DID YOU HEAR THE NEWS?

!

CONNECT TO THE HELP YOU NEED!

DETAILS INSIDE!

ENHANCED SUPPORT

RIGHT CARE, RIGHT TIME

!!!!

GET ENGAGED WITH YOUR HEALTH

YOUtilities Handbook 2027

BW'S FREE & ELECTED BENEFITS

BARRY-WEHMILLER BENEFITS AT-A-GLANCE

	For information about...		Go to...	Special notes...	Call | E-mail...	Page #
FREE BENEFITS Compliments of Barry-Wehmiller	**Overview**		www.bwwellbeing.com	N/A	314.230.7355 | 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.teladochealth.com	Registration Key (if prompted): BARRYWEHMILLER	800.835.2362	6
	Prediabetes and Diabetes Management					
	Mental Wellbeing and Counseling Resources		www.mysupportlinc.com	Group Code: barrywehmiller	888.881.5462	6
	Personal Health Coaching		www.powerofvitality.com	To register: Team member's SSN needed	877.224.7117 | wellness@powerofvitality.com	6
	Tobacco Cessation					
	Hearts to Hands Relief Fund		www.bw.care/heartstohands	N/A	314.588.8200 | heartstohands@stlgives.org	7
	Marjorie E. Chapman Memorial College Scholarships		www.myscholarshipcentral.org/apply	Click: Apply Now > search Marjorie	314.588.8200 | scholarships@stlgives.org	7
	Adoption Benefits		www.bwpolicies.com/us	N/A	314.230.7355 | bwwellbeing@barry-wehmiller.com	7
	Basic Life, AD&D and Disability Insurance		Before enrollment: www.sunlife.co/barrywehmiller After enrollment: www.sunlife.com/account	Barry-Wehmiller Policy Number: 981031	833.576.5455	8
	Parental Leave		www.sunlife.com/account	Barry-Wehmiller Policy Number: 981031	833.576.5455	8
	Business Travel Program		www.bw.care/travel	N/A	US: 855.850.8193, Outside US: 770.431.1331	9
	Business Travel Security Services		N/A	N/A	bwtravelteam@barry-wehmiller.com	9
	Business Travel Accident and Out-of-Country Medical Insurance		www.aig.com/travelassistance	Barry-Wehmiller Policy Number: 9112715	US: 877.244.6871, Outside US: 715.346.0859 | ahclaims@aig.com	9
ELECTED BENEFITS Choose the best for YOU	**UnitedHealthcare Medical Support Services**		www.myuhc.com	Personal login information	844.754.1482	10
	Medical	Plan Decision Support	www.exploreuhcplans.com/barry-wehmiller	N/A	844.754.1482	12
		Plan Participant Support	www.myuhc.com	Personal login information	844.754.1482	12
		UnitedHealthcare Telehealth Services	www.myuhc.com	Personal login information	844.754.1482	15
		Second Medical Opinion	www.2nd.md/barrywehmiller	Click: Activate > team member's date of birth needed	866.269.3534	15
	Dental	Delta Dental of Missouri PPO	www.deltadentalmo.com/barrywehmiller	Personal login information	800.335.8266	20
	Vision	EyeMed Select Network	www.eyemed.com	Personal login information	866.939.3633	21
	401(k) Retirement Savings Plan		www.principal.com/welcome	Click: Get started > team member's SSN needed	800.547.7754	23
	Tax-Advantaged Accounts	Flexible Spending Accounts	www.myuhc.com	Group Number: 945193 (healthcare), 945260 (dependent care)	844.754.1482	24
		Health Savings Account	www.optumbank.com	Personal login information	866.234.8913	24
	Supplemental Life, AD&D and Disability Insurance		Before enrollment: www.sunlife.co/barrywehmiller After enrollment: www.sunlife.com/account	Barry-Wehmiller Policy Number: 981031	833.576.5455	26
	Legal Services		www.legalplans.com	To register: Team member's SSN needed	800.821.6400	27
	Pet Insurance		Before enrollment: www.metlife.com/getpetquote After enrollment: https://online.metlife.com	Personal login information	800.438.6388	27
	Voluntary Benefits		Before enrollment: www.sunlife.co/barrywehmiller After enrollment: www.sunlife.com/account	Barry-Wehmiller Policy Number: 955301	833.576.5455	27

Please note who to contact for detailed support: = the BW Wellbeing Team, = UnitedHealthcare & = Vitality.

Still don't know where to go? Contact the BW Wellbeing Team at 314.230.7355.

Did you hear the news? BW's **FREE** and **ELECTED** benefits are a topic of conversation. To cut through the noise and learn about the support available in 2027 to help you become your best **YOU**, our **YOUtilities Handbook** serves as your guide—peruse the following pages for more details!

Free Benefits — Compliments of Barry-Wehmiller

4... Vitality
6... Personal Health Coaching
6... Mental Wellbeing and Counseling Resources
6... Weight Loss
6... Prediabetes and Diabetes Management
6... Tobacco Cessation
7... Hearts to Hands Relief Fund
7... Marjorie E. Chapman Memorial College Scholarships
7... Adoption Benefits
8... Life and AD&D Insurance
8... Short- and Long-Term Disability Insurance
8... Parental Leave
9... Business Travel Program
9... Business Travel Security Services
9... Business Travel Accident Insurance
9... Out-of-Country Medical Insurance

Elected Benefits — Choose the Best for YOU

10... UnitedHealthcare Medical Support Services
12... Medical Plan Options
13... Enrollment Overview
14... OptumRx Home Delivery Pharmacy
14... Specialty Pharmacy
14... Laboratory Services
14... Fertility Benefits
15... UnitedHealthcare Telehealth Services
15... Second Medical Opinion
16... Medical Plan Comparison
18... Medical Plan Premiums
19... Better You Incentive
20... Dental Plan Option
21... Vision Plan Option
22... Dental and Vision Premiums
23... 401(k) Retirement Savings Plan
24... Tax-Advantaged Account Options (HSA and FSA)
26... Supplemental Life and AD&D Insurance
26... Supplemental Long-Term Disability Insurance
27... Legal Services
27... Pet Insurance
27... Voluntary Benefits (Hospital Indemnity, Group Critical Illness and Accident)

YOUtilize This

HAVE YOU CHECKED OUT bwwellbeing.com LATELY?

ALL team members and spouses can access the site anytime, anywhere, to stay up to date with company initiatives that can invigorate your personal wellbeing journey!

Appendix

28... Preventive Drug List (for HSA and HSA BASIC Participants Only)
35... Preventive Screenings Chart
42... Legal Notices
50... Travel Assist ID Card
50... Hearts to Hands Relief Fund Pledge Card

Note: Benefit details shared within are applicable for the 2027 calendar year and are accurate as of October 2026 when this handbook was created. Contact the BW Wellbeing Team at 314.230.7355 or bwwellbeing@barry-wehmiller.com with any questions.

HAVE BENEFITS QUESTIONS?

NOTE WHERE TO GO FOR ANSWERS!

When you need knowledgeable guidance to get the most out of BW's benefits, your BW Wellbeing Team is here for YOU! We are expanding our support, simplifying your touch points, and unlocking more robust services from Vitality and UnitedHealthcare, so you can feel confident you'll get connected to the resources you need!

YOUR BW WELLBEING TEAM CAN OFFER FREE & ELECTED BENEFITS EXPERTISE, INCLUDING HELP WITH:

- MEDICAL/DENTAL/VISION PLANS
- BETTER YOU INCENTIVE
- LIFE EVENTS
- COBRA COVERAGE
- MEDICARE
- FORM 1095 REQUESTS
- DISABILITY/LEAVES OF ABSENCE
- VITALITY (INCLUDING MOVEMENT CHALLENGES & BIOMETRIC SCREENINGS)
- COUNSELING RESOURCES
- WEIGHT LOSS + PREDIABETES/DIABETES MANAGEMENT
- COMMUNITY RESOURCES
- 401(K) RETIREMENT SAVINGS PLAN

WHEN IN DOUBT, REACH OUT!

NEW!

FOR BW MEDICAL ENROLLEES, **UNITEDHEALTHCARE** CAN PROVIDE ASSISTANCE WITH:

- BW MEDICAL PLAN DECISION SUPPORT
- SPECIALIZED NURSE ADVOCACY
- ROBUST MEDICAL GUIDANCE TO FIND PROVIDERS & UNDERSTAND COSTS/BILLING/CLAIMS + VIEW PLAN DOCUMENTATION
- TELEHEALTH SERVICES

...AND, SO MUCH MORE!
SEE P. 10-12 & 15!

VITALITY IS PROVIDING MORE SUPPORT, TOO:

- PERSONAL HEALTH COACHING
- TOBACCO CESSATION SUPPORT
- BETTER YOU INCENTIVE TRACKING

...AND, MORE!
SEE P. 4-5 & 19!

BW WELLBEING TEAM CONTACT DETAILS

314.230.7355

bw.care/people > *Benefits Help* (network login required)

bwwellbeing@barry-wehmiller.com

It's not gossip—BW offers all kinds of **FREE** benefits for YOU (and spouses and families, too, in many cases)! From enhanced Vitality services to pre-diabetes/diabetes care, and from parental leave to college scholarships for eligible dependent students, 2027 is the year to put words into action!

YOUtilize This

WHAT CAN I DO ON MY MOBILE DEVICE IN THE PINK POWER OF VITALITY APP?

After downloading the pink Power of Vitality app, you can:

- Take the Vitality Health Assessment and see your results
- Check in to gyms via GPS
- Submit evidence of completed activities
- Set and activate goals
- Play Squares
- Participate in wellbeing challenges
- Check your Better You Incentive status (p. 19) on your Vitality Health Track (for BW medical enrollees)



Vitality

FOR SPOUSES, TOO

Free to ALL BW team members and spouses, 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.

Who should register for Vitality?

ALL BW team members and spouses 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 gift cards to various retailers and airlines, fitness devices and more
- Annual gym rebates up to $400 per person (for team members *plus* spouses)

What should I do at the beginning of the program year?

Each program year, team members and spouses are encouraged to complete the Vitality Health Assessment—an easy, 10-minute assessment of current health and habits. Completing this assessment allows Vitality to best support you in achieving your health goals.

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, movement challenges, athletic events and BW-sponsored events
- **Education:** Online assessments, articles, videos, webinars and retirement planning tools
- **Prevention:** Physical*, age/gender-appropriate screenings* (p. 35), dental screenings*, vision screening*, flu shot and other recommended vaccines
- **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

BW medical, dental and/or vision enrollees: Your covered screenings will be automatically shared with Vitality upon completion, so you will not need to upload anything to earn your points!

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

How do I unlock the annual Vitality gym rebate?

It's easy! Complete and log 125 verified standard and/or advanced workouts during the program year by checking in at your gym on the pink Power of Vitality app, logging at-home/gym workouts, 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 gym, login to Vitality and click Rewards > Gym Rebate. Your rebate (up to $400 per person per year) will be directly deposited into your bank account. You have 90 days after the end of the program year to submit your gym rebate documentation.

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!

How do I get to GOLD status?

The quickest paths to GOLD start with the completion of your biometric screening and Vitality Health Assessment. For guidance on getting to GOLD (or higher) status in Vitality, login to Vitality and explore the homepage's Earn Points section to plan your activities for the year, or visit www.bwwellbeing.com and view the Vitality Path to Gold and Beyond.

How do I complete my biometric screening?

Visit www.bwwellbeing.com and view the Vitality Path to Gold and Beyond for details about the three ways to complete a screening:

- Attend an onsite screening event at your location
- Go to a Quest Patient Service Center from October 1 through the end of July
- Complete your screening at your doctor's office

Before your screening, you must fast for 8-12 hours and drink lots of water!

If I am a BW medical enrollee, how do I track the completion of my Better You Incentive requirements?

To check if you have critical prevention activities remaining to earn the Better You Incentive and reduced medical premiums (p. 19), simply login to Vitality and click Rewards > Incentive Plan.

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

Personal Health Coaching

FOR SPOUSES, TOO

Vitality'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.

Note: In addition to these services, BW medical enrollees can connect with customized support through UnitedHealthcare (p. 10-11).

Call: 877.224.7117
Click: www.powerofvitality.com
To register: Team member's SSN needed

Mental Wellbeing and Counseling Resources

FOR SPOUSES, KIDS & HOUSEHOLD MEMBERS, TOO

Better manage and overcome everyday challenges with SupportLinc's FREE guidance. Six confidential counseling sessions per presenting issue are available each year, and you can connect with a licensed clinician 24/7 by phone, text, live-chat or e-mail. The program also provides comprehensive online wellbeing resources, along with legal consultations, financial guidance, identity-theft support and dependent-care referrals.

Call: 888.881.5462
Click: www.mysupportlinc.com
Group Code: barrywehmiller

Tobacco Cessation

FOR SPOUSES, TOO

Vitality's FREE tobacco cessation program can help you get tobacco-free at your own pace. Your coach will:

- Connect one-on-one with you during sessions
- Create a personalized plan
- 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

Note: In addition to these services, BW medical enrollees can connect with customized support through UnitedHealthcare (p. 10-11).

Call: 877.224.7117
Click: www.powerofvitality.com
To register: Team member's SSN needed

Weight Loss

FOR SPOUSES, TOO

For team members and spouses with a body mass index (BMI) of 27 or higher, Teladoc Health 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: 800.835.2362
Click: www.teladochealth.com
Registration Key (if prompted): BARRYWEHMILLER

Prediabetes and Diabetes Management

FOR SPOUSES, TOO

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

Call: 800.835.2362
Click: www.teladochealth.com
Registration Key (if prompted): BARRYWEHMILLER

YOUtilize This

DID YOU KNOW?

You can earn Vitality Points for participating and/or completing many programs on this page! Visit www.powerofvitality.com > Benefits.

Hearts to Hands Relief Fund

The Hearts to Hands Relief Fund provides grants of up to $1,500 (paid directly to companies/vendors for billed/invoiced expenses) to support those in need. Grants are made possible by donations, including gifts from Barry-Wehmiller team members.

Who qualifies for a grant?

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

What qualifies as an unforeseen or extreme situation or disaster?

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

- A natural disaster (flood, earthquake, wildfire, tornado, etc.) involving your primary residence
- A serious illness or injury experienced by you or an eligible family member
- The death of a BW team member or retiree, or that individual's eligible family member, with related loss of income, funeral expenses or uninsured medical expenses
- Catastrophic or extreme circumstances (fire, robbery, assault, domestic abuse, etc.)

How can I make a tax-deductible donation to the fund?

Submit your pledge card (p. 50) to your People Team representative to begin or make a change to a recurring payroll deduction, or use the link below to make a secure contribution by credit card.

How do I apply for a grant?

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

Call: 314.588.8200
Click: www.bw.care/heartstohands

Marjorie E. Chapman Memorial College Scholarships

The late Marge Chapman, mother of the late BW CEO Bob Chapman and grandmother of the current BW CEO Kyle 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 St. 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
Apply Now > search Marjorie

Adoption Benefits

The Adoption Benefits program provides financial assistance for eligible Barry-Wehmiller Group Inc. team members as they pursue the adoption of a child. To qualify for financial assistance, you must:

- Have been employed with the company for at least 12 months and have worked at least 1,250 hours during the 12 consecutive months immediately preceding the adoption
- Be a full-time, regular team member eligible for company-sponsored benefits
- Have adopted a child age 17-years-old or younger (this program excludes adoptions of grandchildren and a new spouse's children)

Adoption-related expenses will be reimbursed up to $10,000 per adopted child. Eligible expenses include: application fees; home studies; agency and placement fees; legal fees and court costs; immigration, immunization and translation fees; transportation, meals and lodging; and parent, child and family adoption counseling.

Submit your assistance request form and documentation to the BW Wellbeing Team for reimbursement consideration.

Call: 314.230.7355
Click: www.bwpolicies.com/us

Life and Accidental Death & Dismemberment Insurance

At no cost to you, Barry-Wehmiller provides several forms of insurance as a safety net for you and your loved ones. Company-paid insurance includes:

Coverage	Benefit
Team Member Life	2x team member base salary (maximum $250,000)
Team Member AD&D	2x team member base salary (maximum $250,000)
Dependent Life Spouse	$2,500
Dependent Life Child(ren) (birth–26 years old)	$1,000

Note: For company-paid dependent life insurance coverage, you must upload copies of dependent verification documents to Workday; see p. 13 for more information. To purchase additional life and AD&D insurance for yourself and/or your dependents, see Supplemental Life and AD&D Insurance on p. 26. For more information on the benefit reduction schedule at age 70, call the BW Wellbeing Team at 314.230.7355.

Call: 833.576.5455
Click: www.sunlife.co/barrywehmiller (before enrollment), www.sunlife.com/account (after enrollment)
Policy Number: 981031

YOUtilize This

LEARN THE LANGUAGE

Life Insurance

- Pays a designated beneficiary a set amount of money in the event of the death of the covered individual

AD&D (Accidental Death & Dismemberment) Insurance

- Pays a designated beneficiary a set amount of money when the covered individual is involved in an accident resulting in death or loss of certain body parts
- Provides a benefit over and above what the beneficiary would receive from a normal life insurance policy

Short- and Long-Term Disability Insurance

At no cost to you, Barry-Wehmiller provides:

- **Short-Term Disability Insurance:** If you cannot work due to a non-work-related illness or injury, this benefit pays 100% of your base pay for the first six weeks and then 60% for up to an additional 20 weeks.
- **Long-Term Disability Insurance:** If you are unable to return to work after 26 weeks of short-term disability, this benefit pays 60% of your base pay up to $1,500/month.

Call the BW Wellbeing Team at 314.230.7355 for details.

Note: To purchase additional long-term disability insurance for yourself, see Supplemental Long-Term Disability Insurance on p. 26.

Call: 833.576.5455
Click: www.sunlife.co/barrywehmiller (before enrollment), www.sunlife.com/account (after enrollment)
Policy Number: 981031

Parental Leave

The Parental Leave policy provides paid time off to eligible Barry-Wehmiller Group Inc. team members upon the birth or adoption of their child. This income-replacement benefit will run concurrently with Family and Medical Leave Act (FMLA), state or local ordinances, and state insurance plans, as applicable. To qualify, you must:

- Be a full-time, regular team member who is eligible for company-sponsored benefits as defined by BW
- Have given birth to/adopted a child or are the spouse, partner or domestic partner of the birth parent

Primary caregivers may take up to four weeks of paid time off, and secondary caregivers may take up to two weeks of paid time off for the birth/adoption of their child. Parental leave can be used at any time in the 12-month period following the birth/adoption of the child.

Team members must notify their leader and initiate their parental leave request with Sun Life at least 30 days in advance of the anticipated due date or adoption date, or as soon as possible, to allow for business planning.

Call: 833.576.5455
Click: www.sunlife.com/account
Policy Number: 981031

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 approved 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:
  - Discounts and status matches with Delta, Southwest and United (including all major partners)
  - Discounted rates on Avis, Enterprise and National rentals; rental insurance included
  - Chain-wide hotel discounts with Hilton and IHG, plus over 200 BW preferred properties
- **Altour 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 visiting https://bw1.sharepoint.com/sites/BWUSTravel (click Welcome - New Hire Travel Info). Then, be sure to use the site below for ALL of your business travel needs!

Call: 855.850.8193 (US), 770.431.1331 (outside US)
Click: www.bw.care/travel

Business Travel Security Services

For business travelers, Crisis24 offers services that 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 Altour/the online SAP Concur booking tool (ensure the contact details in your travel profile are updated).

Contact: bwtravelteam@barry-wehmiller.com

Business Travel Accident Insurance

This coverage includes a benefit up to $300,000, separate from the company-paid life and accidental death & dismemberment (AD&D) benefit (p. 8), in the event of your accidental death or dismemberment while on business travel. In addition, this coverage provides you with valuable travel resources when you are traveling nationally or internationally for 365 days or less (some countries excluded; visit www.bwwellbeing.com for a list of excluded countries, and contact your People Team representative to add special coverage). Resources include but are not limited to the following:

- Emergency medical evacuation transportation assistance
- Emergency prescription replacement
- Dispatch of doctor or specialist
- Roadside assistance
- Lost baggage, passport or travel document assistance
- Emergency telephone interpretation assistance
- Embassy or consulate referral
- Currency conversion or purchase

Please detach and carry the ID card on p. 50 when you travel!

Call: 877.244.6871 (US), 715.346.0859 (outside US)
Click: www.aig.com/travelassistance
Policy Number: 9112715

Out-of-Country Medical Insurance

If, while traveling on business outside of your country of permanent residence for less than 365 days, you suffer an injury or contract an illness that requires you to be treated by a physician, this coverage will pay the usual and customary charges for covered medical services received up to $300,000. This coverage is secondary to any private or social plan coverage.

Please detach and carry the ID card on p. 50 when you travel!

Call: 877.244.6871 (US), 715.346.0859 (outside US)
Click: www.aig.com/travelassistance
Policy Number: 9112715

The chatter is accurate: Through BW's **ELECTED** benefits, 2027 can be the year you not only talk the talk, but walk the walk to improve your wellbeing, with our help! Connect with the right medical plan for YOU—along with nurse support, telehealth options and pharmacy services—and consider your 401(k) contributions, our dental and vision benefits, and other services. For official plan documents, which govern in all cases, visit ***www.bwwellbeing.com***.

YOUtilize This

DID YOU KNOW?

With the FREE UnitedHealthcare app, you have 24/7 access to on-the-go healthcare support. Download the app from the Apple App Store or Google Play, create your account (if you haven't already done so on www.myuhc.com), and login and explore. Within the app, you can:

- View your digital BW medical plan ID card
- Find a provider
- Access on-demand, virtual assistance and telehealth services (p. 15)
- Manage prescriptions
- And, more!

UnitedHealthcare Medical Support Services

FOR BW MEDICAL ENROLLEES AND SPOUSES, TOO

Because navigating the healthcare experience can be complex, it is increasingly important to understand your medical and prescription drug benefits, so you can get the most out of your plan. With UnitedHealthcare's enhanced care model—which leverages both the BW Wellbeing Team's extensive benefits knowledge (p. 3) and a dedicated UnitedHealthcare nurse advocate's specialized insights (p. 11)—you get the expert guidance and confidential support you need to ensure you receive the right care at the right time.

When you enroll in a BW medical plan, you (and your covered spouse, if applicable) can take advantage of the following benefits:

- **Review medical plan and prescription details** to understand your coverage once enrolled.
- **Find a provider,** whether you need a primary care provider or a specialist.
- **See cost estimates** to know your financial responsibility ahead of time, and reduce what you pay.
- **Track deductibles** and see the status of your out-of-pocket expenses.
- **View plan documentation,** including claims and explanation of benefits records.
- **Resolve any billing questions** and ensure you don't overpay.
- **Receive enhanced personal health coaching and tobacco cessation support** (in addition to the services on p. 6) to strengthen your wellbeing.
- **Secure acute disease/chronic condition help and case management** when you need extra clinical support.
- **Connect with a nurse advocate** for specialized care needs (p. 11).
- **Access numerous telehealth services** when you're on-the-go (p. 15).
- **Request a BW medical plan ID card or access a digital version** if you lose yours.

If you have any concerns about how to connect to individualized care, support is just a conversation away!

YOUtilize This

DID YOU KNOW?

If you or a dependent seek care from a mental health facility, use caution when being asked to sign any paperwork. Price gouging at these facilities has been on the rise—be sure to contact the BW Wellbeing Team at 314.230.7355 to ensure you are pointed in the right direction.

What if I need help evaluating BW's medical plans?

Visit www.exploreuhcplans.com/barry-wehmiller, our customized pre-enrollment portal, or call 844.754.1482 for BW medical plan decision support.

Can you help me understand the difference between preventive and diagnostic care?

Preventive care is routine healthcare that is meant to help you manage and maintain your health, and is generally covered at 100% when you see an in-network provider. Diagnostic care includes care or treatment when you have symptoms or risk factors, and your doctor wants to diagnose them.

I'm traveling and have an issue—how can I get help virtually?

With UnitedHealthcare's telehealth services (p. 15), you can get cost-effective, convenient support with everything from migraines to urgent medical and dental needs.

How do I know if I should go to urgent care or the emergency room?

Reserve emergency room visits for only the most critical health concerns, like serious broken bones and chest pain. Otherwise, urgent care facilities offer more affordable care for conditions like bladder infections, bronchitis and sprains.

I have a specialized care need—how do I contact the nurse advocate?

Simply e-mail bwnurse@uhc.com or call the nurse directly at 314.760.9343 to get connected! For more information about how the nurse advocate can help you make better healthcare decisions and provide support when you need it most, please see below.

I have a question about something not answered here—how do I know whether I should reach out to the BW Wellbeing Team or UnitedHealthcare?

On p. 3, you'll find more information about where to go for support, but when in doubt, reach out to the BW Wellbeing Team at 314.230.7355 or bwwellbeing@barry-wehmiller.com for help!

Call: 844.754.1482
Click: www.myuhc.com

How UnitedHealthcare's Nurse Advocate Can Help

Our dedicated nurse advocate is a registered nurse who specializes in helping you navigate the complex healthcare system, especially if you experience moderate- to high-risk health concerns, have a chronic condition or are pregnant.

A full-time extension of the BW Wellbeing Team, in partnership with UnitedHealthcare, this individual serves only our team members and provides focused support—while keeping your confidential information protected within the UnitedHealthcare system.

By engaging with our nurse advocate, you can learn more about pharmacy costs and alternatives, address medical and mental health needs, and get directly referred to Optum disease and case-management programs, if applicable.

For confidential nurse support, e-mail bwnurse@uhc.com or call 314.760.9343 during regular business hours.

Medical Plan Options

We offer three medical plans administered by UnitedHealthcare using the Choice Plus network of doctors and hospitals: **PPO, Choice Fund HSA** and **Choice Fund HSA BASIC** (see Medical Plan Comparison on p. 16–17).

All plans offer the same provider network, 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 UnitedHealthcare (p. 10-11) 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 in any Barry-Wehmiller medical plan, you gain access to these valuable resources for reducing your out-of-pocket costs and assisting you on your wellbeing journey:

- UnitedHealthcare Medical Support Services (p. 10-11)
- OptumRx Home Delivery Pharmacy (p. 14)
- Specialty Pharmacy (p. 14)
- Laboratory Services (p. 14)
- Fertility Benefits (p. 14)
- UnitedHealthcare Telehealth Services (p. 15)
- Second Medical Opinion (p. 15)
- Better You Incentive (p. 19)

UnitedHealthcare Medical Plan Decision and Participant Support
Call: 844.754.1482
Click: www.exploreuhcplans.com/barry-wehmiller (plan decision support), www.myuhc.com (participant support)

YOUtilize This

BEFORE ENROLLING, HOW CAN I ACCESS UNITEDHEALTHCARE'S MEDICAL PLAN DECISION SUPPORT?

When you call 844.754.1482 or visit www.exploreuhcplans.com/barry-wehmiller, our customized pre-enrollment portal, you can:

- Confirm if your providers are in-network
- Compare BW medical plans
- Review prescription drug coverage
- Watch helpful videos
- And, more!

YOUtilize This

DID YOU KNOW?

You can elect any of the following independent of one another:

- Medical
- Dental
- Vision

Enrollment Overview

Who is eligible to enroll in elected benefits and company-paid life and accidental death & dismemberment insurance (p. 8)?

If you are a regular, full-time team member working at least 30 hours per week, you are eligible to enroll. In addition, most of our benefits offer 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 Personal Information > View > Team Member Documents > Add > Document Category > Benefits > Upload:

- **Spouse:** Marriage certificate OR the front page of your most recently filed federal tax return showing current marital status.
- **Child and/or dependent with a disability:** Birth certificate or similar until available (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 and company-paid life and accidental death & dismemberment insurance (p. 8)?

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, per IRS guidelines.
- 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, per IRS guidelines.

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. If you transition to part-time status, you may be eligible for Affordable Care Act benefits. Contact the BW Wellbeing Team at 314.230.7355 for more information.

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, per IRS guidelines. Please allow up to 10 days for processing.
- **Annual Enrollment:** Elections take effect on January 1 of the following year.
- **Life status change:** Elections take effect on the date of the event. Please allow up to 10 days for processing.

The date coverage ends also depends on circumstance and benefit:

- **End of employment:** Coverage ends on the last day of the calendar month in which employment terminates (except short- and long-term disability insurance, voluntary benefits and flexible spending accounts, which end on the last day of employment).
- **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 checklist or new hire/qualifying life status change communications to enroll.

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: 844.754.1482
Click: www.myuhc.com

YOUtilize This

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 either the Choice Fund HSA or 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. 28-41.

Specialty Pharmacy

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: 844.754.1482
Click: www.myuhc.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: 844.754.1482
Click: www.myuhc.com

Fertility Benefits

The following fertility benefits are included as part of all BW medical plans:

- 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, in vitro fertilization and hormone or therapy drugs

Fertility 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 fertility benefit, unless otherwise noted.

Call: 844.754.1482
Click: www.myuhc.com

UnitedHealthcare Telehealth Services

With the robust UnitedHealthcare telehealth services, you have quick, convenient access to a portfolio of virtual care providers who can connect securely via video or phone (in some cases, 24/7) wherever you are.

What kind of support can I expect from the UnitedHealthcare telehealth services?

Available services for BW medical enrollees and their covered family members are continuously expanding, going beyond primary care to include a broad range of specialists who design their confidential care specifically for the virtual environment. Support focus areas include:

- Urgent medical needs
- Mental health (both urgent and ongoing)
- Dermatology
- Gastroenterology
- Migraine
- Sleep conditions
- Speech therapy
- Urgent dental care
- Women's health needs
- Sinus pain and congestion

How much do virtual visits cost?

Whether you engage online, in the UnitedHealthcare app or over the phone, the costs for virtual visits are readily shared. These services typically cost less than in-person care, and rates depend on the support needed and which BW medical plan you choose.

Call: 844.754.1482
Click: www.myuhc.com

YOUtilize This

DID YOU KNOW?

An estimated 25% of emergency room visits could be treated via telehealth. And, the UnitedHealthcare app makes it even easier to connect with on-the-go healthcare support!

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

Compare Barry-Wehmiller Medical Plans

The chart on p. 17 shows a general comparison of Barry-Wehmiller's three medical plan options. All plans offer the same provider network, 100% in-network coverage for preventive services and no lifetime benefit maximums. However, what you pay for coverage and care varies:

PPO: A traditional Preferred Provider Organization (PPO) plan has higher biweekly premiums, lower deductibles, and set copays for services and prescriptions. Copays do not apply toward your medical deductible. This plan features embedded deductibles for individual family members. The PPO plan is a good fit if you:

- Prefer predictable costs
- Want fewer out-of-pocket expenses
- Prefer copays rather than paying the full negotiated cost before meeting a deductible

Choice Fund HSA or **Choice Fund HSA BASIC:** High Deductible Health Plans (HDHPs) have lower biweekly premiums and higher deductibles. Certain preventive medications are covered at 100% (p. 28-41). Team members pay all costs out-of-pocket (after the UnitedHealthcare discount is applied) until they reach their deductible. These plans are a good fit if you:

- Want lower paycheck deductions
- Like the tax advantages of a health savings account (p. 24-25)
- Want to build savings for future healthcare expenses
- Are comfortable paying more out-of-pocket before insurance begins sharing costs; for enhanced protection and additional insurance to help with any hospitalization, critical illness and accident expenses, see Voluntary Benefits on p. 27

YOUtilize This

WHAT'S THE BEST PLAN FOR ME?

For plan decision support, visit www.exploreuhcplans.com/barry-wehmiller.

YOUtilize This

LEARN THE LANGUAGE

Premium
The amount you pay for your health insurance

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: All plans offer the same provider network, 100% in-network coverage for preventive services and no lifetime benefit maximums.

	PPO		Choice Fund HSA		Choice Fund HSA BASIC	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Medical Deductible						
Individual	$500	$1,000	$2,000	$4,000	$3,000	$6,000
All Other Tiers*	$1,000	$2,000	$4,000	$8,000	$6,000	$12,000
Individual Family Member	$500	$1,000	N/A	N/A	N/A	N/A
Annual Pharmacy Deductible						
Individual	$100	N/A	Medical deductible applies		Medical deductible applies	
All Other Tiers*	$100/individual					
Out-of-Pocket Maximum						
Individual	$4,000	$8,000	$4,000	$8,000	$6,000	$12,000
All Other Tiers*	$8,000	$16,000	$8,000	$16,000	$12,000	$24,000
Individual Family Member	$4,000	$8,000	$4,000	$8,000	$6,000	$12,000
Tax-Advantaged Account Options—See p. 24-25						
	FSA		HSA with company funding ($500 individual/$1,000 all other tiers*)		HSA with company match** ($250 individual/$500 all other tiers*)	
Hospital						
Inpatient (per admission)	$300 copay, 20% coinsurance	$600 copay, 40% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Outpatient	20% coinsurance	40% coinsurance				
Urgent Care Copay	$50 copay					
Emergency Room	20% coinsurance		20% coinsurance		20% coinsurance	
Office Visits						
Physician/Retail Clinics	$25 copay	40% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Specialist	$40 copay					
Preventive Care (including immunizations)	$0		$0		$0	
Lab, Radiology, X-Ray Services	20% coinsurance		20% coinsurance		20% coinsurance	
Mental Health and Substance Abuse–See p. 11						
Inpatient	$300 copay, 20% coinsurance	$600 copay, 40% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Outpatient	$40 copay	40% coinsurance				
Prescription Costs*: Retail (30-Day Supply)/OptumRx Home Delivery Pharmacy and Select In-Network Retail Pharmacies (90-Day Supply)–See p. 14**						
Generic	$15/$30	N/A	20% coinsurance	N/A	20% coinsurance	N/A
Preferred Brand	$35/$70					
Non-Preferred Brand	$60/$120					

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

***The quarterly company match is based on a year-to-date look-back at HSA contributions made through payroll deduction. For more information, see p. 25.*

****The Choice Fund HSA and HSA BASIC plans include 100% pharmacy coverage for certain preventive medications. For more information, see p. 28-41 or visit www.myuhc.com.*

2027 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 - $43,500
B	$43,501 - $55,700
C	$55,701 - $68,000
D	$68,001 - $123,700
E	$123,701 +

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

PPO Plan

WITH BETTER YOU INCENTIVE					WITHOUT BETTER YOU INCENTIVE			
INDIVIDUAL	INDIVIDUAL + SPOUSE‡	INDIVIDUAL + CHILD(REN)	FAMILY*‡		INDIVIDUAL	INDIVIDUAL + SPOUSE	INDIVIDUAL + CHILD(REN)	FAMILY*
$137.50	$395.40/$448.47	$270.28	$460.80/$513.87	A	$190.58	$501.55	$362.59	$566.95
$176.16	$496.38/$549.45	$343.28	$574.95/$628.02	B	$229.24	$602.53	$435.59	$681.10
$214.83	$589.68/$642.75	$410.72	$680.41/$733.48	C	$267.91	$695.83	$503.03	$786.56
$252.02	$670.62/$723.69	$469.23	$771.90/$824.97	D	$305.10	$776.77	$561.54	$878.05
$271.21	$714.21/$767.28	$500.74	$821.18/$874.25	E	$324.29	$820.36	$593.05	$927.33

Choice Fund HSA Plan

WITH BETTER YOU INCENTIVE					WITHOUT BETTER YOU INCENTIVE			
INDIVIDUAL	INDIVIDUAL + SPOUSE‡	INDIVIDUAL + CHILD(REN)	FAMILY*‡		INDIVIDUAL	INDIVIDUAL + SPOUSE	INDIVIDUAL + CHILD(REN)	FAMILY*
$69.22	$220.85/$273.92	$149.08	$261.40/$314.47	A	$122.30	$327.00	$241.39	$367.55
$95.39	$293.03/$346.10	$202.35	$342.52/$395.59	B	$148.47	$399.18	$294.66	$448.67
$118.64	$358.43/$411.50	$250.63	$416.02/$469.09	C	$171.72	$464.58	$342.94	$522.17
$143.34	$420.05/$473.12	$296.12	$485.28/$538.35	D	$196.42	$526.20	$388.43	$591.43
$155.75	$446.38/$499.45	$315.56	$514.88/$567.95	E	$208.83	$552.53	$407.87	$621.03

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	$7.95/$61.02	$0.00	$22.84/$75.91	A	$43.42	$114.10	$82.49	$128.99
$16.39	$70.74/$123.81	$35.57	$93.81/$146.88	B	$69.47	$176.89	$127.88	$199.96
$35.17	$136.19/$189.26	$82.88	$167.79/$220.86	C	$88.25	$242.34	$175.19	$273.94
$60.53	$190.24/$243.31	$121.95	$228.89/$281.96	D	$113.61	$296.39	$214.26	$335.04
$67.78	$207.32/$260.39	$134.31	$248.20/$301.27	E	$120.86	$313.47	$226.62	$354.35

**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 those planning to enroll in 2028 BW medical plans, the Better You Incentive is an additional source of inspiration to engage in healthy behaviors. Those who take action to care for their health in 2027 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 explanation) in 2028 BW medical premiums than those who do not participate.

To earn the incentive for 2028 BW medical premiums, you (AND your covered spouse) have until September 30, 2027, to complete and report all actions on your Vitality Health Track, an action plan that tracks your completion of these critical prevention activities:

1. Obtain GOLD (or higher) status in Vitality, our online personalized wellbeing program (p. 4-5).
2. Complete an annual physical and all age/gender-appropriate screenings (p. 35).

Note: Don't ignore your Vitality e-mails! Check your spam folder, or call Vitality at 877.224.7117 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 can I access my Vitality Health Track? Medically enrolled team members and covered spouses can check their Better You Incentive status on their individual Vitality Health Tracks by logging in to www.powerofvitality.com and clicking Rewards > Incentive Plan. Call Vitality at 877.224.7117 if you are unable to locate your Vitality Health Track.

How do I get to GOLD status? The quickest paths to GOLD start with the completion of your biometric screening and the online Vitality Health Assessment. For guidance on getting to GOLD (or higher) status in Vitality, login to www.powerofvitality.com and explore the homepage's Earn Points section, or visit www.bwwellbeing.com and view the 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. It's important 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 submit proof of completing certain activities at www.powerofvitality.com. You may also contact Vitality at 877.224.7117. You'll be asked to provide a few details about the completed activity.

Can I qualify for the incentive if I am not enrolled for 2027 BW medical but choose to enroll for 2028? To inspire you on your wellbeing journey, you will receive the Better You Incentive for the 2028 calendar year. But, to continue paying reduced BW medical premiums beyond this introductory period, you (and your covered spouse, if applicable) will need to complete the requirements and earn the incentive by September 30, 2028, for the 2029 calendar year.

Dental Plan

Your oral health is a critical component of your overall health. As such, we offer a dental plan administered by Delta Dental of Missouri that can be elected regardless of whether or not you enroll in medical. This Preferred Provider Organization (PPO) plan offers up to two in-network cleanings per member per year at no charge (twice per program year, you can automatically earn 400 Vitality Points for completing your cleanings). In addition, all enrollees have access to orthodontia benefits.

With this PPO plan, you may see any dentist you wish. If you use in-network providers (PPO and Premier on Delta Dental's website), you'll pay lower negotiated plan rates. If you use out-of-network providers, you pay more for covered services, may have to file your own claims and can be billed for charges exceeding the usual market cost. Average discount range for dentists in the PPO Network is 30–35%, while the average range for Premier Network dentists is 10–15%.

Call: 800.335.8266
Click: www.deltadentalmo.com/barrywehmiller

	PPO	Premier	Out-of-Network
Annual Deductible (separate from orthodontia)			
Individual	$50		
All Other Tiers*	$50/individual		
Annual Benefit Maximum (separate from orthodontia)			
	$1,000/individual Charges for exams, cleanings, X-rays and fluoride treatments do not apply toward your annual maximum.		
Preventive and Diagnostic Services (oral exams, cleanings, X-rays, fluoride application, sealants)			
	$0	20% (not applied to deductible)	
Basic Services (fillings, extractions, root canal, oral surgery)			
	20% coinsurance		
Major Services (crowns, bridges, dentures)			
	50% coinsurance		
Orthodontia			
Coverage Age Limit	No age limit		
Lifetime Deductible	$50		
Services	50% coinsurance		
Lifetime Maximum	$1,000/individual		

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

YOUtilize This

LEARN THE LANGUAGE

Annual or Lifetime Maximum
The maximum dollar amount the plan will pay toward the cost of dental care within a specific benefit period. The patient is personally responsible for paying costs above the maximum.

Vision Plan

We offer a comprehensive vision program through EyeMed Vision Care. This plan can be elected regardless of whether or not you enroll in medical and is designed to reduce your costs for routine, preventive eye care (eye exams, eye wear and other services). Our network (Select Network on EyeMed's website) includes major retailers (LensCrafters, Target Optical, Pearle Vision Centers and more) as well as private practice providers.

EyeMed Vision Care features the following:

- Annual in-network exam covered at 100% (once per program year, you can automatically earn 400 Vitality Points for completing your exam)
- Significant savings off of retail prices for frames, lenses and contact lenses
- Retinal imaging benefit for early detection and diagnosis
- In-network online contact lens ordering through ContactsDirect

Call: 866.939.3633
Click: www.eyemed.com

	In-Network	Out-of-Network
Vision Plan Features		
Exam	$0	Reimbursement up to $30
Frames	$0 copay up to $150 allowance	Up to $75
Standard Dilation	$0	N/A
Retinal Imaging Fee	Up to $39	N/A
Lenses (additional options are available)		
Single Vision	$10 copay	Up to $25
Bifocal		Up to $40
Standard Progressives		
Trifocal		Up to $55
Contact Lenses		
Elective	100% up to $150 allowance	Up to $120
Medically Necessary	$0	Up to $200
Standard Contact Fitting Fee	Up to $40	N/A
Premium Contact Fitting Fee	10% off retail	
Laser Vision Correction		
	15% off retail or 5% off promotion	N/A
Frequency Limits		
Exam	Once per calendar year	
Lenses or Contacts		
Frames	Once every two calendar years	

Note: The full vision plan summary, including the pricing schedule, is available at www.bwwellbeing.com.

See the Savings from EyeMed Vision Care!

		Average Retail Price	Average Member Out-of-Pocket	Percent Savings
GLASSES	Exam/Fitting	$119	$2	99%
	Frames	$181	$37	80%
	Lenses	$183	$64	65%
	Add-Ons	$35	$27	25%
	Total	**$518**	**$130**	**77%**

		Average Retail Price	Average Member Out-of-Pocket	Percent Savings
CONTACT LENSES	Exam/Fitting	$119	$2	99%
	Fit and Follow-Up	$60	$44	26%
	Contacts	$278	$125	55%
	Total	**$457**	**$171**	**63%**

2027 Biweekly Dental Premiums	
Individual	$7.05
Individual + Spouse	$22.06
Individual + Child(ren)	$23.56
Family*	$38.56

**Family includes individual + spouse + child(ren).*

YOUtilize This

DID YOU KNOW?

Trips to the dentist aren't just great for your smile—they may help your overall health. Proper dental care may help prevent:

- Tooth loss
- Digestion issues
- Cardiovascular disease

2027 Biweekly Vision Premiums	
Individual	$1.31
Individual + Spouse	$3.94
Individual + Child(ren)	$4.23
Family*	$6.98

**Family includes individual + spouse + child(ren).*

YOUtilize This

DID YOU KNOW?

Like your dentist, your eye doctor may be able to spot other health issues, including:

- High blood pressure
- High cholesterol
- Diabetes

401(k) Retirement Savings Plan

ENROLL ANYTIME

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

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 invest in a moderate model based on your age. Risk-Based Aging Models help you determine an appropriate investment mix for your account; this free service is designed for those who prefer a low-maintenance, yet responsible, approach to retirement plan investing. You may choose a different model or select from the available investment options.

With no action, contributions typically start within 45 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 individual investments and a self-directed brokerage account that allows for 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. Plus, Principal offers various resources—including standard will preparation, money-management tools for those with student loans and more—that can be found after you login by clicking Planning resources > Principal Milestones.

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: 800.547.7754
Click: www.principal.com/welcome
Get started > team member's SSN needed

	Traditional Pre-Tax	Roth After-Tax	Voluntary After-Tax
Team Member Contributions	1-100% of earnings up to the contribution limit		
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 Team Member 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 team member 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		

2026 Contribution Limits**

Team Member	$24,500 combined	N/A
Additional Catch-Up Allowed for Team Members Age 50+***	$8,000 combined	
Additional Catch-Up Allowed for Team Members Age 60-63***	$3,250 combined	
Team Member Plus Company	$72,000 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 2027 contribution limits (announced by November 2026), go to www.irs.gov.***

*****Under IRS guidelines, high-income team members who are eligible for catch-up contributions and exceed the standard 401(k) deferral limit must make those catch-up contributions on a Roth after-tax basis rather than a traditional pre-tax basis.***

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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.

Health Savings and Flexible Spending Accounts

Barry-Wehmiller offers tax-advantaged account options for all team members. These accounts can save you money by allowing you to set aside pre-tax dollars for qualified expenses (for a complete list of eligible expenses, see IRS Publications 502 [Healthcare] and 503 [Dependent Care] at www.irs.gov). It is your sole responsibility to ensure you do not exceed the IRS HSA annual contribution limit (see p. 25), which includes both individual and company contributions.

Health Savings Account
Call: 866.234.8913
Click: www.optumbank.com

Flexible Spending Accounts
Call: 844.754.1482
Click: www.myuhc.com
Group Number: 945193 (healthcare), 945260 (dependent care)

YOUtilize This

DID YOU KNOW?

Team members with existing HSAs and/or FSAs are required to designate a contribution amount during Annual Enrollment each year, as prior year elections do not roll over. Don't forget that HSA contributions can be adjusted during the year through Workday, but FSA contributions cannot be adjusted at any point throughout the year unless you experience a qualifying life status change.

Tips for Determining How Much to Contribute to a Tax-Advantaged Account

1. **Gather your healthcare out-of-pocket expenses from 2026 and use the total as a baseline.** If you have been enrolled in a BW plan, login to www.umr.com and navigate to your claims to see your 2026 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. **Unused amounts in an *FSA* are forfeited at year-end,** so estimate carefully to maximize your tax benefit and minimize the risk of falling prey to "Use It or Lose It."
3. **For Choice Fund HSA and HSA BASIC participants:**
   - Consider saving the difference between your premium and the premium you would pay for the PPO plan. You'll be spending the same amount as you would if you chose the PPO plan, but the additional money will be in your HSA for whenever you need it.
   - Set a goal to reach a balance in your HSA that could offset your deductible, if needed.

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Use It or Lose It!

An IRS rule with regard to FSAs stipulates that plan year expenses must be incurred by December 31 and claims must be processed by March 31. Money left in an FSA must be forfeited at year-end, so budget carefully!

	Health Savings Account (HSA)	Healthcare Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (FSA)
Who is eligible to contribute?	Choice Fund HSA and HSA BASIC enrollees UNLESS you are age 65+ and covered by Medicare*	All team members not contributing to an HSA	All team members with qualifying child or elder care expenses
What kinds of expenses can I pay with the money in my account?	Eligible medical, prescription, dental, vision and hearing expenses for you, your spouse or your dependents, even if they are not enrolled in a BW medical plan		• Payments to nursery schools, day care centers or individuals caring for children age 12 and under • Before- and/or after-school care • Summer day camps if care is custodial in nature • Day care for dependent parents who spend at least 8 hours/day in your home
Who administers the account?	OptumBank	UnitedHealthcare FSA	UnitedHealthcare FSA
How do I enroll?	When you first enroll in the Choice Fund HSA or HSA BASIC plan, an account will automatically be set up for you. You will then receive instructions from OptumBank on how to access and use your account. Company contributions begin with your first full quarter.**	In your initial eligibility period, at any life status change or during Annual Enrollment, you may enroll in either or both of these accounts. You must designate a contribution amount and will then receive instructions from UnitedHealthcare FSA for how to access and use your account.	
2027 contribution limits	Individual: $4,500 / All Other Tiers: $9,000; additional catch-up contribution allowed for participants age 55+: $1,000	See note (2026 contribution limit was $3,400).	$7,500 ($3,750 if you are married and file taxes separately)
Convenient debit card provided	Yes	Yes	Yes
Balance rolls over year-to-year	Yes	No – "Use It or Lose It" rule applies	No – "Use It or Lose It" rule applies
Earns tax-free returns	Yes	No	No
You can take the account with you should you leave BW	Yes	No	No
Your unused balance is payable to your beneficiary	Yes	Yes – Beneficiary can use balance for claims incurred through the last day of employment	Yes – Beneficiary can use balance for claims incurred through the plan year end date
BW contributes to your account	Yes**	No	No
Contribution amount can be changed during the plan year without a qualifying event	Yes	No	No

Note: For 2027 contribution limits (announced by November 2026), go to www.irs.gov.

Health Savings and Flexible Spending Accounts FAQ

***If I have an HSA, what FSA accounts can I enroll in?** Participants in an HSA can enroll in the Dependent Care FSA but not the Healthcare FSA.

****How do company HSA contributions to the Choice Fund HSA and HSA BASIC plans work?** Participants in the Choice Fund HSA plan will receive the company contribution in quarterly installments beginning in January. These funds are deposited to the team member's HSA as soon as possible, typically in the first month of each calendar quarter. Participants in the Choice Fund HSA BASIC plan will receive the company contribution in quarterly match installments based on a year-to-date look-back at HSA contributions made through payroll deduction. These match funds are deposited to the team member's HSA at the beginning of the following quarter starting in April (fourth quarter matching will be deposited mid-December), and can vary based upon how much was contributed in the prior quarter and how much was contributed for the full year (see p. 17 for more information). During the year, new hires and newly enrolled team members (due to a qualifying life status change) will begin receiving the company contribution quarterly installments in the first full calendar quarter in which they are enrolled in the plan.

Supplemental Life and Accidental Death & Dismemberment Insurance

You may choose to purchase additional life and AD&D insurance for yourself and your dependent(s) at affordable group rates. For supplemental dependent insurance coverage, you must upload copies of dependent verification documents to Workday; see p. 13 for more information.

Supplemental Coverage	Life Insurance Benefit Options*	AD&D Insurance Benefit Options
Team Member	1-5x annual base salary (maximum $500,000)	1-5x annual base salary (maximum $500,000)
Spouse	Increments of $5,000, up to $100,000**	% of team member's benefit amount (maximum $150,000): if no children – 60%; if you have children – 50%
Child(ren) (birth–26 years old)	Option 1: $5,000 Option 2: $10,000	% of team member's benefit amount (maximum $37,500): if no spouse – 15%; if you have a spouse – 10%

Rates (which are based on benefit amount and age band) and EOI rules (which are dependent on the enrollment event) are built into the enrollment system. Rates are subject to change throughout the year if you shift into a different age band. Contact the BW Wellbeing Team at 314.230.7355 for more information.

Benefit cannot be greater than 50% of the team member benefit (basic plus supplemental). For more information on company-paid life and AD&D coverage, see p. 8.

Call: 833.576.5455
Click: www.sunlife.co/barrywehmiller (before enrollment), www.sunlife.com/account (after enrollment)
Policy Number: 981031

Supplemental Long-Term Disability Insurance

If you are unable to return to work after 26 weeks of short-term disability and you wish to supplement your company-paid long-term disability benefit (p. 8), you may purchase additional long-term disability coverage at affordable group rates as follows:

- **Option 1:** Increase your maximum monthly benefit to 60% of your base pay up to $5,000
- **Option 2:** Increase your maximum monthly benefit to 60% of your base pay up to $15,000

During Annual Enrollment, you may increase coverage by one increment ($0 to Option 1 or Option 1 to Option 2) without EOI. Pre-existing condition limitations will apply only on the increased benefit.

Call: 833.576.5455
Click: www.sunlife.co/barrywehmiller (before enrollment), www.sunlife.com/account (after enrollment)
Policy Number: 981031

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LEARN THE LANGUAGE

Evidence of Insurability (EOI)

A record of a person's past and current health events, used by insurance companies to determine whether a person meets the company's definition of good health.

Legal Services

Through Barry-Wehmiller, you can elect coverage for important everyday legal services for just $8.42 per biweekly paycheck. MetLife's legal plan will provide legal representation for you, your spouse and your dependents, through a nationwide network of more than 18,000 participating plan attorneys. These individuals have met strict selection criteria and have an average of 25 years or more of legal experience. You also have the flexibility to use a non-plan attorney and get reimbursed for covered services according to a set fee schedule.

When you use a plan attorney for covered services (including court appearances, document review and preparation, debt collection defense, identity management services, real estate matters, wills and family law; call MetLife for information on additional covered services), there are no deductibles, copays, claim forms, waiting periods or limits on usage. Consultations may be done in-person or over-the-phone—whatever is most convenient for you!

Note: New hires are eligible for this benefit on the first day of hire and must enroll within 30 days; all other team members may change coverage only during Annual Enrollment. Premiums are paid through post-tax payroll deduction. Once enrolled, you remain in the plan for the full calendar year.

Call: 800.821.6400
Click: www.legalplans.com
To register: Team member's SSN needed

Pet Insurance

ENROLL ANYTIME

Barry-Wehmiller has partnered with MetLife to provide discounted pet insurance rates for team members' dogs, cats and other animal family members. Similar to human medical plans with deductibles and coinsurance, this benefit covers accidents, illness, cancer, emergency visits and more—plus, participants have access to a veterinarian help line 24 hours a day, 7 days a week. To elect this benefit, contact MetLife directly and determine the coverage that is best for you and your pet.

Note: Premiums are paid directly to MetLife and not through payroll deduction.

Call: 800.438.6388
Click: www.metlife.com/getpetquote (before enrollment), https://online.metlife.com (after enrollment)

Voluntary Benefits

Our voluntary benefits, administered by Sun Life, provide an opportunity to purchase additional insurance for less than if you bought it on your own—plus, participants can earn wellness rebates. In addition, if you enroll in a voluntary benefit and file a leave claim, Sun Life will automatically send you payment for the benefits that apply—no additional documentation needed. Barry-Wehmiller offers several voluntary insurance options:

- **Hospital Indemnity Insurance:** Pays a cash payment, in addition to your medical benefits, for planned or unplanned hospital stays due to sickness, accidents, pregnancy complications and more
- **Group Critical Illness Coverage:** Pays a cash payment if you are diagnosed with a serious illness
- **Group Accident Coverage:** Pays a cash payment if an injury occurs on- or off-the-job

Note: Premiums are paid through post-tax payroll deduction.

Call: 833.576.5455
Click: www.sunlife.co/barrywehmiller (before enrollment), www.sunlife.com/account (after enrollment)
Policy Number: 955301

Preventive Preferred Brands and Generics Drug List

For Choice Fund HSA and HSA BASIC plans, certain preventive medications are covered at 100% when you use the OptumRx Home Delivery Pharmacy (p. 14) 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 if you have questions about certain medications being covered at 100%.

Call: 844.754.1482
Click: www.myuhc.com

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

- bupropion hcl er (smoking det)
- habitrol
- NICODERM CQ
- NICORETTE
- NICORETTE MINI
- NICORETTE STARTER KIT
- nicotine gum mouth/throat gum 2 mg, 4 mg
- nicotine gum mouth/throat lozenge 2 mg, 4 mg
- nicotine mini
- nicotine mouth/throat gum 2 mg, 4 mg
- nicotine mouth/throat lozenge 2 mg, 4 mg
- nicotine polacrilex mini
- nicotine polacrilex mouth/throat gum 2 mg, 4 mg
- nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg
- nicotine policrilex
- nicotine step 1
- nicotine step 2
- nicotine step 3
- nicotine transdermal kit 21-14-7 mg/24hr
- nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr
- nicotine transdermal system
- NICOTROL NS
- quit2
- quit4
- THRIVE
- varenicline tartrate
- varenicline tartrate (starter)
- varenicline tartrate (continue)

ANTICOAGULANTS

- ARIXTRA
- dabigatran etexilate mesylate
- ELIQUIS
- ELIQUIS (1.5 MG PACK)
- ELIQUIS (2 MG PACK)
- ELIQUIS DVT/PE STARTER PACK
- enoxaparin sodium
- fondaparinux sodium
- FRAGMIN
- heparin sodium (porcine)
- heparin sodium (porcine) +rfid
- heparin sodium (porcine) pf
- LOVENOX
- PRADAXA ORAL CAPSULE
- PRADAXA ORAL PACKET
- rivaroxaban
- SAVAYSA
- warfarin sodium oral
- XARELTO
- XARELTO STARTER PACK

ANTIDEPRESSANTS

- bupropion hcl er (sr)
- bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg
- bupropion hcl oral
- citalopram hydrobromide
- DESVENLAFAXINE ER
- desvenlafaxine succinate er
- DRIZALMA SPRINKLE
- duloxetine hcl oral
- escitalopram oxalate oral solution
- escitalopram oxalate oral tablet
- FETZIMA
- FETZIMA TITRATION
- fluoxetine hcl oral capsule
- fluoxetine hcl oral capsule delayed release
- fluoxetine hcl oral solution
- fluoxetine hcl oral tablet
- fluvoxamine maleate
- fluvoxamine maleate er
- mirtazapine oral
- olanzapine-fluoxetine hcl
- paroxetine hcl

- paroxetine hcl er
- REMERON
- REMERON SOLTAB
- sertraline hcl oral
- venlafaxine hcl
- venlafaxine hcl er oral capsule extended release 24 hour
- venlafaxine hcl er oral tablet extended release 24 hour

ANTINEOPLASTICS

Drugs for Cancer

- anastrozole oral
- AROMASIN
- exemestane
- FARESTON
- FEMARA
- letrozole oral
- SOLTAMOX
- tamoxifen citrate oral
- toremifene citrate

ANTIPLATELETS

- aspirin-dipyridamole er
- cilostazol
- clopidogrel bisulfate oral
- dipyridamole oral
- EFFIENT
- prasugrel hcl
- ticagrelor
- ZONTIVITY

ANTIPSYCHOTICS

Drugs for Mood Disorders

- ABILIFY ASIMTUFII
- ABILIFY MAINTENA
- aripiprazole
- ARISTADA
- ARISTADA INITIO
- asenapine maleate
- BYSANTI
- BYSANTI TITRATION PACK A
- BYSANTI TITRATION PACK B
- BYSANTI TITRATION PACK C
- CAPLYTA
- chlorpromazine hcl oral
- clozapine
- CLOZARIL
- ERZOFRI
- FANAPT
- FANAPT TITRATION PACK A
- FANAPT TITRATION PACK B
- FANAPT TITRATION PACK C
- fluphenazine hcl oral
- GEODON INTRAMUSCULAR
- GEODON ORAL
- haloperidol lactate oral concentrate 2 mg/ml
- haloperidol oral
- INVEGA
- INVEGA HAFYERA
- INVEGA SUSTENNA
- INVEGA TRINZA
- loxapine succinate
- lurasidone hcl
- molindone hcl
- NUPLAZID
- olanzapine intramuscular
- olanzapine oral
- OPIPZA
- paliperidone er
- PERSERIS
- quetiapine fumarate
- quetiapine fumarate er
- REXULTI
- RISPERDAL CONSTA
- risperidone microspheres er
- risperidone oral solution 1 mg/ml
- risperidone oral tablet
- risperidone oral tablet dispersible
- RYKINDO
- thioridazine hcl oral
- thiothixene
- trifluoperazine hcl
- UZEDY
- VERSACLOZ
- VRAYLAR
- ziprasidone hcl
- ziprasidone mesylate
- ZYPREXA RELPREVV
- ZYPREXA ZYDIS

ANTIVIRALS

- abacavir sulfate
- abacavir sulfate-lamivudine
- APRETUDE
- APTIVUS
- atazanavir sulfate
- BIKTARVY
- CABENUVA
- CIMDUO
- COMPLERA
- darunavir
- DELSTRIGO
- DESCOVY
- DOVATO
- EDURANT PED
- efavirenz
- efavirenz-emtricitab-tenofo df
- efavirenz-lamivudine-tenofovir
- emtricitabine
- emtricitabine-tenofovir df
- emtricitab-rilpivir-tenofov df
- EMTRIVA ORAL CAPSULE
- EMTRIVA ORAL SOLUTION
- EPIVIR
- etravirine
- EVOTAZ

- fosamprenavir calcium
- GENVOYA
- IDVYNSO
- INTELENCE ORAL TABLET 100 MG, 200 MG
- INTELENCE ORAL TABLET 25 MG
- ISENTRESS
- ISENTRESS HD
- JULUCA
- KALETRA
- lamivudine oral solution
- lamivudine oral tablet 150 mg, 300 mg
- lamivudine-zidovudine
- lopinavir-ritonavir
- maraviroc
- nevirapine
- nevirapine er
- NORVIR ORAL PACKET
- NORVIR ORAL TABLET
- ODEFSEY
- PIFELTRO
- PREZCOBIX
- PREZISTA ORAL SUSPENSION
- PREZISTA ORAL TABLET 150 MG, 75 MG
- PREZISTA ORAL TABLET 600 MG, 800 MG
- RETROVIR ORAL
- REYATAZ ORAL CAPSULE
- REYATAZ ORAL PACKET
- rilpivirine hcl
- ritonavir
- RUKOBIA
- SELZENTRY
- STRIBILD
- SUNLENCA
- SYMFI
- SYMTUZA
- tenofovir disoproxil fumarate
- TIVICAY
- TIVICAY PD
- TRIUMEQ
- TRIUMEQ PD
- VIRACEPT
- VIREAD ORAL POWDER
- VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG
- VIREAD ORAL TABLET 300 MG
- ZIAGEN
- zidovudine

BIPOLAR AGENTS

Drugs for Mood Disorders

- EQUETRO

CARDIOVASCULAR AGENTS

Drugs for Heart and Circulation Conditions

- acebutolol hcl oral
- ALDACTONE
- aliskiren fumarate
- amiloride hcl oral
- amiloride-hydrochlorothiazide
- AMLODIPINE BES+SYRSPEND SF
- amlodipine besylate oral
- amlodipine besylate-benazepril hcl
- amlodipine besylate-valsartan
- amlodipine-atorvastatin
- amlodipine-olmesartan
- amlodipine-valsartan-hctz
- ARBLI
- ATACAND HCT
- atenolol oral
- ATENOLOL+SYRSPEND SF
- atenolol-chlorthalidone
- atorvastatin calcium oral
- AVALIDE
- azilsartan medoxomil
- BAXFENDY
- benazepril hcl oral
- benazepril-hydrochlorothiazide
- BETAPACE
- BETAPACE AF
- betaxolol hcl oral
- BIDIL
- bisoprolol fumarate oral
- bisoprolol-hydrochlorothiazide
- bumetanide oral
- BUMEX
- CADUET
- candesartan cilexetil
- candesartan cilexetil-hctz
- captopril oral
- captopril-hydrochlorothiazide
- CARDIZEM
- CARDIZEM CD
- CARDURA
- CAROSPIR
- cartia xt
- carvedilol
- carvedilol phosphate er
- chlorthalidone
- cholestyramine light
- cholestyramine oral
- clonidine
- CLONIDINE ER
- clonidine hcl oral
- colesevelam hcl
- colestipol hcl
- digoxin oral
- diltiazem hcl er
- diltiazem hcl er beads
- diltiazem hcl er coated beads
- diltiazem hcl oral
- dilt-xr
- doxazosin mesylate oral
- DYRENIUM

- EDARBYCLOR
- EDECRIN
- enalapril maleate oral
- enalapril-hydrochlorothiazide
- EPANED
- eplerenone
- ethacrynic acid
- ezetimibe oral
- ezetimibe-simvastatin
- felodipine er
- fenofibrate micronized
- fenofibrate oral
- fenofibric acid
- FLOLIPID
- fluvastatin sodium
- fluvastatin sodium er
- fosinopril sodium
- fosinopril sodium-hctz
- furosemide oral
- gemfibrozil oral
- guanfacine hcl
- HEMANGEOL
- hydralazine hcl oral
- hydrochlorothiazide oral
- icosapent ethyl
- indapamide
- irbesartan
- irbesartan-hydrochlorothiazide
- isosorb dinitrate-hydralazine
- isosorbide dinitrate
- isosorbide mononitrate
- isosorbide mononitrate er
- isradipine
- JUXTAPID
- labetalol hcl oral
- LANOXIN ORAL
- LEROCHOL
- LIPOFEN
- lisinopril oral
- lisinopril-hydrochlorothiazide
- LOPID
- LOPRESSOR
- losartan potassium oral
- losartan potassium-hctz
- LOTENSIN
- LOTENSIN HCT
- lovastatin oral
- matzim la
- methyldopa
- metolazone
- metoprolol succinate er
- metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg
- METOPROLOL TARTRATE ORAL TABLET 12.5 MG
- metoprolol-hydrochlorothiazide
- metyrosine
- minoxidil oral
- moexipril hcl
- nadolol oral
- nebivolol hcl
- NEXICLON XR
- NEXLETOL
- NEXLIZET
- niacin (antihyperlipidemic)
- niacin er (antihyperlipidemic)
- niacor
- nicardipine hcl oral
- nifedipine er
- nifedipine er osmotic release
- nifedipine oral
- nimodipine oral capsule
- NIMODIPINE ORAL SOLUTION
- nisoldipine er
- nitro-bid
- NITRO-DUR
- nitroglycerin sublingual
- nitroglycerin transdermal
- nitroglycerin translingual
- NITROLINGUAL
- NITRO-TIME
- NORLIQVA
- NYMALIZE
- olmesartan medoxomil oral
- olmesartan medoxomil-hctz
- olmesartan-amlodipine-hctz
- omega-3-acid ethyl esters
- perindopril erbumine
- phenoxybenzamine hcl oral
- pindolol
- pitavastatin calcium
- pravastatin sodium
- prazosin hcl oral
- PRESTALIA
- prevalite
- PROCARDIA XL
- propranolol hcl er
- propranolol hcl oral
- QBRELIS

YOUtilize This

HOW WILL I KNOW IF A MEDICATION IS STILL COVERED?

This list, evaluated by an OptumRx review board, is ever-changing due to patent expirations and formulary changes. Please call UnitedHealthcare at 844.754.1482 or go to www.myuhc.com to confirm if a particular medication is covered at 100%.

- quinapril hcl
- quinapril-hydrochlorothiazide
- ramipril
- ranolazine er
- REPATHA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML
- rosuvastatin calcium oral
- simvastatin oral
- sotalol hcl (af)
- sotalol hcl oral
- SOTYLIZE
- spironolactone oral suspension 25 mg/5ml
- spironolactone oral tablet
- spironolactone-hctz
- SULAR
- TEKTURNA
- telmisartan
- telmisartan-amlodipine
- telmisartan-hctz
- tiadylt er
- TIAZAC
- timolol maleate oral
- torsemide
- trandolapril
- trandolapril-verapamil hcl er
- triamterene oral
- triamterene-hctz
- TRYVIO
- valsartan
- valsartan-hydrochlorothiazide
- VASCEPA
- VASERETIC
- VASOTEC
- VECAMYL
- verapamil hcl er
- verapamil hcl oral
- ZESTORETIC

DIABETES

Antidiabetic Agents

- acarbose oral
- ACTOPLUS MET
- ACTOS
- CYCLOSET
- dapaglifloz base-metformin er
- dapagliflozin
- DAPAGLIFLOZIN-SAXAGLIPTIN
- DUETACT
- glimepiride
- glipizide er
- glipizide ir
- glipizide-metformin hcl
- GLUCOTROL XL
- glyburide
- glyburide-metformin
- GLYXAMBI
- JARDIANCE
- JENTADUETO
- JENTADUETO XR
- liraglutide
- metformin hcl er
- metformin hcl oral solution
- metformin hcl oral tablet 1000 mg, 500 mg, 750 mg, 850 mg
- miglitol
- MOUNJARO
- nateglinide
- OZEMPIC
- OZEMPIC (2 MG/DOSE)
- pioglitazone hcl
- pioglitazone hcl-glimepiride
- pioglitazone hcl-metformin hcl
- repaglinide
- RIOMET
- RYBELSUS
- saxagliptin hcl
- saxagliptin-metformin er
- sitagliptin phos-metformin hcl
- sitagliptin phosphate
- SOLIQUA
- SYNJARDY
- SYNJARDY XR
- TRADJENTA
- TRIJARDY XR
- TRULICITY
- XULTOPHY

DIABETES

Glucose Monitoring

- CONTOUR MONITOR
- CONTOUR MONITOR
- CONTOUR NEXT EZ KIT W/DEVICE
- CONTOUR NEXT GEN MONITOR KIT W/DEVICE
- CONTOUR NEXT LINK KIT W/DEVICE
- CONTOUR NEXT MONITOR KIT W/DEVICE
- CONTOUR NEXT ONE KIT
- CONTOUR NEXT GEN TEST STRIPS
- CONTOUR PLUS BLUE KIT W/DEVICE
- CONTOUR PLUS TEST STRIP
- CONTOUR TEST STRIPS
- LANCETS

DIABETES

Insulins

- ADMELOG
- ADMELOG SOLOSTAR
- ADVOCATE INSULIN PEN NEEDLE
- AFREZZA
- APIDRA SOLOSTAR
- APIDRA VIAL
- AQ INSULIN SYRINGE
- AQINJECT PEN NEEDLE

- ASSURE ID DUO PRO PEN NEEDLES
- ASSURE ID PRO PEN NEEDLES
- AUM INSULIN SAFETY PEN NEEDLE
- AUM MINI INSULIN PEN NEEDLE
- AUM PEN NEEDLE
- AUM READYGARD DUO PEN NEEDLE
- AUM SAFETY PEN NEEDLE
- BASAGLAR KWIKPEN
- BD AUTOSHIELD DUO PEN NEEDLES
- BD PEN NEEDLE MICRO ULTRAFINE
- BD PEN NEEDLE MINI ULTRAFINE
- BD PEN NEEDLE NANO ULTRAFINE
- BD PEN NEEDLE ORIG ULTRAFINE
- BD PEN NEEDLE SHORT ULTRAFINE
- BD ULTRA-FINE INSULIN SYRINGES 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML
- BD ULTRA-FINE PEN NEEDLES
- BD VEO INSULIN SYR ULTRAFINE
- COMFORT EZ PRO PEN NEEDLES
- DROPLET MICRON
- DROPSAFE AUTOPROTECT DUO
- DROPSAFE SAFETY SYRINGE/NEEDLE
- EASY TOUCH INSULIN BARRELS
- EMBECTA AUTOSHIELD DUO
- EMBECTA INS SYR U/F 1/2 UNIT
- EMBECTA INSULIN SYR ULTRAFINE
- EMBECTA INSULIN SYRINGE
- EMBECTA INSULIN SYRINGE U-100
- EMBECTA INSULIN SYRINGE U-500
- EMBECTA PEN NEEDLE NANO
- EMBECTA PEN NEEDLE NANO 2 GEN
- EMBECTA PEN NEEDLE ULTRAFINE
- EMBRACE PEN NEEDLES
- FIASP
- FIASP FLEXTOUCH
- FIASP PENFILL
- FIASP PUMPCART
- HUMALOG
- HUMALOG JUNIOR KWIKPEN
- HUMALOG KWIKPEN
- HUMALOG MIX 50/50 KWIKPEN
- HUMALOG MIX 75/25
- HUMALOG MIX 75/25 KWIKPEN
- HUMULIN 70/30 KWIKPEN
- HUMULIN 70/30 VIAL
- HUMULIN N KWIKPEN
- HUMULIN N VIAL
- HUMULIN R U-500 KWIKPEN
- HUMULIN R VIAL
- INCONTROL ULTICARE PEN NEEDLES
- INSULIN LISPRO
- INSULIN LISPRO (1 UNIT DIAL)
- INSULIN LISPRO JUNIOR KWIKPEN
- INSULIN LISPRO PROT & LISPRO
- INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM
- INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML, U-100 1 ML
- INSUPEN32G EXTR3ME
- KIRSTY
- LANTUS SOLOSTAR
- LANTUS U-100 VIAL
- LYUMJEV
- LYUMJEV KWIKPEN
- MERILOG
- MERILOG SOLOSTAR
- NOVOLIN 70/30 FLEXPEN
- NOVOLIN 70/30 VIAL
- NOVOLIN N FLEXPEN
- NOVOLIN N VIAL
- NOVOLIN R FLEXPEN
- NOVOLIN R VIAL
- NOVOLOG FLEXPEN
- NOVOLOG MIX 70/30 FLEXPEN
- NOVOLOG MIX 70/30 VIAL
- NOVOLOG PENFILL
- NOVOLOG U-100 VIAL
- PEN NEEDLE/5-BEVEL TIP
- PEN NEEDLES
- PENTIPS GENERIC PEN NEEDLES

- PIP PEN NEEDLES 31G X 5MM
- PIP PEN NEEDLES 32G X 4MM
- PURE COMFORT SAFETY PEN NEEDLE
- QUICK TOUCH INSULIN PEN NEEDLE
- RAYA SURE PEN NEEDLE
- REZVOGLAR KWIKPEN
- SAFETY PEN NEEDLES
- TECHLITE PLUS PEN NEEDLES
- TOUJEO MAX SOLOSTAR
- TOUJEO SOLOSTAR
- TRUE COMFORT SAFETY PEN NEEDLE
- ULTICARE INSULIN SYR 1/2 UNIT
- ULTIGUARD SAFEPACK NEEDLE
- ULTIGUARD SAFEPACK SYR/NEEDLE
- UNIFINE OTC PEN NEEDLES
- UNIFINE PROTECT PEN NEEDLE
- UNIFINE ULTRA PEN NEEDLE
- VERIFINE INSULIN PEN NEEDLE
- VERIFINE INSULIN SYRINGE
- VERIFINE PLUS PEN NEEDLE

ELECTROLYTES/MINERALS/METALS/VITAMINS

- ALIVE DAILY SUP PRENATAL GUMMI
- ALIVE PREMIUM PRENATAL
- ALIVE PRENATAL
- ATABEX
- ATABEX EC
- ATABEX ONE
- CADEAU DHA
- CENTRUM PRENATAL GUMMIES
- CENTRUM SPECIALIST PRENATAL
- classic prenatal
- C-NATE DHA
- COMPLETE NATAL DHA
- COMPLETENATE
- CO-NATAL FA
- CONCEPT DHA
- CONCEPT OB
- ELITE-OB
- endur-acin
- endur-amide
- ENFAMIL EXPECTA
- FLORIVA PLUS
- FOLIVANE-OB
- GOOD START PRENATAL NOURISH
- INATAL GT
- kosher prenatal plus iron
- kpn prenatal
- MASONATAL
- M-NATAL PLUS
- multi prenatal
- multivitamin w/fluoride
- multi-vitamin/fluoride
- multivitamin/fluoride oral tablet chewable
- multi-vitamin/fluoride/iron
- NEONATAL COMPLETE
- NEONATAL PLUS
- NEONATAL PRENATAL
- NEONATAL VITAMIN
- NESTABS
- niacin er oral capsule extended release
- niacin er oral tablet extended release 1000 mg, 250 mg, 500 mg
- niacin oral capsule 100 mg
- niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg
- niacinamide er
- niacinamide oral
- NIAVASC
- NIAVASC 750
- NIVA-PLUS
- OB COMPLETE
- OB COMPLETE/DHA
- OBSTETRIX DHA
- OBSTETRIX EC
- OBSTETRIX ONE
- OBTREX
- ONE A DAY PRENATAL ADV BRAIN
- ONE A DAY PRENATAL ADVANCED
- ONE A DAY PRENATAL ORAL CAPSULE
- ONE A DAY PRENATAL ORAL TABLET CHEWABLE
- ONE VITE WOMENS
- ONE VITE WOMENS PLUS
- P2I PRENATAL WITH CHOLINE
- pnv 27-ca/fe/fa
- pnv prenatal plus multivit+dha
- pnv-dha
- pnv-omega
- pnv-select
- POLY-VI-FLOR/IRON ORAL SUSPENSION
- PREMESISRX
- PRENA 1 TRUE
- PRENA1
- PRENA1 PEARL
- PRENATABS RX
- prenatal (w/iron & fa)
- prenatal + complete multi
- prenatal 19
- prenatal adult gummy/dha/fa
- prenatal complete
- PRENATAL ESSENTIALS
- prenatal fa + dha + choline
- prenatal formula a-free
- prenatal formula oral tablet 28-0.8 mg
- prenatal forte

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. 19).

YOUtilize This

DID YOU KNOW?

Breast cancer is most treatable when caught early. According to a 2025 American Cancer Society report, the breast cancer death rate has declined by 44% since 1989 because of improved treatment, and earlier detection through screening mammography and increased awareness.

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	●	●	45-75	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		●	40-74	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.

****Cologuard does not satisfy the colorectal cancer screening requirement for the Better You Incentive.***

- prenatal gummies
- prenatal gummies/dha & fa
- prenatal gummy
- prenatal multi +dha
- prenatal multi+dha
- prenatal multivit plus folate
- prenatal multivitamin
- PRENATAL MULTIVITAMIN + DHA
- prenatal multivitamin plus dha
- prenatal multivitamins
- prenatal one daily
- prenatal oral tablet 28-0.8 mg
- prenatal plus
- prenatal vitamin and mineral
- prenatal vitamins
- prenatal/folic acid
- prenatal/folic acid+dha
- prenatal/iron oral tablet
- prenatal+dha
- PRENATAL-U
- PROVIDA OB
- RELNATE DHA
- SELECT-OB ORAL TABLET CHEWABLE 29- 1 MG
- SIMILAC PRENATAL EARLY SHIELD
- SLO-NIACIN
- SOLUVITA ACD WITH FLUORIDE
- SOLUVITA WITH FLUORIDE
- STUART ONE
- TARON-C DHA
- THERANATAL COMPLETE
- THERANATAL CORE NUTRITION
- THERANATAL ONE
- THERANATAL OVAVITE
- THRIVITE RX
- TRINATAL RX 1
- TRINATE

- TRI-VI-FLOR
- TRI-VI-FLORO
- tri-vite/fluoride
- TRUE VITAMIN B3
- ultra prenatal vit/min + dha
- UPSPRING PRENATAL COMPLETE
- VINATE CARE
- VINATE DHA RF
- VITAFUSION PRENATAL
- WESCAP-PN DHA
- WESNATE DHA
- WESTAB PLUS
- womens prenatal+dha

GASTROINTESTINAL AGENTS

Drugs for Acid Reflux and Ulcer

- acid controller
- acid controller complete
- acid controller max st
- acid reducer + antacid
- acid reducer complete
- acid reducer max st oral tablet 20 mg
- acid reducer max strength oral tablet 20 mg
- acid reducer maximum strength
- acid reducer oral capsule delayed release 15 mg, 20 mg, 20.6 (20 base) mg
- acid reducer oral tablet 10 mg, 200 mg
- acid reducer oral tablet delayed release 20 mg
- acid-pep maximum strength
- cimetidine 200
- cimetidine acid reducer
- cimetidine hcl
- cimetidine oral
- CYTOTEC
- dexlansoprazole
- dual action complete oral tablet chewable 10- 800-165 mg
- esomeprazole
- esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg
- esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg
- famotidine acid reducer
- famotidine max st
- famotidine maximum strength
- famotidine oral
- famotidine orig st
- FIRST-LANSOPRAZOLE
- heartburn prevention
- heartburn relief max st
- heartburn relief oral tablet 10 mg, 200 mg
- lansoprazole oral
- misoprostol oral
- NEXIUM 24HR
- NEXIUM 24HR CLEAR MINIS
- NEXIUM ORAL PACKET
- nizatidine
- omep/sod bicarb
- omeprazole magnesium
- omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg
- omeprazole oral tablet delayed release 20 mg
- omeprazole oral tablet delayed release dispersible 20 mg
- omeprazole-sod bicarbonate
- omeprazole-sodium bicarb oral capsule 20- 1100 mg
- omeprazole-sodium bicarbonate capsule 20- 1100 mg oral (otc)
- pantoprazole sodium oral
- PEPCID
- PEPCID AC
- PEPCID AC MAXIMUM STRENGTH
- PEPCID COMPLETE
- PREVACID 24HR
- PRILOSEC
- PRILOSEC OTC
- PROTONIX ORAL PACKET
- rabeprazole sodium oral tablet delayed release
- RANITIDINE HCL
- sucralfate oral
- TAGAMET HB
- TAGAMET HB 200
- ZANTAC 360 MAX ST
- ZEGERID OTC

GASTROINTESTINAL AGENTS

Drugs for Bowel, Intestine and Stomach Conditions

- amoxicill-clarithro-lansopraz
- bis subcit-metronid-tetracyc
- bismuth/metronidaz/tetracyclin
- CLENPIQ
- gavilyte-c
- gavilyte-g
- gavilyte-n with flavor pack
- na sulfate-k sulfate-mg sulf
- peg 3350-kcl-na bicarb-nacl
- peg-3350/electrolytes
- peg-3350/electrolytes/ascorbat
- peg-kcl-nacl-nasulf-na asc-c
- PEG-PREP
- PYLERA
- SUFLAVE
- SUPREP BOWEL PREP KIT
- SUTAB
- TALICIA
- VOQUEZNA DUAL PAK
- VOQUEZNA TRIPLE PAK

HORMONAL AGENTS

Selective Estrogen Receptor Modifying Agents

- EVISTA
- OSPHENA
- raloxifene hcl

HORMONAL AGENTS

Sex Hormones and Birth Control

- abigale
- abigale lo
- ACTIVELLA
- afirmelle
- aftera
- AFTERPILL
- ALORA
- altavera
- alyacen 1/35
- alyacen 7/7/7
- amethyst
- ANGELIQ
- ANNOVERA
- apri
- aranelle
- ashlyna
- aubra eq
- aurovela 1.5/30
- aurovela 1/20
- aurovela 24 fe
- aurovela fe 1.5/30
- aurovela fe 1/20
- AVERI ORAL TABLET 0.15-0.03 MG
- aviane
- ayuna
- azurette
- BALCOLTRA
- balziva
- BIJUVA
- blisovi 24 fe
- blisovi fe 1.5/30
- blisovi fe 1/20
- briellyn
- camila
- camrese
- camrese lo
- charlotte 24 fe
- chateal eq
- CLIMARA
- CLIMARA PRO
- COMBIPATCH
- COVARYX
- COVARYX HS
- cryselle
- cyred eq
- dasetta 1/35 (28)
- dasetta 7/7/7
- deblitane
- delyla
- DEPO-ESTRADIOL
- DEPO-PROVERA
- DEPO-SUBQ PROVERA 104
- DIVIGEL
- dolishale
- dotti
- drospiren-eth estrad-levomefol
- drospirenone-ethinyl estradiol
- DUAVEE
- econtra one-step
- EC-RX ESTRADIOL
- EEMT
- EEMT HS
- ELESTRIN
- elinest
- ELLA
- eluryng
- emzahh
- enilloring
- enskyce
- errin
- est estrogens-methyltest
- est estrogens-methyltest hs
- estarylla
- estradiol oral
- estradiol transdermal
- estradiol valerate intramuscular
- estradiol-norethindrone acet
- estrogens conjugated
- etonogestrel-ethinyl estradiol
- EVAMIST
- falmina
- feirza 1.5/30
- feirza 1/20
- FEMLYV
- finzala
- fyavolv
- galbriela
- gemmily
- hailey 1.5/30
- hailey 24 fe
- hailey fe 1.5/30
- hailey fe 1/20
- heather
- her style
- iclevia
- incassia
- introvale
- isibloom
- jaimiess
- jasmiel
- jencycla
- jinteli
- jolessa
- joyeaux
- juleber
- junel 1.5/30

- junel 1/20
- junel fe
- kaitlib fe
- kalliga
- kariva
- kelnor 1/35
- kurvelo
- KYLEENA
- larin 1.5/30
- larin 1/20
- larin 24 fe
- larin fe 1.5/30
- larin fe 1/20
- lessina
- levonest
- levonorgest-eth estrad 91-day oral tablet 0.1- 0.02 & 0.01 mg, 0.15-0.03 mg
- levonorgest-eth estradiol-iron
- levonorgestrel
- levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg
- levonorg-eth estrad triphasic
- LILETTA (52 MG)
- lojaimiess
- loryna
- low-ogestrel
- lo-zumandimine
- luizza 1.5/30
- luizza 1/20
- lutera
- lyleq
- lyllana
- lyza
- marlissa
- medroxyprogesterone acetate intramuscular
- medroxyprogesterone acetate oral
- meleya
- MENOSTAR
- mibelas 24 fe
- microgestin 1.5/30
- microgestin 1/20
- microgestin fe 1.5/30
- microgestin fe 1/20
- mili
- mimvey
- MINIVELLE
- minzoya
- MIRENA (52 MG)
- mono-linyah
- my choice
- my way
- MYFEMBREE
- NATAZIA
- necon 0.5/35 (28)
- new day
- NEXPLANON
- NEXTSTELLIS
- nikki
- nora-be
- norelgestromin-eth estradiol
- norethin ace-eth estrad-fe
- norethindrone acet-ethinyl est
- norethindrone oral
- norethindrone-eth estradiol
- norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg
- norgestimate-ethinyl estradiol triphasic
- norlyroc
- nortrel 0.5/35 (28)
- nortrel 1/35 (21)
- nortrel 1/35 (28)
- nortrel 7/7/7
- nylia 1/35
- nylia 7/7/7
- opcicon one-step
- OPILL
- option 2
- ORIAHNN
- orquidea
- PARAGARD INTRAUTERINE COPPER
- philith
- pimtrea
- PLAN B ONE-STEP
- portia-28
- PREMPHASE
- PREMPRO
- progesterone oral
- reclipsen
- rivelsa
- rosyrah
- setlakin
- sharobel
- shewise
- simliya
- simpesse
- SKYLA
- sprintec 28
- syeda
- take action
- tarina 24 fe
- tarina fe 1/20 eq
- taysofy
- TAYTULLA
- tilia fe
- tri-estarylla
- tri-legest fe
- tri-linyah
- tri-lo-estarylla
- tri-lo-marzia
- tri-lo-mili
- tri-lo-sprintec
- tri-mili
- tri-sprintec
- tri-vylibra

- tri-vylibra lo
- turqoz
- TYBLUME
- tydemy
- valtya 1/35
- valtya 1/50
- velivet
- vestura
- vienva
- viorele
- volnea
- vyfemla
- vylibra
- wera
- wymzya fe
- xarah fe
- xelria fe
- xulane
- zafemy
- zovia 1/35 (28)
- zumandimine

IMMUNOLOGICAL AGENTS

Drugs for Immune System Stimulation or Suppression

- ASTAGRAF XL
- AZASAN
- azathioprine oral
- CELLCEPT
- cyclosporine modified
- cyclosporine oral
- ENVARSUS XR
- everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg
- gengraf
- IMURAN
- mycophenolate mofetil oral
- mycophenolate sodium
- mycophenolic acid
- MYFORTIC
- MYHIBBIN
- NEORAL
- PROGRAF ORAL
- SANDIMMUNE ORAL
- sirolimus oral
- tacrolimus er
- tacrolimus oral
- ZORTRESS

METABOLIC BONE DISEASE AGENTS

Drugs for Osteoporosis

- ACTONEL
- alendronate sodium oral solution
- alendronate sodium oral tablet 10 mg, 35 mg, 70 mg
- ATELVIA
- BILDYOS
- BINOSTO
- BONSITY
- calcitonin (salmon) nasal
- ENOBY
- EVENITY
- FOSAMAX
- FOSAMAX PLUS D
- ibandronate sodium oral
- OSVYRTI
- risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg
- risedronate sodium oral tablet delayed release
- STOBOCLO
- teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous
- TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS
- TYMLOS

MISCELLANEOUS THERAPEUTIC AGENTS

- 3 SERIES BP MONITOR/WRIST
- ADVANCED BP MONITOR
- ADVOCATE ARM BPM
- AIRZONE PEAK FLOW METER
- ASSESS PEAK FLOW METER
- BLOOD PRESSURE
- BLOOD PRESSURE CUFF MONITOR
- BLOOD PRESSURE KIT
- BLOOD PRESSURE MON/AUTO/WRIST
- BLOOD PRESSURE MON/WRIST
- BLOOD PRESSURE MONITOR 3
- BLOOD PRESSURE MONITOR AUTOMAT
- BLOOD PRESSURE MONITOR DELUXE
- BLOOD PRESSURE MONITOR DEVICE
- BLOOD PRESSURE MONITOR/ARM
- BLOOD PRESSURE MONITOR/PRM ARM
- BLOOD PRESSURE MONITOR/WRIST
- BLOOD PRESSURE SERIES 200 DEVICE
- BLOOD PRESSURE SERIES 200W
- BLOOD PRESSURE SERIES 600
- BLOOD PRESSURE SERIES 600W
- BLOOD PRESSURE SERIES 800
- BLOOD PRESSURE UNIT
- BP MONITOR WRIST
- BP MONITOR/MULTI-USER/ARM
- BP MONITOR-STETHOSCOPE KIT
- BREATHE EASE PEAK FLOW METER
- CARETOUCH BP ARM MONITOR
- CARETOUCH BP WRIST MONITOR

- CARETOUCH SLIM BP WRIST MONITO
- CARETOUCH VERSA BP ARM MONITOR
- CLEVER CHOICE BP MONITOR/ARM
- CLEVER CHOICE BP MONITOR/WRIST
- CLEVER CHOICE PEAK FLOW METER
- ESSENTIAL BP MONITOR/ARM/SMALL
- FONDCIRCLE ARM BLOOD PRESSURE
- FONDCIRCLE BLOOD PRESSURE MONI
- FONDCIRCLE ELECTRONIC PEAK FLO
- FORA P20 BP MONITOR SYSTEM
- FORA P20 BP MONITOR-BLUETOOTH
- FORA P30 PLUS BP MONITOR-MED
- FORA P30 PLUS BP MONITOR-WIDE
- FORA P50 BP MONITOR SYSTEM
- FORA TEST N' GO BP
- FT BLOOD PRESSURE SERIES 200W
- HEALTH SENSE BP MONITOR
- HEALTHSMART BP MONITOR/WRIST
- INCONTROL BP MONITOR
- INCONTROL DELUXE AUTO BP
- INCONTROL PREMIUM BP
- LUNG PERFORM PEAK FLOW METER
- MANUAL BLOOD PRESSURE
- MICROLIFE BLUETOOTH BP MONITOR
- MICROLIFE BP MONITOR
- MICROLIFE BPM1 BP MONITOR
- MICROLIFE BPM2 BP MONITOR
- MICROLIFE BPM3 DELUXE MONITOR
- MICROLIFE BPM6 PREMIUM MONITOR
- MICROLIFE DELUXE BP MONITOR
- MICROLIFE DIGITAL PEAK FLOW
- MICROLIFE WRIST BP MONITOR
- MINI WRIGHT PEAK FLOW METER
- MULTI-USER BLOOD PRESSURE
- OMRON 10 SERIES BP MONITOR
- OMRON 3 SERIES BP MONITOR
- OMRON 5 SERIES BP MONITOR
- OMRON 7 SERIES BP MONITOR
- OMRON WRIST BP MONITOR
- PEAK A-I-R FLOW METER
- PEAK AIR PEAK FLOW METER
- PEAK FLOW METER UNIVERSAL RANG
- PERSONAL BEST FULL RANGE
- PIKO 1
- POCKET PEAK FLOW METER
- POCKETPEAK PEAK FLOW METER
- PREMIUM + TALKING BP MONITIOR
- PRO HEALTH MINI TALKING MONITR
- PRO HEALTH TRACK BP MONITOR
- PROCARE UPPER ARM BP MONITOR
- PROCARE WRIST BP MONITOR
- PROCHECK BLOOD PRESS MONITOR
- PURE COMFORT FLOW METER ADULT
- PURE COMFORT FLOW METER CHILD
- RELION BLOOD PRESSURE MONITOR
- RELION PREMIUM MONITOR
- SERIES 100 BLOOD PRESSURE
- SERIES 400 BLOOD PRESSURE
- SERIES 400W BLOOD PRESSURE
- SERIES 600 BLOOD PRESSURE
- SERIES 600W BLOOD PRESSURE
- SERIES 800 BLOOD PRESSURE
- SPHYGMOMANOMETER
- SURELIFE BP MONITOR/ARM
- SURELIFE BP MONITOR/WRIST
- TALKING SENSE BP MONITOR
- TGT BLOOD PRESSURE MONITOR
- TRUE HEALTH SENSE BP MONITOR
- TRUZONE PEAK FLOW METER

RESPIRATORY TRACT/ PULMONARY AGENTS

Drugs for Asthma and Other Lung Conditions

- ADVAIR HFA
- AIRSUPRA
- albuterol sulfate hfa
- albuterol sulfate inhalation
- albuterol sulfate oral
- ANORO ELLIPTA
- arformoterol tartrate
- ARNUITY ELLIPTA
- BECLOMETHASONE DIPROP HFA
- BREO ELLIPTA
- BREZTRI AEROSPHERE
- budesonide inhalation
- COMBIVENT RESPIMAT
- cromolyn sodium inhalation
- DALIRESP
- elixophyllin
- fluticasone propionate hfa aerosol 44 mcg/act inhalation
- fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250- 50 mcg/act, 500-50 mcg/act
- formoterol fumarate inhalation
- ipratropium bromide hfa
- ipratropium bromide inhalation
- ipratropium-albuterol
- levalbuterol hcl inhalation
- montelukast sodium oral
- PERFOROMIST
- QVAR REDIHALER
- roflumilast
- SEREVENT DISKUS
- SPIRIVA RESPIMAT
- STIOLTO RESPIMAT
- STRIVERDI RESPIMAT
- SYMBICORT
- terbutaline sulfate oral
- THEO-24
- theophylline er
- theophylline oral
- tiotropium bromide
- TRELEGY ELLIPTA
- UMECLIDINIUM ELLIPTA
- wixela inhub
- YUPELRI
- zafirlukast
- zileuton er

Note: Brand-name medications are shown in UPPERCASE (for example, CELEXA) and generic medications are in lowercase (for example, citalopram).
Refer to benefit plan documents to make sure listed medication is included in your benefit. Oral and self-injectable specialty medications may have limitations based on your plan benefit.

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 bwwellbeing@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 the BW Wellbeing Team at (314) 230-7355 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 the BW Wellbeing Team at (314) 230-7355 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: www.bwwellbeing.com.

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/GYN Care 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) 230-7355.

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) 230-7355.

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 January 31, 2026. Contact your State for more information on eligibility.

ALABAMA – Medicaid	INDIANA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
ALASKA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp HIPP Phone: 1-888-346-9562
ARKANSAS – Medicaid	**KANSAS – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
CALIFORNIA – Medicaid	**KENTUCKY – Medicaid**
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	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://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**LOUISIANA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000, Tucker, GA 30084
FLORIDA – Medicaid	**MAINE – Medicaid**
Website: https://www.flmedicaidtplrecovery.com/ flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US 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
GEORGIA – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com

MINNESOTA – Medicaid	PENNSYLVANIA – Medicaid and CHIP
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: https://www.pa.gov/agencies/dhs/resources/chip.html CHIP Phone: 1-800-986-KIDS (5437)
MISSOURI – Medicaid	**RHODE ISLAND – Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
MONTANA – Medicaid	**SOUTH CAROLINA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 E-Mail: HHSHIPPProgram@mt.gov	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEBRASKA – Medicaid	**SOUTH DAKOTA – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633, Lincoln: 402-473-7000, Omaha: 402-595-1178	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEVADA – Medicaid	**TEXAS – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493
NEW HAMPSHIRE – Medicaid	**UTAH – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 15218 E-Mail: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ E-Mail: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
NEW JERSEY – Medicaid and CHIP	**VERMONT – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427
NEW YORK – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
NORTH CAROLINA – Medicaid	**WASHINGTON – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
NORTH DAKOTA – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-Free Phone: 1-855-MyWVHIPP (1-855-699-8447)
OKLAHOMA – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
OREGON – Medicaid and CHIP	**WYOMING – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	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 January 31, 2026, 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) or 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 the BW Wellbeing Team at (314) 230-7355. 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 Vitality 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 the BW Wellbeing Team at (314) 230-7355.

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, EIN 43-0172560, Plan No. 501, for period 01/01/2025 through 12/31/2025. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA)

Barry-Wehmiller Companies, Inc. has committed itself to pay certain self-insured Medical, Dental, and Short-term Disability claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with Delaware American Life Insurance of America, National Union Fire Ins. Co. of Pittsburgh, PA, MetLife Legal Plans, EyeMed Vision Care on Behalf of Fidelity Security Life Insurance Co., Cigna Health and Life Insurance Company, Sun Life Assurance Company of Canada, CuraLinc LLC, and Lincoln National Life Insurance Company to pay Medical, Dental, Vision, Life Insurance, Long-term Disability, Accidental Death and Dismemberment, Employee Assistance Program, Business Travel Accident, Legal, Critical Illness, Hospital, Accident, and EVACUATION claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2025 were $6,385,770.

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:

- 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 office of Barry-Wehmiller Companies, Inc. at 8020 Forsyth Blvd., St. Louis, MO, 63105-1707 or by telephone at (314) 230-7355.

You also have the legally protected right to examine the annual report at the main office of the plan (Barry-Wehmiller Companies, Inc., 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 N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Or you may access a copy on the DOL's web site www.efast.dol.gov.

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 07/31/2029)

FOR CLARIFICATION, ADDITIONAL INFORMATION OR TO REQUEST SPECIAL ENROLLMENT, PLEASE CONTACT THE BW WELLBEING TEAM AT 314.230.7355 OR BWWELLBEING@BARRY-WEHMILLER.COM.

✂ Cut and Carry When You Travel

AIG Travel Protect

24/7 TRAVEL ASSISTANCE SERVICES ID CARD

Policyholder: Barry-Wehmiller Companies, Inc., and all subsidiaries and Affiliates
Policy Number: 9112715

AIG Travel Protect:

Within the U.S.: 1-877-244-6871
Outside the U.S.: 1-715-346-0859

www.aig.com/travelassistance

Report claims: AHClaims@aig.com
https://digitalclaims.aig.com

✂ Cut, Complete and Submit to Your People Team Representative (see www.bw.care/heartstohands)

barrywehmiller HEARTS to HANDS RELIEF FUND
Helping our people in need

ST. LOUIS COMMUNITY FOUNDATION

Each donation is tax-deductible in accordance with IRS 501(c)(3) regulations, as a charitable contribution to the Hearts to Hands Relief Fund, a fund of the St. Louis Community Foundation. No goods or services were or will be provided in connection with the gift. Please list the St. Louis Community Foundation as the recipient organization.

Learn more about this fund and how to make a donation by check or credit card at *bw.care/heartstohands.*

Yes! I want to help US-based BW team members when they are in need.

Donor Information (please print)

NAME

COMPANY

Payroll Deduction

I pledge $_____ per pay period (26/year)

Signature (sign below to authorize your payroll deduction pledge)

SIGNATURE DATE

Please return this pledge card to your local People Team representative.
Thank you for your generosity!