Benefit Summary for the Employees of

Norris & Stevens

INVESTMENT REAL ESTATE SERVICES

Effective Date:

January 1, 2019 to December 31, 2019

*This memorandum has been prepared to help you review the key factors that are associated with our benefit plans. This memorandum does not provide all of the contractual provisions, limitations or exclusions included in our policies and should be considered only as a summary of our current benefits. If any differences exist between this summary and the official contracts, the contracts shall prevail.*20101110

Your Benefits Plan

Norris & Stevens Inc. is pleased to offer a comprehensive benefits program to our valued employees.

In the following pages, you will learn more about the benefits Norris & Stevens Inc. offers. You will also see how choosing the right combination of benefits can help protect you and your family's health and financial future.

Benefit	Carrier
Medical Insurance	Kaiser Permanente
Dental Insurance	Willamette Dental Delta Dental
Voluntary Life, Disability, and Accident	Unum
Flexible Spending Account (FSA)	BenefitHelp Solutions (BHS)
Health Savings Account (HSA)	HSA Bank

Eligibility

Employees working 30+ hours per week are eligible for benefits first of month following their date of hire and upon completion of the application for coverage.

Children are eligible for benefits up to age 26 regardless of dependent, student or marital status.

Spouses and domestic partners* of the same or opposite gender are eligible for benefits.

*For domestic partners that do not qualify as dependents under Section 152 of the Internal Revenue Service Code, premium associated with domestic partner coverage will be paid by the employee with after-tax dollars and the fair market value of any employer contributions made on behalf of your domestic partner will be imputed as income to the employee. Unless otherwise requested, premiums will automatically be deducted on a pre-tax basis.

When Can you Enroll?

You can sign up for Benefits at any of the following times:

- After completing initial eligibility period
- During the annual open enrollment period
- Within 30 days of a qualified family-status change

If you do not enroll at the above times, you must wait for the next annual open enrollment period.

Making Changes

Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change some of your benefit elections upon the occurrence of certain change in status events, provided you properly notify your Employer and the change is permitted under the plan terms. Examples of these change in status events may include:

- Your marriage
- Your divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your work status that affects your benefits
- Change in residence or work site that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order (QMCSO)

If you have a family status change, you must notify your HR Manager in a timely manner and complete the necessary forms. For more information refer to your benefits booklet.

Medical Plans

Norris & Stevens Inc. offers a choice between three medical plans with Kaiser Permanente. You can choose the HMO plan, the Added Choice (3-Tier) plan or the High Deductible HMO plan with Kaiser that allows participants access to a Health Savings Account (HSA) with HSA Bank. Percentages below are illustrative of your share in the coinsurance once your deductible has been met.

HMO Plan Note: On the HMO plan, you must receive services from a Kaiser Permanente provider or they will not be covered. Please see your Booklet or Carrier Benefit Summary for more information.

Policy #3193	**Kaiser Permanente FL19 HMO**
Annual Deductible	
Per Person	$1,500
Maximum Per Family	$4,500
Annual Out-of-Pocket Maximum	
Per Person	$5,350
Maximum Per Family	$10,700
Preventive Care	
Preventive Office Visit	Covered in full (dw)
Preventive X-Ray and Lab Tests	
Well-Child Care	
Immunizations	
Mammograms	
Professional	
Primary Office Visit	$25 copay (dw)
Specialist Office Visit	$35 copay (dw)
Hospital/Facility	
Inpatient Care	20% after deductible
Outpatient Care	20% after deductible
Mental Health/Substance Abuse	
Outpatient	$25 copay (dw)
Inpatient	20% after deductible
Rehabilitation	
Physical – *Up to 20 Visits Per Year*	$35 copay, after deductible
Occupational – *Up to 20 Visits Per Year*	$35 copay, after deductible
Speech – *Up to 20 Visits Per Year*	$35 copay, after deductible
Alternative Care - *$1,000 Benefit Maximum Per Year*	
Acupuncture, Chiropractor and Naturopaths	$20 copay (dw)
Massage Therapy	$25 copay (dw) up to 12 visits per year
Other Services	
Diagnostic X-Ray and Lab Tests	$25 copay (dw)
CT, MRI, PET Scans	$100 copay (dw)
Ambulance (Ground)	20% after deductible
Emergency Room	20% after deductible
Urgent Care	$45 copay (dw)
Vision Benefits	
Exam	$25 copay (dw)
Materials	Not covered
Lifetime Maximum	Unlimited

(dw) = Deductible Waived

Medical Plans *(cont.)*

Added Choice Plan Note: On the Added Choice plan, the level of benefits you receive is dependent upon your choice of a provider in the Kaiser network, the participating network (PPO) or a non-participating provider. You will experience significant cost savings when seeing a Kaiser physician. Please see your Booklet or Carrier Benefit Summary for more information. The percentages below are illustrative of your share in the coinsurance. Visit www.kp.org for a list of participating providers.

Policy #3193	**Kaiser Permanente DX19 Added Choice (POS)**		
Annual Deductible	Kaiser	PPO	Non-Participating
Per Person	$1,500	$3,000	$4,500
Maximum Per Family	$4,500	$9,000	$13,500
Annual Out-of-Pocket Maximum			
Per Person	$5,350	$7,350	$9,000
Maximum Per Family	$10,700	$14,700	$18,000
Preventive Care			
Preventive Office Visit	Covered in full (dw)	Covered in full (dw)	40% after deductible
Preventive X-Ray and Lab Tests			
Well-Child Care			
Immunizations			
Mammograms			
Professional			
Primary Office Visit	$25 copay (dw)	$35 copay (dw)	40% after deductible
Specialist Office Visit	$35 copay (dw)	$45 copay (dw)	40% after deductible
Hospital/Facility			
Inpatient Care	20% after deductible	30% after deductible	40% after deductible
Outpatient Care	20% after deductible	30% after deductible	40% after deductible
Mental Health/Substance Abuse			
Outpatient	$25 copay (dw)	$35 copay (dw)	40% after deductible
Inpatient	20% after deductible	30% after deductible	40% after deductible
Rehabilitation			
Physical – *Up to 20 Visits Per Year*	$35 copay, after deductible	30% after deductible	40% after deductible
Occupational – *Up to 20 Visits Per Year*	$35 copay, after deductible	30% after deductible	40% after deductible
Speech – *Up to 20 Visits Per Year*	$35 copay, after deductible	30% after deductible	40% after deductible
Alternative Care - *$1,000 Benefit Maximum Per Year*			
Acupuncture, Chiropractor and Naturopaths	$20 copay (dw)		
Massage Therapy	$25 copay (dw) up to 12 visits per year		
Other Services			
Diagnostic X-Ray and Lab Tests	$25 copay (dw)	$35 copay (dw)	40% after deductible
CT, MRI, PET Scans	$100 copay (dw)	30% after deductible	40% after deductible
Ambulance (Ground)	20% after deductible		
Emergency Room	$200 copay after deductible (waived if admitted)		
Urgent Care	$45 copay (dw)	$55 copay (dw)	40% after deductible
Vision Benefits			
Exam	$25 copay (dw)	$35 copay (dw)	40% after deductible
Materials	Not covered	Not covered	Not covered
Lifetime Maximum	Unlimited	Unlimited	Unlimited

(dw) = Deductible Waived

Medical Plans *(cont.)*

High Deductible HMO Plan Note: On the High Deductible HMO plan, you must receive services from a Kaiser Permanente provider or they will not be covered. All services are subject to the deductible, except for preventive care. Please see your Booklet or Carrier Benefit Summary for more information. The percentages below are illustrative of your share in the coinsurance. This plan does allow you to contribute pre-tax money to a Health Savings Account if you meet the IRS guidelines.

Policy #3193	**Kaiser Permanente HDHP W/ HSA EE29 HMO**
Annual Deductible	
Per Person	$1,500
Maximum Per Family	$3,000
Annual Out-of-Pocket Maximum	
Per Person	$2,500
Maximum Per Family	$5,000
Preventive Care	
Preventive Office Visit	Covered in full (dw)
Preventive X-Ray and Lab Tests	
Well-Child Care	
Immunizations	
Mammograms	
Professional	
Primary Office Visit	20% after deductible
Specialist Visit	20% after deductible
Hospital/Facility	
Inpatient Care	20% after deductible
Outpatient Care	20% after deductible
Mental Health/Substance Abuse	
Outpatient	20% after deductible
Inpatient	20% after deductible
Rehabilitation	
Physical – *Up to 20 Visits Per Year*	20% after deductible
Occupational – *Up to 20 Visits Per Year*	20% after deductible
Speech – *Up to 20 Visits Per Year*	20% after deductible
Alternative Care	
Acupuncture (physician referred)	Not Covered
Chiropractic	Not Covered
Massage	Not Covered
Naturopaths	Not Covered
Other Services	
Diagnostic X-Ray and Lab Tests	20% after deductible
CT, MRI, PET Scans	20% after deductible
Ambulance (Ground)	20% after deductible
Emergency Room	20% after deductible
Urgent Care	20% after deductible
Vision Benefits	
Exam	20% after deductible
Materials	Not covered
Lifetime Maximum	Unlimited

(dw) = Deductible Waived

Prescription Drugs

Below is a brief overview of what you can expect to pay for a prescription drug, depending on which "tier" category it falls under in the Preferred Drug List for your plan when using an In-Network Pharmacy. To find out what tier applies to a specific medication, see the Preferred Drug List at www.kp.org.

If you have a Maintenance Drug, one you take every day, week or month, take advantage of the Mail Order Programs with your medical plan. See your packet or go online for details.

Kaiser Permanente FL19 HMO

Benefit	Participating Retail	Mail Order
Generic	$15 copay	$30 copay
Preferred Brand	$30 copay	$60 copay
Non-Preferred Brand	$50 copay	$100 copay
Maximum Day Supply	30 days	90 days

Kaiser Permanente DX19 Added Choice (POS)

Benefit	Kaiser Pharmacy		Med-Impact Pharmacy	
	Participating Retail	Mail Order	Participating Retail	Mail Order
Generic	$15 copay	$30 copay	$20 copay	1, 2, or 3x copay depending on day supply
Preferred Brand	$30 copay	$60 copay	$40 copay	
Non-Preferred Brand	$50 copay	$100 copay	$60 copay	
Maximum Day Supply	30 days	90 days	30 days	90 days

Kaiser Permanente EE29 HDHP with HSA

Benefit	Participating Retail	Mail Order
Generic	$15 copay after deductible	$30 copay after deductible
Preferred Brand	$30 copay after deductible	$60 copay after deductible
Non-Preferred Brand	$50 copay after deductible	$100 copay after deductible
Maximum Day Supply	30 days	90 days
Medical Plan Deductible Applies to Prescriptions Under HSA Plan		

BRAND NAME PRESCRIPTION MEDICATION INSTEAD OF GENERIC (MED-IMPACT PHARMACY)
If an equivalent generic medication is available and a brand name medication is chosen, the member is responsible for paying the applicable brand-name copayment/co-insurance plus the difference in price between the equivalent generic medication and the brand-name medication not to exceed the total retail cost.

Dental Plans

Benefit eligible employees and their dependents may enroll in the dental benefits through Delta (Moda) or Willamette Dental. If you enroll in the Delta Dental plan, you can go to any dentist you wish. Your plan year maximum will stretch farther if you go to a Delta Dental Preferred Provider who offers discounts on their usual fees. If you go to a non-participating provider, you may be balance billed. Note: If you enroll in the Willamette Dental plan, you must see a Willamette Dental provider – there is no out of network benefit.

	Delta Dental (Moda) PPO		Willamette Dental DHMO
	In-Network	Out-of-Network *	In-Network Only
Benefit Year Maximum	$1,500		Unlimited
Annual Deductible			
Individual	$50	$50	$0
Family	$150	$150	$0
Deductible waived for Preventive?	Yes	Yes	N/A
Office Visit Copay	N/A	N/A	$15 copay
Preventive & Diagnostic Care	100%	90%	100% after copay
Basic Restorative Care	80%	70%	Copays vary by type of service
Major Restorative Care	50%	50%	Copays vary by type of service
Orthodontia			
Benefits	50%	50%	$2,800 copay
Dependent Children**	Covered to Age 26	Covered to Age 26	Adults and Children
Lifetime Orthodontia Maximum	$1,000	$1,000	N/A

*** Delta Dental Plan: Services incurred from out of network dentists may be subject to balance billing. Out of network providers are paid based on In-Network allowable amounts.**

****Delta Dental Plan: Orthodontia must begin prior to a child's 17th birthday.**

Delta Dental - Voluntary Pre-ESTIMATE OF BENEFITS
In the event you need to have dental work estimated to cost $300 or more, we recommend you have your dentist submit the charges to Delta Dental for a pre-estimate. Delta Dental will review the intended treatment plan and let your dentist know how much of the bill they will cover. We recommend this to avoid any billing issues or larger than expected out of pocket cost.

Voluntary Short-Term Disability Benefits

To provide short term salary protection, a Voluntary Short-Term Disability benefits program is provided to all eligible employees. Employees are responsible for the premium.

Policy #90952	Unum Voluntary Short-Term Disability (STD)
Benefits Begins	On the 15th day for accidents and illness
Weekly Benefit	60% of your covered pre-disability weekly earnings
Maximum Benefit	$2,500 per week
Maximum Benefit Duration	11 weeks
Pre-Existing Condition Limitation	12 months for conditions treated or diagnosed within the 3 months prior to effective date of coverage

CONTRIBUTION DEFINITION
Contributory: In the event of a disability claim, payments received under this plan would not be considered taxable income.

Voluntary Long-Term Disability Benefits

To provide long term salary protection, a Voluntary Long-Term Disability benefits program is provided to all eligible employees. Employees are responsible for the premium.

Policy #90952	Unum Voluntary Long-Term Disability (LTD)
Elimination Period	90 days
Monthly Benefit	60% of your covered pre-disability monthly earnings
Maximum Benefit	$11,000 per month
Benefit Duration	Up to Social Security Normal Retirement Age
Definition of Disability	24 months own occupation and 20% loss of income

CONTRIBUTION DEFINITION
In the event of a disability claim, payments would not be considered taxable income.

PRE-EXISTING CONDITIONS
A pre-existing condition is a condition, regardless of cause, for which medical advice, diagnosis, care or treatment was recommended or received in the 12 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 24 consecutive months of coverage. This waiting period may be waived or reduced if you remain treatment free for 12 months.

DEFINITION OF DISABILITY
You are considered disabled under this plan if you are unable to earn more than 80% of your pre-disability income AND you cannot perform your own occupation up to 24 months. After the first 24 months, if you are unable to perform the duties of any gainful occupation you are trained and educated for, you could be eligible for benefits up to your Social Security Normal Retirement Age. You must be under the care and treatment of a licensed physician.

Voluntary Life and AD&D

Norris & Stevens Inc. provides Voluntary Life and AD&D insurance to all benefit eligible employees. Employees are responsible for the premium. Children are covered up to age 19, 26 if a full-time student.

Policy #90952	Unum Voluntary Life/AD&D
Employee	
Benefit Amount	$10,000 increments
Overall Maximum	Up to 5 times salary not to exceed $500,000
Guarantee Issue Amount	$50,000
Spouse	
Benefit Amount	$5,000 increments
Overall Maximum	Up to 100% of employee amount not to exceed $500,000
Guarantee Issue Amount	$25,000
Child(ren)	
Benefit Amount	$2,000 increments
Overall Maximum	Up to 100% of employee amount not to exceed $10,000
Guarantee Issue Amount	$10,000 (the maximum allowed for a child between live birth and 6 months is $1,000)
Accidental Death Benefit	In the event of an accidental death, the benefit may double. Please see your booklet for further details.
Dismemberment	In the event of an accidental dismemberment, a benefit is provided up to a scheduled amount corresponding to the loss. Please see your booklet for further details.

Voluntary Life and AD&D *(cont.)*

BENEFIT REDUCTION
Benefits begin to reduce at age 65. Please refer to your booklet for further details.

BENEFICIARY DESIGNATION
If you are married and living in a community property state, your insurance carrier may require that you designate your spouse (or in some cases a registered domestic partner) for at least 50% of the benefit unless you have a waiver notice on file from your spouse. Consult your legal or tax advisor for further guidance on this issue.

GUARANTEE ISSUE – VOLUNTARY LIFE INSURANCE
All employees have a one-time opportunity to enroll up to certain limits without providing health information. These are referred to as "Guarantee Issue" limits. However, if you do not enroll when initially eligible, you will be required to provide evidence of "good health" for any amount elected. Please contact HR/Benefits Dept. for enrollment materials.

Voluntary Accident Benefits

To provide protection against accidents, an accident program is provided to all eligible employees. Employees are responsible for the premium. Below is a brief chart showing the benefits you can receive based on the accident and/or injury.

Policy #90952	Unum Voluntary Accident Benefit
Accident / Injury	Benefit Amount
Accidental Death	$50,000 (employee), $20,000 (spouse), $10,000 (child)
Ambulance (Ground / Air)	$400 / $1,500
Emergency Room Treatment	$150
Hospital Admission	$1,000 (per admission)
Medical Imaging	$200
Eye Injury	$300
Ruptured Disc	$800
Laceration	$25 - $600

Please see HR for a full list of benefits and the rate information.

Flexible Spending Accounts

Healthcare Expense Account
The health account allows you to fund your out-of-pocket medical, dental and vision expenses, such as copays and deductibles, with pre-tax dollars. By paying for out-of-pocket medical expenses with pre-tax dollars, you will save a minimum of $.23 per dollar because you do not pay Federal Income Tax or FICA tax on your contributions. Norris & Stevens Inc. allows a voluntary contribution of up to **$2,650** per plan year into your healthcare expense account.

Important note regarding Healthcare Reform and the impact to FSA plans: Effective January 1, 2011 over the counter (OTC) drugs and medicines were no longer eligible for reimbursement from your FSA Healthcare Expense Account, unless prescribed by a doctor.

Dependent Care Account
This account allows you to fund the costs of dependent care on a pre-tax basis. The care must be provided by a dependent care center or by an individual who can provide a name, address, and taxpayer identification number. You may contribute up to a maximum of **$5,000** each tax year, per household. Although you may not take the childcare tax credit if you choose this option, you may save more depending on your income level.

What are the risks of FSAs?
FSAs should only be considered for anticipated expenses. You should be conservative when estimating the amount to contribute to each account. If you overestimate your expenses and have money left in the account at the end of the year, it may be forfeited. Please see below for additional information. For a small percentage of participants, Social Security retirement benefits may be affected by participating in FSAs. Participation in this plan reduces your W-2 income, on which retirement benefits are based.

Participants have the option to carryover up to $500 of unused health FSA funds. The amount elected for carryover does not change the annual election maximum of $2,650. So, a participant will have access to both their election amount (up to $2,650) and carryover amount (up to $500).
Please note: *Norris & Stevens has a $50 balance minimum in order to be eligible for rollover.*

NOTE: IRS Regulations do not allow Domestic Partner claims to be submitted for reimbursement through the Flex plan unless they qualify as a tax dependent under Code Section 152.

Health Savings Account

To be eligible for a Health Savings Account (HSA), you must:

- be covered under a High Deductible Health Plan (HDHP) on the first day of the month;
- not be enrolled in Medicare;
- have no other non-HDHP coverage, and
- not be claimed as a dependent on another person's tax return.

For the 2019 tax year, you may contribute up to **$3,500** to your HSA for a single employee, or up to **$7,000** for a family. Any money left in the account at the end of the year, will roll forward to the next year.

If you are an eligible individual who is age 55 or older at the end of the tax year, you may contribute an additional $1,000 as a catch-up contribution each year. Beginning with the first month you are enrolled in Medicare, you may not contribute to your HSA as you are no longer eligible.

The money in the HSA is to be used for eligible medical expenses, as defined by the IRS (see IRS Publication 502, Medical and Dental Expenses for more details). Distributions from the HSA for ineligible expenses are subject to taxation and penalties.

For additional guidelines, please go online to www.hsabank.com or call HSA Bank at (800) 357-6246.

See also IRS Publication 969, Health Savings Accounts and Other Tax Favored Health Plans.

Monthly Premiums

Refer to the table below for monthly employee contributions as of January 1, 2019.

Kaiser Permanente HMO	Total Monthly Premium	Employee Monthly Contribution
Employee	$556.66	$86.00
Employee & Spouse	$1,113.31	$672.15
Employee & Child(ren)	$1,001.98	$554.93
Employee & Family	$1,669.97	$1,258.30

Kaiser Permanente Added Choice (POS)	Total Monthly Premium	Employee Monthly Contribution
Employee	$626.55	$160.05
Employee & Spouse	$1,253.10	$820.25
Employee & Child(ren)	$1,127.79	$688.20
Employee & Family	$1,879.64	$1,480.44

Kaiser Permanente HDHP W / HSA	Total Monthly Premium	Employee Monthly Contribution
Employee	$530.74	$0
Employee & Spouse	$1,061.49	$529.92
Employee & Child(ren)	$955.34	$423.94
Employee & Family	$1,592.23	$1059.85

Willamette Dental	Total Monthly Premium	Employee Monthly Contribution
Employee	$43.15	$0
Employee & Spouse	$80.80	$37.65
Employee & Child(ren)	$75.82	$32.67
Employee & Family	$122.43	$79.28

Delta Dental	Total Monthly Premium	Employee Monthly Contribution
Employee	$46.02	$0
Employee & Spouse	$86.17	$40.15
Employee & Child(ren)	$89.86	$43.84
Employee & Family	$139.56	$93.54

Contact Information

If you have any further questions concerning your benefits, please contact:

Carrier	Plan	Website	Phone Number
Kaiser Permanente	Medical	www.kp.org	800-813-2000
Delta Dental (Moda)	Dental	www.deltadental.com	800-452-1058
Willamette Dental	Dental	www.willamettedental.com	855-433-6825
Unum	Voluntary Life and Disability	www.unum.com	800-421-0344
BenefitHelp Solutions (BHS)	FSA	www.benefithelpsolutions.com	888-398-8057
HSA Bank	HSA	www.hsabank.com	800-357-6246

Benefit Resource Center

The Benefit Resource Center is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm PST If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Phone: 866-468-7272
Email: BRCwest@usi.com