatings
- Corrective vision treatment of an Experimental Nature.
- Costs for services and/or materials above the Allowed Amount.
- Expenses incurred prior to the Member's Effective Date under this Policy or after coverage under this Policy terminates.
- Medical or surgical treatment of the eyes.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (less than a $\pm .50$ diopter power).
- Replacement of lenses and frames furnished under this Plan which are lost or broken, except at the normal intervals when services are otherwise available.
- Two pair of glasses in lieu of bifocals.

LifeMapCo.com
1 (800) 794-5390

This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.

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E Z M D F

How to use your vision benefits

1. Create an account at VSP.com/register.html. Once your plan is effective, review your benefit information.
2. Find a VSP eye care provider who's right for you. Just visit VSP.com or call **1(800) 877-7195**.
3. At your appointment, **have your SSN available** and tell them you have VSP. There's no ID card necessary. If you'd like a card as reference, you can print one from within your VSP.com account.
4. You can also manage your eye care needs at any time and from anywhere, with **VSP Vision Care On the Go**. Find a provider, check coverage, access your vision card, and shop eyewear 24/7. Download from the Apple App Store or Google Google Play. It's free.

Questions? Call VSP at
1 (800) 877-7195





Life and AD&D

The Standard



Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Brad Hall Companies.

Eligibility

Definition of a Member	You are a member if you are an active employee of Brad Hall Companies and regularly working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 1 - Owners Class 2 - Upper Management Class 3 - All other Exempt Members Class 4 - All Non-Exempt Members
Eligibility Waiting Period	Class 1, 2 & 3 - You are eligible on the first of the month that follows or coincides with the date you become a member. Class 4 - You are eligible on the first of the month that follows or coincides with 60 consecutive days as a member.

Benefits

Basic Life Coverage Amount	1 times your annual earnings to a maximum of \$50,000, with a minimum coverage amount of \$10,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 70 and to 50 percent at age 75.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Family Benefits Package
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Brad Hall Companies. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Brad Hall Companies may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 13279-D-ID-169294 (8/21)

6891597-737045



Group Additional Life Insurance

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you become terminally ill or die
- An open and annual enrollment opportunity. See Open and Annual Enrollment section for additional details.

? About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

<p>How Much Can I Apply For?</p> <p>Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 8 times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.</p> <p>What is the Guarantee Issue Maximum?</p> <p>Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.</p>	<table> <tr> <td>For You:</td><td>\$10,000 – \$500,000 in increments of \$10,000</td></tr> <tr> <td>For Your Spouse:</td><td>\$5,000 – \$500,000 in increments of \$5,000</td></tr> <tr> <td>For Your Child(ren):</td><td>\$2,000 – \$10,000 in increments of \$2,000</td></tr> <tr> <td>For You:</td><td>Up to \$180,000</td></tr> <tr> <td>For Your Spouse:</td><td>Up to \$25,000</td></tr> </table>	For You:	\$10,000 – \$500,000 in increments of \$10,000	For Your Spouse:	\$5,000 – \$500,000 in increments of \$5,000	For Your Child(ren):	\$2,000 – \$10,000 in increments of \$2,000	For You:	Up to \$180,000	For Your Spouse:	Up to \$25,000
For You:	\$10,000 – \$500,000 in increments of \$10,000										
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For Your Child(ren):	\$2,000 – \$10,000 in increments of \$2,000										
For You:	Up to \$180,000										
For Your Spouse:	Up to \$25,000										

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

≡ Open and Annual Enrollment

During Open Enrollment From November 22, 2021 Through December 10, 2021

For You. If you are currently enrolled in Additional Life insurance for an amount less than \$180,000, you may elect to increase your coverage up to, but not to exceed, the guarantee issue amount of \$180,000 without having to answer health questions. If you are not currently enrolled in Additional Life insurance, you may elect up to \$180,000 of coverage without having to answer health questions.

For Your Spouse. If your spouse is currently enrolled in Dependents Life insurance for an amount less than \$25,000, you may elect to increase coverage up to, but not to exceed, the guarantee issue amount of \$25,000 without having to answer health questions. If your Spouse is not currently enrolled in Dependents Life insurance, you may elect up to \$25,000 of coverage without having to answer health questions.

For Your Child(ren). If your child(ren) is/are currently enrolled in Dependents Life insurance for an amount less than \$10,000, you may elect to increase coverage up to the maximum coverage amount of \$10,000 without having to answer health questions. If your child(ren) is/are not currently enrolled in Dependents Life insurance, you may elect coverage up to the maximum coverage amount of \$10,000 without having to answer health questions.

During Brad Hall Companies's annual enrollment period: If you are enrolled in Additional Life insurance for an amount less than the \$180,000, you may elect to increase your coverage up to, but not to exceed the guarantee issue amount of \$180,000, without having to answer health questions. If your spouse is enrolled in Dependents Life insurance for an amount less than \$25,000, you may elect to increase your spouse's coverage up to, but not to exceed the guarantee issue amount of \$25,000, without having to answer health questions. If your child(ren) is/are enrolled in Dependents Life insurance for an amount less than \$10,000, you may elect to increase your child(ren)'s coverage up to the maximum coverage amount of \$10,000 without having to answer health questions.

If you, and/or your spouse and/or your child(ren) were previously declined coverage by The Standard, you, and/or your spouse and/or your child(ren) will need to submit a medical history statement in order to apply for any amount of coverage during the Annual Enrollment period. Visit www.standard.com/mhs to complete and submit a medical history statement online.

≡ Additional Feature

Accelerated Benefit

If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

\$How Much Your Coverage Costs

Your Basic Life insurance is paid for by Brad Hall Companies. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

÷ 1000 =

Enter your rate from the rate table.

x

=

This amount is an estimate of how much you would pay each month.

To get a sense of your biweekly premium, multiply your monthly premium amount by 12 and then divide by 26.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Dependents Life coverage for your child(ren), your monthly rate is \$0.37 per \$1,000, no matter how many children you're covering.

Age (as of January 1)	Your Rate (Per \$1,000 of Total Coverage)	Your Spouse's Rate (Per \$1,000 of Total Coverage)
<25	\$0.070	\$0.058
25–29	\$0.073	\$0.066
30–34	\$0.096	\$0.090
35–39	\$0.140	\$0.132
40–44	\$0.214	\$0.199
45–49	\$0.337	\$0.309
50–54	\$0.497	\$0.459
55–59	\$0.718	\$0.673
60–64	\$0.935	\$0.927
65–69	\$1.324	\$1.325
70–74	\$2.505	\$2.507
75+	\$7.412	\$7.748

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- An active employee of Brad Hall Companies
- Regularly working at least 30 hours per week
- A member of Class 1 - Owners **OR** Class 2 - Upper Management **OR** Class 3 - All other Exempt Members **OR** Class 4 - All Non-Exempt Members
- Insured for Basic Life insurance through The Standard to qualify for Additional Life insurance

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life insurance for yourself, you may also buy additional coverage for your eligible children and/or spouse. This is called Dependents Life insurance. You can choose to cover your spouse, meaning a person to whom you are legally married. Child means your child from live birth through age 25. Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements
- Eligible but not insured under the prior life insurance plan

Visit www.standard.com/mhs to submit a medical history statement online.

Coverage Effective Date

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of

your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage.

*Class 1, 2 & 3 - Defined as first of the month that follows or coincides with the date you become a member
Class 4 - Defined as first of the month that follows or coincides with 60 consecutive days as a member

Life Insurance Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 70 and to 50 percent at age 75. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 70 and to 50 percent at age 75. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Waiver of Premium

Your premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE, GP190-LIFE/A997/S399, GP411-LIFE

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 12506-D-AL-ID-169294 (9/21)
6905104-746658



Group Accidental Death & Dismemberment Insurance

Enhance Your Safety Net With Protection Against Unexpected Loss

Accidental Death & Dismemberment (AD&D) insurance helps protect against the sudden financial loss often brought on by an accidental death. It can also help you pay for unexpected expenses associated with surviving an accident that results in a severe physical loss. You can elect to cover your eligible spouse as well.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Coverage for accidental death and dismemberment

② About This Coverage

How Much Can I Apply For? Note: You can't buy more coverage for your spouse than you buy for yourself. Coverage for your spouse is limited to 100% of your coverage.	<table><tr><td>For You:</td><td>\$10,000 – \$500,000 in increments of \$10,000</td></tr><tr><td>For Your Spouse:</td><td>\$5,000 – \$500,000 in increments of \$5,000</td></tr></table>	For You:	\$10,000 – \$500,000 in increments of \$10,000	For Your Spouse:	\$5,000 – \$500,000 in increments of \$5,000
For You:	\$10,000 – \$500,000 in increments of \$10,000				
For Your Spouse:	\$5,000 – \$500,000 in increments of \$5,000				

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

Additional Features

Your coverage comes with some added features:

Seat Belt and Air Bag Benefits	The Standard may pay an additional benefit if you die while wearing a seat belt, provided certain conditions are met. If the car's air bags deploy during an accident, an air bag benefit may also be payable.
Family Benefits Package	This package is designed to help surviving family members maintain their standard of living and pursue their dreams. Included in the package are benefits to help with child care, career adjustment for your spouse and higher education for your children.

How Much Your Coverage Costs

Because this insurance is offered through Brad Hall Companies, you'll have access to competitive group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on the benefit amount you elect.

Use this formula to calculate your premium payment:

Enter the amount of AD&D coverage you're requesting (see benefit amounts in the About This Coverage section).

÷ \$1,000 =

x

Enter your rate from the rate table.

=

This amount is an estimate of how much you would pay each month.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use the appropriate rate for the premium you are calculating.

Coverage for...	Cost per \$1,000 of Coverage
You	\$0.06
Your spouse	\$0.06

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- An active employee of Brad Hall Companies
- Regularly working at least 30 hours per week
- A member of Class 1 - Owners **OR** Class 2 - Upper Management **OR** Class 3 - All other Exempt Members **OR** Class 4 - All Non-Exempt Members

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy AD&D insurance for yourself, you can also buy AD&D coverage for your spouse. Your spouse must not be a full-time member of the armed forces. You cannot be insured as both an individual and a dependent.

Coverage Effective Date

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Apply for coverage and agree to pay premium and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, including AD&D insurance for your spouse, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage, including AD&D insurance for your spouse.

*Class 1, 2 & 3 - Defined as first of the month that follows or coincides with the date you become a member

Class 4 - Defined as first of the month that follows or coincides with 60 consecutive days as a member

Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 70 and to 50 percent at age 75. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 70 and to 50 percent at age 75. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

AD&D Benefits

The amount of your or your dependent's AD&D benefit for losses covered under this plan is a percentage of the amount of your or your dependent's AD&D insurance in effect on the date of the covered accident as shown below. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. A certified copy of the death certificate is needed to prove loss of life.

Covered loss:	Percentage of AD&D benefit payable:
Life ¹	100%
One hand or one foot ²	50%
Sight in one eye, speech or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ³	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	50%

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

- 1 Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.
- 2 Even if the severed part is surgically re-attached. This benefit is not payable if an AD&D benefit is payable for quadriplegia, hemiplegia, paraplegia involving the same hand or foot.
- 3 This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or act of war (declared or undeclared), whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician

Group Accidental Death & Dismemberment Insurance

- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above
- Boarding, leaving or being in or on any kind of aircraft, unless you are a fare-paying passenger on a commercial aircraft

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1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 15455-D-ID-169294 (8/21)
6891597-737053

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.



Disability

The Standard



Group Long Term Disability Insurance

Group Long Term Disability insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

The cost of this insurance is paid by Brad Hall Companies.

Eligibility

Definition of a Member	You are a member if you are a regular employee of Brad Hall Companies, actively working at least 30 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 3 - All other Exempt Members, other than Owners and Upper Management Class 4 - All Non-Exempt Members
Eligibility Waiting Period	Class 3 - You are eligible on the first of the month that follows or coincides with the date you become a member. Class 4 - You are eligible on the first of the month that follows or coincides with 60 consecutive days as a member.

Benefits

Monthly Benefit	60 percent of the first \$8,333 of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit	\$100
Benefit Waiting Period	180 days

Definition of Disability	<p>For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:</p> <ul style="list-style-type: none">• You are unable to perform with reasonable continuity the material duties of your own occupation, and• You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation. <p>You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.</p> <p>After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.</p>																		
Maximum Benefit Period	<p>If you become disabled before age 62, Long Term Disability benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longest. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:</p> <table><tr><th>Age</th><th>Maximum Benefit Period</th></tr><tr><td>62</td><td>To SSNRA, or 3 years 6 months, whichever is longer</td></tr><tr><td>63</td><td>To SSNRA, or 3 years, whichever is longer</td></tr><tr><td>64</td><td>To SSNRA, or 2 years 6 months, whichever is longer</td></tr><tr><td>65</td><td>2 years</td></tr><tr><td>66</td><td>1 year 9 months</td></tr><tr><td>67</td><td>1 year 6 months</td></tr><tr><td>68</td><td>1 year 3 months</td></tr><tr><td>69+</td><td>1 year</td></tr></table>	Age	Maximum Benefit Period	62	To SSNRA, or 3 years 6 months, whichever is longer	63	To SSNRA, or 3 years, whichever is longer	64	To SSNRA, or 2 years 6 months, whichever is longer	65	2 years	66	1 year 9 months	67	1 year 6 months	68	1 year 3 months	69+	1 year
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65	2 years																		
66	1 year 9 months																		
67	1 year 6 months																		
68	1 year 3 months																		
69+	1 year																		

Other Features and Services

- 24 hour coverage, including coverage for work-related disabilities
- Employee Assistance Program
- Reasonable Accommodation Expense Benefit
- Rehabilitation Incentive Benefit
- Rehabilitation Plan Provision
- Return to Work Incentive
- Survivors Benefit
- Temporary Recovery Provision
- Waiver of Premium while Long Term Disability benefits are payable

This information is only a brief description of the group Long Term Disability insurance policy sponsored by Brad Hall Companies. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and Brad Hall Companies may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

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401K

HFI Management

**BRAD HALL COMPANIES 401(K) PLAN
PLAN HIGHLIGHTS**

IMPORTANT: *This is a summary of the plan features. For full details, please refer to the Summary Plan Description.*

Eligibility	
Excluded Employees:	All employees may become eligible to participate in the Plan.
Elective Deferral Contributions, Safe Harbor Matching Contributions, Employer Matching Contributions and Non-Elective Contributions:	<p>You must meet the following criteria to become eligible to participate in the Plan:</p> <ul style="list-style-type: none"> • Attain age 21 • Complete one (1) Year of Eligibility Service, during which you complete 1,000 hours of service.
Elective Deferral Contributions, Employer Matching Contributions, Safe Harbor Matching Contributions and Non-Elective Contributions:	You will enter the Plan on the first day of the calendar month coincident with or next following the time you meet the eligibility criteria specified above.
Special Enrollment Date:	If you were employed as an Eligible Employee with the Employer on October 01, 2019, effective October 01, 2019 you will be immediately eligible to participate in the Plan.
Contributions	
Elective Deferral:	You may elect to defer up to 100% of your Plan Compensation on a pre-tax basis. You may also elect to make Roth contributions to the Plan on an after-tax basis. You may elect to change your elections to contribute to the Plan monthly as of the first day of any calendar month. Federal law also limits the amount you may elect to defer under the Plan (\$20,500 in 2022). However, if you are age 50 or over, you may defer an additional amount up to \$6,500 (in 2022). These dollar limits are indexed; therefore, they may increase each year for cost-of-living adjustments.
Employer Matching Contributions:	The Employer may, in its sole discretion, make an Employer Matching Contribution on your behalf in an amount determined by the Employer.
Safe Harbor Matching Contributions:	The Employer will contribute a matching contribution to your Safe Harbor Matching Contribution Account in an amount equal to: (i) 100% of the Matched Employee Contributions that are not in excess of 3% of your Plan Compensation, plus (ii) 50% of the amount of the Matched Employee Contributions that exceed 3% of your Plan Compensation but that do not exceed 5% of your Plan Compensation. Matching contributions will be allocated to the Safe Harbor Matching Contribution Accounts of Participants as soon as administratively feasible after the end of each pay period.
Non-Elective Contributions:	The Employer may, in its sole discretion, make a Non-Elective Contribution on your behalf in an amount determined by the Employer. Such contribution, if made, will be allocated in an amount designated by the Employer to be allocated to similarly situated eligible Participants. You must complete at least 500 hours of service during the Applicable Period or be employed by the Employer on the last day of the Applicable Period in order to receive a Non-Elective Contribution.
Rollovers:	The Plan may accept a Rollover Contribution made on behalf of any Employee not excluded from the Plan, regardless of whether such Employee has met the age and service requirements of the Plan. If you have money in a non-Roth account you may rollover/transfer the account balance to a Roth (after-tax) account under this plan. Please note that the following conditions apply: Participant must be employed and 100% vested.
Vesting	

Fully Vested Accounts:	You will have a fully vested and nonforfeitable interest in your Elective Deferral Account, Rollover Contribution Account, Qualified Non-Elective Contribution Account and Safe Harbor Matching Contribution Account.
Employer Matching Contribution Account and Non-Elective Contribution Account:	Your interest in your Employer Matching Contribution Account and Non-Elective Contribution Account will vest based on your Years of Vesting Service according to a 2-6 year graded vesting schedule (20% per year starting with two years of vesting service).
Investing Plan Contributions	
Investments:	You may direct the investment of all of your Accounts in one or more of the available Investment Funds. The Plan Administrator may also permit the Trustee to establish self-directed brokerage accounts on your behalf. Your elections will be subject to such rules and limitations as the Plan Administrator may prescribe. The Plan Administrator may restrict investment transfers to the extent required to comply with applicable law. The Plan is intended to constitute a plan described in section 404(c) of ERISA. This means that Plan fiduciaries may be relieved of liability for any of your losses that are the result of your investment elections.
Distributions and Loans	
Distributions from the plan:	<p>You may receive a distribution from your account under the following circumstances:</p> <ul style="list-style-type: none"> • Immediately after your employment terminates • Normal Retirement Age (even if you are still working) • Hardship • After age 59-1/2 • From the Rollover Contribution Account at any time • Qualified birth or adoption distribution • Death • Disability
Loans:	The minimum loan amount is \$1,000 and the maximum number of loans outstanding is 1. Please see your Loan Procedures for additional details on taking a loan from the Plan.
Contact Information	
Plan Administrator: HFI Management, LLC Address: 3900 S. American Way, Suite 200, Idaho Falls, Idaho 83402 Phone number: 208-523-6582 Fax number: 208-528-8929	
<i>Note: These plan highlights are intended to be a very concise overview of plan features. For a detailed description of plan features, please review the Summary Plan Description or contact the Plan Administrator for more information. The plan features described in these plan highlights are subject to change and in the event of a discrepancy between the legal plan document and these highlights (or any other summary of plan features), the plan document shall control.</i>	



Premiums

January 1, 2022 - December 31, 2022

Monthly Premiums

Brad Hall Companies

MEDICAL - Blue Cross of Idaho			
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Cost Per Month
Employee	\$392.05	\$274.44	\$117.61
Employee & Spouse	\$843.07	\$342.09	\$500.98
Employee & Child	\$548.99	\$297.98	\$251.01
Employee & Children	\$772.48	\$331.50	\$440.98
Family	\$1,235.11	\$400.90	\$834.21

DENTAL - Delta Dental of Idaho	
Status	Monthly Employee Contribution
Employee	\$29.64
Employee & Spouse	\$59.28
Employee & Child	\$61.52
Employee & Children	\$82.43
Family	\$110.04

VISION - LifeMap VSP	
Status	Monthly Employee Contribution
Employee	\$8.20
Employee & Spouse	\$16.40
Employee & Child(ren)	\$17.56
Family	\$28.05



This guide was created for the employees of Brad Hall Companies
by GBS Benefits of Idaho.