



2024
**BENEFITS
GUIDE**

January 1 - December 31, 2024

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2024.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Medical

We are proud to offer you a medical plan that provide comprehensive medical and prescription drug coverage. The plan also offers many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the UMR network. The calendar-year deductible must be met before certain services are covered.



Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	UMR PPO	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$1,750 / \$3,500	\$3,500 / \$7,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$3,500 / \$7,000	\$7,000 / \$14,000
Covered Services		
Office Visits (physician/specialist)	\$30 copay / \$50 copay	40%
Routine Preventive Care	No charge	No charge for allowed amount
Outpatient Diagnostic (lab/X-ray)	20%*	40%*
Complex Imaging	20%*	40%*
Chiropractic	20%*	40%*
Ambulance	20%*	20%* of in network cost shares
Emergency Room	\$150 copay, then 20%	\$150 copay then 20%
Urgent Care Facility	\$50 copay	\$50 copay
Inpatient Hospital Stay	20%*	40%*
Outpatient Surgery	20%*	40%*
Prescription Drugs (Generic / Brand / Non-Formulary)		
Retail Pharmacy (30-day supply)	10% with \$10 minimum / 20% with \$30 minimum / 30% with \$50 minimum	Full price up front
Mail Order (90-day supply)	10% with \$25 minimum / 20% with \$75 minimum / 30% with \$125 minimum	N/A

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental

DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Ameritas network.

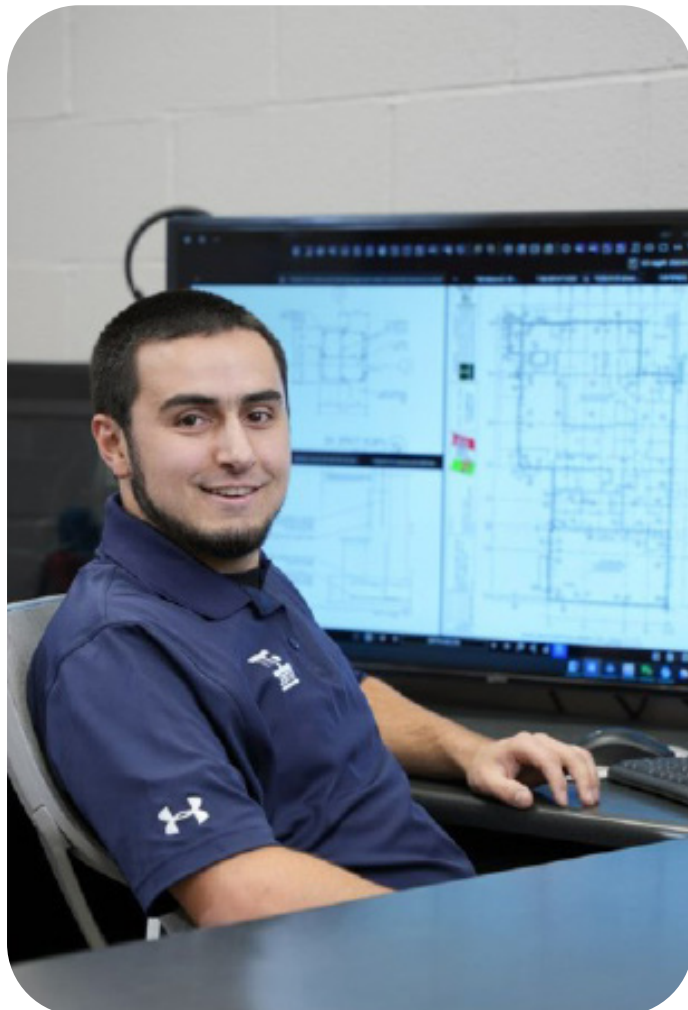
Following is a high-level overview of the coverage available.

Key Dental Benefits	Ameritas DPPO	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 per participant / Maximum of \$150	\$50 per participant / Maximum of \$150
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	\$1,500	\$1,500
Covered Services		
Preventive Services	No charge	20% (deductible waived)
Basic Services	20%*	50%*
Major Services	50%*	
Orthodontia (Child & Adult)	\$2,000 lifetime maximum benefit	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



Vision Reimbursement

We are proud to offer you a vision plan.

The **Ameritas** vision plan gives you the freedom to seek care from the provider of your choice.

Following is a high-level overview of the coverage available.

Vision Coverage

Plan allows a flat \$250 to be spent on any vision services, with claims sent to Ameritas within 90 days for reimbursement

Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through UMR. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2024, you may contribute up to \$3,200 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Life and AD&D Insurance

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death. We also provide a benefit in the event of your spouse or dependent’s death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Mutual of Omaha.

Benefit Amount	1 times your basic annual earning to a maximum of \$250,000
Spouse	\$2,000
Dependent (Child under age 26)	\$2,000

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health Care FSA: Unused funds of up to \$640 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$640 will **NOT** be returned to you or carried over to the following year.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.



Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability

Provided at **NO COST** to you through Mutual of Omaha.

Benefit Percentage	60%
Weekly Benefit Maximum	\$3,400
When Benefits Begin	After 7 th day of disability
Maximum Benefit Duration	180 days

Long-Term Disability

Provided at **NO COST** to you through Mutual of Omaha.

Benefit Percentage	60%
Monthly Benefit Maximum	\$11,000
When Benefits Begin	After 180 th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Continuum.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to six (6) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Allstate are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000¹? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

1. MetLife Accident and Critical Illness Impact Study, October 2013

Valuable Extras

We also offer the following additional benefits:

- ▶ Continuum offers Wellness Coaching, Legal Assistance and Financial Coaching.
- ▶ Drake-Williams Steel Employee Advocates, access to an employee focused group of advocates to assist with benefit questions.

Get Answers to Your Benefit Questions



Call or email your questions to

DRAKE-WILLIAMS STEEL EMPLOYEE ADVOCATES

Plan Education • Claims Assistance • Enrollment Assistance •
Finding a Provider • ID Cards • Eligibility Issues •
Healthcare Reform Questions • Cost Shopping

877-DWSTEEL (877-397-8335)

advocates@hubinternational.com

Monday – Friday • 7:00 a.m. to 5:00 p.m. PT

All inquiries will be responded to within 24 hours of your call or email



Pet Insurance

My Pet Protection® for Dogs and Cats

My Pet Protection pet insurance from Nationwide is a reimbursement indemnity plan for dogs and cats. That means we reimburse members a portion of eligible veterinary expenses related to accidents, injuries and illnesses.*

Premium is based on:

- ▶ Species of pet
- ▶ Employee state of residence
- ▶ Reimbursement level selected: 50% or 70%

Premium calculation, rating variables and/or rates are subject to change based on approval by the Department of Insurance in each individual state. Rates are guaranteed for one year from the policy effective date based on information provided at the time of enrollment.

Avian and Exotic Pet Coverage

Nationwide is the only pet insurer in the U.S. to offer coverage for birds and exotic pets like reptiles and small mammals. Pet owners can choose up to 70% reimbursement coverage on eligible veterinary expenses. *Avian and exotic pet plans are available only by phone.

Benefits include:

- ▶ Veterinary exams, including specialty and emergency visits
- ▶ Hospitalization and surgeries
- ▶ Injuries and illnesses, including cancer and hereditary/congenital conditions
- ▶ Diagnostic testing, including radiographs, MRIs, CT scans and ultrasounds
- ▶ Prescribed holistic and alternate care
- ▶ Illnesses and disease caused by external and internal parasites

Once enrolled, employees have access to a number of resources for managing their policies.

Member Care

Our Member Care department is available Monday through Friday, 5:00 am to 7:00 pm and Saturday 7:00 am to 3:30 pm (Pacific) to assist with policy questions and concerns.

Online Account Management

Members can also manage their accounts via the Nationwide Pet Account Access page at my.petinsurance.com.

This online portal can be used to update contact information, submit claims, check claim status and access exclusive member extras. Once logged in, members can also download forms and more.

Enroll at any time throughout the year!

Online: <https://benefits.petinsurance.com/drakewilliamssteel>

Call: 877-738-7874

Scan this QR code:



Plan Overview

Coverage Highlights	My Pet Protection
Annual deductible	\$250
Reimbursement	Up to 70%
Maximum annual benefit	\$7,500
Preexisting conditions	Not included
Accidents and illnesses	Included
Hereditary and congenital	Included
Cancer	Included
Dental disease	Included
Hospitalization or treatment	Included
Behavioral treatments	Included
Rx therapeutic supplements	Included
24/7 vethelpline® (\$150 value)	Included
Advertising and reward	Included
Emergency boarding	Included
Loss due to theft	Included
Mortality benefit	Included

Discounts	My Pet Protection
Multi-pet (2-3 pets)	5%
Multi-pet (4+ pets)	10%



Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	UMR	800-783-9281	www.umar.com
Dental	Ameritas	800-487-5553	www.ameritas.com
Vision	Ameritas	800-487-5553	www.ameritas.com
Flexible Spending Accounts (FSAs)	UMR	800-826-9781	www.umar.com
Life/AD&D	Mutual of Omaha	402-943-3428	shansen@dwsteel.com
Disability	Mutual of Omaha	402-943-3428	shansen@dwsteel.com
Employee Assistance Program (EAP)	Continuum	402-476-0186 or 800-755-7636	4continuum.com easpecialists@4continuum.com
Voluntary Benefits	Allstate	402-964-5607	Tanya Mulder: tmulder@ssgi.com
Drake-Williams Steel Employee Advocates	HUB	877-DWSTEEL (877-397-8335)	advocates@hubinternational.com
Pet Insurance	Nationwide	877-738-7874	PetsNationwide.com

Questions?

If you have additional questions, you may also contact:

Sarah Hansen
402-943-3428
shansen@dwsteel.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.





RATES

2024 EMPLOYEE CONTRIBUTIONS

JANUARY 1, 2024 – DECEMBER 31, 2024

Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

MEDICAL COVERAGE

Coverage Tier	Weekly Employee Contribution		
	Non-Tobacco	One Tobacco	Two Tobacco
Employee Only	\$30.00	\$43.00	
Employee + Spouse	\$94.00	\$108.00	\$118.00
Employee + Child(ren)	\$89.00	\$102.00	
Family	\$108.00	\$124.00	\$134.00

DENTAL COVERAGE

Coverage Tier	Weekly Employee Contribution
	Dental PPO
Employee Only	\$4.85
Employee + Spouse	\$11.82
Employee + Child(ren)	\$15.58
Family	\$19.36

VISION COVERAGE

Coverage Tier	Weekly Employee Contribution
	Vision PPO
Employee Only	\$2.50
Employee + Spouse	\$4.50
Employee + Child(ren)	\$5.00
Family	\$7.00

Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available during enrollment.

PTO Accruals

January 1, 2021- December 31, 2021



From	Until	Hours Accrued Per Month	Total Hours Accrued Annually	PTO Accrual Cap
Eligible Date	5th Anniversary	8.33	100	180
5th Anniversary	9th Anniversary	10	120	200
9th Anniversary	14th Anniversary	11.6667	140	220
14th Anniversary	19th Anniversary	13.3334	160	240
19th Anniversary	Retirement	15	180	260

