

2024

Benefits Enrollment Guide

1/1/2024 - 12/31/2024



G&W Equipment, Inc.

WELCOME

to your
G&W Equipment
Benefits



At G&W Equipment, we understand that our employees are the key to our success. The individual contribution that each employee makes is critical to the success of our organization and our customers. We must take care of our employees to show our appreciation for those efforts, and to attract and retain the best!

We are committed to offering a comprehensive program of competitive wages, benefits, 401(k) plan with employer match, a safe work environment, training programs and a rewarding career. We strive to support the needs of our employees by providing a benefit package that is easy to access, affordable and supports you in times of need. This brochure will help you choose the type of plan and level of coverage that is right for you. For additional information, visit our website, www.gwebenefits.com.

The G&W Equipment Human Resources team and our selected vendors are here to assist you with any questions that you may have. The contact information is located on the back page of this brochure.

Sincerely,

Kim Meltzer
Director of Human Resources

ELIGIBILITY

Eligible Employees and Dependents:

You may enroll in the G&W Equipment Employee Benefits Program if you are a full-time employee working at least 30 hours per week.

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and child(ren) up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship. The plan documents for each program will identify specific eligibility for each dependent.

When Coverage Begins:

Newly hired employees and their dependents benefits will be effective on the following schedule:

Effective Date	G&W Equipment Benefit Plan
1st of the month following 30 days of employment	Medical, Dental, and Vision Insurance Group and Voluntary Life Insurance Critical Illness Insurance
90-days following date of employment	Long-term Disability
6 months following date of employment	Short-term Disability
1st of the quarter following 90 days of employment	G&W Equipment 401(k) Plan and Trust

All elections are in effect for the entire plan year, except 401(k), and can only be changed during the Annual Enrollment period, unless you experience a qualifying event. Annual Enrollment is held each year in December with changes effective January 1st of the following year.

Qualifying Event:

A qualifying event is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (i.e., spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation is required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next Annual Enrollment Period. Please contact our Human Resources Department for assistance in making these changes.

HEALTH INSURANCE

G&W Equipment will continue our partnership with Blue Cross Blue Shield of North Carolina (BCBSNC) for 2024 as our health insurance provider. We only made minor plan changes for the upcoming plan year. The following charts below are a brief outline of what is offered.

We will continue to offer two benefit plan options - a Health Savings Account (HSA) Plan or Preferred Provider (PPO) Plan. Please refer to the Plan Document or Summary Benefit Coverage for additional plan details.

Deciding Between an HSA or PPO Plan:

The #1 question that we are asked is “Which option is better?”. The answer depends on you and your family and how you like to manage your medical expenses. See the chart below for things for you to consider in deciding which plan you wish to enroll.

Plans	Things to Consider
Both Plans	Same Network of Providers through Blue Cross Blue Shield - Blue Options
	Same Network Discounts
	Preventative Care provided at 100%
HSA Plan	Lower bi-weekly premiums
	You pay more of the medical expenses up front for office visits and prescription (no copays)
	Maximum out-of-pocket is lower
	Larger amount contributed from G&W to help offset health care related expenses to HSA
	Greater flexibility for how HSA money can be spent per IRS guidelines
	Unused HSA money is rolled over; no limit each year
	HSA money can be invested
PPO Plan	Set co-pays for office visits, urgent care, emergency room and prescriptions
	Telehealth covered at 100% (No Copay)
	Deductible is lower than HSA
	Higher bi-weekly premiums
	Higher maximum out of pocket
	FSA money must be used annually (“use it or lose it” rule); The plan allows rollover of \$500 per year and it will increase to \$640 for 2024.

PLAN OVERVIEW

Provider: Blue Cross Blue Shield of North Carolina

	Health Savings Account (HSA) Base Plan		Preferred Plan Organization (PPO) Buy-up Plan	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible				
Individual	\$3,200	\$6,400	\$2,500	\$5,000
Family	\$6,400	\$12,800	\$5,000	\$10,000
Coinsurance	80%	60%	80%	60%
Maximum Out of Pocket				
Individual	\$5,000 <i>(includes deductible and coinsurance)</i>	\$10,000 <i>(includes deductible and coinsurance)</i>	\$7,000 <i>(includes deductible, copays, and coinsurance)</i>	\$14,000 <i>(includes deductible, copays, and coinsurance)</i>
Family	\$10,000 <i>(includes deductible and coinsurance)</i>	\$20,000 <i>(includes deductible and coinsurance)</i>	\$14,000 <i>(includes deductible, copays, and coinsurance)</i>	\$28,000 <i>(includes deductible, copays, and coinsurance)</i>
Physician Services				
Preventative Care	Covered in full	N/A	Covered in full	N/A
Telemedicine - Teladoc™	\$55 100% after deductible	N/A	Covered in full	N/A
Primary Care Visit	20% after deductible	40% after deductible	\$35 copay	40% after deductible
Specialist Visit	20% after deductible	40% after deductible	\$70 copay	40% after deductible
Urgent Care	20% after deductible	20% after deductible	\$70 copay	40% after deductible
Emergency Room	20% after deductible	20% after deductible	\$500 copay	40% after deductible
Outpatient Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Prescription Drugs				
Generic (Tier 1)	20% after deductible	40% after deductible	\$10	40% after deductible
Preferred (Tier 2)	20% after deductible	40% after deductible	25%, max. \$100	40% after deductible
Non-Preferred (Tier 3)	20% after deductible	40% after deductible	50%, max. \$100	40% after deductible
Specialty (Tier 4)	20% after deductible	40% after deductible	25%, max. \$500	40% after deductible
Specialty (Tier 5)	20% after deductible	40% after deductible	50%, max. \$500	40% after deductible

Employee Premiums Your bi-weekly before-tax payroll deductions are:

	HSA Bi-weekly Premiums	PPO Bi-weekly Premiums
Employee Only	\$43.00	\$58.00
Employee & Spouse	\$161.00	\$236.00
Employee & Children	\$118.00	\$188.00
Family	\$287.00	\$363.00

Employer Contribution to Spending Accounts

G&W Equipment contributes the following amounts to your Health Spending Account (HSA) or Flexible Spending Accounts (FSA) each year to assist you in paying for deductibles, coinsurance and copayments.

	HSA	PPO
Employee Only	\$1,000	\$750
Employee & Spouse, Employee & Children and Family	\$2,000	\$1,000

DENTAL INSURANCE

G&W Equipment offers dental insurance through Cigna Insurance Company. The following chart is a brief outline of what is offered.

Plan Overview

Provider: Cigna Insurance Company

Plan Design	Total Cigna DPPO	Out-of-Network
Calendar Year Maximum	Progressive Plan	
(Class I, II, III Expenses)	Class I applies	Class I applies
	Year 1: \$1,500	Year 1: \$1,500
	Year 2: \$1,750	Year 2: \$1,750
	Year 3: \$2,000	Year 3: \$2,000
	Year 4: \$2,250	Year 4: \$2,250
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Class I Expenses - Preventive & Diagnostic Care		
Cleanings, X- rays, Fluoride Application, Sealants, Space Maintainers (non-orthodontic treatment), Emergency Care to Relieve Pain	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Fillings, Oral Surgery, Periodontics, Root Canal Therapy, Endodontics	100%, After Deductible	80%, After Deductible
Class III Expenses - Major Restorative Care		
Crowns, Bridges, Dentures, Anesthetics	60%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia		
Eligible Children Only / Lifetime Maximum	50%, No Ortho Deductible / \$1,500	
Dental Plan Reimbursement Levels	Based on negotiated contract fees	90th Percentile
Additional Member Responsibility in Excess of Coinsurance	None	Yes, the difference between billed charges and the plan reimbursement

Employee Premiums

Your bi-weekly before-tax payroll deductions are:

	Dental Bi-weekly Premiums
Employee Only	\$9.00
Employee & Spouse	\$18.00
Employee & Children	\$22.00
Family	\$33.00



VISION INSURANCE

G&W Equipment offers vision insurance through Cigna Insurance Company using EyeMed providers for 2024. The following chart is a brief outline of what is offered.

Plan Overview

Provider: Cigna Insurance Company

Coverage	VSP In-Network Benefit	Out of Network
Exam Copay every 12 months	\$10	N/A
Exam Allowance every 12 months	Covered 100% after Copay	Up to \$45
Materials Copay every 12 months	\$20	N/A
Eyeglass Lenses Allowances: (1 pair every 12 months)		
Single Vision	Covered 100% after Copay	Up to \$32
Lined Bifocal	Covered 100% after Copay	Up to \$55
Lined Trifocal	Covered 100% after Copay	Up to \$65
Lenticular	Covered 100% after Copay	Up to \$80
Contact Lenses Allowances: (1 pair or single purchase every 12 months)	Up to \$130	Up to \$105
Elective Therapeutic	Covered 100%	Up to \$210
Frame Retail Allowance: (1 every 24 months)	Up to \$130	Up to \$71
** Your Frequency Period begins on January 1 (Calendar year basis) **		

Employee Premiums

Your bi-weekly before-tax payroll deductions are:

	Vision Bi-weekly Premiums
Employee Only	\$2.00
Employee & Spouse	\$4.00
Employee & Children	\$3.00
Family	\$5.00



LIFE INSURANCE

G&W Equipment offers group term life and additional voluntary life insurance through New York Life Insurance. The following chart is a brief outline of what is offered.

GROUP TERM LIFE

100% Paid by G&W Equipment

Provider: New York Life Insurance

	Benefit Amount
Employee (up to age 70)	\$50,000 (includes AD&D coverage)
Spouse (up to age 70)	\$10,000
Child (birth to age 26)	\$2,000, up to age 26 • \$500, up to 14 days

Be sure to enroll your spouse and children in these plans to ensure they are covered. They do not have to be enrolled in any other benefit to be eligible to participate in these free programs.

VOLUNTARY TERM LIFE

Paid by Employee

	Benefit Amount	Maximum	Guaranteed Issue
Employee (up to age 70)	Increments of \$25,000	\$150,000	\$100,000
Spouse (up to age 70)	50% of the Employee's Insured Amount	50% of the Employee's Insured Amount up to a maximum of \$75,000	\$25,000
Child (birth to age 26)	Units of \$5,000	\$10,000; under 6 Months old \$500	All amounts

- During the Annual Enrollment Period, an Employee currently insured may increase his or her Voluntary Life Insurance Benefits by up to two units of \$25,000, up to the Guaranteed Issue, without an evidence of insurability form. A covered spouse's coverage may be increased by 50% of the Employee's Voluntary Life election, without an evidence of insurability form.
- Benefit Reduction Schedule - If you are still employed, your benefits and your spouse's benefits will reduce to 65% at age 65 and 50% at age 70.
- If you apply for coverage for yourself more than 31 days from the date you become eligible to elect coverage under this plan, the Guaranteed Issue Amount will not apply, unless Guaranteed Issue has been approved by your employer for a specific period of time. Coverage will not be issued until the insurance company approves acceptable proof of good health. Benefit Reduction Schedule - If you are still employed, your benefits and your spouse's benefits will reduce to 65% at age 65 and 50% at age 70.



INCOME REPLACEMENT AND ASSISTANCE

G&W provides these benefits at no cost to you. If you experience an injury or illness, our disability and critical illness plans provide partial income assistance for you to assist you in meeting your financial needs.

Short-Term Disability Insurance (STD)

G&W Equipment offers short-term disability coverage, at no cost to you, to help replace a portion of your income if you are unable to work due to a personal sickness or injury. The STD benefit pays \$100 per day, up to under \$500 per week. The benefit begins after 5 days of injury or illness and lasts up to 90 days. You are eligible for STD benefits after 6 months of employment.

Long-Term Disability Insurance (LTD)

G&W also offers long-term income protection through New York Life/Cigna in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary, up to \$5,000. Benefit payments begin after 91 days of disability. Review the plan document or www.gwebenefits.com for additional information. You are eligible for LTD benefits after 90 days of employment.

Critical Illness Insurance

Critical illness insurance provides a cash benefit of up to \$1,000, when an employee is diagnosed with a covered critical illness or event. The amount paid varies depending on the condition or event. G&W Equipment provides this benefit to you for free. You are eligible on the 1st of the month after 30 days of employment.



401(K) PLAN

Provider: Capital Group American Funds

Plan for the retirement that you have always dreamed of! Whether you're years away or just a few years from retirement, G&W Equipment offers a generous 401(k) plan with matching contributions to help you build your retirement savings. We offer a variety of investment options for you to select the best retirement plan for you.

Eligibility

All employees over age 18 will be eligible to enroll at the 1st of the quarter (January, April, July or October) following 90 days of employment. If you miss your opportunity to enroll, you can join the 401k plan at the beginning of each quarter. Contact the Human Resources team for assistance.

401(k) Employee Contributions

You will have the option to enroll at the percentage or dollar amount you wish or you may opt out of participating in the plan. If you do not enroll or opt out, you will automatically be enrolled at 6%. You can enter the plan each quarter, but you may raise or lower your contributions from 1 – 90% or a set dollar amount, each month. Our plan offers you the opportunity to contribute on a pre-tax (traditional), post-tax (Roth) basis or a combination of these two options.

401(k) Employer Match

G&W matches \$1 for \$1 up to the first 6% you save. **This is FREE MONEY for you!** You are fully vested in the Employer Match at your 2-year work anniversary.

Top Reasons for Joining the 401(k)

- With our plan options, you have total control of your retirement planning.
- It's painless! G&W automatically deducts your contributions every time you are paid.
- You get free money with an employer match – we match up to the 1st 6%.
- You get two tax breaks when you save in a 401(k) plan - your contributions are tax-deductible lowering your taxable income and your money grows tax-deferred.
- Interest compounding is what makes a 401k plan a powerful savings tool. Put simply, your earnings are put back in to the account so you earn interest on your original principal plus interest.
- You can contribute more to a 401(k) than an IRA.

PAID TIME OFF (PTO)

G&W Equipment recognizes the need for employees to have time off from work for rest and relaxation, attend to personal business or due to illness or injury. We also understand that the need is different for each of you.

Paid Time Off is available for vacations, doctor’s appointments, school events, sick time or other similar time off. You will accrue PTO time for every payroll that you are actively at work.

Length of Service	Hours Earned Each Pay Period	Hours Earned Each Year	Days Earned Each Year
Up to 5 years	3.69 hours	96	12
5 years - 12 years	5.23 hours	136	17
Over 12 years	6.77 hours	176	22

- Available to all full-time hourly and salary paid employees after 90 days of employment.
- Carryover of earned, unused PTO hours is allowed. There is no maximum of time allowed for carryover or accumulation of hours.
- Time off requests should be provided to your manager at least 2 weeks (or as soon as possible) in advance for planning purposes.

COMPANY PAID HOLIDAYS

G&W Equipment offers 9 paid holidays to all full-time regular employees who have completed 30 days of employment.

Holiday	2024 DATE OBSERVED
New Year’s Day	Monday, January 1, 2024
Good Friday	Friday, March 30, 2024
Memorial Day	Monday, May 27, 2024
Independence Day	Thursday, July 4, 2024
Labor Day	Monday, September 2, 2024
Thanksgiving	Thursday, November 28, 2024
Day After Thanksgiving	Friday, November 29, 2024
Christmas Eve	Tuesday, December 24, 2024
Christmas Day	Wednesday, December 25, 2024

An employee must work the last scheduled work day prior and the first scheduled work day after the holiday to be paid, unless management has excused the absence.



BENEFITS CONTACT INFORMATION

	Contact	Telephone #	Website / Email
Benefits Support	Human Resources	(704) 394-6316	hr@gwequip.com
G&W Insurance Broker	Mountcastle Insurance (Pete Schantz & Billy Bowen)	(336) 777-8500	www.gwebenefits.com
Medical and Pharmacy	Blue Cross Blue Shield NC	1(877) 275-9787	www.bluecrossnc.com Plan Type - Blue Options
Telehealth Services	Teladoc™	1(800) 835-2362	www.teladoc.com
Health Savings Account (HSA), Flexible Spending Account (FSA), Dependent Care Account (DDC)	Health Equity	1(866) 346-5800	www.healthequity.com
Dental	Total Cigna DPPO	1(800) 244-6224	www.myCigna.com
Vision	Cigna Vision with EyeMed	1(877) 478-7557	www.myCigna.com
Critical Illness	Cigna Supplemental Health	1(800) 754-3207	www.myCigna.com
Group Life Insurance, Voluntary Life Insurance and Long-Term Disability	New York Life Group Benefit Solutions (Cigna)	1(888) 842-4462	www.mynylgbs.com
Employee Assistance Program (EAP) 24/7 Support	Life Assistance Program New York Life Group Benefit Solutions (Cigna)	1(800) 538-3543	www.nylgbs-lap.com
401(k)	Capital Group / American Funds	1(800) 204-3731	americanfunds.retirementpartner. com/participant/#/login?accu=Am- Funds
401(k) Advisor	Perry Clark	1(866) 998-3877	perry.clark@raymondjames.com