



## Walsh Trucking Benefit Program 2024

Walsh Trucking is family owned and operated since 1959 and provides high quality service to wood residual and solid waste customers throughout the Northwest.

To support our vision of expanding our leading position as a transportation company in the forest products and solid waste industries, Walsh Trucking offers a competitive benefits package to our employees, including:

1. Health and Welfare Insurance Benefits
2. Retirement Benefits
3. Vacation
4. Holidays and Bereavement

### **HEALTH AND WELFARE INSURANCE BENEFITS:**

Walsh Trucking offers eligible employees an excellent group health and welfare insurance package that includes medical dental & vision, Health Reimbursement Arrangement Program (HRA) and Flexible Spending Account (FSA) 125 medical reimbursement and dependent care spending account programs. Employees are also able to purchase voluntary life insurance and supplemental insurance such as short term and long-term disability.

#### Eligibility for Medical, Dental and Vision Insurance:

Regular Full-time employees who are scheduled to work at least 30 hours a week on a continuing basis are eligible the first of the month following the employee's 60<sup>th</sup> day of service. Employees are required to participate in the group medical plan unless they can provide proof of other coverage.

#### Eligibility for Vacation, Holidays & Bereavement:

Regular Full-time employees who are scheduled to work at least 30 hours a week (non-drivers) or are regularly scheduled to work 4 or more shifts per week and work a minimum of 16 days per month (drivers) on a continuing basis are eligible for these benefits. Vacation eligibility is after one full year of employment. Bereavement eligibility is after 6 months of employment. Holiday eligibility is after 1 month of employment.

#### Eligibility for the Retirement Plan:

All employees who are age 18 or over and who have worked for Walsh Trucking for 6 months are eligible for participation in the retirement plan.

#### Eligibility for Voluntary - 125 Medical Reimbursement, Dependent Care Spending Account Programs, Life Insurance, Short Term Disability, Long Term Disability Benefits:

Regular full-time employees who are scheduled to work at least 30 hours a week on a continuing basis are eligible to enroll in these benefits following the first of the month following the employees 60<sup>th</sup> day of service.

### **Employer Contributions for Medical, Dental and Vision:**

Walsh Trucking offers coverage for medical, dental and vision benefits for all eligible employees with employee only premium contribution at nominal rate per paycheck. Premiums are deducted out of each weekly paycheck:

<b>UHC - Medical Plan</b>	<b>THE STANDARD - Dental Plan</b>	<b>PRINCIPAL (VSP) - Vision Plan</b>
EMPLOYEE ONLY \$ 18.98/wk	EMPLOYEE ONLY \$ 1.00/wk	EMPLOYEE ONLY \$0.00/wk
EMPLOYEE + Spouse \$147.37/wk	EMPLOYEE + Spouse \$ 8.51/wk	EMPLOYEE + Spouse \$0.75/wk
EMPLOYEE + Child(ren) \$114.06/wk	EMPLOYEE + Child(ren) \$ 9.20/wk	EMPLOYEE + Child(ren) \$0.79/wk
FAMILY \$223.85/wk	FAMILY \$16.70/wk	FAMILY \$2.04/wk

## **Medical Insurance:**

### **United HealthCare (UHC)**

**Group #: 0930306**

Plan: NexusACO OAP

Customer Service: 866-414-1959

Website: [www.myuhc.com](http://www.myuhc.com)

There are two in-network tier copays. Designated Network Tier 1 & Network. Selecting providers in “Tier 1” will result in the lowest copays. Selecting “Network” providers will result in slightly higher copays.

\*\*\*Note -- UHC requires each covered person to designate a primary care physician (PCP). You will need to create a UHC member profile (see website above). Then refer to the “Choose a PCP flyer” provided in your enrollment materials to select and assign a PCP to your member profile.

	In Network	Out-of-Network
<b>Annual Medical Deductible</b>		
Individual	\$6,000	\$12,000
Family	\$12,000	\$24,000

*All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.*

*You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.*

	In Network	Out-of-Network
<b>Annual Out-of-Pocket Limit</b>		
Individual	\$7,500	\$15,000
Family	\$15,000	\$30,000

*All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.*

*Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.*

### **What You Pay for Services**

<b>Copays (\$) and Coinsurance (%) for Covered Health Care Services</b>	<b>Designated Network</b>	<b>Network</b>	<b>Out-of-Network</b>
<b>Office Services - Sickness &amp; Injury</b>			
Primary Care Physician	\$15 copay	\$50 copay	50%*
<i>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work. Benefits under this category include services performed by a Naturopathic Physician.</i>			
<i>Telemedical Services are covered at the same cost share as in the office.</i>			
Specialist	\$25 copay	\$85 copay	50%*
<i>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work. Benefits under this category include services performed by a Naturopathic Physician.</i>			
<i>Telemedical Services are covered at the same cost share as in the office.</i>			

## **Health Reimbursement Arrangement Program (HRA):**

If you are enrolled in the Walsh group health plan, you are eligible for the HRA. This Program is funded by Walsh to reimburse the employee for a portion of qualified medical expenses incurred by you and your IRS tax dependents.

- Reimbursable expenses – covered healthcare expenses subject to only the in-network health plan deductible.
- Reimbursement – after you have incurred \$1,500 dollars of in-network deductible expense, you will be eligible to receive reimbursement up to \$4,500 to apply toward the total \$6,000 deductible for the remainder of the plan year. Reimbursement is limited to 2 covered individuals per family per plan year.

## **Dental Insurance:**

### **The Standard**

Policy # 160-758772

Customer Service: 800-547-9515

Website: [www.standard.com](http://www.standard.com)

<b>Plan Benefit</b>	<b>In Network</b>	<b>Out of Network</b>
Type 1	100%	100%
Type 2	90%	80%
Type 3	60%	50%
<b>Deductible</b>	\$25/Calendar Year Type 2 & 3 Waived Type 1 \$75/family	\$25/Calendar Year Type 1,2,3 \$75/family
<b>Maximum (per person)</b>	\$1,500 per calendar year	\$1,500 per calendar year
<b>Max Keeper Allowance</b>	Included	Included
<b>Max Builder<sup>SM</sup></b>	Discounted Fee	95th U&C
<b>Waiting Period</b>	Included	Included
<b>Annual Eye Exam</b>	None	None
<b>Annual Open Enrollment</b>	None	None
	Included	Included

This is a **brief** summary of benefits. Please refer to The Standard's Summary Plan Description for more detail.

## **Vision Insurance:**

### **Principal (VSP)**

Customer Service:800-877-7195

Website:[www.vsp.com](http://www.vsp.com)

Through VSP, employees have the freedom to choose their own eye care professional.

<b>VSP choice network</b>	
<b>Exams</b>	Every 12 months, one exam is covered in full after \$10 copay
<b>Prescription glasses</b> Lenses - 1 pair covered every 12 months  Frames - covered up to \$150 every 24 months; 20% off amount over allowance <sup>1</sup>	\$25 copay  <ul style="list-style-type: none"> <li>• Single lenses</li> <li>• Lined bifocal lenses</li> <li>• Lined trifocal lenses</li> <li>• Lenticular lenses</li> <li>• Polycarbonate lenses for dependent children under age 18</li> </ul>
<b>Lens enhancements</b>	Standard progressive lenses covered once every 12 months with a \$0 copay <sup>1</sup>  Most other popular lens enhancements are covered after a copay, saving our members an average of 30% <sup>1</sup>
<b>Elective contacts</b>	Covered up to \$150 every 12 months. Contact lenses can be chosen instead of glasses.
<b>Contact fitting and evaluation</b>	Up to \$60 copay
<b>Necessary contacts</b>	Covered in full after \$25 copay every 12 months  Contact lenses can be chosen instead of glasses.

<sup>1</sup>This can vary based on state laws and provider location Savings may not apply at participating retail chains.

\* You can choose glasses (frames & lenses) or contacts – not both

This is a **brief** summary of benefits. Please refer to Principal's VSP Summary Plan Description for more detail.

## **Flexible Spending Accounts (FSA) -Medical Reimbursement and/or Dependent Care**

### **American Fidelity**

Account Representative: Doni Phelps

510-375-5216

[Doni.Phelps@americanfidelity.com](mailto:Doni.Phelps@americanfidelity.com)

### Medical Reimbursement Plan:

A Medical Reimbursement Plan allows employees to pay for certain medical expenses not covered by health insurance with tax-free dollars, which in turn increases spendable income. Per Health Care Reform Act guidelines, the maximum contribution limit for the 2024 plan year is \$3200. Our plan also allows for a maximum of \$640 to be carried over into a new plan year.

### Dependent Care Reimbursement Plan:

Employees can use the Plan to pay for dependent care expenses for anyone who qualifies as a dependent under the IRS regulations:

- A child under the age of 13 for whom the employee or employee's spouse can claim a federal income tax exemption.
- A dependent of any age that is physically or mentally incapable of self-care and for whom the employee provides over half the support.

Maximum contribution amount for dependent care reimbursement during the plan year is \$5000.

## **Supplemental Insurance:**

### **American Fidelity**

Account Representative: Doni Phelps

510-375-5216

[Doni.Phelps@americanfidelity.com](mailto:Doni.Phelps@americanfidelity.com)

American Fidelity offers supplemental insurance policies such as term life insurance & long term disability. Premium payment is through weekly payroll deduction. Coverages must be elected through American Fidelity. Please contact Human Resources for specific informational packets to learn more about what each of these plans offer.

## **RETIREMENT BENEFITS:**

### **Employee Retirement Plan:**

#### **Principal**

Participant Hotline: 800-547-7754

Website: [www.principal.com](http://www.principal.com)

The Walsh Trucking Company LTD. 401(k) Retirement Salary Savings is available to all employees who are 18 years of age or older, and have completed 6 months of service.

Full details of the Walsh Trucking Company LTD. 401(k) Retirement Salary Savings can be found in the Plan Summary booklet, a copy of which may be obtained from the Human Resources Department.

### **Employee Contributions to the Plan:**

Once enrolled in the plan, employee contributions are deducted from your paycheck before they are taxed. You are always 100% vested in your contributions. Walsh will match an additional \$.030 for every \$1.00 you contribute up to the first 4% of pay you save.

### **Employer Contributions to the Plan:**

All contributions made by Walsh Trucking Co. LTD are discretionary and may change at any time.

## VACATION, HOLIDAYS AND BEREAVEMENT:

### Vacation:

After one full year of employment an employee becomes eligible for paid vacation. Vacation pay is only earned upon the anniversary date of hire for regular full-time employees. The employee then has the remainder of the anniversary year to use it. The amount of vacation is calculated according to the following schedule:

<u>Vacation Credit Years</u>	<u>Vacation Time</u>
1 Year	One Week
2 Years	One Week + One Day
3 Years	One Week + Two Days
4 Years	One Week + Three Days
5 Years	Two Weeks
6 Years	Two Weeks + One Day
7 Years	Two Weeks + Two Days
8 Years	Two Weeks + Three Days
9 Years	Two Weeks + Four Days
10 Years	Three Weeks

### Holidays:

Walsh Trucking Co. LTD observes the following holidays:

New Year's Day	Labor Day
Memorial Day	Thanksgiving
Independence Day	Christmas

When a regularly observed holiday falls on a Saturday, generally we observe it by taking the Friday before off. When the holiday falls on Sunday, we take the following Monday off. However, if the customers are working, employees may be expected to work on the actual or observed holiday. Your manager or dispatcher will inform you if you are required to work on the holiday. Those employees who are required to work on an actual holiday are paid time and a half for worked hours in addition to the holiday pay.

### Bereavement Pay:

Full time employees who have been employed six months or longer will be granted an excused absence of one day paid bereavement leave in the event of a death in the immediate family (spouse, same-gender domestic partner, biological parent, custodial parent, non-custodial parent, adoptive parent, foster parent, step parent, parent in law, parent of same-gender domestic partner, grandparent, grandchild, a person whom the employee is or was a relationship of in loco parentis, biological, adopted, foster or step child of an employee or the child of an employee's same-gender domestic partner, sibling, brother-in-law, sister-in-law).

Walsh may request satisfactory proof that the absence was for the purpose of attending the funeral and /or planning for such services.

Leave for the attendance at the funeral on non-immediate family members may be granted without pay. Determination will be made by your supervisor and Human Resources.

**Note:** This handout is intended to be an abbreviated summary of Walsh Trucking Co. LTD's benefit program. A complete explanation of each benefit, eligibility, and rules may be found in the respective Employee Handbook and in the Summary Plan Description documents for each plan.