

ADDENDA A

D.W. EVANS ELECTRIC

EMPLOYEE INSURANCE SUMMARY PLAN DESCRIPTION

The following pages summarize the insurance plans available to all full time employees after 90 days of employment. One half of the medical insurance cost is paid for by D.W. Evans Electric. The weekly deduction shown for medical insurance is the “employee portion” of those premiums.

D.W. Evans Electric pays 100% of the cost for a \$10,000 life insurance policy for each full time employee after 90 days.

All other insurance options are paid completely by the employee at the weekly deductions as shown.

December 1st 2019 – November 30th 2020

Open enrollment is November of each year for a 12/1 effective date

UNITED HEALTHCARE

12/1/19- 11/30/20

NK-8						
Health Reimbursement Account 02J3933						
		In Network		Out of Network		
DEDUCTIBLE "POLICY YEAR"	Employee only \$5,000	Family Cov. \$10,000 (more than one person)		Employee only \$10,000	Family Cov. \$20,000 (more than one person)	
	(1 st \$2,000 paid by DWE, next \$3,000 paid by EE)	(1 st \$4,000 paid by DWE, next \$6,000 paid by EE)		(1 st \$2,000 paid by DWE, next \$8,000 paid by EE)	(1 st \$4,000 paid by DWE, next \$16,000 paid by EE)	
OUT OF POCKET MAX "POLICY YEAR"	Employee Only \$5,000	Fam Cov. Max \$10,000		Employee Only \$10,000	Fam Cov. Max \$20,000	
	(1 st \$2,000 paid by DWE, next \$3,000 paid by EE)	(1 st \$4,000 paid by DWE, next \$6,000 paid by EE)		(1 st \$2,000 paid by DWE, next \$8,000 paid by EE)	(1 st \$4,000 paid by DWE, next \$16,000 paid by EE)	
PRESCRIPTIONS		PLAN RX ZJ -- \$10 generic/ \$35 / \$60 (\$5000 OOP MAX)				
MEDICAL EXPENSES						
First \$2,000 pp (4,000 fam max) of actual charges	All add'l charges until ded. is met			In Network	Out of Network	
				Employee Pays:	Employee Pays:	
NO COST TO EMPLOYEE	EMPLOYEE PAYS	PHYSICIAN				
			Primary	0% after ded	0% after ded	
			Specialist	0% after ded	0% after ded	
			Urgent Care	0% after ded	0% after ded	
			PREVENTIVE CARE		\$0 ---NO DED	0% after ded
			EMERG. RM		0% after ded	0% after ded
			AMBULANCE		0% after ded	0% after ded
			INPATIENT HOSP.		0% after ded	0% after ded
			OUTPATIENT HOSP.		0% after ded	0% after ded
			VISION / 1 exam every other cal year		0% after ded	0% after ded
			MATERNITY		0% after ded	0% after ded
			MENTAL HEALTH CARE / 60 days cal yr		0% after ded	0% after ded
			PHYSIOTHERAPY (SEE PLAN DETAILS)		0% after ded	0% after ded
			RESIDENTIAL FACILITY / 60 days cal yr		0% after ded	0% after ded
	MENTAL HEALTH/ SUBSTANCE ABUSE (SEE PLAN DETAILS)		0% after ded	0% after ded		

WEEKLY DEDUCTION:

(deductions are pre-taxed)

EE ONLY	47.39
EE & SPOUSE	161.12
EE & CHILD(REN)	132.69
FAMILY	246.42

THIS IS ONLY A SUMMARY...
SEE POLICY DETAIL FOR
MORE INFORMATION,
LIMITS, EXCLUSIONS, ETC.



GUARDIAN®
DENTAL PLAN

Guardian Life 1.866.302.4542 www.guardianlife.com

12/1/19 – 11/30/20

PPO		PPO (Value Plan) <small>(in network only)</small>	PPO (NAP Plan)
Deductible	Individual	\$50	
	Family	\$150	
Benefit Max	Most ins will pay pp	\$2,000	
Max Roll Over	Carry over to next policy period	If \$800 or more left of \$2,000 max carryover \$600	
Preventive Service	Oral exams, Cleanings, Perio Maintenance, X-Rays, Fluoride Treatments, Sealants	100%	100%
Basic Services	Fillings, Simple Extractions	100%	80%
Major Services	Anesthesia, Complex Extractions, Root Canal, Perio Surgery, Scaling & Rott Planning, Bridges & Dentures, Single Crowns, Inlays and Onlays, Veneers, Repair & Maintenance of Crowns, Bridges & Dentures	60%	50%

You may cover your children to age 25 (26 if a full-time student)

Search for a provider at www.guardianlife.com

At the top of the screen click on “Find a Provider”

Click on “Find a Dentist”

Dental Plan is “PPO”

Quick search for dentists in your area, or advance search for specific area, name, specialty, etc.

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WEEKLY DEDUCTION:

(deductions are pre-taxed)

EE ONLY	9.49
EMP/SPOUSE	19.27
EMP/ CHILD(ren)	23.03
EMP/ FAMILY	34.89



**Group Vision Insurance
Voluntary**

SUMMARY OF BENEFITS

Sponsored by: **DW Evans Electric, Inc.**

Group # 000400224889

Provider Network

Lincoln VisionConnect® proudly partners with Spectera Eyecare Network for all of your needs.

Be sure to advise your provider your benefits are covered under Spectera!



You may choose any provider; however using providers in our network should lower your out-of-pocket expenses.

A list of participating providers may be accessed at <http://lvc.lfg.com> or by calling toll-free at 1-800-440-8453.

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Online Member Information

Please visit the member website for more details on the Lincoln VisionConnect® plan. The website will provide an up-to-date directory of In-Network providers, printable ID Cards and more.

Please follow these helpful hints to register online:

- Visit <http://lvc.lfg.com> and select 'Register Now'
- Under the section *Enter your identifying information* enter the last 4 digits of your social security number and date of birth.
- The password will need 1 alpha, 1 numeric, 1 character (!, #, \$, %, *, ~).
- Complete all other areas, as required.

Eligibility

- Employee – a full-time employee, actively at work
- Dependent – Spouses and Unmarried dependent children may be covered to age 19, to age 23 if a full time student.

	In-Network ¹	Out-of-Network ²
Copays		
Exam	\$10 Copay	N/A
Materials	\$ 25 Copay	N/A
Eye Examination	100% after Copay	Up to \$40
Frames³	100% (Up to \$130)	Up to \$45
Eyeglass Lenses		
Single Vision	100% after Copay	Up to \$40
Bifocal	100% after Copay	Up to \$60
Trifocal	100% after Copay	Up to \$80
Lenticular	100% after Copay	Up to \$80
Contact Lenses⁴		
Covered contact lens selection	100% after Copay	Up to \$125
Elective contact lenses	Up to \$125	Up to \$125
Medically necessary contact lenses	100% after Copay	Up to \$210
Popular Lens Options⁵		
Scratch resistant coating	No Cost	N/A
Polycarbonate Children* (*Under Age 20)	No Cost	N/A
Standard progressive lenses	Up to \$70	N/A
Standard anti-reflective coating	Up to \$40	N/A
Polycarbonate (Age 20+)	Up to \$33	N/A
LASIK Vision Correction		
<ul style="list-style-type: none"> • Discount offered through Laser Vision Network of America (LVNA). Visit www.lincolnvisionlasik.com • Free initial consultation to all in-network providers • Up to 15% off standard prices • Up to 5% off promotional pricing 		

See description of Footnotes on Page 2

Service Frequencies

Service may be provided once within the below period, as defined by the last date of service. Contact Lens would be provided in lieu of eyeglass lenses

Exam	12 months
Lens	12 months
Frames	24 months

12/1/19 – 11/30/20

EE ONLY	1.67
EE & SPOUSE	3.16
EE & CHILD(REN)	3.71
FAMILY	5.21



SHORT TERM DISABILITY (STD) SCHEDULE OF INSURANCE

December 01, 2019 –November 30th, 2020

AMOUNT OF BENEFIT
Weekly
Income

Class 1 All Active Full-time Employees

60% of salary up to \$1000

The Weekly Income benefit for Class 1 will be payable to the Maximum shown above, from the 8th day for accident or 8th day for sickness and for a maximum benefit duration of 13 weeks. The weekly benefit will not exceed 60% of the Insured Person's weekly earnings, including commissions and excluding overtime pay and bonuses.

Additional Features

Survivor Income (Family Income) Benefit
Rehabilitation Assistance Benefit

Benefit

3 week(s) gross benefit
5%; program reimbursement; reasonable accommodation

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SHORT TERM	
cost .44 per \$10	
if hrly rate:	wk ded =
15.00	3.66
16.00	3.90
16.50	4.02
17.00	4.14
18.00	4.39
18.50	4.51
19.00	4.63
19.50	4.75
20.50	5.00
21.00	5.12
22.00	5.36
23.00	5.60
24.00	5.85
25.00	6.09
26.00	6.34
27.00	6.58
28.00	6.82
29.00	7.07
30.00	7.31
31.00	7.55
32.00	7.80
33.00	8.04



LONG-TERM DISABILITY (LTD) SCHEDULE OF INSURANCE

Effective Date: December 01, 2019

Class 1: All Active Full-time Employees

SCHEDULE OF BENEFITS

Long Term Disability Benefit
 Progressive Income Benefit
 (qualification requirements apply)
Total Available Benefit

ADVANTAGE PLAN

60%
 10% *(add'l earning allowance - back to work incentive)*
70%

Maximum Monthly Benefit	\$3,000 <i>(up to 60% (or 70%) of salary)</i>
Benefit Elimination Period	90 Days
- Accumulation of Elimination Period	2X Elimination Period
Maximum Benefit Period	Later of Age 65 or SSNRA
Pre-existing Condition Exclusion	3/12 <i>(if diagnosed issues within 3 months prior to enrollment=12 month wait)</i>
Specified Illness/Injury Limits	
- Mental/Nervous & Substance Abuse	24 Months
- Other Limits (Specified Illnesses)	24 Months

DEFINITION OF DISABILITY

Own Occupation Coverage Period	24 Months
Following Own Occupation Period	Any Occupation
Partial Disability Formula	Residual w/ Progressive
- Income Test first 24 Months	99% <i>(% of income expected if return to work on partial disability basis)</i>
- Income Test after 24 Months	85% <i>(% of income expected if return to work on partial disability basis)</i>

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LONG TERM	
cost .72 per \$100	
if hrly rate:	wk ded=
15.00	4.32
16.00	4.61
16.50	4.75
17.00	4.90
18.00	5.18
18.50	5.33
19.00	5.47
19.50	5.62
20.50	5.90
21.00	6.05
22.00	6.34
23.00	6.62
24.00	6.91
25.00	7.20
26.00	7.49
27.00	7.78
28.00	8.06
29.00	8.35
30.00	8.64
31.00	8.93
32.00	9.22
33.00	9.50



VOLUNTARY TERM LIFE SCHEDULE

December 01, 2019

Employee

Coverage is available in \$10,000 increments up to 3 x annual salary (rounded to the next higher \$10,000)

Minimum coverage is \$10,000 - Maximum coverage is \$150,000

Voluntary Life Benefit features:

Portability

Employee Life Insurance Premium Waiver.

Accelerated Death Benefit (Living Benefit) - maximum of 75% of Insured person's Life Insurance coverage

rate per 1000	AGE	coverage amount					
		20,000	30,000	50,000	80,000	100,000	120,000
weekly deduction amounts:							
0.07	-25	0.32	0.48	0.81	1.29	1.62	1.94
0.06	25-29	0.28	0.42	0.69	1.11	1.38	1.66
0.06	30-34	0.28	0.42	0.69	1.11	1.38	1.66
0.10	35-39	0.46	0.69	1.15	1.85	2.31	2.77
0.15	40-44	0.69	1.04	1.73	2.77	3.46	4.15
0.25	45-49	1.15	1.73	2.88	4.62	5.77	6.92
0.42	50-54	1.94	2.91	4.85	7.75	9.69	11.63
0.69	55-59	3.18	4.78	7.96	12.74	15.92	19.11
0.92	60-64	4.25	6.37	10.62	16.98	21.23	25.48
1.44	65-69	6.65	9.97	16.62	26.58	33.23	39.88
2.50	70-74	11.54	17.31	28.85	Max coverage = 50K at age 70		
4.29	75+	19.80	29.70	49.50			
dep child(ren)		10,000					
		\$0.47					

Benefits reduced by 35% at age 65

Benefits reduced by 60% at age 70
Coverage Terminates at Retirement
(also refers to dependent coverage)

Spouse

Coverage is available in \$5,000 increments up to 2.50x the employee's annual salary (rounded to the next higher \$5,000), not to exceed 50% of the employee's elected benefit amount

Premiums are based on age of employee-**RATES INCREASE DURING THE POLICY PERIOD IF YOUR AGE PUTS YOU IN THE NEXT BILLING BRACKET**

Minimum coverage is \$5,000 - Maximum coverage is \$50,000

Spouse coverage is only available if the employee is insured for voluntary coverage.

Dependent children

Dep. Children coverage of \$10,000 can be added for .47 per week regardless of the number of children

Dependent Coverage is only available if the employee is insured for voluntary coverage.

This benefit provides coverage for all dependent children in the following amounts:

Age 6 month to 19 years old (up to age 25 if single and fulltime student)	\$10,000
Age 14 days to 6 months	\$250
From birth to age 14 days	No Benefit

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The Lincoln National Life Insurance Company

AFLAC BENEFITS SUMMARY

12/1/19

D.W. Evans Electric offers enrollment in AFLAC supplemental products through tax deferred payroll deductions. This coverage pays directly to you, the employee, and pays regardless of any other insurance you may or may not have. You are eligible to enroll after your 90 day probationary period or during open enrollment. If your employment terminates for any reason, you have the option to continue your coverage thru direct billing to your home.

ACCIDENT COVERAGE (A36000 Series)

Provide coverage for accidents that occur on or off the job. Benefits are paid directly to you, regardless of Health Insurance or Workers Compensation.

- \$120 Urgent visit benefit for employee, spouse, and for dependents (within 72 hrs of accident)
- \$35 follow-up visits (stitch removal, casts, check-ups, etc.)
- \$200 ground ambulance / \$1500 air ambulance
- \$1000 lump sum for 24 hours hospital stay due to an accident (once per year)
additional \$250 per each day / \$400 per day for intensive care
- \$60 wellness benefit paid for one person per policy year (after 1st year)
- Plus other benefits : accidental death insurance/family lodging, appliances. .etc. (see brochure)

	EE only	EE & Spouse	EE & Child(ren)	Family
Weekly deductions:	6.78	8.91	10.38	12.81

SHORT TERM DISABILITY (A-57600 Series)

Elimination Period Accident 0 days, Sickness 7 days- Covers illness and injury (off the job)

No health questions- 30 day waiting period on illnesses-12 month waiting period on pre-existing medical issues.

Annual Income		\$20,000	\$22,000	\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000
Benefit Period	Age	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900
3 MONTHS	18-49	\$7.50	\$8.25	\$9.00	\$9.75	\$10.50	\$11.25	\$12.00	\$12.75	\$13.50	\$14.25
	50-64	\$9.30	\$10.23	\$11.16	\$12.09	\$13.02	\$13.95	\$14.88	\$15.81	\$16.74	\$17.67
	65-74	\$11.10	\$12.21	\$13.32	\$14.43	\$15.54	\$16.65	\$17.76	\$18.87	\$19.98	\$21.09
6 MONTHS	18-49	\$9.90	\$10.89	\$11.88	\$12.87	\$13.86	\$14.85	\$15.84	\$16.83	\$17.82	\$18.81
	50-64	\$12.60	\$13.86	\$15.12	\$16.38	\$17.64	\$18.90	\$20.16	\$21.42	\$22.68	\$23.94
	65-74	\$15.90	\$17.49	\$19.08	\$20.67	\$22.26	\$23.85	\$25.44	\$27.03	\$28.62	\$30.21

CANCER CARE PLAN CLASSIC (Series A78300)

Provides coverage in the event of any type of internal cancer after the first 30 days of policy. (some skin cancers qualify) (if previously diagnosed with cancer, there is a 12 month waiting period on some benefits)

A few of the benefits are as follows:

- \$300 a day hospital room days 1-30 * \$600 per day after 30
- \$300 a day for radiation or chemotherapy * \$100-\$600 skin cancer benefit *\$300 outpatient surgery
- \$100- \$5000 surgery benefit * \$10,000 bone marrow transplant

age	Wkly ded	\$100-IDR (initial diagnosis-limit 5x)
18 – 64	EE 7.73	1.37
18 – 64	E&S 13.30	3.24
18 – 64	E&C 7.73	1.37
18 – 64	Fam 13.30	3.24

AFLAC PLUS RIDER

Critical Care Rider that can be **ADDED** to your **ACCIDENT** or **SHORT TERM DISABILITY**

Pays additional benefits for Critical Illness.”Tier One” \$5,000 (Heart Attack, Stroke, Coma, Diabetes, Alzheimers, ALS, loss of sight, hearing, or speech) “Tier Two” benefit \$1,250 (Encephalitis, Meningitis, Lyme Disease, Sickle Cell Anemia, Systemic Lupus) Ask for brochure for more details and other illnesses covered.

age	EE Only	E & Spouse	E & Child	E & Fam
18 – 29	.72	1.35	1.44	1.74
30 – 39	1.02	2.01	1.56	2.25
40 – 49	1.74	3.30	2.10	3.39
50 – 70	2.97	5.67	3.06	5.70

If interested in any of these policies contact the office to obtain a brochure. For detailed questions contact -
JEFF HARRIS 919-247-5274

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