

2023



Your Solutions Partner

Duke Manufacturing Benefits Information



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WELLNESS

PROVIDER: Health Advocate & Duke Manufacturing

THE SCOOP

- Health advocacy services for employees and their families
- Wellness website for employees and their families
 - › DISEASE MANAGEMENT, enhanced benefits
 - › Wellness programs
 - › Health education
 - › Basic medical information
 - › Help with understanding medical bills
- Annual flu shots—provided by Duke Manufacturing for employees
- Smoking Cessation classes—available through Health Advocate



For additional information see the Health Advocate Flyer on page 29

WHO IS ELIGIBLE?

- Duke Manufacturing employees and their immediate families

GOOD TO KNOW

- **Employees can receive wellness rewards up to \$300 by accumulating 300 points on the Health Advocate website. Payments will be paid in \$100 increments.**

Points can be accumulated by:

- › Primary care physician visits
- › Completing your PHP online at Health Advocate
- › Participating in on-site seminars
- › Many other activities can be completed to accrue points

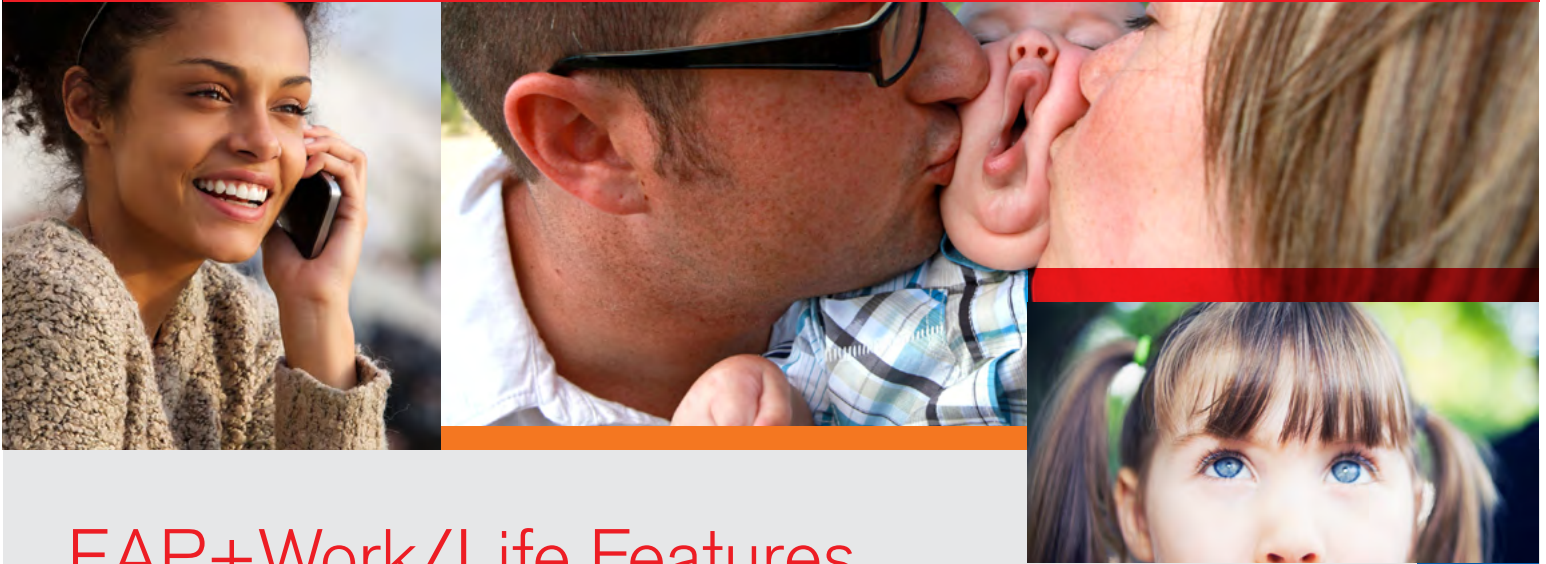
CONTACT INFORMATION

- **ONLINE:** www.members.healthadvocate.com
- **MEMBER SERVICES:** 1.866.695.8622
- Mobile app available

WHO PAYS?

- Duke Manufacturing covers the entire cost of this benefit





EAP+Work/Life Features

Talk to a Licensed Professional Counselor

- Personal, work and family issues
- Substance abuse, eating disorders
- Depression, grief and loss
- Job stress, burnout and coping with difficult situations
- Referrals for more in-depth help, if needed

Call a Work/Life Specialist

- Eldercare, childcare, parenting, adoption
- Legal and financial issues, retirement
- Divorce, new baby, aging parents
- Will and estate planning assistance

Comprehensive Website

- Online webinars and workshops
- Community resources



Additional services

In addition to your EAP+Work/Life program, you also have access to the following valuable services:

Health Advocacy

Help navigating the healthcare and insurance systems

Wellness Program

Personalized support to help you meet your health goals

Chronic Care Support

Help managing chronic health conditions

Personalized Health Dashboard

Secure, online access

Healthy Reminders

Personalized reminders focused on your health

Extended Family Coverage

Your Health Advocate benefits are available to eligible employees, their spouses, dependent children, parents and parents-in-law. *

*The Wellness Coaching program is available to eligible employees, their spouses and dependent children age 18+. Chronic Care Support is available to eligible employees, their spouses and dependents age 18+ who are covered under the sponsoring health plan.



866.799.2728

Email: answers@HealthAdvocate.com

Web: HealthAdvocate.com/members



CHOICEPLUS PPO & CORE NETWORK PPO (LOW DEDUCTIBLE)

MEDICAL INSURANCE

PROVIDER: UMR (A United Healthcare Choice PPO Network)

Most offerings are the same between the ChoicePlus PPO and the Core Network PPO. The differences are the network of doctors, deductible amounts, out of pocket max and office visit co-pays. To see if your doctor is in network visit UMR.COM



THE SCOOP

- One of the nation's largest provider networks
- Integrated Nurse line and Maternity Management program
- Coordinated with the Rx plan through OptumRx
- **TELADOC** Featured Service
- **MATERNITY MANAGEMENT program:** Featured Service
- **DISEASE MANAGEMENT program:** Featured Service
- **WEIGHT LOSS program:** Real Appeal Featured Service
- Emergency Room Visits \$150 plus 20% Co-Pay

WHO IS ELIGIBLE?

- Employees become eligible the first day of the month after 30 days of employment
- Full time employees working an average of 30 hours per week or more (or on Shared Work program)
- Dependent children through the last day of the month of their 26th birthday
- Spouses who are NOT offered benefits through their employer

GOOD TO KNOW

- Premiums are a pre-tax deduction
- In-Network eligible expenses are covered at 80%; Out-of-Network eligible expenses are covered at 60%
- Copays: \$20 Teladoc
- Copays: \$150 ER (True Emergency)/\$350 ER (Non-Emergency)
- High Tech Radiology procedures require pre-authorization

CONTACT INFORMATION

- **ONLINE:** www.umar.com
- **MEMBER SERVICES:** 1.800.826.9781
- **PRIOR AUTHORIZATION:** 1.866.494.4502
- **GROUP NUMBER:** 76-411376
- Mobile app available ([see page 23](#))

WHO PAYS?

- Cost is shared between Employee and Duke Manufacturing



CHOICEPLUS PPO & CORE PPO (LOW DEDUCTIBLE)

PRESCRIPTION INSURANCE

PROVIDER: Optum Rx



THE SCOOP

- Coordinated with the medical insurance (same ID card)

WHO IS ELIGIBLE?

- Employees become eligible the first day of the month after 30 days of employment
- Full time employees working an average of 30 hours per week or more (or on Shared Work program)
- Dependent children through the last day of the month of their 26th birthday
- Spouses who are NOT offered benefits through their employer

GOOD TO KNOW

- Limited quantity and/or pre-authorization required on certain controlled drugs
- Restricted Generics – if employee chooses not to use generic medication (when available) they pay the cost difference between generic and brand
- Step Therapy is required for new prescriptions where appropriate
- For maintenance medication, employees are automatically enrolled in the mail order pharmacy, if employees do not wish to participate; they must opt out of the mail order program. If opting out you must refill retail Rx monthly (no 90 day supply) at full copay
- Mail order service will reset! You will have the option to enroll in mail order service. Should you choose to use a retail pharmacy instead, you will need to opt out again
- Copays

	GENERIC	BRAND	PREMIUM	SPECIALTY
Retail (30 Day Supply)	\$10.00	\$35.00	\$60.00	20% Coinsurance (\$80 max)
Mail Order (90 Day Supply)	\$20.00	\$70.00	\$120.00	20% Coinsurance (\$160 max)

CONTACT INFORMATION

- ONLINE: www.optum.com
- MEMBER SERVICES: 1.877.559.2955
- RX BIN: 610127
- RX PCN: 01960000
- RXGRP: 01961320

WHO PAYS?

- Cost is shared between Employee and Duke Manufacturing (included in Medical insurance costs)



ALL UMR PARTICIPANTS (CHOICEPLUS, CORE PPO & HDHP)

PROVIDER: Teladoc(for UMR Participants)



THE SCOOP

- Telephone and on line video connection with medical care givers
 - › When the physician is unavailable (no appointment; after hours)
 - › Schedule doesn't permit traveling to the physician
 - › On vacation or on a business trip
 - › For refill of recurring prescription (short term only)
 - › Pediatric care for any age
- Top Diagnosis
 - › Sinus problems, Urinary Tract Infection, Pink Eye
 - › Bronchitis, Upper Respiratory Infection
 - › Nasal congestion, Allergies, Flu, Cough, Ear Infection

For additional information see the Teladoc Flyer on page 30

WHO IS ELIGIBLE?

- Duke Manufacturing Health Insurance participants

GETTING STARTED

- Visit www.Teladoc.com
- Click "Set up account"
- Provide required information
- Complete Medical History (informed doctors=better care)
- Each participant over the age of 18 will have to complete their own account

USING TELADOC (ANYTIME. ANYWHERE.)

- Login to your account at www.Teladoc.com
- Click "Request a Consult"
- Select the type of consultation
- Provide a little information
- The doctor will call back within one hour or the consult is free. (median response time is 8 minutes)

CONTACT INFORMATION

- ONLINE: www.Teladoc.com
- MEMBER SERVICES: 1.800.Teladoc
- Mobile app available

WHO PAYS?

- Duke and the employee share the cost of this benefit.
- PPO & Core Network Participants pay a consultation fee of **\$20 per consult**, which is less than the office co-pay (\$25), urgent care co-pay or emergency room co-pay (\$150 to \$350 plus 20% co-insurance)
- HDHP Participants must satisfy their deductible before they would only pay the \$20 consult fee (\$45 charge towards the deductible)



CHOICEPLUS HDHP & CORE HDHP (HIGH DEDUCTIBLE) MEDICAL INSURANCE

PROVIDER: UMR (A United Healthcare Choice PPO Network)



THE SCOOP

- One of the nation's largest provider networks
- Integrated, Nurse line and Maternity Management program
- Coordinated with the Rx plan through OptumRx
- [TELADOC](#) Featured Service
- WEIGHT LOSS program: Real Appeal Featured Service

WHO IS ELIGIBLE?

- Employees become eligible the first day of the month after 30 days of employment
- Full time employees working an average of 30 hours per week or more (or on Shared Work program)
- Dependent children through the last day of the month of their 26th birthday
- Spouses who are NOT offered benefits through their employer

GOOD TO KNOW

- Deductibles and out-of-pocket costs are higher, but premiums are lower, out-of-pocket maximum is higher
- High Tech Radiology procedures require pre-authorization
- After deductible is satisfied, In-Network eligible expenses are covered at 80%; Out-of-Network eligible expenses are covered at 60% until out-of-pocket max is met;
- Copays: none*—negotiated rates are applied and then employee pays cost (*Preventive care is still covered at 100%)
- Coordinates with a Health Savings Account

CONTACT INFORMATION

- ONLINE: www.umar.com
- MEMBER SERVICES: 1.800.826.9781
- PRIOR AUTHORIZATION: 1.866.494.4502
- GROUP NUMBER: 76-411376
- Mobile app available ([see page 23](#))
- If interested in the HDHP, please get additional information from HR

WHO PAYS?

- Cost is shared between Employee and Duke Manufacturing (*included in Medical insurance costs*)

SPECIAL NOTE

Participants in the HDHP may want to consider the Voya supplemental insurance ([see supplemental benefits page](#))



CHOICEPLUS HDHP & CORE HDHP (HIGH DEDUCTIBLE)

PRESCRIPTION INSURANCE

PROVIDER: Optum Rx



THE SCOOP

- Coordinated with the medical insurance (same ID card)

WHO IS ELIGIBLE?

- Employees become eligible the first day of the month after 30 days of employment
- Full time employees working an average of 30 hours per week or more (or on Shared Work program)
- Dependent children through the last day of the month of their 26th birthday
- Spouses who are NOT offered benefits through their employer

GOOD TO KNOW

- Limited quantity and/or pre-authorization required on certain controlled drugs
- Restricted Generics – if employee chooses not to use generic medication (when available) they pay the cost difference between generic and brand
- Step Therapy is required for new prescriptions where appropriate
- For maintenance medication, employees are automatically enrolled in the mail order pharmacy, if employees do not wish to participate; they must opt out of the mail order program. If opting out you must refill retail Rx monthly (no 90 day supply) at network negotiated rate.

• Costs

	GENERIC	BRAND	PREMIUM
Retail (30 Day Supply)	\$10.00	Deductible & Coinsurance	Deductible & Coinsurance
Mail Order (90 Day Supply)	\$20.00	Deductible & Coinsurance	Deductible & Coinsurance
*see preventive prescription listing for further information			

CONTACT INFORMATION

- ONLINE: www.optum.com
- MEMBER SERVICES: 1.877.559.2955
- RX BIN: 610127
- RX PCN: 01960000
- RXGRP: 01961320

WHO PAYS?

- Cost is shared between Employee and Duke Manufacturing (included in Medical insurance costs)



CHOICEPLUS HDHP & CORE HDHP ONLY

HEALTH SAVINGS ACCOUNT (HSA)

PROVIDER: Optum Bank

THE SCOOP

- Medical investment account, similar to an IRA
- Employees can elect to set aside money for IRS-eligible health and dental expenses not covered by insurance
- Deductions are made pre-tax (when deposited through payroll)
- HSA utilizes a debit card linked to the employee's account

WHO IS ELIGIBLE?

- Employees who are enrolled in a High Deductible Health Plan

GOOD TO KNOW

- Funds roll over from year to year
- You cannot combine an HSA with a medical FSA account
- Receipts must be maintained for IRS purposes
- Significant penalties apply for using funds for non-medical purposes

CONTACT INFORMATION

- **ONLINE:** www.optumbank.com
- **MEMBER SERVICES:** 1.866.234.8913

WHO PAYS?

- Duke will provide initial funding based upon benefit election into an OptumBank Health Savings Account

- › \$500 Individual
- › \$1,000 Employee + Spouse
- › \$1,000 Employee + Child(ren)
- › \$1,500 Family

Seed money starting in 2021 will be prorated based upon enrollment date.

HDHP/HSA Seed Money Pro-Rating Schedule (Effective 2021 Plan Year)

Q1/Open Enrollment (Enrollments/changes by 3/31)	= 100%
Q2 (Enrollments/changes by 6/30)	= 75%
Q3 (Enrollments/changes by 9/30)	= 50%
Q4 (Enrollments/changes 10/1 or after)	= 25%

- The Employee can contribute a pre-tax elected amount
 - › 2023 Employer + Employee contribution limits:
 - » Individual \$3,850
 - » Family \$7,750

SPECIAL NOTE

If you do not already have an account with OptumBank you will need to reach out to them. You will need our group number which is: **76-411376**



CHOICEPLUS PPO & CORE PPO (LOW DEDUCTIBLE) ONLY

FLEXIBLE SPENDING ACCOUNT (FSA)

PROVIDER: HealthEquity/WageWorks

HealthEquity

WageWorks

THE SCOOP

- Employees can elect to set aside money for IRS-eligible health, dental and vision expenses not covered by insurance
- Employees can also set aside money for dependent care expenses
- Deductions are made pre-tax
- FSA utilizes a debit card linked to the employee's account or claims can be made via the HealthEquity/Wageworks website

WHO IS ELIGIBLE?

- Employees become eligible the first day of the month after 30 days of employment
- Full time employees working an average of 30 hours per week or more (or on Shared Work program)

GOOD TO KNOW

- Health Premiums (including medical, dental, and vision) are automatically deducted on a pre-tax basis
- You must complete a new FSA Enrollment form each year
- 'Use it or lose it' grace period to March 15, 2024
- HealthEquity has a detailed listing of IRS-eligible items on their website
- Documentation of eligible expenses is required
- Debit card may be suspended if documentation is not provided to HealthEquity

CONTACT INFORMATION

- ONLINE: <https://www.healthequity.com/>
- MEMBER SERVICES: 1-877-924-3967

WHO PAYS?

- The Employee contributes a pre-tax elected amount and Duke Manufacturing pays the Administrative costs



COMPARE CHOICEPLUS AND CORE NETWORK TO HDHP

ChoicePlus PPO	CORE Network PPO	ChoicePlus HDHP & Core HDHP
DEDUCTIBLE		
\$1,500 In-Network (individual)	\$1,000 In-Network (individual)	\$2,000 In-Network (individual)
\$3,000 Out of Network (individual)	\$2,000 Out of Network (individual)	\$4,000 Out of Network (individual)
\$3,000 In-Network (family)	\$2,000 In-Network (family)	\$4,000 In-Network (family)
\$6,000 Out of Network (family)	\$4,000 Out of Network (family)	\$8,000 Out of Network (family)
PARTICIPATION/ COVERAGE		
80% coverage In-Network		After deductible is met, same as PPO
60% coverage Out of Network		
CO-PAY		
\$30 for Routine Provider	\$25 for Routine Provider	Pay full negotiated rate until
\$50 for Specialist	\$40 for Specialist	Deductible, then pay Coinsurance
OUT OF POCKET MAXIMUM		
Medical & Rx combined in One Out Of Pocket Maximum		Same as PPO, except there are only copays for preventive Rx
PPO CoPays included		
OUT OF POCKET DOLLAR LIMITS		
\$4,250 In-Network (individual)	\$3,750 In-Network (individual)	\$6,000 In-Network (individual)
\$8,500 Out of Network (individual)	\$7,500 Out of Network (individual)	\$12,000 Out of Network (individual)
\$8,500 In-Network (family)	\$7,500 In-Network (family)	\$12,000 In-Network (family)
\$17,000 Out of Network (family)	\$15,000 Out of Network (family)	\$24,000 Out of Network (family)
PRESCRIPTIONS		
PREVENTIVE		
Same rates as below		<u>ACA Approved:</u> \$0 <u>Retail:</u> \$10.00/ <u>Mail:</u> \$20.00
GENERIC		All non-preventive are subject to Deductible & Coinsurance
Retail: \$10.00/ Mail: \$20.00		
BRAND		
Retail: \$35.00/ Mail: \$70.00		
PREMIUM		
Retail: \$60.00/ Mail: \$120.00		
SPECIALTY		
Retail: 20% coinsurance (\$80 Max)/ Mail: 20% coinsurance (\$160 Max)		
MEDICAL SPENDING ACCOUNTS		
Flexible Spending (FSA) Only/Pre-tax Maximum based on IRS guidelines Use it or lose it rule		Health Savings (HSA) Only/Pre-tax \$3,850 individual/\$7,750 family max. Unused funds roll over Duke Contributes You own account



DENTAL INSURANCE

PROVIDER:



THE SCOOP

- *TWO OPTIONS!*
 - › Base plan with \$1,000 Annual Maximum
 - › UPGRADE plan with \$1,500 Annual Maximum
- Preferred Dental Provider program offers deeper discounts
- Out-of-Network services are paid at R&C rates (Reasonable & Customary); employees will be responsible for charges over R&C
- Separate from the medical and prescription plan
- You will receive an ID card but it is not necessary for services

WHO IS ELIGIBLE?

- Employees become eligible the first day of the month after 30 days of employment
- Full time employees working an average of 30 hours per week or more (or on Shared Work program)
- Dependent children through their 26th birthday
- Spouses

GOOD TO KNOW

TREATMENT TYPE	BASIC COVERAGE	UPGRADE COVERAGE	NOTES
Type A (Preventive)	100%	100%	Based on R&C charges
Type B (Basic Services)	80%	90%	
Type C (Major Services)	50%	60%	
Type D (Orthodontia)	50% up to \$1,000	50% up to \$1,000	
Annual Maximum	\$1000	\$1500	Per member
Orthodontia Lifetime Maximum	\$1000	\$1000	For Child to age 19 only
Deductible (type B&C)	\$50/\$150	\$50/\$150	Individual/Family

- Premiums are a pre-tax deduction

CONTACT INFORMATION

- ONLINE: www.deltadentalins.com
- MEMBER SERVICES: 1.800.335.8266
- EMAIL: services@deltadentalmo.com
- MOBILE APP AVAILABLE

WHO PAYS?

- Cost is shared between Employee and Duke Manufacturing



VISION INSURANCE

PROVIDER: EyeMed



THE SCOOP

- Separate from the medical and prescription plan
- You will receive an ID card but it is not necessary for services

WHO IS ELIGIBLE?

- Employees become eligible the first day of the month after 30 days of employment
- Full time employees working an average of 30 hours per week or more (or on Shared Work program)
- Spouses
- Dependent children through their 26th birthday

GOOD TO KNOW

- Premiums are a pre-tax deduction
- In-Network Coverage:
 - › \$10 Copay for eye exam (eye health exam, dilation, prescription and refraction for glasses)
 - › Frames - \$130 allowance after \$10 eye wear copay, then 20% discount
 - › Standard Corrective lenses (single vision, lined bifocal, lined trifocal, lenticular) – covered in full after \$10 eye wear copay
 - › Contact Lenses
 - » Elective Lenses: \$130 allowance, then 20% discount
 - › Laser Surgery – 15% discount
 - › 40% off additional pairs of glasses
 - › Includes LensCrafters, Pearle Vision, Target Optial, and JC penny Optical, Contactsfirect.com, Lenscrafterscontact.com and Glasses.com
 - › Any frame at Target and Sears with only lens copay
- For Out-of-Network Coverage information, please visit www.eyemedvisioncare.com/member/

CONTACT INFORMATION

- ONLINE: www.eyemedvisioncare.com
- MEMBER SERVICES: 1.866.939.3633
- GROUP NUMBER: 1014446
- Mobile app available

WHO PAYS?

- The Employee pays the cost of this elected benefit and Duke Manufacturing pays the Administrative costs



BASIC LIFE INSURANCE

PROVIDER: Voya



THE SCOOP

- Basic life insurance coverage at no cost to the employee
- Dependent basic life insurance coverage at no cost to the employee

WHO IS ELIGIBLE?

- Employees become eligible on first day of employment
- Full time employees working an average of 30 hours per week or more (or on Shared Work program)
- Spouses, at a benefit \$7,500
- Dependent children from birth to 6 months at \$500 benefit and then up to age 26, at a benefit of \$2,000

GOOD TO KNOW

- The following documentation is required to add dependents to coverage:
 - › Marriage license
 - › Birth certificate (dependent children)

CONTACT INFORMATION

- ONLINE: <https://presents.voya.com/EBRC/DukeMfg>
- CLAIMS: (To check status of a claim 9am-6:30pm) 1-888-238-4840
- POLICY NUMBER: 723941

WHO PAYS?

- Duke Manufacturing covers the entire cost of this benefit



SUPPLEMENTAL LIFE INSURANCE

PROVIDER: Voya



THE SCOOP

- Supplemental life insurance coverage available for employees, spouses and dependent children
- Guaranteed amounts at **initial enrollment for new hires** are up to \$100,000 (employee) and up to \$40,000 (spouse)
- Employees can elect in units of \$10,000 to the lesser of 5x salary or \$300,000
- Evidence of Insurability (EOI) will be required based upon circumstances and the amount of insurance applied for

WHO IS ELIGIBLE?

- Employees become eligible the first day of the month after 30 days of employment
- Full time employees working an average of 30 hours per week or more (or on Shared Work program)
- Spouses
- Dependent children from birth to age 26

GOOD TO KNOW

- The following documentation is required to add dependents to coverage:
 - › Marriage license
 - › Birth certificate (dependent children)

CONTACT INFORMATION

- Contact your HR representative for more information
- ONLINE: <https://presents.voya.com/EBRC/Product/DukeMfg/GroupTermLife2>
- CLAIMS: (*To check status of a claim 9am-6:30pm*) 1-888-238-4840
- POLICY NUMBER: 723941

WHO PAYS?

- The Employee pays the cost of this elected benefit and Duke Manufacturing pays the Administrative costs



SHORT TERM DISABILITY INSURANCE & LONG TERM DISABILITY INSURANCE

PROVIDER: Voya



THE SCOOP

- Short Term Disability
 - › Coverage available (up to 26 weeks)
 - › Benefit of up to \$300 per week
 - › Benefits begin 8 days after initial date of disability or immediately in case of an accident
- Long Term Disability
 - › Coverage available
 - › Benefit coverage begins after Short Term Disability has been exhausted

WHO IS ELIGIBLE?

- Employees become eligible on first day of employment
- Full time employees working an average of 30 hours per week or more (or on Shared Work program)

CONTACT INFORMATION

- ONLINE: <https://presents.voya.com/EBRC/DukeMfg>
- CLAIMS:
STD: 1-888-464-3652
LTD: 1-888-305-0602
(7:00am to 6:00pm ET Monday – Thursday, 8am to 5pm Friday)
claims@disabilityrms.com
- POLICY NUMBER: 723941

WHO PAYS?

- Duke Manufacturing covers the entire cost of this benefit



LIFE ASSISTANCE PROGRAM

PROVIDER: Voya



THE SCOOP

- Counseling for mental health, alcoholism or drug abuse
- 3 Face-to-Face sessions with a behavioral counselor
- Legal consultation and referrals
- Financial consultations
- **Voya Travel Assistance**
1-800-859-2821; www.travelsecurity.garda.com
- **Everest Funeral Planning & Concierge Program**
1-800-913-8318 ; www.everestfuneral.com/Voya

WHO IS ELIGIBLE?

- Duke Manufacturing employees and their immediate household family members

CONTACT INFORMATION

- ONLINE: <https://presents.voya.com/EBRC/DukeMfg>
- EAP MEMBER SERVICES: 1-877-533-2363

WHO PAYS?

- Duke Manufacturing covers the entire cost of this benefit



401(K)

PROVIDER: Fidelity



THE SCOOP

- Duke Manufacturing's 401(k)/Profit Sharing program
- Roth 401(k) plan available
 - › This plan would allow employees to contribute "after tax" dollars

WHO IS ELIGIBLE?

- Employees become eligible to contribute the first day of the month after 90 days of employment
- Employees over the age of 18

GOOD TO KNOW

- Employees are able to defer up to 100% of salary up to the IRS maximum dollar amount each year
- There is a 3-year vesting period for the plan
- Duke provides a discretionary match based on business conditions
- Hardship loans may be available under circumstances that meet government hardship criteria
- You may make changes to your deferral percentage at any time
- Once you are eligible, you can enter the plan at any time, you do not have to wait for Open Enrollment
- Deferrals are pre-tax for traditional 401(k) plan

CONTACT INFORMATION

- **Fidelity** (plan administrator—where your account is held)
 - › ONLINE: www.401k.com
 - › PHONE NUMBER: 1.800.343.3548 (1.800.FIDELITY)
 - › PLAN NUMBER: 40567
 - › Mobile app available
- **Moneta Group** (independent plan advisor)
 - › Participant Engagement Consultant
 - › PHONE NUMBER: 314-735-9100
 - › EMAIL: Retirement@monetagroup.com

WHO PAYS?

- The Employee contributes a pre-tax deferral and Duke Manufacturing provides a discretionary match based on business conditions



VOYA SUPPLEMENTAL INSURANCE COVERAGE

PROVIDER: Voya



THE SCOOP

- **VOLUNTARY SHORT TERM DISABILITY INCOME INSURANCE** - Life doesn't stop when you're unable to work. If an eligible illness or injury leave you unable to work, Short Term Disability Income Insurance can help. It provides benefits to replace up to 60% of your weekly earnings for 26 weeks. These weekly benefits allow you to concentrate on getting better, and when possible, back to work.
- **CRITICAL ILLNESS INSURANCE** - Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition on or after your coverage effective date¹. You can use this money however you like. For example, you can use it to help pay for expenses not covered by your medical plan, lost wages, childcare, travel, home health care costs or any of your regular household expenses. Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. If you enroll in Critical Illness Insurance coverage, you have access to the Wellness Benefit, which provides a yearly benefit if you complete a health screening test, whether or not there were any out-of-pocket costs. The Wellness Benefit is designed to help you maintain a healthy lifestyle with tests that screen for a wide range of potential illnesses and diseases.
- **ACCIDENT INSURANCE** - Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date¹. Get a benefit payment to spend on deductibles, groceries, gas, utilities, or anything you'd like. Accident Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.
- **HOSPITAL INDEMNITY INSURANCE** - Hospital Indemnity Insurance pays a benefit if you have a covered stay in a hospital, critical care unit, or rehabilitation facility on or after your coverage effective date¹. You can use this money for any expense you'd like. Childcare, groceries, help around the house—it's up to you. Hospital Indemnity Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

WHO IS ELIGIBLE?

- Duke Manufacturing employees

GOOD TO KNOW

- Helps to offset out of pocket medical expenses
- Options:
 - › Voluntary Short Term Disability Income Insurance
 - › Critical Illness Insurance
 - › Accident Insurance
 - › Hospital Indemnity Insurance
- Policies require a one year commitment
- Premiums are deducted on a post-tax basis

CONTACT INFORMATION

- **ONLINE:** <https://presents.voya.com/EBRC/DukeMfg>
- **PHONE NUMBER:** 1.877-236-7564

WHO PAYS?

- The Employee pays the cost of this elected benefit and Duke Manufacturing pays the Administrative costs



SUPPLEMENTAL EMPLOYEE BENEFITS

BENEFIT	WHO PAYS?	WHO IS ELIGIBLE?	WHEN ARE YOU ELIGIBLE?	WHAT DO YOU RECEIVE?
VACATION	Duke	All full time employees	Must be used between Jan 1 to Dec. 31 each year	1 year of service: 10 days 7 years of service: 15 days 16 years of service: 20 days
FIXED HOLIDAYS			1 st day of employment	11 Major Holidays (New Year's Day, MLK, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving & Day After, Christmas & Roving Holiday)
FAMILY MEDICAL LEAVE			1 Year	Up to 12 weeks of unpaid leave in a 12 month period in the event of the birth of a child, or to care for the serious medical condition of yourself or an immediate family member
FUNERAL PAY			30 Days	Three paid days for immediate family One unpaid day for other eligible family members
JURY DUTY PAY		All employees	1 st day of employment	Up to 15 days per year
EDUCATION ASSISTANCE			90 Days	Reimbursement based upon course content
WORKER'S COMPENSATION			1 st day of employment	You are protected from financial loss for on-the-job injuries
UNEMPLOYMENT INSURANCE			30 Days	Duke pays into both state & federal employment funds that provide benefits to you in case you become unemployed for reasons beyond your control
SOCIAL SECURITY & MEDICARE			1 st day of employment	A percent of your pay is deducted and sent to the federal government. The company pays an equal percentage on your behalf

NOTE: For illustration purposes only. See Employee Manual or summary plan descriptions for details.



HR CONTACT INFORMATION

For further information regarding benefits, please visit the HR page of the Sharepoint site or one of the HR Team members listed below.

SEDALIA

- Deana Taylor, HR Coordinator
› X 2410
- Danille Drum, HR Systems Specialist
› X 2459
- Jessica Scott, Associate HR Generalist
› X 2445
- Courtney Ferrel, HR Manager - Regional US
› X 2354
- Steve Nagel, Safety Manager
› X 2427
- Heather Campbell, Safety Coordinator
› X 2440

ST. LOUIS

- Nikki Donahue, Payroll & HR Services Specialist
› X 1224
- Courtney Ferrel, HR Manager - Regional US
› X 2354

COUNTERCRAFT INC.

- Melody Smith, Accounting HR Manager
› 832.319.7450
- Nailea Barcenias, Associate HR Generalist
› 346.444.0136
- Courtney Ferrel, HR Manager - Regional US
› 800-735-3853 X 2354



2023 BI-WEEKLY DEDUCTIONS

CHOICEPLUS PPO NETWORK—MEDICAL + RX		
NON-TOBACCO USER		DIFFERENCE FROM 2022
Employee Only	\$79.20	\$4.90
Employee + Spouse	\$188.79	\$11.69
Employee + Child(ren)	\$155.82	\$9.65
Family	\$244.24	\$15.12
TOBACCO USER*		DIFFERENCE FROM 2022
Employee Only	\$194.59	\$4.90
Employee + Spouse	\$304.18	\$11.69
Employee + Child(ren)	\$271.21	\$9.65
Family	\$359.62	\$15.12
CORE PPO NETWORK—MEDICAL + RX		
NON-TOBACCO USER		DIFFERENCE FROM 2022
Employee Only	\$61.00	\$3.77
Employee + Spouse	\$146.93	\$9.10
Employee + Child(ren)	\$123.06	\$7.62
Family	\$189.63	\$11.74
TOBACCO USER*		DIFFERENCE FROM 2022
Employee Only	\$176.39	\$3.77
Employee + Spouse	\$262.32	\$9.10
Employee + Child(ren)	\$238.45	\$7.62
Family	\$305.02	\$11.74
CHOICEPLUS HDHP—MEDICAL + RX		
NON-TOBACCO USER		DIFFERENCE FROM 2022
Employee Only	\$44.56	\$2.58
Employee + Spouse	\$107.04	\$6.24
Employee + Child(ren)	\$89.04	\$5.11
Family	\$138.12	\$7.98
TOBACCO USER*		DIFFERENCE FROM 2022
Employee Only	\$136.86	\$2.58
Employee + Spouse	\$199.35	\$6.24
Employee + Child(ren)	\$181.34	\$5.11
Family	\$230.43	\$7.98

CONTINUE TO NEXT PAGE FOR HDHP CORE NETWORK (NEW PLAN)

*Pursuant to Duke's policy, all tobacco users (defined as anyone that has smoked a cigarette, cigar or used smokeless tobacco or utilized the 'e-cigarette' in the last six months) will be required to pay an additional premium amount. This surcharge is being assessed to offset the cost of increased expenses due to tobacco use-related illnesses.



2023 BI-WEEKLY DEDUCTIONS (CONT.)

CORE HDHP NETWORK—MEDICAL + RX		
NON-TOBACCO USER		DIFFERENCE FROM 2022
Employee Only	\$36.40	\$2.10
Employee + Spouse	\$83.17	\$4.84
Employee + Child(ren)	\$71.22	\$4.07
Family	\$105.81	\$6.10
TOBACCO USER*		
Employee Only	\$128.71	\$2.10
Employee + Spouse	\$175.48	\$4.84
Employee + Child(ren)	\$163.53	\$4.07
Family	\$198.12	\$6.10

*Pursuant to Duke's policy, all tobacco users (defined as anyone that has smoked a cigarette, cigar or used smokeless tobacco or utilized the 'e-cigarette' in the last six months) will be required to pay an additional premium amount. This surcharge is being assessed to offset the cost of increased expenses due to tobacco use-related illnesses.

DENTAL, BASE PLAN, \$1000 ANNUAL MAXIMUM	
Employee Only	\$4.93
Employee + Spouse	\$9.83
Employee + Child(ren)	\$8.89
Family	\$16.36
DENTAL, UPGRADE OPTION, \$1500 ANNUAL MAXIMUM	
Employee Only	\$7.75
Employee + Spouse	\$15.80
Employee + Child(ren)	\$15.21
Family	\$26.42
VISION	
Employee Only*	\$2.55
Employee + Spouse*	\$4.85
Family*	\$7.12

*no change



