Let it rain!

BW's benefits offer *YOU* coverage and care.

Free & Elected Benefits INSIDE

2021 **YOU**tilities Handbook

BECOME YOUR BEST YOU!

FOR PART-TIME & PROJECT-DURATION TEAM MEMBERS

BARRY-WEHMILLER BENEFITS AT-A-GLANCE

	For information about...		Go to...		Special notes...	Call | E-mail...	Page #
FREE BENEFITS Compliments of Barry-Wehmiller	**BW Wellbeing**	Overview		www.bwwellbeing.com	N/A	bwwellbeing@barry-wehmiller.com	2
		Vitality		www.powerofvitality.com	To register: Team member's SSN needed	877.224.7117 | wellness@powerofvitality.com	4
		Weight Loss		www.welcome.livongo.com/ BARRYWEHMILLER	Registration Key: BARRYWEHMILLER	800.945.4355	6
		Prediabetes and Diabetes Management					
		Counseling Resources		www.guidanceresources.com	Click: Register > Organization Web ID: BWC4U	US: 800.272.7255, Canada: 866.641.3847	6
		Personal Health Coaching		www.mybwbenefits.com	Personal login information	855.576.9816	6
		Tobacco Cessation					
	Hearts to Hands Relief Fund			www.barrywehmiller.com/ hearts-to-hands	N/A	314.588.8200 | heartstohands@stlgives.org	7
	Marjorie E. Chapman Memorial College Scholarships			www.myscholarshipcentral.org	Click: Apply Now Scholarship Central > search Marjorie	314.588.8200 | scholarships@stlgives.org	7
	Business Travel Program			www.concursolutions.com	N/A	855.850.8193	8
	Business Travel Security Services			N/A	N/A	Your BW Travel Team representative	8
	MyQHealth			www.mybwbenefits.com	Personal login information	855.576.9816	9
ELECTED BENEFITS Choose the best for YOU	**Medical**	Plan Decision Support		www.mybwbenefits.com	Personal login information	855.576.9816	11
		Plan Participant Support					
		Teladoc Telehealth Service		www.teladoc.com	To register: Member Login > Get Started	800.835.2362	14
		Second Medical Opinion		www.2nd.md/barrywehmiller	Click: Activate > team member's date of birth needed	866.269.3534	14
	Health Savings Account			www.mybwbenefits.com	Personal login information	855.576.9816	18
	401(k) Retirement Savings Plan			www.transamerica.com/portal/bw	To register: Team member's SSN needed	800.755.5801	19

= Contact MyQHealth for detailed support!

Still don't know where to go? Contact MyQHealth at 855.576.9816.

Free Benefits — Compliments of Barry-Wehmiller

MyQHealth — Extra Support for YOU

Elected Benefits — Choose the Best for YOU

Appendix

When you breeze through **BW's 2021 YOUtilities Handbook,** you'll see that there's lots of care in the atmosphere! Find shelter within our **FREE** resources and **ELECTED** benefits, and make a plan to navigate any puddles along your path to becoming your best **YOU**.

HAVE YOU CHECKED OUT bwwellbeing.com LATELY?

ALL team members and spouses can access the site anytime, anywhere, and learn more about FREE programs and company initiatives that can invigorate your personal wellbeing journey! From there, you also can access BW's COVID-19 site for updated team member guidelines, as well as our oneBW blog for positive stories and our appreciation message board.

MyQHealth by Quantum Health, BW's personal healthcare advocate (replacing Compass Professional Health Services), will help ALL BW team members and their families get the right care at the right time.

Got healthcare Questions?

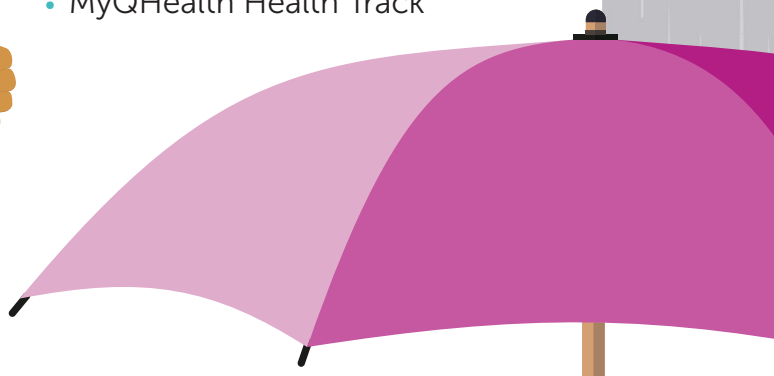
MyQHealth has YOU covered.

FREE for ALL team members, regardless of BW elections:

- Find a provider
- Cost transparency help
- BW medical plan decision support
- Personal health coaching (p. 6)
- Tobacco cessation support (p. 6)

For BW medical enrollees:

- Everything available for ALL team members (see left)
- Nurse support
- Billing/claims reconciliation
- Case management and disease/ chronic condition management
- Early Steps Maternity
- MyQHealth Health Track

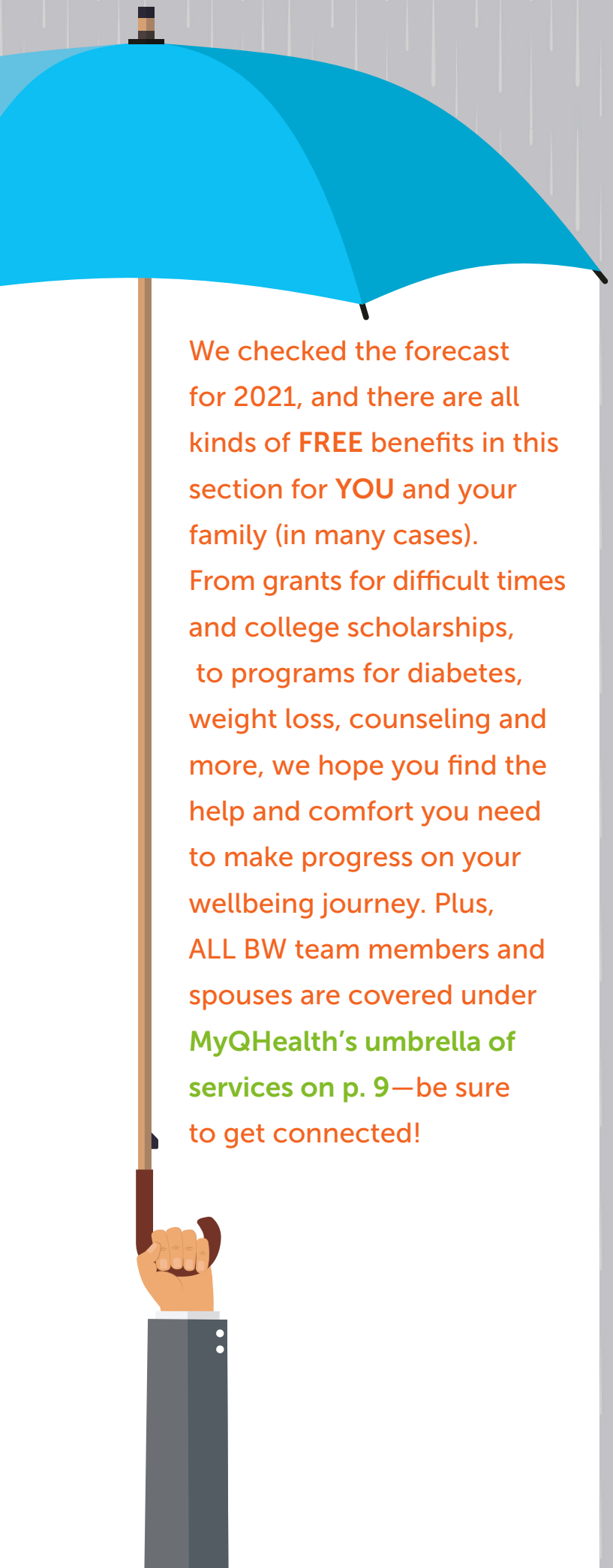


To access MyQHealth's services, ALL team members *must* complete the once-per-lifetime MyQHealth Get Connected process:

SEE P. 9-10 FOR DETAILS!

1. Visit www.mybwbenefits.com and click Register.
2. Enter your personal information and click Next.
3. Request a verification code and click Next. Enter code and click Verify.
4. Set your password and click Submit, then click Login.
5. Click My Plan > Primary Doctor.
6. Enter your primary doctor's information and click Search.
7. Once you have found the provider you wish to designate as your primary doctor, click Assign.
   a. If you can't find your primary doctor in the list, click Can't find my provider.
   b. Enter the provider information and click Submit.

Wherever there's a in this handbook, call MyQHealth at 855.576.9816 or go to www.mybwbenefits.com for detailed support!



We checked the forecast for 2021, and there are all kinds of **FREE** benefits in this section for **YOU** and your family (in many cases). From grants for difficult times and college scholarships, to programs for diabetes, weight loss, counseling and more, we hope you find the help and comfort you need to make progress on your wellbeing journey. Plus, ALL BW team members and spouses are covered under **MyQHealth's umbrella of services on p. 9**—be sure to get connected!

Vitality

FOR SPOUSES, TOO

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

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

Who should register for Vitality?

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

Why should I register for Vitality?

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

- Vitality Bucks, redeemable for Amazon gift cards, merchandise and more
- $75 Vitality Mall coupon per person to apply toward a fitness device after completing a FREE biometric screening and online Vitality Health Review (VHR) for the first time
- Annual health club rebates up to $400 per person (for team members *plus* spouses)
- Wellness rebates up to $200 for completion of tobacco-cessation or weight-reduction programs

How Can I Earn Vitality Points?

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

- **Healthy Measures:** Non-tobacco user and in-range BMI, cholesterol, blood pressure and glucose (all measured at your FREE, confidential biometric screening)
- **Physical Activity:** Steps/day, workouts, athletic events and BW-sponsored events
- **Education:** Online health assessments, nutrition courses, CPR certification and first aid certification
- **Prevention:** Physical, age/gender-appropriate screenings (p. 27), dental screening and flu shot
- **BW-Sponsored Activities:** Health coaching (p. 6), prediabetes and diabetes management programs (p. 6), weight management program (p. 6), tobacco cessation program (p. 6) and special wellbeing events

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

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

After downloading the Vitality Today app, you can:

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

What happens after I register?

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

How do I unlock the annual Vitality health club rebate?

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

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

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

What is Vitality status and how is it determined?

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

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

Personal Health Coaching

FOR SPOUSES, TOO

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

Call: 855.576.9816
Click: www.mybwbenefits.com

Counseling Resources—Personal, Legal, Financial

FOR SPOUSES & KIDS, TOO

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

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

DID YOU KNOW?

You can earn Vitality Points for participating and/or completing the programs on this page! Visit www.powerofvitality.com > Points Planner > Coaching and Lifestyle Guidance for details.

Weight Loss

FOR SPOUSES, TOO

For team members and spouses with a body mass index (BMI) of 27 or higher, Livongo cuts through the confusion and provides actionable, personalized, 24/7 support. With a coaching team backed by a clinically proven curriculum, along with an easy-to-use app and FREE cellular scale, the program promotes weight loss and better health through nutrition, activity, motivation, sleep and stress management.

Call: 800.945.4355
Click: www.welcome.livongo.com/BARRYWEHMILLER
Registration Key: BARRYWEHMILLER

Prediabetes and Diabetes Management

FOR SPOUSES, TOO

Whether you are newly diagnosed or have been living with prediabetes or diabetes, Livongo's highly educated coaches provide individualized guidance during 24/7 live interventions and scheduled sessions. Program participants receive FREE diabetes supplies, as well as access to the app and other connected technology, to improve health outcomes while saving money.

Call: 800.945.4355
Click: www.welcome.livongo.com/BARRYWEHMILLER
Registration Key: BARRYWEHMILLER

Tobacco Cessation

FOR SPOUSES, TOO

MyQHealth's FREE tobacco cessation program can help you get tobacco-free at your own pace. Over a minimum of five weeks, your dedicated coach will:

- Connect one-on-one with you during five coaching sessions
- Create a personalized plan to help you meet your goals
- Access important resources you need to succeed
- Show you how to receive FREE medications and nicotine replacements to increase your chances of reducing or quitting tobacco

Call: 855.576.9816
Click: www.mybwbenefits.com

Hearts to Hands Relief Fund

The Hearts to Hands Relief Fund provides grants of up to $1,000 to support team members experiencing financial hardship caused by an unforeseen or extreme situation or disaster. Grants are made possible by donations from team members of Barry-Wehmiller Group Inc. and its subsidiaries and affiliates.

Who qualifies for a grant?

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

What qualifies as an unforeseen or extreme situation or disaster?

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

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

How can I donate to the fund?

Submit your pledge card to your local program contact. Tax-deductible donations can be made through payroll deduction, cash, check or credit card. Also, special fundraising events may be held at your location.

How do I apply for a grant?

Send your confidential grant application and documentation to the Greater Saint Louis Community Foundation, administrator of the program.

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

Marjorie E. Chapman Memorial College Scholarships

Marge Chapman, the late mother of BW CEO Bob Chapman, was able to attend college, thanks to a local banker in her tiny Iowa hometown. In the spirit of his generosity, her estate began a college scholarship program—administered by the Greater Saint Louis Community Foundation—which accepts applications from the dependent children of current team members of Barry-Wehmiller Group Inc. and its subsidiaries and affiliates.

Eligible dependent students who will be or are enrolled full-time for the upcoming academic year at a two- or four-year nonprofit college, university or trade school in the United States or Canada may apply for the following opportunities:

- **Marjorie E. Chapman Memorial Need-Based Scholarship:** Renewable scholarships range from $1,000 to $8,000 based on unmet financial need.
- **Marjorie E. Chapman Memorial "Everybody Matters" Essay Scholarship:** Up to 10 $5,000 nonrenewable scholarships are available each academic year; topic may vary.

The application window opens January 1 and closes April 15 each year.

Call: 314.588.8200
Click: www.myscholarshipcentral.org
Apply Now Scholarship Central >
search Marjorie

Business Travel Program

BW's business travel program offers these benefits:

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

Get started by creating an SAP Concur Solutions travel profile online at https://bw1.sharepoint.com/sites/Travel (search Travel Arrangements for details). Then, be sure to use the site below for ALL of your business travel needs!

Call: 855.850.8193
Click: www.concursolutions.com
(after creating a travel profile; see above)

Business Travel Security Services

Stabilitas' Care Premium services for business travelers include:

- Pre-travel e-mail advisories for trips to high-risk destinations
- E-mail notifications for incidents near locations in your itinerary

To take full advantage of this safety resource, book all business trips via Travel Leaders/the online SAP Concur booking tool (ensure the contact details in your travel profile are updated).

Call: Your BW Travel Team representative

MyQHealth

FOR SPOUSES, TOO

As healthcare has gotten more complex, MyQHealth by Quantum Health simplifies your personal healthcare journey. A knowledgeable, independent advocate, MyQHealth provides you with a guided healthcare experience that helps you get the right care at the right time.

BW's dedicated MyQHealth care coordination team of specialists and nurses partner with our various benefits resources, offering you a single point of contact—via phone, e-mail or chat from 8:30 a.m. to 10 p.m. EST, Monday to Friday—for confidential, compassionate support.

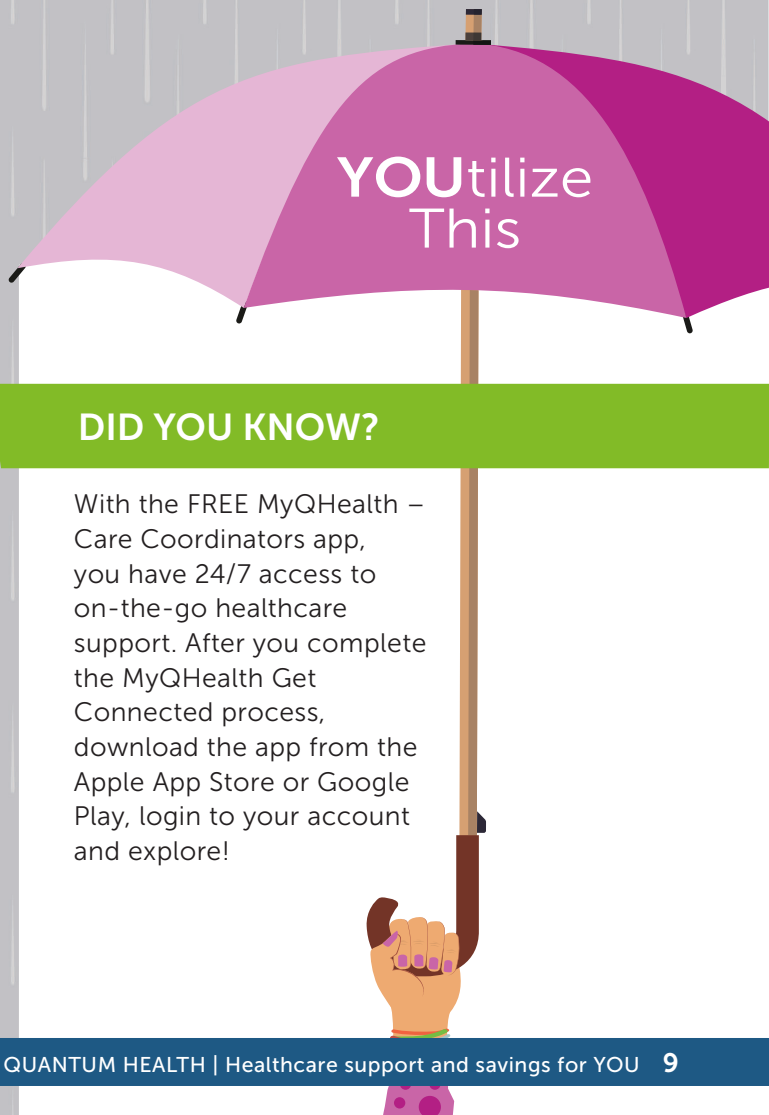
The following MyQHealth services are FREE for ALL team members and spouses, regardless of BW elections:

- **Find a provider:** MyQHealth can connect you with highly rated, cost-effective doctors.
- **Cost transparency help:** Let MyQHealth provide pricing estimates for procedures, medications and other health services, and reduce your out-of-pocket expenses.
- **BW medical plan decision support:** MyQHealth can review the BW medical plan and help you decide what is right for you.
- **Personal health coaching:** Whether you want to improve your nutrition, exercise more, learn to cope with stress or lose that last five pounds, your MyQHealth coach will personalize a plan and help you reach your goal (p. 6).
- **Tobacco cessation support:** Work with a dedicated MyQHealth coach and get access to FREE medications and nicotine-replacement products to go tobacco-free at your own pace (p. 6).

Call: 855.576.9816
Click: www.mybwbenefits.com

To access MyQHealth's services, ALL team members *must* complete the MyQHealth Get Connected process (if you have not already done so):

1. Visit www.mybwbenefits.com and click Register.
2. Enter your personal information and click Next.
3. Request a verification code and click Next. Enter code and click Verify.
4. Set your password and click Submit, then click Login.
5. Click My Plan > Primary Doctor.
6. Enter your primary doctor's information and click Search.
7. Once you have found the provider you wish to designate as your primary doctor, click Assign.
   a. If you can't find your primary doctor in the list, click Can't find my provider.
   b. Enter the provider information and click Submit.



DID YOU KNOW?

With the FREE MyQHealth – Care Coordinators app, you have 24/7 access to on-the-go healthcare support. After you complete the MyQHealth Get Connected process, download the app from the Apple App Store or Google Play, login to your account and explore!

MyQHealth

FOR BW MEDICAL ENROLLEES

For BW medical enrollees, MyQHealth by Quantum Health provides additional individualized services to help you and your family get the most out of your medical and prescription drug benefits. MyQHealth, in partnership with UMR, serves as the plan administrator for the BW medical plan (which uses the UnitedHealthcare Choice Plus network of doctors and hospitals), which means that BW's dedicated team of MyQHealth care coordinators can advocate for you, and organize and simplify your medical and prescription benefits.

In addition to the services on p. 9, the following benefits are included for covered team members and spouses:

- **Nurse support:** MyQHealth nurses can help you connect with resources, acquire specialist referrals and prepare for any upcoming procedures, and they will follow up with you after doctor appointments and hospital stays.
- **Billing/claims reconciliation:** MyQHealth can help ensure your bills are accurate, so you don't overpay.
- **Case management and disease/chronic condition management:** A Personal Care Guide nurse serves as a case manager to support you and your family holistically, eliminating the silos of chronic and acute care management when you need multiple services from multiple providers.
- **Early Steps Maternity:** Throughout your pregnancy and after you give birth, nurses provide guidance to help keep you and your baby healthy.
- **MyQHealth Health Track:** MyQHealth will e-mail you a list of recommended screenings/exams (p. 27) that can help you stay on track—completing these is a requirement to earn the Better You Incentive (p. 17).

Call: 855.576.9816
Click: www.mybwbenefits.com

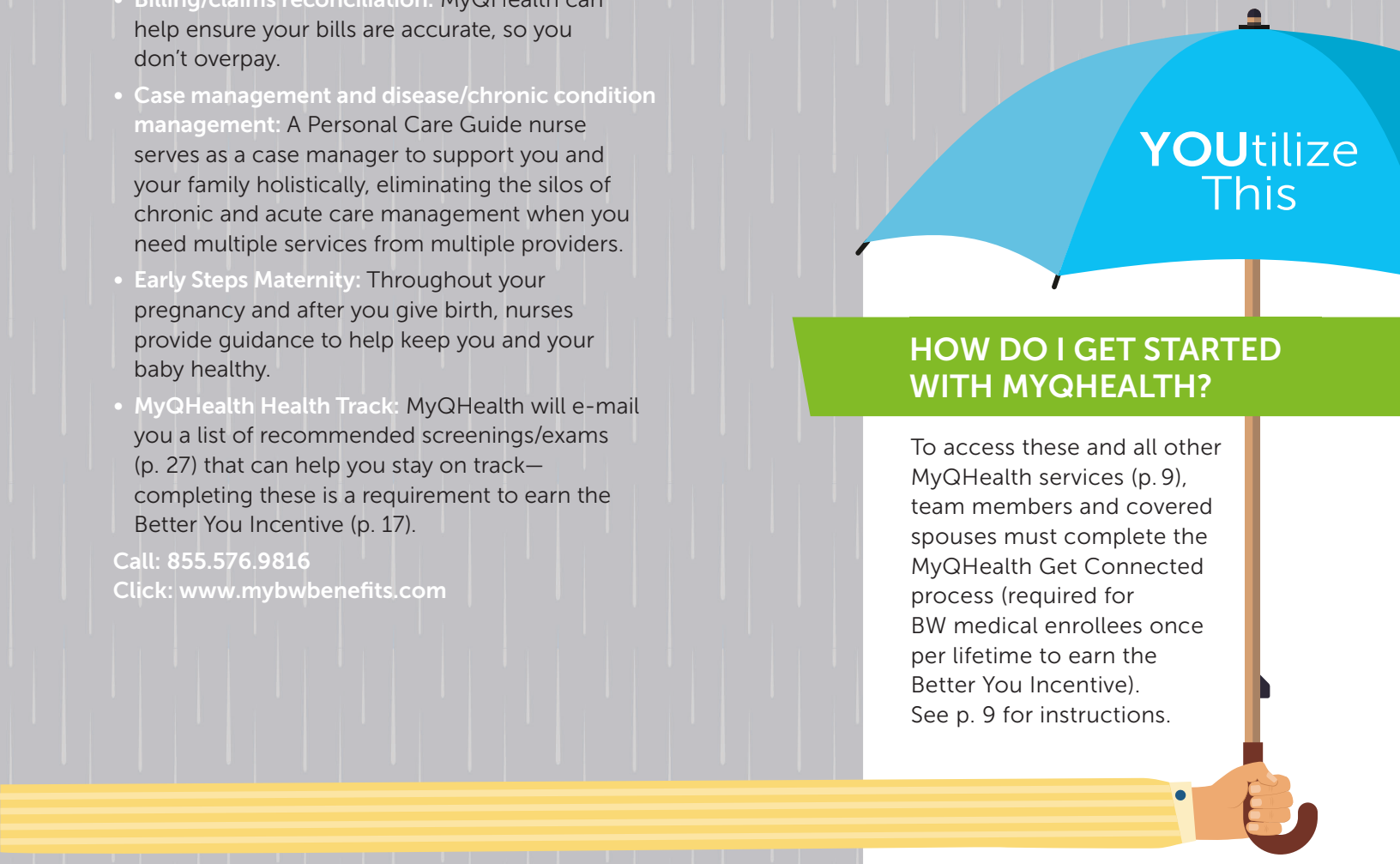
Real-World Examples of How MyQHealth Care Coordinators Help

A team member reached out to MyQHealth when his preferred hospital would not initially accept his insurance:

"Upon receiving my panicked and frustrated call, the care coordinator took action to reach out to the parties involved at my doctor's office, hospital admissions and undoubtedly many others. She did not stop her efforts until I was approved for admission."

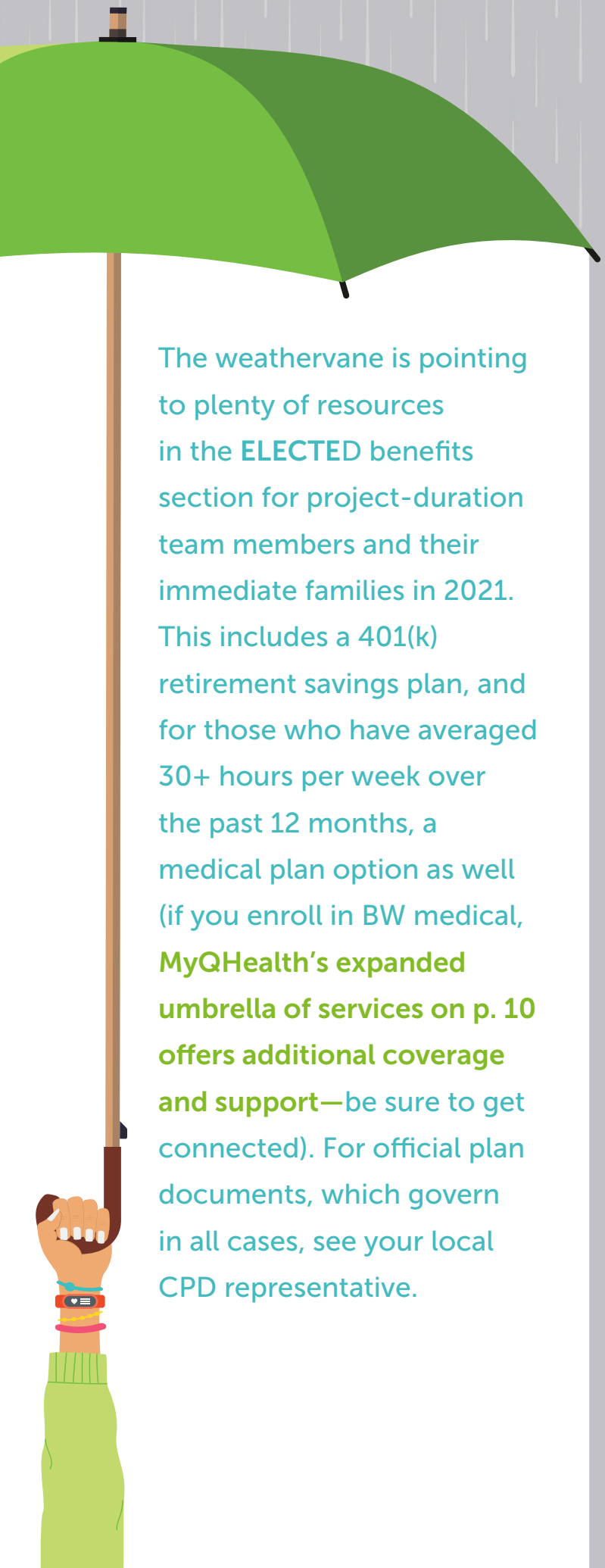
After a pharmacy claim was initially declined, a team member shared an update:

"The care coordinator helped us in so many ways to get to the bottom of a problem we were having. She followed up not once, but twice, to make sure that all was taken care of."



HOW DO I GET STARTED WITH MYQHEALTH?

To access these and all other MyQHealth services (p. 9), team members and covered spouses must complete the MyQHealth Get Connected process (required for BW medical enrollees once per lifetime to earn the Better You Incentive). See p. 9 for instructions.



The weathervane is pointing to plenty of resources in the **ELECTED** benefits section for project-duration team members and their immediate families in 2021. This includes a 401(k) retirement savings plan, and for those who have averaged 30+ hours per week over the past 12 months, a medical plan option as well (if you enroll in BW medical, **MyQHealth's expanded umbrella of services on p. 10 offers additional coverage and support**—be sure to get connected). For official plan documents, which govern in all cases, see your local CPD representative.

Medical Plan Introduction

If you have averaged 30 or more service hours per week over the past 12 months, you are eligible to enroll in the **Choice Fund HSA BASIC plan,** which is administered by UMR in partnership with MyQHealth using the UnitedHealthcare Choice Plus network of doctors and hospitals. See your local CPD representative with eligibility questions.

This plan offers 100% in-network coverage for preventive services and no lifetime benefit maximums. When you need medical care, you may visit any doctor you choose; contact MyQHealth (p. 9-10) for doctor recommendations. If you use in-network providers, you'll pay lower negotiated plan rates. In-network and out-of-network expenses accumulate independently of one another toward separate deductibles and out-of-pocket maximums.

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

- MyQHealth Programs and Support (p. 10)
- OptumRx Home Delivery Pharmacy (p. 13)
- Specialty Pharmacy (p. 13)
- Laboratory Services (p. 13)
- Infertility Benefits (p. 13)
- Teladoc Telehealth Service (p. 14)
- Second Medical Opinion (p. 14)
- Better You Incentive (p. 17)

MyQHealth Medical Plan Decision and Participant Support
Call: 855.576.9816
Click: www.mybwbenefits.com

Enrollment Overview

Who is eligible to enroll in elected benefits?

If you have averaged 30 or more service hours per week over the past 12 months, you are eligible to enroll. In addition, this plan offers coverage for your eligible dependents:

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

When you initially add or remove a dependent, you must upload copies of the following dependent verification documents by logging into Workday and clicking Benefits > Benefits:

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

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

When can I enroll in elected benefits?

There are different benefits enrollment periods depending on your circumstance:

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

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

What is a qualifying life status change?

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

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

When does my coverage begin and end?

The date coverage begins depends on the circumstance:

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

The date coverage ends also depends on the circumstance:

- **End of employment:** Coverage ends on the last day of the calendar month in which employment terminates.
- **Dependent turning 26:** Coverage ends on the last day of the calendar month in which the individual turns 26.

How do I enroll?

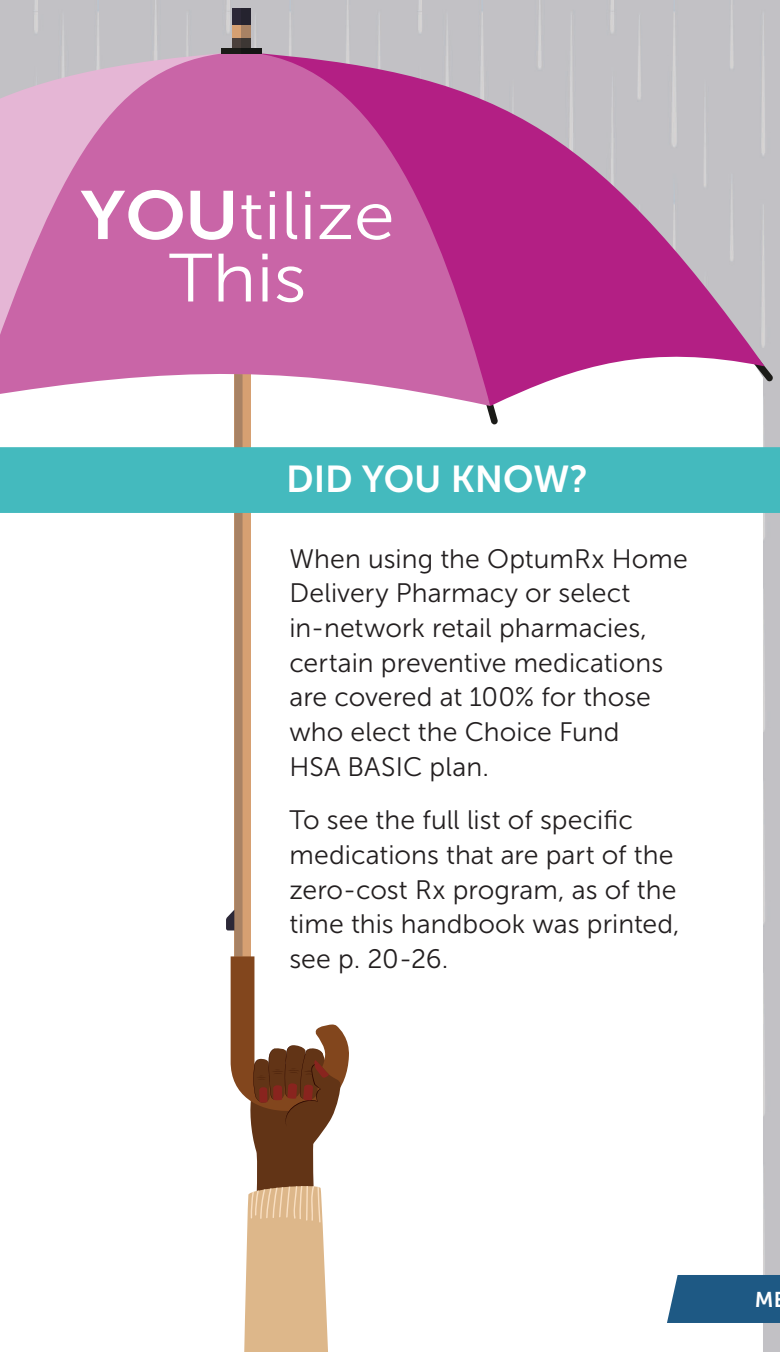
Follow the steps on your Annual Enrollment or New Hire checklist to enroll. If electing medical benefits, don't forget to complete the once-per-lifetime MyQHealth Get Connected process (p. 9).

OptumRx Home Delivery Pharmacy

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

Note: Preventive medications also can be filled in a 90-day supply at select in-network retail pharmacies and still be covered under your plan. Call if you have questions about participating pharmacies prior to enrolling.

Call: 855.576.9816
Click: www.mybwbenefits.com



DID YOU KNOW?

When using the OptumRx Home Delivery Pharmacy or select in-network retail pharmacies, certain preventive medications are covered at 100% for those who elect the Choice Fund HSA BASIC plan.

To see the full list of specific medications that are part of the zero-cost Rx program, as of the time this handbook was printed, see p. 20-26.

Specialty Pharmacy

BriovaRx, the OptumRx specialty pharmacy, is an affordable, convenient alternative to retail pharmacies for individuals with complex, rare or chronic conditions requiring specialty medications (including injectable, infused, inhaled and oral products). Specialty medications are limited up to one 30-day supply per fill.

Call: 855.576.9816
Click: www.mybwbenefits.com

Laboratory Services

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

Call: 855.576.9816
Click: www.mybwbenefits.com

Infertility Benefits

The following infertility benefits are included as part of the BW medical plan:

- Surgical reversal of a sterilized state, which was a result of a previous surgery
- Direct attempts to cause pregnancy by any means, including, but not limited to, hormone or therapy drugs

Infertility benefits have a lifetime maximum benefit of $10,000 for medical treatment and medication. Diagnostic infertility tests for determination of the underlying medical condition and treatment, including corrective surgery, are covered and do not apply to the infertility benefit, unless otherwise noted.

Call: 855.576.9816
Click: www.mybwbenefits.com

Teladoc Telehealth Service

Teladoc Telehealth Service connects you quickly with a board-certified doctor via secure video or phone conference. When you need a more convenient way to see a doctor, Teladoc is available 24 hours a day, 7 days a week. This service is confidential and compliant with all medical privacy regulations and requirements (see p. 15 for cost).

Call: 800.835.2362
Click: www.teladoc.com
To register: Member Login > Get Started

WHEN I'M ON THE GO, HOW CAN TELADOC HELP ME?

Call Teladoc's board-certified doctors 24/7 for support with general medical concerns—including allergies, bronchitis, flu and pink eye—along with dermatological needs, from acne to skin infections.

Second Medical Opinion

An expert second medical opinion service, 2nd.MD is available to all BW medical participants and their covered family members. This benefit supports physician collaboration and provides you with FREE, easy access to medical advice from nationally recognized, board-certified specialists—without having to make any additional office visits.

By receiving confidential guidance via phone or video, as well as a written summary of your consultation, you can feel confident that you are making more informed medical decisions about everything from minor surgery (knee, hip, ankle, etc.) to chronic conditions like cancer, heart disease and diabetes. Contact 2nd.MD for:

- **In-depth second medical opinion reviews:** Have your diagnosis, treatment plan and medications reviewed by a carefully selected expert physician who specializes in your condition.
- **Treatment decision support:** Get the support you need to understand your options when you are considering surgery or another medical procedure.
- **Ask the expert:** Get personalized answers to your medical questions and guidance about your condition from an elite specialist.

Call: 866.269.3534
Click: www.2nd.md/barrywehmiller
Activate > team member's date of birth needed

YOUtilize This

LEARN THE LANGUAGE

Premium
The amount you pay for your health insurance every month

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

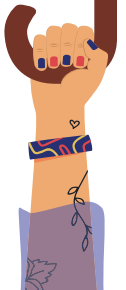
Network
A group of doctors, labs, hospitals and other providers that your plan contracts with at a set payment rate

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

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

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

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



Reminder: This plan offers 100% in-network coverage for preventive services and no lifetime benefit maximums.

	Choice Fund HSA BASIC	
	In-Network	Out-of-Network
Annual Medical Deductible		
Individual	$3,000	$6,000
All Other Tiers*	$6,000	$12,000
Individual Family Member	N/A	N/A
Annual Pharmacy Deductible		
Individual	Medical deductible applies	
All Other Tiers*		
Out-of-Pocket Maximum		
Individual	$6,000	$12,000
All Other Tiers*	$12,000	$24,000
Individual Family Member	$6,000	$12,000
Tax-Advantaged Account Option—See p. 18		
	HSA with no company funding	
Hospital		
Inpatient (per admission)	20% coinsurance	50% coinsurance
Outpatient		
Urgent Care Copay		
Emergency Room	20% coinsurance	
Office Visits		
Physician/Retail Clinics	20% coinsurance	50% coinsurance
Specialist		
Preventive Care (including immunizations)	$0	
Lab, Radiology, X-Ray Services	20% coinsurance	
Mental Health and Substance Abuse		
Inpatient	20% coinsurance	50% coinsurance
Outpatient		
Teladoc Telehealth Service—See p. 14		
	$45 for general medicine ($75 for dermatology) before deductible then 20% coinsurance	N/A
Prescription Costs: Retail (30-Day Supply)/OptumRx Home Delivery Pharmacy and Select In-Network Retail Pharmacies (90-Day Supply)–See p. 13**		
Generic	20% coinsurance	N/A
Preferred Brand		
Non-Preferred Brand		

**All other tiers includes individual + spouse, individual + child(ren) and family.*

***The Choice Fund HSA BASIC plan includes 100% pharmacy coverage for certain preventive medications. For more information, see p. 20-26 or visit www.mybwbenefits.com.*

2021 Biweekly Medical Plan Premiums

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

	COMPENSATION BANDS
A	$0-$36,500
B	$36,501-$46,500
C	$46,501-$57,000
D	$57,001-$99,999
E	$100,000+

Note: To calculate your compensation band if you're an hourly team member, multiply your hourly rate x average hours per week x 52.

Choice Fund HSA BASIC Plan

WITH BETTER YOU INCENTIVE					WITHOUT BETTER YOU INCENTIVE			
INDIVIDUAL	INDIVIDUAL + SPOUSE‡	INDIVIDUAL + CHILD(REN)	FAMILY*‡		INDIVIDUAL	INDIVIDUAL + SPOUSE	INDIVIDUAL + CHILD(REN)	FAMILY*
$0.00	$0.00 / $29.75	$0.00	$0.00 / $39.08	A	$33.06	$82.83	$68.80	$92.16
$0.00	$23.57 / $76.65	$15.44	$38.18 / $91.26	B	$52.89	$129.72	$107.75	$144.34
$14.10	$74.10 / $127.17	$57.40	$94.40 / $147.48	C	$67.18	$180.25	$149.71	$200.55
$33.42	$118.57 / $171.65	$94.34	$143.88 / $196.96	D	$86.49	$224.73	$186.65	$250.04
$38.94	$132.89 / $185.97	$106.24	$159.82 / $212.89	E	$92.01	$239.04	$198.54	$265.97

**Family includes individual + spouse + child(ren).*
‡The premium on the left represents if you AND your covered spouse earned the Better You Incentive (annual savings of at least $2,400). The premium on the right represents if you OR your covered spouse earned the Better You Incentive (annual savings of at least $1,200).

Better You Incentive

For team members planning to enroll in 2022 BW medical plans, the Better You Incentive is an additional source of inspiration to engage in healthy behaviors. Those who take important actions to care for their health in 2021 by completing the requirements of the Better You Incentive will pay at least $1,200/$2,000/$2,400 less (see chart at right for detailed incentive explanation) in 2022 BW medical premiums than those who do not participate.

To earn the incentive for 2022 BW medical premiums, you (AND your covered spouse) have until September 30, 2021, to:

1. Register and complete the once-per-lifetime MyQHealth Get Connected process (p. 9).
2. Complete and report all actions on your e-mailed MyQHealth Health Track, an action plan that tracks your completion of these critical prevention activities:
   a. Obtain GOLD (or higher) status in Vitality, our online personalized wellbeing program (p. 4-5).
   b. Complete an annual physical and all age/gender-appropriate screenings (p. 27).

Note: Don't ignore your MyQHealth e-mails! Check your spam folder, or call MyQHealth at 855.576.9816 if you are not receiving them.

Are You Maximizing the Better You Incentive?

Because individual wellbeing is significantly impacted by household health, Barry-Wehmiller urges team members *and* spouses to take critical actions to care for their health. Team members and covered spouses INDIVIDUALLY earn the Better You Incentive, but the incentive grows when *both* team members and covered spouses make progress on their wellbeing journey (see chart below for details).

Coverage Level	WHO completed all required actions?	You will save at least...
Individual	Team member	$1,200
Individual + Spouse	Team member **AND** spouse	$2,400
	Team member **OR** spouse	$1,200
Individual + Child(ren)	Team member	$2,000
Family*	Team member **AND** spouse	$2,400
	Team member **OR** spouse	$1,200

Family includes individual + spouse + child(ren).

Better You Incentive FAQ

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

How do I get to GOLD status? The quickest paths to GOLD start with the completion of your Vitality Check (biometric screening) and the online Vitality Health Review. For guidance on getting to GOLD (or higher) status in Vitality, login to www.powerofvitality.com and click Points > Points Planner or visit www.bwwellbeing.com and click Engage in Vitality > Vitality Path to Gold and Beyond. If you have a spouse, you earn Vitality points together and share one status per household, regardless of BW medical coverage level. Together, you and your spouse must earn 1.5x the points an individual needs to get to any given status.

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

I'm not getting credit for a completed activity on my Health Track. What should I do? You can "self-attest" to completing certain activities at www.mybwbenefits.com. You may also contact MyQHealth at 855.576.9816. You'll be asked for the date of the activity and the name of your doctor.

Can I qualify for the incentive if I am not enrolled in 2021 BW medical but choose to enroll in 2022? Yes! You will need to complete the same requirements. However, because you will not have received a MyQHealth Health Track, you must submit legal verification by September 30, 2021, stating that you have completed the required activities. Contact MyQHealth with questions about this process.

Health Savings Account

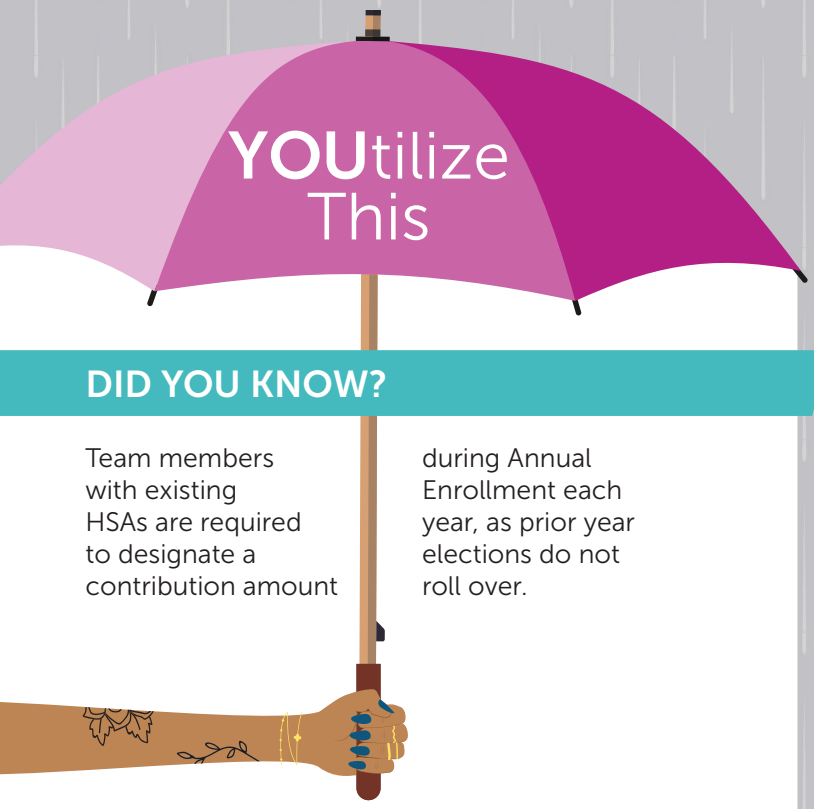
When you first enroll in the Choice Fund HSA BASIC plan, a health savings account will automatically be set up for you. You will then receive instructions from OptumBank on how to access and use your account. This account can save you money by allowing you to set aside pre-tax dollars for qualified expenses: medical, prescription, dental, vision and hearing expenses for you, your spouse and/or your dependents, even if they are not enrolled in a BW medical plan.

Note: You may not contribute to an HSA if you are age 65+ and covered by Medicare.

Call: 855.576.9816
Click: www.mybwbenefits.com

	Health Savings Account (HSA)
2021 contribution limits	Individual: $3,600 / All Other Tiers: $7,200; additional catch-up contribution allowed for participants age 55+: $1,000
Convenient debit card provided	Yes
Balance rolls over year-to-year	Yes
Earns tax-free returns	Yes
You can take the account with you should you leave BW	Yes
Your unused balance is payable to your beneficiary	Yes
Contribution amount can be changed during the plan year without a qualifying event	Yes

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



DID YOU KNOW?

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

Tips for Determining How Much to Contribute to a Health Savings Account

1. **Gather your healthcare out-of-pocket expenses from 2020 and use the total as a baseline**. If you have been enrolled in a BW plan, login to www.mybwbenefits.com and click My Plan > Claims to see a list of your 2020 medical and prescription out-of-pocket costs.
2. **Remember: Unused amounts in an HSA roll over from year to year**, so there's no harm in contributing more than your annual expenses.
3. **Set a goal to reach a balance in your HSA that could offset your deductible, if needed.**

401(k) Retirement Savings Plan

Barry-Wehmiller's 401(k) Retirement Savings Plan, administered by Transamerica, is an important tool to help you with critical preparation for retirement. Team members are eligible on their first day of employment and are 100% vested in the company match.

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

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

With no action, contributions typically start within 60 days for new accounts. At any point, you can change your contribution level and/or investment elections. The plan has a wide variety of investment options, including a self-directed brokerage account that allows more hands-on account management.

There are three ways you can contribute to our plan, and you may take advantage of any, or all, of the three options highlighted in the chart to the right.

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

Call: 800.755.5801
Click: www.transamerica.com/portal/bw
To register: Team member's SSN needed

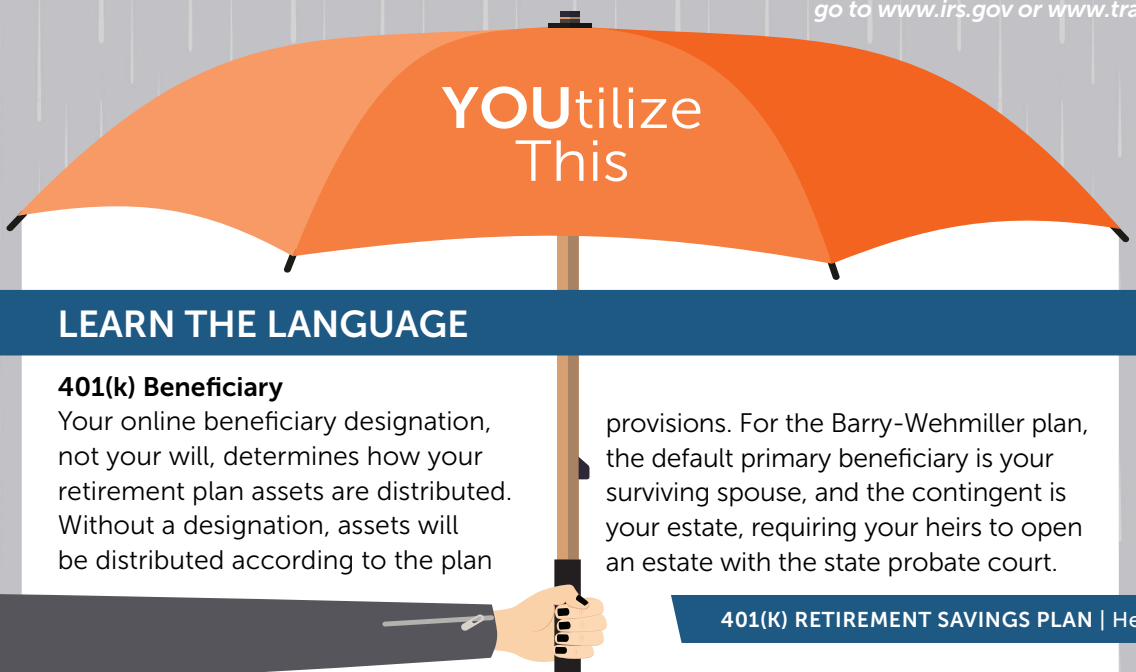
	Traditional Pre-Tax	Roth 401(k)	Voluntary After-Tax
Participant Contributions	1-100% of earnings up to the IRS limit		1-25% of earnings
Eligible for Company Match*	100% of contributions up to 3% *PLUS 50% of contributions from 3-4%* on eligible compensation		N/A
Tax Treatment of Participant Contributions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

2020 Contribution Limits**

Participant	$19,500 combined	N/A
Additional Catch-Up Allowed for Participants Age 50+	$6,500 combined	
Participant Plus Company	$57,000 combined	

****Barry-Wehmiller will notify eligible plan participants in writing of any changes to the company matching contribution that may be necessary to preserve the financial health of the business during extraordinary circumstances.*

*****For 2021 contribution limits (announced by November 2020), go to www.irs.gov or www.transamerica.com/portal/bw.*



LEARN THE LANGUAGE

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

Preventive Preferred Brands & Generics Drug List

For Choice Fund HSA BASIC plan participants, certain preventive medications are covered at 100% when you use the OptumRx Home Delivery Pharmacy (p. 13) or select in-network retail pharmacies. For new prescriptions, you may use any retail pharmacy for the first two fills.

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

Call: 855.576.9816
Click: www.mybwbenefits.com

ANTIDEPRESSANTS

- CELEXA
- citalopram
- escitalopram
- fluoxetine
- fluoxetine dr
- fluvoxamine
- fluvoxamine er
- LEXAPRO
- paroxetine
- PAXIL
- PAXIL CR
- paroxetine ER
- PEXEVA
- PROZAC
- sertraline
- ZOLOFT

ANTIPSYCHOTICS

- ABILIFY
- ABILIFY MAINTENA‡
- ABILIFY MYCITE‡
- ADASUVE
- aripiprazole
- aripiprazole odt
- ARISTADA‡
- ARISTADA INITIO‡
- chlorpromazine
- clozapine
- clozapine odt
- CLOZARIL
- compro
- EQUETRO
- FANAPT
- FAZACLO
- fluphenazine
- GEODON
- haloperidol
- INVEGA
- INVEGA SUSTENNA‡
- INVEGA TRINZA‡
- LATUDA
- loxapine
- molindone
- NUPLAZID
- olanzapine
- olanzapine odt
- olanzapine/fluoxetine
- paliperidone er
- perphenazine
- PERSERIS‡
- prochlorperazine
- quetiapine
- quetiapine er
- REXULTI
- RISPERDAL
- RISPERDAL CONSTA‡
- RISPERDAL M-TAB
- risperidone
- risperidone m-tab
- risperidone odt
- SAPHRIS
- SEROQUEL
- SEROQUEL XR
- SYMBYAX
- thioridazine
- thiothixene
- trifluoperazine
- VERSACLOZ
- VRAYLAR
- ziprasidone
- ZYPREXA
- ZYPREXA RELPREVV‡
- ZYPREXA ZYDIS

ASTHMA AND COPD

- ACCOLATE
- ADVAIR DISKUS
- ADVAIR HFA
- AIRDUO RESPICLICK
- albuterol sulfate
- albuterol sulfate er
- ALBUTEROL SULFATE HFA
- albuterol sulfate hfa (Made by Perrigo)
- albuterol sulfate hfa (Made by Teva)
- ALVESCO
- ANORO ELLIPTA
- ARCAPTA NEOHALER
- ARMONAIR RESPICLICK
- ARNUITY ELLIPTA
- ASMANEX HFA
- ASMANEX TWISTHALER
- ATROVENT HFA
- BEVESPI AEROSPHERE
- BREO ELLIPTA
- BROVANA
- budesonide
- BUDESONIDE/FORMOTEROL AER
- COMBIVENT RESPIMAT
- cromolyn
- DALIRESP
- difil-g forte
- DULERA
- ELIXOPHYLLIN
- FLOVENT DISKUS
- FLOVENT HFA

- fluticasone/salmeterol diskus
- FLUTICASONE PROPIONATE/ SALMETEROL INH
- INCRUSE ELLIPTA
- ipratropium
- ipratropium/albuterol
- isoproterenol aer
- levalbuterol
- LEVALBUTEROL HFA
- LONHALA MAGNAIR
- metaproterenol
- montelukast
- PEAK FLOW METERS‡
- PERFOROMIST
- PROAIR HFA
- PROAIR RESPICLICK
- PROVENTIL HFA
- PULMICORT
- PULMICORT FLEXHALER
- QVAR
- QVAR REDIHALER
- SEEBRI NEOHALER
- SEREVENT DISKUS
- SINGULAIR
- SPIRIVA HANDIHALER
- SPIRIVA RESPIMAT
- STIOLTO RESPIMAT
- STRIVERDI RESPIMAT
- SYMBICORT
- terbutaline
- THEO-24
- theochron
- theophylline
- theophylline cr
- theophylline er
- TRELEGY ELLIPTA
- TUDORZA PRESSAIR
- UTIBRON NEOHALER
- VENTOLIN HFA
- wixela inhub
- XOPENEX
- XOPENEX CONCENTRATE
- XOPENEX HFA
- YUPELRI
- zafirlukast
- zileuton er
- ZYFLO
- ZYFLO CR

CANCER

- anastrozole
- ARIMIDEX
- AROMASIN
- EVISTA
- exemestane
- FARESTON
- FEMARA
- letrozole
- raloxifene
- SOLTAMOX
- tamoxifen
- toremifene

CARDIOVASCULAR/HEART DISEASE

Anti-Anginal Agents

- DILATRATE SR
- GONITRO
- ISORDIL TITRADOSE
- isosorbide dinitrate
- isosorbide dinitrate er
- isosorbide mononitrate
- isosorbide mononitrate er
- minitran
- NITRO-BID
- NITRO-DUR
- nitroglycerin
- nitroglycerin er
- nitroglycerin lingual
- nitroglycerin transdermal
- NITROLINGUAL PUMPSPRAY
- NITROMIST
- NITROSTAT
- nitro-time
- petn
- ranolazine er
- RANEXA

CARDIOVASCULAR/HEART DISEASE

Anticoagulants

- AGGRENOX
- ARIXTRA[SP]
- aspirin/dipyridamole
- ASPIRIN/OMEPRAZOLE
- BEVYXXA
- BRILINTA
- cilostazol
- clopidogrel
- COUMADIN
- dipyridamole
- DURLAZA
- EFFIENT
- ELIQUIS
- enoxaparin[SP]
- fondaparinux[SP]
- FRAGMIN[SP]
- heparin
- jantoven
- LOVENOX[SP]
- PLAVIX
- PLETAL
- PRADAXA
- prasugrel
- SAVAYSA
- warfarin
- XARELTO
- XARELTO STARTER PACK
- YOSPRALA
- ZONTIVITY

CARDIOVASCULAR/HEART DISEASE

Cardiac Glycosides

- digitek
- digox
- digoxin
- LANOXIN

CARDIOVASCULAR/HEART DISEASE

High Blood Pressure

- ACCUPRIL
- ACCURETIC
- acebutolol
- ADALAT CC
- afeditab cr
- ALDACTAZIDE
- ALDACTONE
- aliskiren
- ALTACE

- amiloride
- amiloride/hctz
- amlodipine
- amlodipine/benazepril
- amlodipine/olmesartan
- amlodipine/valsartan
- amlodipine/valsartan/hctz
- ATACAND
- ATACAND HCT
- atenolol
- atenolol/chlorthalidone
- AVALIDE
- AVAPRO
- AZOR
- benazepril
- benazepril/hctz
- BENICAR
- BENICAR HCT
- BETAPACE
- betaxolol
- bisoprolol
- bisoprolol/hctz
- BLOOD PRESSURE MONITORS‡
- bumetanide
- BUMEX
- BYSTOLIC
- BYVALSON
- CALAN
- CALAN SR
- candesartan
- candesartan/hctz
- captopril
- captopril/hctz
- CARDIZEM
- CARDIZEM CD
- CARDIZEM LA
- CARDURA
- CAROSPIR
- cartia xt
- carvedilol
- carvedilol er
- CATAPRES
- CATAPRES-TTS
- chlorothiazide
- chlorthalidone
- clonidine
- COREG
- COREG CR
- CORGARD
- CORZIDE
- COZAAR
- DEMADEX
- DEMSER
- DIBENZYLINE
- diltiazem
- diltiazem er
- diltiazem cd
- dilt-xr
- DIOVAN
- DIOVAN HCT
- DIURIL
- doxazosin
- DUTOPROL
- DYAZIDE
- DYRENIUM
- EDARBI
- EDARBYCLOR
- EDECRIN
- enalapril
- enalapril/hctz
- EPANED
- eplerenone
- eprosartan
- ethacrynic acid
- EXFORGE
- EXFORGE HCT
- ezide
- felodipine er
- FIRST-ATENOLOL‡
- FIRST-METOPROLOL‡
- fosinopril
- fosinopril/hctz
- furosemide
- guanfacine
- HEMANGEOL
- hydralazine
- hydrochlorothiazide
- HYZAAR
- indapamide
- INDERAL LA
- INDERAL XL
- INNOPRAN XL
- INSPRA
- irbesartan
- irbesartan/hctz
- isradipine
- KAPSPARGO SPRINKLE
- KATERZIA
- labetalol
- LASIX
- lisinopril
- lisinopril/hctz
- LOPRESSOR
- LOPRESSOR HCT
- losartan potassium
- losartan potassium/hctz
- LOTENSIN
- LOTENSIN HCT
- LOTREL
- matzim la
- MAXZIDE
- MAXZIDE-25
- methyclothiazide
- methyldopa
- methyldopa/hctz
- metolazone
- metoprolol
- metoprolol er
- METOPROLOL ER/HCTZ
- metoprolol/hctz
- MICARDIS
- MICARDIS HCT
- MICROZIDE
- MINIPRESS
- minoxidil tablet
- moexipril
- moexipril/hctz
- nadolol
- nadolol/bendroflumethiazide
- nicardipine
- nifedipine
- nifedipine er
- nimodipine
- nisoldipine
- nisoldipine er

- NORVASC
- NYMALIZE
- olmesartan
- olmesartan/hctz
- olmesartan/amlodipine/hctz
- perindopril
- phenoxybenzamine
- pindolol
- prazosin
- PRESTALIA
- PRINIVIL
- PROCARDIA
- PROCARDIA XL
- propranolol
- propranolol er
- propranolol/hctz
- QBRELIS
- quinapril
- quinapril/hctz
- ramipril
- sotalol
- SOTYLIZE
- spironolactone
- spironolactone/hctz
- SULAR
- TARKA
- taztia xt
- TEKTURNA
- TEKTURNA HCT
- telmisartan
- telmisartan/amlodipine
- telmisartan/hctz
- TENORETIC
- TENORMIN
- terazosin
- tiadylt er
- TIAZAC
- timolol tab
- TOPROL XL
- torsemide
- trandolapril
- trandolapril/verapamil er
- triamterene
- triamterene/hctz
- TRIBENZOR
- TWYNSTA
- valsartan
- valsartan/hctz
- VASERETIC
- VASOTEC
- VECAMYL
- verapamil
- verapamil er
- verapamil sr
- VERELAN
- VERELAN PM
- ZESTORETIC
- ZESTRIL
- ZIAC

CARDIOVASCULAR/HEART DISEASE

High Cholesterol

- ALTOPREV
- amlodipine/atorvastatin
- ANTARA
- atorvastatin
- CADUET
- cholestyramine
- cholestyramine light
- colesevelam
- COLESTID
- COLESTID FLAVORED
- colestipol
- CRESTOR
- EZALLOR SPRINKLE
- ezetimibe
- ezetimibe/simvastatin
- fenofibrate
- fenofibrate micronized
- fenofibric acid
- fenofibric acid dr
- FENOGLIDE
- FIBRICOR
- FLOLIPID
- fluvastatin
- fluvastatin er
- gemfibrozil
- JUXTAPID[SP]
- LESCOL XL
- LIPITOR
- LIPOFEN
- LIVALO
- LOPID
- lovastatin
- LOVAZA

HOW WILL I KNOW IF A MEDICATION IS STILL COVERED?

This list, evaluated by a OptumRx review board, is ever-changing due to patent expirations and formulary changes. Please call MyQHealth at 855.576.9816 to confirm if a particular medication is covered at 100%.

- niacin er
- niacor
- NIASPAN
- omega-3-acid ethyl esters
- PRALUENT
- PRAVACHOL
- pravastatin
- prevalite
- QUESTRAN
- QUESTRAN LIGHT
- REPATHA
- REPATHA SURECLICK
- rosuvastatin
- simvastatin
- TRICOR
- TRIGLIDE
- TRILIPIX
- VASCEPA
- VYTORIN
- WELCHOL
- ZETIA
- ZOCOR
- ZYPITAMAG

CONTRACEPTIVES‡

This section lists contraceptive categories. Please note that brands and generics are eligible.

- CONTRACEPTIVE PATCH
- CONTRACEPTIVE RING (NUVARING)
- EMERGENCY CONTRACEPTIVES
- IMPLANT CONTRACEPTIVE
- INJECTABLE CONTRACEPTIVE
- IUDs
- ORAL CONTRACEPTIVES

DIABETES

Insulin

- ADMELOG
- ADMELOG SOLOSTAR
- AFREZZA
- APIDRA
- APIDRA SOLOSTAR
- BASAGLAR KWIKPEN
- FIASP
- FIASP FLEXTOUCH
- HUMALOG
- HUMALOG JUNIOR KWIKPEN
- HUMALOG KWIKPEN
- HUMALOG MIX 50/50
- HUMALOG MIX 50/50 KWIKPEN
- HUMALOG MIX 75/25
- HUMALOG MIX 75/25 KWIKPEN
- HUMULIN 70/30
- HUMULIN 70/30 KWIKPEN
- HUMULIN N
- HUMULIN N KWIKPEN
- HUMULIN R
- HUMULIN R U-500
- INSULIN ASPART
- INSULIN ASPART PROTAMINE/ INSULIN ASPART
- INSULIN LISPRO
- LANTUS
- LANTUS SOLOSTAR
- LEVEMIR
- LEVEMIR FLEXTOUCH
- MYXREDLIN
- NOVOLIN 70/30
- NOVOLIN 70/30 FLEXPEN
- NOVOLIN 70/30 RELION
- NOVOLIN N
- NOVOLIN N RELION
- NOVOLIN R
- NOVOLIN R RELION
- NOVOLOG
- NOVOLOG FLEXPEN
- NOVOLOG MIX 70/30
- NOVOLOG MIX 70/30 PREFILLED FLEXPEN
- NOVOLOG PENFILL
- TOUJEO MAX SOLOSTAR
- TOUJEO SOLOSTAR
- TRESIBA
- TRESIBA FLEXTOUCH

DIABETES

Non-Insulin

- acarbose
- ACTOPLUS MET
- ACTOPLUS MET XR
- ACTOS
- ADLYXIN
- ALOGLIPTIN
- ALOGLIPTIN/METFORMIN
- ALOGLIPTIN/PIOGLITAZONE
- AMARYL
- AVANDIA
- BYDUREON
- BYDUREON BCISE
- BYDUREON PEN
- BYETTA
- chlorpropamide
- CYCLOSET
- DUETACT
- FARXIGA
- FORTAMET
- glimepiride
- glipizide
- glipizide er
- glipizide xl
- glipizide/metformin
- GLUCOMETERS‡
- GLUCOPHAGE
- GLUCOPHAGE XR
- GLUCOTROL
- GLUCOTROL XL
- GLUCOVANCE
- GLUMETZA
- glyburide
- glyburide micronized
- glyburide/metformin
- GLYNASE
- GLYSET
- GLYXAMBI
- INVOKAMET
- INVOKAMET XR
- INVOKANA
- JANUMET
- JANUMET XR
- JANUVIA
- JARDIANCE
- JENTADUETO
- JENTADUETO XR
- KAZANO
- KOMBIGLYZE XR
- metformin
- metformin er

- metformin er (mod)
- metformin er (osm)
- METFORMIN SOL
- miglitol
- MYXREDLIN
- nateglinide
- NESINA
- ONGLYZA
- OSENI
- OZEMPIC
- pioglitazone
- pioglitazone/metformin
- pioglitazone-glimepiride
- PRANDIN
- PRECOSE
- QTERN
- repaglinide
- repaglinide/metformin
- RIOMET
- SEGLUROMET
- SOLIQUA 100/33
- STARLIX
- STEGLATRO
- STEGLUJAN
- SYMLINPEN 120
- SYMLINPEN 60
- SYNJARDY
- SYNJARDY XR
- tolazamide
- tolbutamide
- TRADJENTA
- TRULICITY
- VICTOZA
- XIGDUO XR
- XULTOPHY 100/3.6

ESTROGENS

- ACTIVELLA
- ALORA
- amabelz
- ANGELIQ
- BIEST/PROGESTERONE
- CLIMARA
- CLIMARA PRO
- COMBIPATCH
- covaryx
- covaryx HS
- DIVIGEL
- dotti
- DUAVEE
- eemt
- eemt HS
- ELESTRIN
- esterified estrogens/ methltestosterone
- esterified estrogens/ methltestosterone ds
- esterified estrogens/ methltestosterone hs
- ESTRACE
- estradiol
- estradiol/norethindrone acetate
- ESTROGEL
- estropipate
- EVAMIST
- FEMHRT LOW DOSE
- fyavolv
- jevantique lo
- jinteli
- lopreeza
- MENEST
- MENOSTAR
- mimvey
- mimvey lo
- MINIVELLE
- norethindrone acetate/ ethinyl estradiol
- PREFEST
- PREMARIN
- PREMPHASE
- PREMPRO
- VIVELLE-DOT

GASTROINTESTINAL-ULCER DRUGS‡

- ACIPHEX
- AXID
- CARAFATE
- cimetidine
- CYTOTEC
- DEXILANT
- esomeprazole magnesium
- ESOMEPRAZOLE STRONTIUM
- famotidine
- FIRST-LANSOPRAZOLE‡
- FIRST-OMEPRAZOLE‡
- lansoprazole
- lansoprazole odt
- lansoprazole/amoxicillin/ clarithromycin
- misoprostol
- NEXIUM
- nizatidine
- OMECLAMOX-PAK
- omeppi
- omeprazole
- omeprazole/sodium bicarbonate
- pantoprazole
- pantoprazole dr
- PEPCID
- PREVACID
- PREVACID SOLUTAB
- PREVPAC
- PRILOSEC
- PROTONIX
- PYLERA
- rabeprazole tab
- RABEPRAZOLE DR SPRINKLE
- ranitidine
- sucralfate
- ZANTAC
- ZEGERID

HIV/AIDS

- abacavir
- abacavir/lamivudine
- abacavir/lamivudine/zidovudine
- APTIVUS
- atazanavir
- ATRIPLA
- BIKTARVY
- CIMDUO
- COMBIVIR
- COMPLERA
- CRIXIVAN
- DELSTRIGO
- DESCOVY
- didanosine
- DOVATO

- EDURANT
- efavirenz
- EMTRIVA
- EPIVIR
- EPZICOM
- EVOTAZ
- fosamprenavir
- FUZEON
- GENVOYA
- INTELENCE
- INVIRASE
- ISENTRESS
- ISENTRESS HD
- JULUCA
- KALETRA
- lamivudine
- lamivudine/zidovudine
- LEXIVA
- lopinavir/ritonavir
- nevirapine
- nevirapine er
- NORVIR
- ODEFSEY
- PIFELTRO
- PREZCOBIX
- PREZISTA
- RESCRIPTOR
- RETROVIR
- REYATAZ
- ritonavir
- SELZENTRY
- stavudine
- STRIBILD
- SUSTIVA
- SYMFI
- SYMFI LO
- SYMTUZA
- tenofovir
- TIVICAY
- TRIUMEQ
- TRIZIVIR
- TROGARZO
- TRUVADA
- TYBOST
- VIDEX PEDIATRIC
- VIDEX EC
- VIRACEPT
- VIRAMUNE
- VIRAMUNE XR
- VIREAD
- ZERIT
- ZIAGEN
- zidovudine

OSTEOPOROSIS

- ACTONEL
- alendronate
- ATELVIA
- BINOSTO
- BONIVA
- calcitonin-salmon
- etidronate di
- EVENITY[SP]
- EVISTA
- FORTEO[SP]
- FOSAMAX
- FOSAMAX + D
- ibandronate
- NATPARA[SP]
- raloxifene
- risedronate
- risedronate dr
- TYMLOS[SP]

SMOKING DETERRENTS[‡]

- bupropion er
- CHANTIX
- NICODERM CQ
- NICORETTE
- nicotine gum/lozenge/patch
- NICOTROL INH/NS
- ZYBAN

TRANSPLANT[‡]

- ASTAGRAF XL[SP]
- AZASAN
- azathioprine
- CELLCEPT[SP]
- cyclosporine[SP]
- cyclosporine modified[SP]
- ENVARSUS XR[SP]
- gengraf[SP]
- IMURAN
- mycophenolate[SP]
- mycophenolic DR[SP]
- MYFORTIC[SP]
- NEORAL[SP]
- PROGRAF[SP]
- RAPAMUNE[SP]
- SANDIMMUNE[SP]
- sirolimus[SP]
- tacrolimus cap[SP]
- ZORTRESS[SP]

VITAMINS AND ELECTROLYTES[‡]

Pediatric Vitamins with Fluoride

- generic products
- BRAND NAME PRODUCTS

VITAMINS AND ELECTROLYTES[‡]

Prenatal Multivitamins with Iron and Folic Acid

- generic products
- BRAND NAME PRODUCTS

Note: In this drug list, brand-name medications are shown in UPPERCASE (for example, LANOXIN), and generic medications are shown in lowercase (for example, digoxin). This list should be used as a reference and may not include all medications. Brand or generic availability may not be current because of market changes.

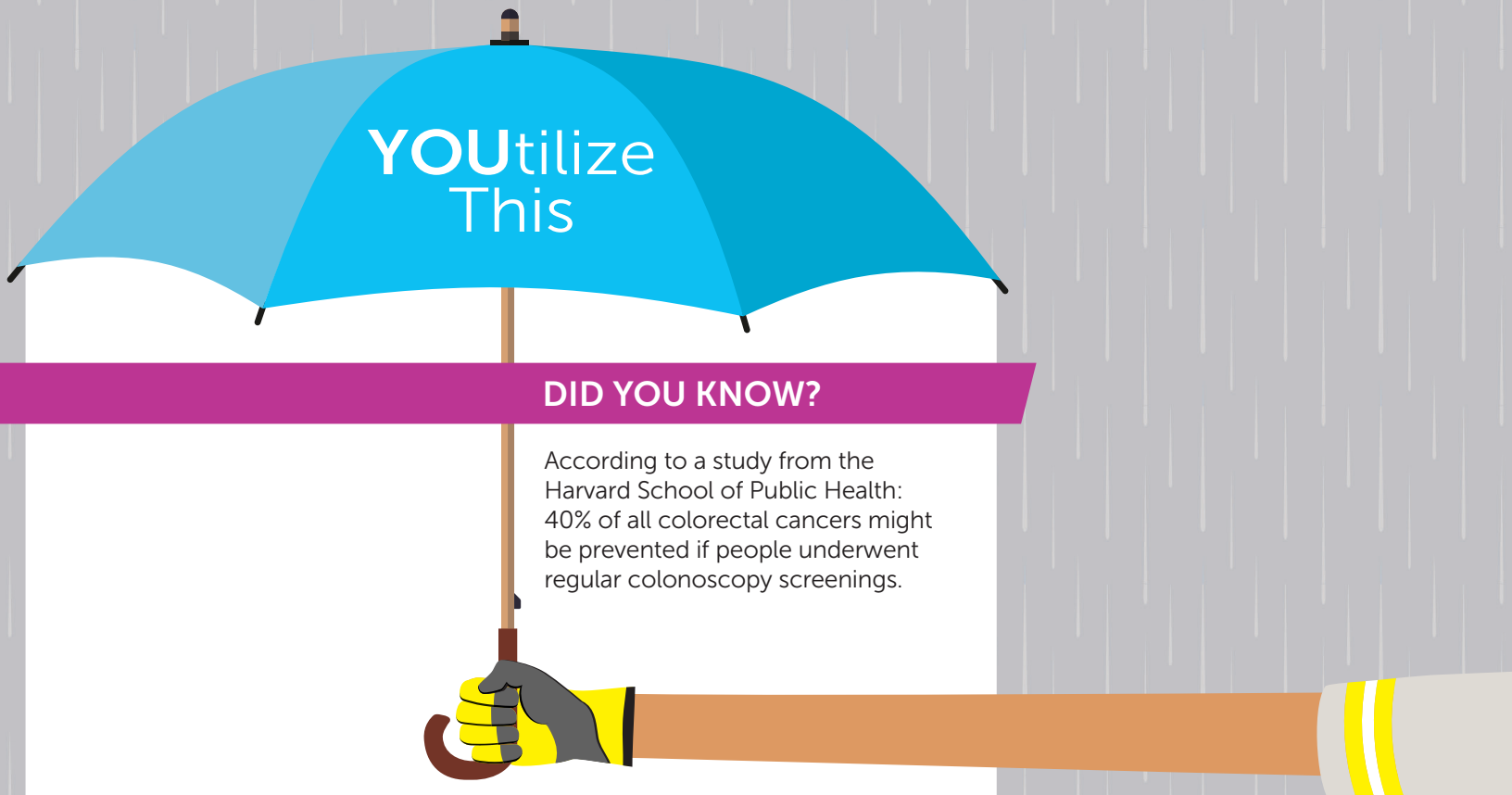
[SP] Oral and self-injectable specialty medications may have limitations based on your plan benefit.
[‡] Where differences are noted between this formulary and your benefit plan documents, the benefit plan documents will rule.

Preventive Screenings

The following screenings are recommended for everyone based on US Preventive Services Task Force Guidelines, and are required for team members and covered spouses wishing to earn the Better You Incentive (p. 17).

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

**Your FREE, confidential biometric screening does NOT count toward your annual physical requirement.*



DID YOU KNOW?

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

Legal Notices—Health and Welfare Plans

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

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

Medicare Part D Creditable Coverage Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Barry-Wehmiller and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Barry-Wehmiller has determined that the prescription drug coverage offered by the Barry-Wehmiller Companies Welfare Benefit Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

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

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

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

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

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

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

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

Compare Coverage
You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting us at the telephone number or address listed at the end of this section.

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

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

*For more information about this notice or your current prescription drug coverage...*Call Culture & People Development at (314) 862-8000 for more information about this notice. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Barry-Wehmiller changes. You also may request a copy.

*For more information about your options under Medicare prescription drug coverage...*More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

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

Prescription Drug Coverage and Medicare Part D Non-Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Barry-Wehmiller and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare prescription drug plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Barry-Wehmiller has determined that the prescription drug coverage offered by the Barry-Wehmiller Choice Fund HSA BASIC ("Plan") is, on average for retiree plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays, and is considered "non-creditable" coverage. This is important, because most likely, you will get more help with your drug costs if you join a Medicare drug plan than if you only have prescription drug coverage from the Plan. It's also important because if you delay your enrollment in a Medicare drug plan you may have to pay a late enrollment penalty later, when you do enroll in a Medicare drug plan. See the discussion below about late enrollment penalties that might apply when you move from "non-creditable" coverage to a Medicare drug plan after your first opportunity to do so.
3. You have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join. Read this notice carefully—it explains your options.

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

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

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

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

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

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

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

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

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

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

Compare Coverage
You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. See the Barry-Wehmiller Plan's summary plan description for a summary of its prescription drug coverage. If you don't have a copy of the summary plan description, you can get one by contacting us at the telephone number or address listed below.

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

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

For more information about this notice or your current prescription drug coverage...
Call Culture & People Development at (314) 862-8000 for more information about this notice. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Barry-Wehmiller changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Privacy Practices Notice

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

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

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

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

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

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

The Plan is required by HIPAA to:

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

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

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

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

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

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

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

Other Permitted Uses and Disclosures:

- The Plan may be required by law to disclose your health information.
- The Plan will make your health information available to you, and to the Secretary of the Department of Health and Human Services for purposes of HIPAA enforcement.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Complaints
If you believe your privacy rights have been violated or if you have been notified by the Plan that a breach of your health information has occurred, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the

Plan, contact the Privacy Officer at the address listed on the first page of this notice. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

Special Enrollment Rights Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

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

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

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

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**This notice is relevant for healthcare coverages subject to the HIPAA portability rules.*

Revised October 19, 2010

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

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

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

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

Women's Health and Cancer Rights Notice

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedemas

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

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov.**

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility.

ALABAMA – Medicaid	IOWA – Medicaid and CHIP (Hawki)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563
ALASKA – Medicaid	**KANSAS – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884
ARKANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
CALIFORNIA – Medicaid	**LOUISIANA – Medicaid**
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**MAINE – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
FLORIDA – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
GEORGIA – Medicaid	**MINNESOTA – Medicaid**
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
INDIANA – Medicaid	**MISSOURI – Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
NEBRASKA – Medicaid	**SOUTH CAROLINA – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEVADA – Medicaid	**SOUTH DAKOTA – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW HAMPSHIRE – Medicaid	**TEXAS – Medicaid**
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW JERSEY – Medicaid and CHIP	**UTAH – Medicaid and CHIP**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NEW YORK – Medicaid	**VERMONT – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH CAROLINA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
NORTH DAKOTA – Medicaid	**WASHINGTON – Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OKLAHOMA – Medicaid and CHIP	**WEST VIRGINIA – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
OREGON – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
PENNSYLVANIA – Medicaid	**WYOMING – Medicaid**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

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

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

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

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

However, employees who choose to complete the requirements for the BYI program will receive a reduced BW medical premium of at least $100/month for individual coverage, at least $166/month for individual+child(ren) coverage, at least $100/month for family coverage (if the employee OR covered spouse completes the requirements) and at least $200/month for family coverage (if both the employee AND covered spouse complete the requirements, or if the employee with covered child(ren) and no covered spouse completes the requirements).

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting MyQHealth at 855-576-9816. Barry-Wehmiller Companies, Inc. reserves the right to change, amend, suspend or terminate any or all of the benefits described above, in whole or in part, at any time and for any reason in its sole discretion.

Protections from Disclosure of Medical Information

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

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

In addition, all medical information obtained through the wellbeing program described above will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellbeing programs will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellbeing programs, we will notify you immediately.

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

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

Summary Annual Report for Barry-Wehmiller Companies Welfare Benefit Plan

This is a summary of the annual report of the Barry-Wehmiller Companies Welfare Benefit Plan (Employer Identification Number 43-0172560, Plan Number 501) for the plan year 01/01/2019 through 12/31/2019. The annual

report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

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

Insurance Information
The plan has insurance contracts with Combined Insurance Company of America (EyeMed Vision Care), Lincoln Life Assurance Company of Boston, Cigna Health and Life Insurance Company, ComPsych Corporation, Life Insurance Company of North America, Group Health Plan, Inc. (HealthPartners), MCS Life Insurance Company, Provident Life and Accident Insurance Company, Unum Life Insurance Company of America, First Unum Life Insurance Company, National Union Fire Ins. Co. of Pittsburgh, PA and Blue Cross and Blue Shield of Arizona to pay certain Vision, Life Insurance, Long-Term Disability, AD&D, Dental, Employee Assistance Program, Health, Evacuation, AD&D, Temporary Disability, Accident, Critical Illness, and Business Travel Accident claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2019 were $6,080,007.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2019, the premiums paid under such "experience-rated" contracts were $75,579 and the total of all benefit claims paid under these experience-rated contracts during the plan year was $59,105.

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

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

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

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

Paperwork Reduction Act Statement
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 06/30/2022)

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

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