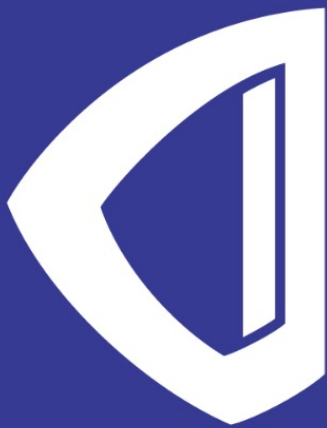




2026 BENEFITS GUIDE



AVANT
ORGANICS

BETA



DIS-TRAN
PACKAGED SUBSTATIONS



Millennium
GALVANIZING

MISS
MID-STATE SUPPLY



CREST BENEFITS OVERVIEW



MEDICAL

Medical coverage has never been more important, and Crest has you covered, picking up 93% of the full cost of each employee's monthly premium after one month of full-time employment.



LIFE INSURANCE

Company paid life insurance is available after one month of full-time employment. Additional life insurance is available through the 401(k) plan.



SHORT TERM DISABILITY

After one month of full-time employment, you are eligible for our short-term disability plan, which pays 60% of your base earnings up to a maximum weekly benefit of \$1,000 after 14 days for sickness or injury.



LONG TERM DISABILITY

After one month of full-time employment, you are eligible for our long-term disability plan, which pays 60% of your base earnings up to a maximum monthly benefit of \$5,000 after 90 days of disability.



PAID HOLIDAYS

Crest companies typically observe eight paid holidays each year. These holidays may vary from company to company.



PAID TIME OFF (PTO)

PTO can be used for vacation, illness, attendance at children's activities, medical/dental appointments, bereavement, personal business or emergencies.



CAFETERIA PLAN

Additional voluntary benefits are available after one month of full-time employment, including dental, vision, flexible spending accounts, cancer and accident insurance.



CORPORATE FITNESS PLAN

Employees receive a corporate rate for membership at Anytime Fitness or All Hours.



401(K) WITH COMPANY MATCH

Build a solid financial future with Crest's 401(k) savings plan through Fidelity. Crest offers a company match of 100% of your contributions up to a maximum company match of 6% of your base salary.

CREST BENEFITS OVERVIEW [CONT.]



PAID BEREAVEMENT LEAVE

Full-time team members can take up to two consecutive paid workdays off following the death of an immediate family member.



PAID PARENTAL LEAVE (PPL)

Any full-time employee who has worked for one of the Crest Companies for at least six (6) months is eligible for up to two weeks (up to 80 hours) of paid parental leave. This policy covers legal parents including biological, adoptive, or foster mothers and fathers who welcome a child into their home.

About Your Benefits

At Crest Industries, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your Crest Industries benefits. If you have any questions, feel free to reach out to Human Resources at **318-767-5500**.

Eligibility and Enrollment

You are eligible to participate in Crest Industries benefits if you are a full-time employee working at least 30 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled
- Crest Industries eligible dependents



Open Enrollment Dates:
November 10, 2025- November 24, 2025
All elections must be made in UKG by
11.24.2025

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have **30 days** from the date of the event to log on to **UKG** and make the change. Keep in mind, the changes you make must be directly related to the event.



If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see creditable coverage page for more details.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department. Crest Industries

Medical Coverage



Crest Industries is pleased to announce the continuation of dual health benefit options for 2026. Employees will have the flexibility to choose between a high-deductible health plan or the traditional copay plan. The summary below provides an overview of each plan to assist you in selecting the option that best meets your needs.

	\$3,500 HDHP Plan (Base Plan)		\$750 Deductible Copay Plan (Buy-Up Plan)	
	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible (Individual/Family)	\$3,500 / \$7,000	\$10,500/ \$21,000	\$750 / \$2,250	\$1,000 / \$2,500
Coinsurance	10%	40%	20%	40%
Calendar Year Out of Pocket Maximum (Individual/Family)	\$5,000 / \$10,000	\$15,000 / \$30,000	\$3,250 / \$16,300	\$3,750 / \$16,800
Office Visit				
Primary Care	10% after deductible	40% after deductible	\$25 copay	40% after deductible
Specialist	10% after deductible	40% after deductible	\$25 copay	40% after deductible
Urgent Care	10% after deductible	40% after deductible	\$25 copay	40% after deductible
Preventative Care	No cost to member	40% coinsurance after deductible	No cost to member	40% coinsurance after deductible
Hospital Services				
Emergency Room	10% after deductible		\$500 copay then 20% after deductible (waived if admitted)	
Inpatient Services	10% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient services	10% after deductible	40% after deductible	20% after deductible	40% after deductible

Medical Benefit Employee Cost Per Month

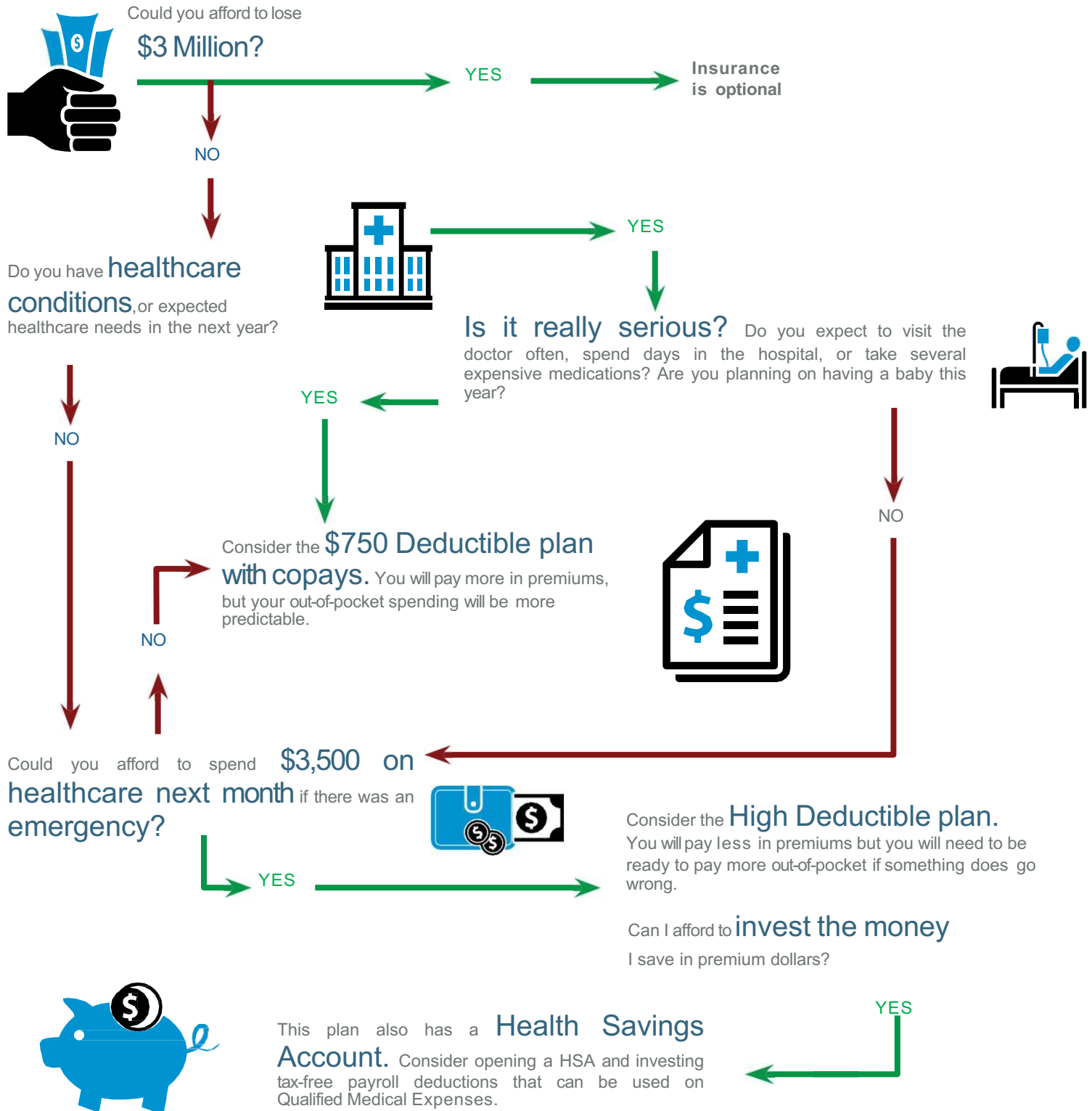
Rates

Medical Benefit Employee Cost per Month

Coverage Tier	\$3,500 HDHP Plan	\$750 Deductible/Copay Plan
Employee	\$0.00	\$50.00
Employee and Spouse	\$284.63	\$439.00
Employee and Child(ren)	\$250.44	\$399.00
Family	\$363.28	\$631.00

Plan Decision Road Map

Trying to decide what the best plan to select can be very difficult. Sometimes you can have too much coverage and other times not enough. Follow the Decision Road Map to help you decide what plan may be best for you and your family.





A UnitedHealthcare Company

Your Plan Advisor

Ready to connect and guide you to the answers you seek



Because we all need a person we can rely on. Let Plan Advisor be yours.

Health care in the modern world calls for a sensitive, personal approach to service — one that's built on real relationships and trust. Which is why Plan Advisor delivers an experience that's beyond traditional models of member support. Our advisors partner with you so you feel more confident in the decisions you make about your health, and comforted by the steps you're taking to get there.

Whether your question is common or complex, we make it easier for you to get answers by ensuring you have the information you need.

What to expect:

A real relationship

Your Plan Advisor is an actual person who's focused on serving you. They are equipped with the knowledge to support and anticipate your unique needs and goals.

Solutions within reach

If you need something we can't help with right away, we'll find you the resources you need. We'll even stay on the phone as long as it takes to get you answers.

Understanding your coverage

Navigating health care can be tricky, which is why no question is a bad one. Your Plan Advisor is ready to go over your benefits or connect you to the right person, so you won't be caught by surprise with any costs.



Finding the right fit is important

Finding the right provider can feel daunting. We'll match you to high-quality health care providers and the highest level of benefits — right where you live — to avoid paying more than you need to. We can schedule appointments with providers and identify relevant health screenings or preventive care.

We'll help you:

- Look into a recent medical claim to make sure it was paid correctly
- Check to see what your out-of-pocket costs are for services
- See how much you have paid — and how much you have left — of your individual or family deductible
- Understand reward programs available to you
- Discover what services are available to you based on your plan



Visit us anytime
online at umr.com

Sign up for online services and get quick and easy access to your claims and benefits information.

With umr.com, you can:

- Look up network providers
- Check your claims activity
- Review your financial activity
- Find tools for improving your health

You can even sign in on the go with your mobile device.



Let's talk

Our Plan Advisors are available weekdays from 7 a.m. to 5 p.m. Central time at **800-207-3172**

URGENT CARE OR EMERGENCY ROOM

What's the Difference?



When you need medical attention, but your primary care doctor is unavailable, do you know where to go for care? With so many options, being informed can save you time and money.

URGENT CARE

What do they treat?

Non-emergency illnesses and injuries, such as cold/flu, ear pain, fever, sprain, back pain and minor cuts/burns.

How long do I have to wait?

Urgent care centers generally have extended weekday hours, and often see patients on the weekend. No appointment is necessary, and patients are usually seen within 15-30 minutes.

What does it cost?

Urgent care is commonly more expensive than an office visit with your primary care doctor, but it is usually less expensive than the emergency room.

EMERGENCY ROOM

What do they treat?

Severe or life-threatening medical emergencies, such as stroke, heart-attack, traumatic injuries and seizures.

How long do I have to wait?

Emergency rooms are open 24/7, but tend to be busy. Patients with the most serious conditions are treated first, meaning less urgent problems may have a significant wait time.

What does it cost?

Emergency rooms are usually the most expensive option for medical care. Some estimates have found the ER to cost 80% more than comparative urgent care treatment.

Always choose in-network care to save money! Prepare in advance by finding the in-network urgent care and emergency rooms nearest you by visiting www.umar.com/find-a-provider



Know where to go when you need care



When you need care quick, your first impulse may be to go to an emergency room (ER). But did you know that there are alternative options to treat your immediate care needs that could save you up to \$1,800 or more compared to an ER?*

Before you wait for hours in the ER, call your primary care provider (PCP) or family doctor. Many doctors offer same-day appointments, but if that's not possible, you may be able to receive fast, professional care for much less at an urgent care center, convenience care clinic or an online doctor visit.



CHECK
your options for care



CHOOSE
your care provider



GO
for better health

*Average allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. The information provided is for general informational purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 9-1-1 or go to the nearest emergency room.

Quick care options:

When seeing your physician is not possible, it's important to know your quick care options to find the place that's right for you and help avoid financial surprises. If you're not sure where to go, UMR's benefits specialists can help you decide.

	Teladoc Consults	Convenience Care Clinics	Urgent Care Facility	Emergency Room
Reason for Visit	<ul style="list-style-type: none"> • Urinary tract infections • Mild colds and flu • Mild vomiting or diarrhea • Mild fevers or headaches • Pink eye • Rashes • Sinus or ear infections • Sore throat 	<ul style="list-style-type: none"> • Minor injuries • Mild vomiting or diarrhea • Allergies • Urinary tract infections • Rashes • Pink eye • Sinus or ear infections • Sore throat • Preventive care 	<ul style="list-style-type: none"> • Animal and insect bites • More-severe-than-usual asthma • Mild vomiting or diarrhea • Minor burns or cuts that may need stitches • Sprains, strains and minor fractures 	<ul style="list-style-type: none"> • Severe pain, especially in the chest or upper abdomen • Uncontrollable bleeding • Difficulty breathing, speaking or walking • Fainting or dizziness • Severe trauma or serious injuries
Average Cost	\$	\$\$	\$\$\$	\$\$\$\$



Call the member services number listed on your ID card or visit [umar.com](https://www.umar.com) to learn more about your care options and find a network provider near you.

UMR Complex Condition CARE

A valuable part of your medical plan



Few things in life are more important than the health of you and your family. Fortunately, you have UMR Complex Condition CARE on your side to help you understand all your medical care options.

UMR Complex Condition CARE has a staff of experienced, caring nurses who help you get the most out of your health plan. They focus on acute, high-cost or complicated cases and ensure they follow clinically appropriate practices throughout an episode of care.

Our expert CARE nurse managers can guide you before, during and after your medical care. They will listen to your concerns, answer questions and explain your options.

Comprehensive complex care

Whether you're having an emergency hospitalization or a complex or catastrophic condition such as an organ transplant, cancer or neonatal/NICU stay, our CARE nurse managers are there for you.

For example, we can assist you during a hospital stay, after you are released and with your home care. You can concentrate on getting well, knowing your CARE nurse manager will review your progress with your provider.

As an added bonus, our services assist with utilizing in-network providers.

You will also learn about quality medical services and become a more informed health care consumer.

Here for you in times of crisis

Hopefully, you or a family member never experience a serious injury or long-term illness. But if you do, we will have a UMR CARE nurse manager on the case at no cost to you.

Your CARE nurse manager will assist with your medical care and treatment by:

- Being a single point of contact, providing continuity of care with no hand off for both medical and behavioral care needs
- Helping support treatment plans from beginning to end
- Helping you look at treatment needs and options under the direction of your provider
- Serving as your advocate
- Providing an understanding of any complex medical concerns
- Helping you better understand your health benefits

Note: Your doctor remains solely responsible for decisions concerning your medical treatment and care.



Questions?

If you have questions about your benefits, call the phone number on your ID card. Members who qualify for the program will be contacted by UMR CARE.

24/7 doctor visits via phone or mobile app



What to know

Teladoc Health gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online using the Teladoc Health mobile app for affordable medical care, when you need it.

- Talk to a doctor anytime, anywhere you happen to be
- Receive quality care via phone, video or mobile app
- Prompt treatment with 24/7 on-demand access
- A network of doctors that can treat every member of the family
- Prescriptions sent to pharmacy of choice if medically necessary
- Teladoc is less expensive than the ER or urgent care

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



Talk to a doctor anytime!
Visit teladochealth.com,
download the Teladoc Health app
or call 1-800-Teladoc.

Understanding step therapy

Step therapy is when your health plan asks you to try a cheaper, but equally effective, drug before “stepping up” to a drug that costs more. This process helps control the risk of side effects and costs. For example, you might try an over-the-counter drug first. If it doesn’t help you, you may then try a more expensive generic or brand-name drug.

Visit **PrimeTherapeutics.com/Member/Documents** to see if your drug requires step therapy.

How it works



Bring or mail your prescription to your pharmacy.



If step therapy is needed, your pharmacist will get an alert, and they will review your options.



If there is a low-cost drug in your claims history, you can fill the higher-cost drug.



If the lower-cost drug options don’t work for you, your pharmacist or provider can call **800.424.3312**, and we’ll work through next steps.



APPROVED: If your drug is approved, we’ll let you know so you can get your medicine right away.



DENIED: If your drug is denied, we’ll send a letter to you and your doctor with next steps.

Helping health care work for you

At Prime Therapeutics, we are reimagining pharmacy management to provide the same care we would want for our loved ones. That means we help make sure the drugs you have been prescribed are right for you. If you have questions, please visit **PrimeTherapeutics.com/Member/Documents** or call us at **800.424.3312**. We are here 24 hours a day, 7 days a week.



Prime Therapeutics Pharmacy

HOME DELIVERY



If you take long-term medicines, you could save time and money with home delivery from Prime Therapeutics Pharmacy.

Simple ways to transfer your prescription

If you have an active prescription with remaining refills

Complete the **Home Delivery Order Form**^{1,2} and submit it through:



Fax

1.888.282.1349 or **1.888.656.7762**



U.S. mail

Prime Therapeutics Pharmacy
P.O. Box 620968
Orlando, FL 32862

OR



Call

1.800.424.8274 (TTY:711) Monday through Friday, 7 a.m. to 6 p.m. Central Time (CT) with your prescription and previous pharmacy info. Prime Therapeutics Pharmacy will request a transfer for you.

If you need a new prescription

Ask your prescriber to send your prescription to Prime Therapeutics Pharmacy. Prescribers can submit new prescriptions through one of three ways:

- **ePrescribe** to Prime Therapeutics Pharmacy LLC (Home Delivery, Salt Lake City), NPI 1609221647, Prime Therapeutics Pharmacy LLC (Home Delivery, Orlando), NPI 1558738864
- **Fax** the prescription to **1.888.282.1349**
- **Call** the prescription and patient info in to **1.800.424.8274**

Automatic refills

Call a patient care coordinator at **1.800.424.8274** to determine if your prescription is eligible to enroll in auto refills.

Benefits of home delivery with Prime Therapeutics Pharmacy



90-day supply



Dedicated customer support



Order reviewed by a registered pharmacist



Easy-to-use web portal to order refills

¹ Once the pharmacy receives a prescription, it can take 1–3 business days to appear in your available prescriptions through your patient portal (if available).

² Controlled substances will require you to contact your prescriber to request a new prescription.

Select Savings

Powered by Payer Matrix



Save money on specialty drugs for you and your family



As your pharmacy benefit manager, Prime Therapeutics is here to help you and your family get affordable access to medicines — including high-cost specialty drugs.

Your benefit plan now includes Select Savings powered by Payer Matrix. This program can help lower your health care costs by finding alternative funding sources for select high-cost specialty drugs.

A few things you need to know



Signing up for the program may greatly reduce your out-of-pocket costs for specialty drugs. In some cases, you'll pay nothing at all.



Select Savings connects you to programs that help you pay for your specialty drugs.



Costs paid by alternative funding sources won't count toward your deductible or out-of-pocket maximum amounts.*



A case coordinator will reach out with what you need to know about the program. They will walk you through signing up and answer any questions you have.



Please be ready to provide personal and financial details. Many programs available through alternative funding sources are based on need.

Note: If you are prescribed a qualified specialty drug, you must start using Select Savings before the pharmacy can fill your prescription.

[PrimeTherapeutics.com](https://www.PrimeTherapeutics.com)

* A deductible is the amount you pay for health care services before your plan begins to pay. Your deductible is counted toward your out-of-pocket maximum each year.

An out-of-pocket maximum is the most you pay for health care services in a plan year.

Questions? Please call Payer Matrix, our contracted vendor partner, at **877.305.6202**. Their team is available 8 a.m.–7:30 p.m. Central Time (CT).

Welcome to your specialty pharmacy

We help make it easy to get your specialty meds and the support you need

Get started in 3 easy steps



Visit PrimeTherapeutics.com/PatientForms and find the Specialty Patient Enrollment Form. You can fill the form out online, or you can print, fill out and mail the form to our pharmacy.



Ask your health care provider to send your prescription to Prime Therapeutics Pharmacy (Specialty, Orlando).



We'll call you to help schedule your first delivery. You can also call us at **866.554.2673**, and we'll work with your provider to get a new prescription.

Tools and services to help you on your health care journey

- Secure, online member portal to request refills
- Care specialists and clinical programs
- Pharmacist and nurse support
- Free home delivery
- Some supplies at no cost
- Copay assistance programs to help lower your costs

We're here to help

If you have any questions, call us at **866.554.2673**. We are available Monday through Friday from 7 a.m. to 9 p.m. Central Time (CT).



Specialty Drug Advocacy



About us

Payer Matrix is a US-based Specialty Drug Advocacy organization who focuses on Specialty Drug Cost Containment and engages with plan sponsors (Private Sector, Public Sector and Taft-Hartley) to address the growing cost related to specialty medications. Our advocacy model successfully advocates for patient funding specific to high-cost medications and reduces the overall prescription drug cost to the plan sponsor and member. We identify various forms of assistance programs, including manufacturer patient assistance, copay assistance, and other resources to achieve these goals.

Frequently Asked Questions

Program Criteria

Q: What are example criteria to qualify for these programs?

A: Each medication and program may have different requirements, but they may include: Income, Clinical Appropriateness (diagnosis/indication), Medical Necessity, Age Requirements.

Q: What if my income is too high to qualify? Do I still have to work with Payer Matrix and go through the program?

A: We recommend that all employees seeking coverage, regardless of income, go through the same process with Payer Matrix.

Q: Do I have to provide financial information?

A: Financial information may be required at times as part of the application process if there is an income threshold requirement for the manufacturer. Not all manufacturers request financials on the application. Typically, the last two pay stubs for the member and spouse are required. Some programs allow you to elect a credit history check instead of providing financials.

Privacy and Security

Q: How does Payer Matrix use my data?

A: We use your prescription and treatment plan information in order to provide you with our advocacy services.

Q: How does my employer work with Payer Matrix?

A: Payer Matrix partners with employers to help lower the cost of prescription medications.

Q: How will I receive and submit my enrollment paperwork?

A: We prefer to send information to members via overnight mailing with signatures required. We will provide a prepaid label for any return documents.

Q: How is my information protected?

A: Payer Matrix follows industry-standard data security practices and has technical and organizational measures in place that are designed to protect your personal information.

How to Contact Us

Q: Who do I contact with questions?

A: Please contact Payer Matrix's Customer Service Team at (877) 305-6202, 9:00AM – 7:30PM EST.

Spending Accounts

FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) allows you to set aside money, before taxes, to use on eligible health care and dependent care expenses. You elect how much you want to contribute, and Crest deducts the amount from your paychecks for the plan year. By using pre-tax dollars, you lower your taxable income and use tax-free money for expenses.

Eligible Health Care FSA Services Include:

Maximum Contribution for 2026 is \$3,400

- ✓ Prescriptions & therapies
- ✓ Co-payments
- ✓ Dental care & orthodontia
- ✓ Vision care & eye surgery

Eligible Dependent Care FSA Services Include:

Maximum Contribution for 2026 is \$7,500

- ✓ Before-and after-school programs
- ✓ Day care, nursery school & preschool
- ✓ Dependent adult day care
- ✓ Transportation by care providers

Important Note

Both the health care and dependent care FSAs have a use-it-or-lose-it rule. You will lose any unused funds at the end of the year.

Health Savings Account (HSA)

Administered by Health Equity

If you enroll for coverage in the High-Deductible Health Plan, you are eligible to contribute to a Health Savings Account offered through Health Equity.

For more information log onto their website: www.healthequity.com/learn

What is an HSA?	<p>An HSA (Health Savings Account) is a tax-free account you can use to pay for current and future medical expenses (even medical expenses during your retirement). An HSA has triple tax benefits:</p> <ul style="list-style-type: none"> • The money goes in tax-free. • The money grows tax-free. • Your withdrawals for qualified medical expenses - including any earnings - are tax free.
Who's eligible?	<p>You're eligible to open an HSA if:</p> <ul style="list-style-type: none"> • You enroll in a high-deductible health plan. • Your only coverage is a high-deductible health plan, and you have not signed up for Medicare coverage. • If you're covered under your spouse's plan and that plan is not a high-deductible plan or your spouse contributes to a Health Care FSA, then you are not eligible to contribute to an HSA.
You can contribute to your account	<p>You decide how much you want to contribute up to:</p> <ul style="list-style-type: none"> • \$4,400 if you enroll in employee only medical coverage. • \$8,750 if you enrolled for family coverage (family includes one or more covered dependents). • \$1,000 additional if you are age 55 or older. You are not required to make HSA contributions, though it is a good idea to add to your account for the tax savings and to help pay for medical expenses. You can contribute with pre-tax payroll deductions by making tax deductible deposits to HSA Bank.
Pay Health Care Expenses	<p>Each time you have a qualified expense, you decide whether to:</p> <ul style="list-style-type: none"> • Pay out of your pocket and let your HSA grow, earning interest for future eligible expenses (e.g. medical expenses during retirement). Or, • Use your HSA to pay for eligible medical expenses, such as your annual deductible and coinsurance. Your HSA can also help pay for vision care, dental care, and prescription drugs. (For a complete list of eligible expenses, visit, www.irs.gov
Roll over your balance	<p>Money you don't spend rolls over from year to year. So if you change jobs, switch to another medical plan or even retire, your HSA and the money in it is still yours to keep. You can choose to save it to pay for eligible healthcare expenses tax free in retirement.</p>

Am I Eligible To Contribute To An HSA?

You are **ELIGIBLE** to contribute to an HSA if you....



Are covered under
a qualified HDHP



Are **NOT** covered by any
other non-HDHP



You or your spouse **DO NOT** participate in a
General Purpose FSA



Are **NOT** enrolled in TRICARE or
DO NOT receive health benefits under TRICARE



Are **NOT** enrolled in Medicare.
(**You must stop contributing to your HSA 6 months
prior to enrolling in Medicare)

Think high-deductible health plans (HDHP) cost too much? Not so fast!

On the right are three different spending scenarios that show how an HDHP paired with a Health Savings Account (HSA) can help you save money. Savings can add up fast, especially when you consider insurance premiums and potential employer HSA contributions. Remember, these are only examples. So be sure to review your plan details carefully.*

Defining key terms

Premiums. The amount you pay per year to have health insurance.

Deductible. The amount you must pay before your insurance kicks in.

Coinsurance. The percentage of healthcare expenses you may need to pay after your deductible.

HSA employer contribution. The amount your employer may put into your HSA just for choosing an HDHP.

Compare your net costs.

To find net costs for your health plan options, simply add premium costs + expenses. Then subtract the employer HSA contribution (if available). Where healthcare expenses exceed your deductible, you may need to add coinsurance too. You can find it by calculating 20% of expenses after your deductible.

How much will you save?

In each scenario, the HDHP gives you \$1,000 premium savings plus \$1,000 free money with the employer HSA contribution. So, the HDHP saves \$2,000 before we even consider healthcare expenses. This is why the HDHP is so appealing for folks like Low-spender Larry and Mid-spender Maria. HDHPs bring the potential for significant savings. But even for High-spender Hayden, the HDHP is essentially breakeven.

Bottom line: Look beyond deductibles. Consider premium costs. And see if an employer HSA contribution is available.

Learn more at HealthEquity.com



Low-spender Larry

\$500 est. healthcare expenses

	Traditional health plan	High-deductible health plan
Premium costs	\$3,000	\$2,000
Deductible	\$1,000	\$3,500
Out-of-pocket costs (20% coinsurance)	\$0	\$0
HSA employer contribution	\$0	\$1,000
Net cost	\$3,500	\$1,500



Mid-spender Maria

\$3,000 est. healthcare expenses

	Traditional health plan	High-deductible health plan
Premium costs	\$3,000	\$2,000
Deductible	\$1,000	\$3,500
Out-of-pocket costs (20% coinsurance)	\$400	\$0
HSA employer contribution	\$0	\$1,000
Net cost	\$4,400	\$4,000



High-spender Hayden

\$6,000 est. healthcare expenses

	Traditional health plan	High-deductible health plan
Premium costs	\$3,000	\$2,000
Deductible	\$1,000	\$3,500
Out-of-pocket costs (20% coinsurance)	\$1,000	\$500
HSA employer contribution	\$0	\$1,000
Net cost	\$5,000	\$5,000

Health Savings Account

An HSA lets you save money for future healthcare costs while also saving on taxes. How? HSAs are the only benefit with a triple-tax advantage:¹ Tax-free contributions. Tax-free account growth. And tax-free spending on HSA-qualified expenses. It's your healthcare emergency safety net.

- ✓ Rolls over every year—funds never expire
- ✓ Available tax-free investing, just like a 401(k)²
- ✓ Requires an eligible high-deductible health plan (HDHP)

Less tax. More paycheck.

Get \$20 tax savings for every \$100 you contribute.³

HSA

Tax-free

No HSA

Taxed

2026 HSA Contribution Limits



\$4,400

Individual plan



\$8,750

Family plan

Members 55+ can contribute an extra \$1,000.



**See how much
you can save.**

HealthEquity.com/Learn/HSA

**Scan to download the
HealthEquity mobile app.**



You can set up your account directly in the app—no need to register online.

Spend tax-free on HSA-qualified expenses.

- Medical
- Vision
- Dental
- Rx and OTC

Discover more: HealthEquity.com/QME

¹HSAs are federally tax-deductible for qualified medical expenses and usually state-deductible; consult a tax advisor for details. | ²Investments are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. Investing through the HealthEquity investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement. | ³Example for illustration only; savings based on a 20% federal and state tax bracket. | HealthEquity does not provide legal, tax or financial advice.

A quick guide for members 55+



\$1,000 HSA catch-up contributions

- Members 55+ can contribute an extra \$1,000 to their HSA each year.
- The \$1,000 catch-up contribution is the same for both individual and family HSA-qualified plan coverage.
- Partners can each contribute \$1,000 if they have separate individual plans. If they share a family plan, only one \$1,000 contribution is allowed.

HSAs and Medicare coverage

- Joining Medicare means you can't make HSA contributions because you need a high-deductible health plan to qualify.
- Medicare Parts A and B are not high-deductible health plans.
- Remember to stop HSA payroll contributions if you plan to join Medicare.
- Medicare coverage can be backdated up to six months, but no earlier than your 65th birthday.
- Always consider the six-month Medicare backdating to avoid penalties.
- You can make pro-rated HSA contributions for the months you had HDHP coverage before Medicare.

HSA spending rules



You can use HSA funds tax-free¹ to pay for Medicare premiums and deductibles.



After age 65, HSA funds can be used for any expense you want, but non-qualified medical expenses are taxed as income—just like a traditional 401(k).



Before age 65, withdrawals not used for qualified medical expenses may be subject to taxes and penalties.



Unlike a 401(k), HSAs do not have required minimum distributions (RMDs).

2026 HSA Contribution Limits



\$4,400

Individual plan



\$8,750

Family plan

Members 55+ can contribute an extra \$1,000.

¹HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

HSA vs FSA

Both accounts let you:

- Use pre-tax money to pay for qualified medical expenses, including dental and vision¹
- Make pre-tax payroll contributions
- Pay for your spouse and dependents too



Health Savings Account
Save up to \$1,710²
on taxes



Healthcare Flexible Spending Account
Save up to \$500³
on taxes

Fund availability	Funds available as you contribute	Get full annual amount on day 1 of plan year
Fund expiration	No use-it-or-lose-it, keep your money forever (even if you change health plans, jobs, or retire)	Funds eventually expire if you don't use them (though some employers offer grace period or carryover extensions)
Investing	Invest ⁴ your HSA tax-free, like a 401(k)	Cannot invest FSA funds or grow your account
Contribution changes	Change or update anytime	Only during enrollment or 'qualifying life event'
Health plan type	Requires HSA-qualified health plan	Works with any health plan type
Contribution limits ⁵	\$8,750 (Family plan) \$4,400 (Individual plan)	\$3,200 (regardless of plan type)
Account compatibility (if offered by employer)	<ul style="list-style-type: none">• Dependent Care FSA• Commuter Benefits• Limited Purpose FSA	<ul style="list-style-type: none">• Dependent Care FSA• Commuter Benefits• Health Reimbursement Arrangement



Discover more ways to save.
HealthEquity.com/Learn

¹FSA and HSA funds are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize FSA and HSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | ²Estimated potential tax savings are based on a \$8,300 family HSA contribution and 20% effective tax rate including applicable state and federal income taxes. Actual tax savings will vary based on your contribution amount and specific tax situation. | ³Estimated potential tax savings are based on a \$2,500 contribution and a 20% effective tax rate, including applicable state and federal income taxes. Actual tax savings will vary based on your specific tax situation. | ⁴Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | ⁵Contribution limits are accurate as of 11/09/2023 for FSA and 5/6/2025 for HSA. For the latest information, please visit: HealthEquity.com/Learn | HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions. | Copyright © 2025 HealthEquity, Inc. All rights reserved. HSAs vs FSAs OE Flyer 5.12.2025



Benefit Better.

HSA Store is the worry-free zone for spending your pre-tax dollars.

Did you know that your HSA covers more than bandages and over the counter medicines?



Funds stretch far to cover 2,500+ items including physician visits, hi-tech kits, and plenty of items you'd never expect.

**Try out HSA Store with an exclusive savings of \$5 at:
hsastore.com/healthequity.**

Use code HealthEquity24 (1 per customer, expires 3/31/2025)

In addition to our products, tools, and services, HSA experts are available 24/7 via phone and chat.



They are able to answer general questions about year-end deadlines, maximum contributions, order statuses, returns, exchanges, products, and pricing.



Last but not least, HSA Store makes payment processing seamless with no purchase verification when using your HSA card.

HealthEquity and the HSA Store are separate companies and are not responsible for each other's policies or services. When you make a purchase through the HSA Store from a link on a HealthEquity site, we may earn a referral commission.

Dental Coverage

Crest Industries is proud to offer two comprehensive dental plans through Guardian, designed to meet the diverse needs of our employees and their families. These plans provide coverage for a wide range of dental services, ensuring you have access to quality care when you need it most.

Group Number: 00452219

Network: DentalGuard Preferred

	Base Plan		Buy-Up Plan	
	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible (Individual/Family)	\$50/\$150	\$50 /\$150	\$50/\$150	\$50/\$150
Calendar Year Maximum (Per Person)	\$1,000		\$1,000	
Maximum Rollover Benefit	Not Available		Rollover Threshold: \$500 Rollover Amount: \$250 Rollover Account Limit: \$1,000	
Preventive Care (Annual Deductible Waived)	100%	100%	100%	100%
Basic Services (Fillings(one surface),General Anesthesia, Scaling & Root Planing, Simple Extractions)	90% after deductible	80% after deductible	90% after deductible	80% after deductible
Major Services (Dentures, Single Crowns)	Not Covered	Not Covered	60% after deductible	50% after deductible
Orthodontia (Children up to age 26)	Not covered	Not covered	50% after deductible	50% after deductible
Orthodontia Lifetime Maximum (Per Person)	Not covered	Not covered	\$1,000	

Visit www.guardianlife.com and click on “Find a provider to find a dentist in the DentalGuard Preferred Network.

Rates

COVERAGE	BASE PLAN COST/MONTH	BUY-UP PLAN COST/MONTH
Employee	\$20.71	\$30.88
Employee and Spouse	\$41.42	\$61.28
Employee and Child(ren)	\$49.27	\$80.98
Family	\$69.98	\$111.38

Vision Coverage

Crest Industries' vision plan through Guardian covers routine eye exams and helps you pay for glasses or contact lenses. Review the chart below for the amount you will pay for the vision service listed.

Group Number: 00452219

Network: Davis Vision

VISION SERVICES	IN-NETWORK	OUT-OF-NETWORK
Eye Exams	\$10 copay	\$50 allowance
Lenses		
Single Vision	\$10 copay	\$48 allowance
Lined Bifocal	\$10 copay	\$67 allowance
Lined Trifocal	\$10 copay	\$86 allowance
Lenticular	\$10 copay	\$126 allowance
Frames	\$130 allowance; 15% discount on overage	\$48 allowance
Contact Lenses		
Elective and Conventional	\$130 allowance; 20% discount on overage \$0 copay 15% off Professional Fee	\$105 Allowance
Medically Necessary		\$210 Allowance
Evaluation and Fitting		N/A
Cosmetic Extras	Average 40-60% off retail price	No discounts
Glasses (additional pair of frames and lenses)	Courtesy discount from most providers	No discounts
Laser Correction Surgery Discount	Up to 25% off usual price or 5% off sale price	No discounts
Vision Services	Frequency Allowed	
Eye Exam	Every calendar year	
Lenses for glasses or contacts (not both)	Every calendar year	
Frames	Every calendar year	
Network Discounts (glasses and contact lens professional service)	Applies to 1st purchase & courtesy discount from most providers on subsequent purchases	
Dependent Age Limit	26 years	

*At Sam's Club/Walmart Vision Centers, members receive Sam's Club/Walmart's everyday low price on frame and contact lenses purchases. For eyeglass lens purchases the member receives the lesser of Sam's Club/Walmart's everyday low price or the Davis Vision fixed charge.



Rates

COVERAGE	COST/MONTH
Employee	\$6.93
Employee and Spouse	\$13.87
Employee and Child(ren)	\$14.76
Family	\$23.13

Finding In-network Eye Doctors

You can find an in-network eye doctor in the Guardian network by visiting www.guardianlife.com and click on "Find a Provider."

Crest Industries

Life Benefits

Crest Industries provides basic life and accidental death and dismemberment (AD&D) insurance through Mutual of Omaha at **no cost to eligible employees**. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates.

	How it Works	Basic Life and AD&D (Company-paid benefit)	Voluntary Life and AD&D (Employee-paid benefit)
Life & AD&D	Life -Your beneficiaries receive this benefit if you pass away AD&D - You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	2 x Annual Earning up to \$200,000	Employee: Increments of \$10,000 up to \$500,000. Benefit to not exceed 5 times your Annual Earnings, rounded to the next higher multiple of \$10,000. Spouse: Increments of \$5,000 up to \$250,000 (not to exceed 100% of employee's benefit) Child(ren): Increments of \$1,000 up to \$20,000 (not to exceed 100% of employee's benefit)
Guaranteed Issue Amount	Amount of insurance you can receive without having to go through medical underwriting	N/A	Employee: 5x your Annual Earnings or \$150,000, whichever is less Spouse: \$25,000 (or 100% of employee's benefit, whichever is less) Child(ren): \$20,000 (or 100% of employee's benefit, whichever is less)
Age Reduction	Reductions become effective on the first day of the Policy month that coincides with or follows the day You reach the specified age. Any reduced amount of insurance will round to the nearest dollar.	50% at age 70	50% at age 70 75% age 75 Terminates at Employee's Retirement.

Your spouse's rate is based on your age

Important Note: To increase your life coverage or that of your family members and elect the Voluntary Life Benefit, please contact your HR Department to obtain an application. Please note that this election cannot be made through the UKG Benefit Administration portal.

Monthly Cost for Voluntary Life and AD&D Insurance (per \$1,000 of coverage)

Employee Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 +
Employee	\$0.130	\$0.130	\$0.134	\$0.169	\$0.245	\$0.364	\$0.529	\$0.841	\$1.38	\$2.154
Spouse	\$0.130	\$0.130	\$0.134	\$0.169	\$0.245	\$0.364	\$0.529	\$0.841	\$1.38	\$2.154
Child(ren)	\$0.205									

Premium: Calculate your Voluntary life premium as follows:

Disability Insurance

SHORT TERM DISABILITY (STD) Administered by Mutual of Omaha

In times of need, Short-Term Disability (STD) insurance offers employees the reassurance of a protected paycheck. Mutual of Omaha's STD insurance provides income replacement if you become disabled due to an illness or injury, following the completion of the elimination period. Best of all, **Crest Industries covers the cost of this valuable benefit, providing it to you at no charge.**

Benefit Schedule	
Maximum Weekly Benefit	\$1,000
Benefit Percentage	60%
Elimination Period: Illness Injury	14 days 14 days
Benefit Duration	Up to 11 Weeks
Pre-Existing Condition	None

LONG TERM DISABILITY (LTD)- Administered by Mutual of Omaha

Covering basic living expenses can become a significant challenge if you experience a disability. Without proper protection, you may have to rely on personal savings, spousal income, or Social Security benefits, which may not be sufficient. Long-Term Disability (LTD) insurance safeguards your most valuable asset—your ability to earn an income. **Crest Industries is proud to provide LTD coverage to you at no cost.**

Benefit Schedule	
Maximum Monthly Benefit	\$5,000
Benefit Percentage	60%
Elimination Period	90 days
Pre-Existing	<p>Your plan includes a pre-existing condition limitation.</p> <p>A pre-existing condition is any condition for which you received medical care, consultation, or treatment, including prescriptions, during a specific time before your coverage started.</p> <p>Under this plan, the limitation is 3/12:</p> <p>Any condition treated in the 3 months before your coverage start date will not be covered if it causes a disability within the first 12 months of your coverage.</p>
Own Occupation Period	2 Years
Mental Illness Limitations	24 Months
Maximum Benefit Duration	ADEA 1 with SSNRA

Additional Company Benefits

401(K) WITH COMPANY MATCH

Crest's 401(k) savings plan through Fidelity enables employees to make automatic pre-tax contributions. Crest will match 100% of your contributions up to a maximum company match of 6% of your base salary. You can choose between a traditional 401(k) plan and/or Roth 401(k) plan. For details, contact Fidelity Investments at 1.800.835.5097 or visit www.401k.com.

Additional life insurance is also provided at no cost when an employee enrolls in the 401(k) plan (see chart).

ANNUAL SALARY	ADDITIONAL COVERAGE when enrolled in 401(k)
More than \$30,000	\$60,000
\$27,601 – \$30,000	\$55,000
\$25,201 – \$27,600	\$50,000
\$22,801 – \$25,200	\$45,000
\$20,402 – \$22,800	\$40,000
\$18,001 – \$20,400	\$35,000
Less than \$18,001	\$30,000

PAID TIME OFF

Paid Time Off (PTO) hours are accumulated based on completed years of service. After six months of service, 40 hours of PTO are deposited into an employee's PTO bank .

COMPLETED YEARS OF SERVICE	HOURS EARNED WEEKLY	HOURS EARNED BI-WEEKLY
6 Months-2 Years	1.85 Hours	3.70 Hours
2-5 Years	2.31 Hours	4.62 Hours
5-10 Years	2.77 Hours	5.54 Hours
10-15 Years	3.23 Hours	6.46 Hours
15+ Years	3.69 Hours	7.38 Hours



Voluntary Benefits

While you can't predict life's unexpected events, you can plan for them by choosing benefits that help protect what's important to you.

Accident

Administered by UNUM

The Accident plan provides cash payments directly to you to help cover out-of-pocket costs, such as deductibles or coinsurance. The full schedule of benefits payable for accidental injuries include initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D, and health screening benefits. It is important to note this benefit is for off the job accidents only. Some benefits are payable once per covered accident, while others are once per plan year. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Critical Illness

Administered by UNUM

Critical illness insurance provides a lump-sum payment for an insured person diagnosed with any of the following critical illnesses while insurance is in effect for the insured person, after any applicable waiting period and subject to any pre-existing condition limitation: Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure, and more. See Benefit Summary for detailed information and schedule of benefits and exclusions.

Hospital Indemnity

Administered by UNUM

Hospital Indemnity coverage eases the financial impact of an employee's hospitalization by providing a lump sum payment to help cover the costs associated with a hospital stay. Hospital Indemnity coverage can be used to supplement medical insurance to help handle additional out-of-pocket costs that add up after a hospital stay. This can include copayments, coinsurance, deductibles, and incidental hospital expenses or other expenses such as transportation and lodging needs. See Benefit Summary for detailed information and schedule of benefits and exclusions.



ACCIDENT INSURANCE





Crest Industries, LLC

Group Accident Insurance



How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

What's included?

Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 25% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

Personal Safety Benefit

Every year, each family member who has Accident coverage can also receive \$50 for completing a covered safety program. This benefit is available in the Treatment category. See disclosures and schedule of benefits for more information.

How much does it cost?

Your monthly premium	Option 1
You	\$5.85
You and your spouse	\$10.63
You and your children	\$15.47
Family	\$20.25



Crest Industries, LLC

Group Critical Illness Insurance



How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive \$50 for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Who can get coverage?

You:	Choose \$10,000, \$20,000 or \$30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 100% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date.

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

What's covered?

Critical Illnesses

- Heart attack
- Stroke
- Major organ failure
- End-stage kidney failure
- Sudden cardiac arrest
- Coronary artery disease
Major (50%):
Coronary artery bypass graft or valve replacement
Minor (10%):
Balloon angioplasty or stent placement

Cancer conditions

- Invasive cancer — all breast cancer is considered invasive
- Non-invasive cancer (25%)
- Skin cancer — \$500

Progressive diseases

- Amyotrophic Lateral Sclerosis (ALS)
- Dementia, including Alzheimer's disease
- Multiple Sclerosis (MS)
- Parkinson's disease
- Functional loss
- Huntington's Disease
- Lupus
- Muscular Dystrophy
- Myasthenia Gravis
- Systemic Sclerosis (Scleroderma)
- Addison's Disease

Supplemental conditions

- Loss of sight, hearing or speech
- Benign brain tumor
- Coma
- Permanent Paralysis
- Occupational HIV, Hepatitis B, C or D
- Occupational PTSD
- Paid at 25%**
- Infectious Diseases
- Pulmonary Embolism
- Transient Ischemic Attack (TIA)
- Bone Marrow/Stem Cell

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.

Monthly costs		
Age	Employee coverage: \$10,000 Spouse coverage: \$10,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$3.10	\$3.10
25 - 29	\$3.60	\$3.60
30 - 34	\$4.30	\$4.30
35 - 39	\$5.20	\$5.20
40 - 44	\$7.00	\$7.00
45 - 49	\$10.00	\$10.00
50 - 54	\$14.90	\$14.90
55 - 59	\$20.40	\$20.40
60 - 64	\$35.50	\$35.50
65 - 69	\$48.10	\$48.10
70 - 74	\$65.50	\$65.50
75 - 79	\$88.30	\$88.30
80 - 84	\$117.50	\$117.50
85+	\$170.20	\$170.20

Monthly costs		
Age	Employee coverage: \$20,000 Spouse coverage: \$20,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$6.20	\$6.20
25 - 29	\$7.20	\$7.20
30 - 34	\$8.60	\$8.60
35 - 39	\$10.40	\$10.40
40 - 44	\$14.00	\$14.00
45 - 49	\$20.00	\$20.00
50 - 54	\$29.80	\$29.80
55 - 59	\$40.80	\$40.80
60 - 64	\$71.00	\$71.00
65 - 69	\$96.20	\$96.20
70 - 74	\$131.00	\$131.00
75 - 79	\$176.60	\$176.60
80 - 84	\$235.00	\$235.00
85+	\$340.40	\$340.40

Monthly costs		
Age	Employee coverage: \$30,000 Spouse coverage: \$30,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$9.30	\$9.30
25 - 29	\$10.80	\$10.80
30 - 34	\$12.90	\$12.90
35 - 39	\$15.60	\$15.60
40 - 44	\$21.00	\$21.00
45 - 49	\$30.00	\$30.00
50 - 54	\$44.70	\$44.70
55 - 59	\$61.20	\$61.20
60 - 64	\$106.50	\$106.50
65 - 69	\$144.30	\$144.30
70 - 74	\$196.50	\$196.50
75 - 79	\$264.90	\$264.90
80 - 84	\$352.50	\$352.50
85+	\$510.60	\$510.60

Your paycheck deduction will include the cost of coverage and the Be Well Benefit. Actual billed amounts may vary.

Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony; being engaged in an illegal occupation or activity; injuring oneself intentionally or attempting or committing suicide, whether sane or not; active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, injury as an innocent bystander, or injury for self-defense; participating in war or any act of war, whether declared or undeclared; combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations; voluntary use of or treatment for voluntary use of any intoxicants or narcotics, unless administered on the advice of the Insured's Physician; being intoxicated; and -a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date. Covered Loss must be after the coverage effective date.

End of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the: date this policy is canceled by Unum or your employer; date you are no longer in an eligible group; date your eligible group is no longer covered; date of your death; last day of the period any required premium contributions are made; or last day you are in active employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage during Absences provision or if you elect to continue coverage for you, your Spouse, or Domestic Partner, and Children under Portability of Critical Illness Insurance.

Unum will provide coverage for a payable claim that occurs while you are covered under this certificate. Unum complies with applicable civil union and domestic partner laws.

THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Certificate Form UIC-GCIC162 and Policy Form UIC-GCIP162 or contact your Unum representative.

Underwritten by: Unum Insurance Company, Portland, Maine

© 2023 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

Active employment: You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at <https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf>



Crest Industries, LLC

Group Hospital Insurance



How does it work?

Group Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get accessible rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

How much does it cost?

Your monthly premium	
You	\$9.32
You and your spouse	\$25.21
You and your children	\$15.19
Family	\$31.08

Coverage may vary by state. See exclusions and limitations.
The plan does not include a pre-existing condition limitation. You are covered from day one.
If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at <https://www.medicare.gov/publications/02110-medicgap-guide-health-insurance.pdf>

Hospital		
Hospital Admission	Payable for a maximum of 1 day per year	\$1,000
ICU Admission	Payable for a maximum of 1 day per year	\$2,000
Hospital Daily Stay	Payable per day up to 365 days	\$100
ICU Daily Stay	Payable per day up to 30 days	\$200
Short Stay	Payable for a maximum of 1 day per year	\$250
Additional Inpatient Care		
Mental/Nervous or Substance Abuse Treatment	Payable for maximum of 1 day per insured per calendar year	\$250

Exclusions and Limitations

Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy. The definition of hospital does not include certain facilities. See your contract for details.

Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours per week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

Childbirth Limitation

We will pay benefits due to Childbirth for any Insured after the Insured's Coverage Effective Date. Childbirth or Complications of Pregnancy will be covered to the same extent as any other Covered Sickness.

Exclusions and limitations

Unum will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- Committing or attempting to commit a felony;
- Being engaged in an illegal occupation or activity;
- Injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- Active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- Participating in war or any act of war, whether declared or undeclared;
- Combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- Being intoxicated;
- A Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution except when the insured is legally detained in a correctional facility and has not been adjudicated or convicted of a criminal offense.
- Elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases;
- Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
- Any Admission or Daily Stay of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
- Voluntary use of or treatment for voluntary use of any intoxicants or narcotics, unless administered on the advice of the Insured's Physician; and
- Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
- Stroke, Alzheimer's disease, trauma, viral infection; or
- Other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

End of employee coverage

If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.

Otherwise, your coverage under this certificate ends on the earliest of:

- the date the Policy is cancelled by us or your Employer;
- the date you are no longer in an Eligible Group;
- the date your Eligible Group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made; or
- the last day you are in Active Employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health

insurance before applying for hospital insurance.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GHIP16-1 and Certificate Form GHIC16-1 or contact your Unum representative.

Unum complies with applicable civil union and domestic partner laws.

Underwritten by: Unum Insurance Company, Portland, Maine

© 2023 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.



Learn more about your annual Be Well Benefit

Your Unum plan pays a Be Well Benefit for one Be Well screening each year.

With the Unum Be Well Benefit, you and other covered family members can receive a valuable incentive for important tests and screenings. Many of these tests are routinely performed, so it's easy to take advantage of this benefit.

Your Critical Illness Insurance Be Well benefit is \$50.

Your Accident Insurance Be Well benefit is \$50.

BE WELL SCREENINGS

- Annual exams by a physician including sports physicals and well-child visits, dental and vision exams
- Cancer screenings including pap smear, colonoscopy
- Cardiovascular function screenings
- Cholesterol and diabetes screenings
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza



HOW TO FILE A CLAIM

You can receive a benefit for tests that are performed after your initial coverage date.

Follow these steps:

Online: www.unum.com

App: MyUnum for Members

Phone: 1-800-635-5597

You will need to provide the following:

- First and last names of the employee and claimant (the employee might not be the claimant)
- Employee's Social Security number or policy number
- Name and date of the test
- Name of physician and the facility where the test was performed.



Each year, you can earn a valuable incentive just for taking care of your health. And so can each of your covered family members.

For more information, please contact your HR representative.

Better
benefits
at work.™

unum.com

Unum will pay Be Well benefits for all eligible policies according to policy terms. THESE POLICIES PROVIDE LIMITED BENEFITS

The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

In New Hampshire, Be Well is referred to as Health Screening. In Washington, Be Well on the Accident product is referred to as Health Screening Benefit rider. In Kansas, Be Well is not available on the Hospital product and immunizations are not covered on the Accident or Critical Illness products.

Underwritten by: Unum Insurance Company, Portland, Maine; In New Jersey and New York, underwritten by: Provident Life and Casualty Insurance Company, Chattanooga, Tennessee

© 2024 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries. EN-1911-Be Well FOREMPLOYEES (2-24)

How to file a claim for Unum benefits

When life gets complicated, we make it simple to access the benefits you need.

Don't worry, we've got you.



Use your MyUnum for Members online account for fastest results!



Register for an account at services.unum.com

- View benefits and file claims
- Upload documents and add/update medical providers
- Update your profile & communication preferences
- View status and approved payment information



Get the MyUnum for Members mobile app

- Enjoy the convenience of your online account on-the-go by downloading from the applicable app store*
- Easily submit photos of required documents directly from the app

Experience the benefits of filing and managing your claim online

The same tools in your online account are available in the app—giving you a flexible, efficient and transparent experience. You can:

- ✓ Complete one easy-to-use guided form, and we'll check it for completeness *before you submit*—helping minimize delays
- ✓ Choose direct deposit and get approved payments up to a week faster than check
- ✓ Log in to view status 24/7
- ✓ Opt in to receive updates and requests through email or text instead of snail mail
- ✓ Upload required documents any time—even using your phone's camera!
- ✓ Access your policy documents and year-end tax forms



services.unum.com

Unable to file online?



File by phone

- Supplemental Health: 800-635-5597
- Experienced representatives are available to assist you 8 a.m. to 8 p.m. ET, Monday through Friday
- Note that additional required documents may be requested to complete the process



File by paper form

- Supplemental Health: Get claim forms at services.unum.com
- Send your form and required documents to the fax number or mailing address on the form

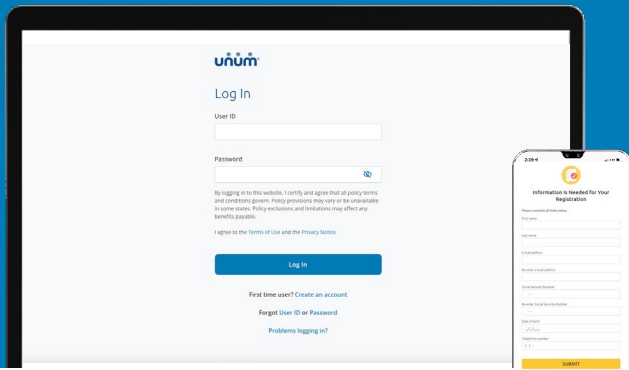
The mobile app makes the claims experience simple!

The MyUnum for Members app makes submitting your claims convenient and quick, especially when you're away from work.

With just a few taps, you can check status and upload documents using your device's camera.

Download today from the applicable appstore to get the most convenient, efficient, and transparent claims experience!

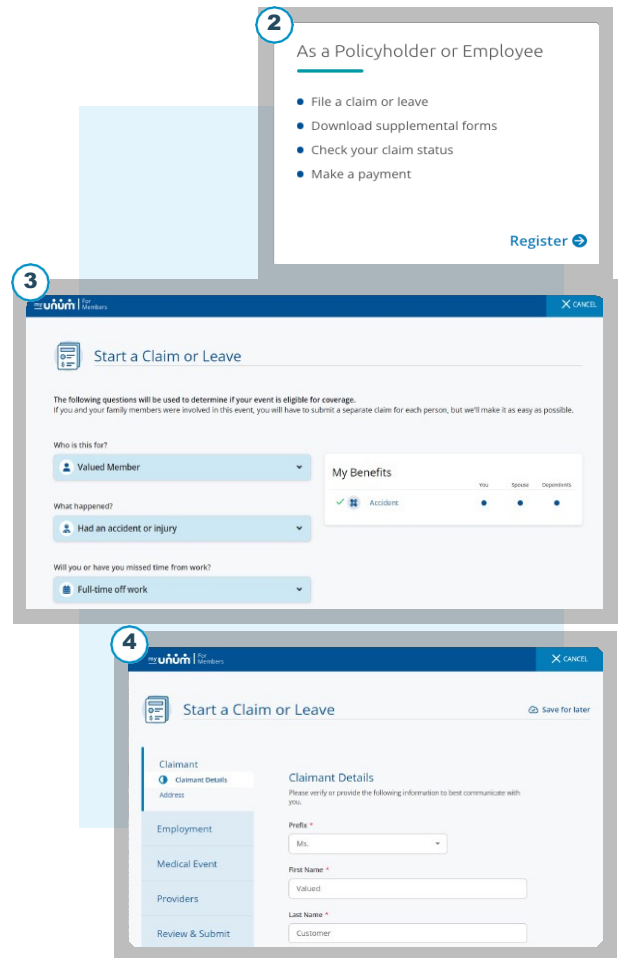
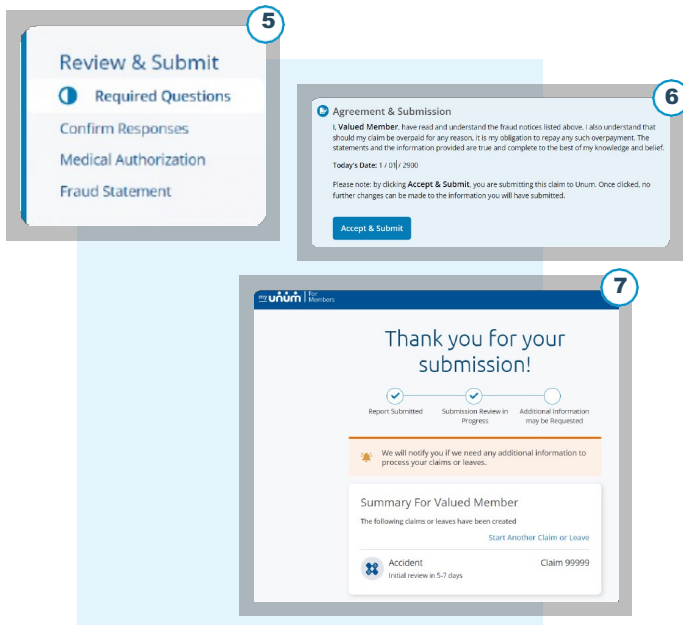




Instructions for filing your claim

On the web

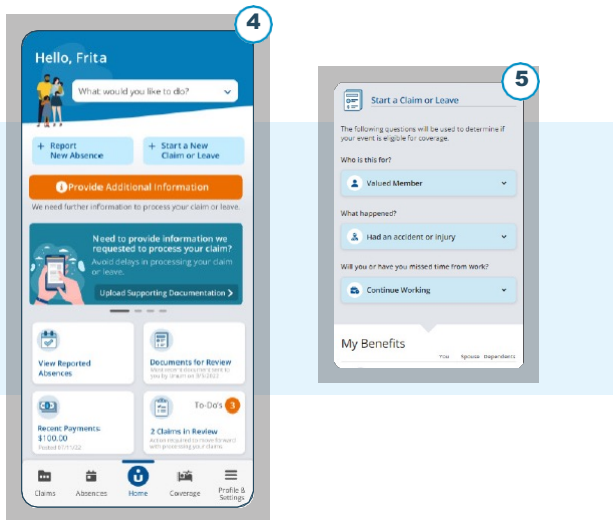
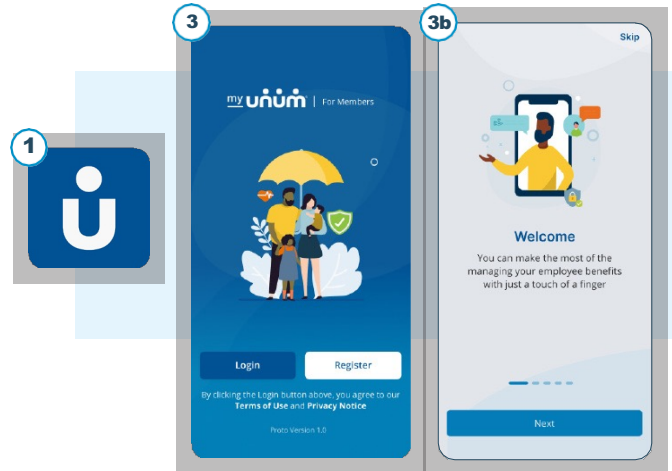
1. Go to services.unum.com
2. a. If filing for the first time, click “Create an account.” We recommend using a personal email address that is easily accessible when away from work.
 - You will be asked to enter your birthdate and SSN
 - A one-time security code will be sent to the email you provide
- b. If you already have an account, enter your email.
3. Once you’re logged in, begin with “Start a Claim or Leave” to provide initial details of what happened.
4. Add claimant information as requested, including:
 - a. Your employment information
 - b. Medical care resulting from the event, like surgery
 - c. Medical providers visited—physicians, hospitals, other medical professionals



5. Review your information and:
 - a. Confirm responses
 - b. Provide medical authorization
 - c. Review fraud statement
6. Select “Accept” and “Submit.”
7. View confirmation screen, see any next tasks and track progress.

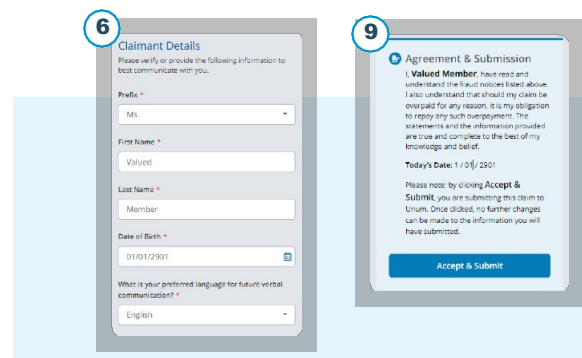
On the app

1. Download the MyUnum for Members app from either Apple® or Google Play™.
2. If you already have an account, you can log in.
3. If you do not have an account, select “register.”
 - a. Read the Terms of Use and select “I understand and accept.”
 - b. If this is your first time registering in the app, you’ll see a series of Welcome screens. Review the featured app highlights or tap “skip” if you prefer.



4. On the main dashboard, click on the “Start new claim or leave” button
5. Provide information about what happened so Unum can identify which coverage applies to your situation.
6. Add information about the following:
 - a. The claimant (you or a family member)
 - b. Your employment
 - c. Medical events resulting from the event, like surgery
 - e. Medical providers visited — physicians, hospitals, other medical professionals

7. Review your information and:
 - a. Confirm responses
 - b. Provide medical authorization
 - c. Review fraud statement
8. Select “Accept” and “Submit.”
9. View confirmation screen, see any next tasks and track progress.



Better benefits
at work.™

unum.com

Apple is a registered trademark of Apple Inc.

Google Play is a trademark of Google LLC.

© 2022 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

MK-669700-2

FOREEMPLOYEES

(3-22)

focus on your pet's care

not the cost

When your pet has an accident or illness, their veterinary care may cost more than you expect. Pet insurance is **designed to give you peace of mind** when choosing the right course of treatment by lessening the financial burden.

\$831.78

Abscessed Tooth

\$3,369.19

Swallowed Object

\$1,893.08

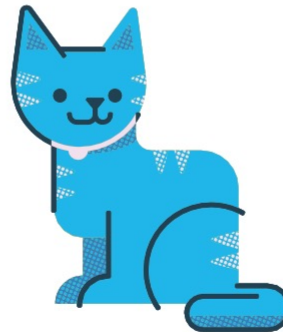
Diabetes

\$1,584.80

Pancreatitis

\$636.46

Fractured Toenail



\$815.41

Periodontal Disease

\$650.75

Heart Murmur

\$1,036.80

Kidney Disease

\$652.88

UTI

\$1,713.85

Pancreatitis

*Based on average claim amounts for all 50 states. Averages based on internal claims data from January 2021 to March 2023.

how our coverage works:

1. Visit any vet

We don't use a network, so you're free to visit any licensed vet, specialist, or emergency clinic in the U.S. or Canada.

2. Submit a claim

You can easily submit a claim online.

3. Get reimbursed

Receive reimbursements for your vet bill by direct deposit or mail.

what's covered:



Accidents



Illnesses



**Behavioral
Issues**



**Dental
Disease**

<https://www.aspcapetinsurance.com/CrestIndustries>

Priority Code: EB24CrestIndustries

1-877-343-5314

ASPCA® PET HEALTH
INSURANCE



*Group discount is not available for HI and TN. Group discount available for eligible group members in all other states.

Pre-existing conditions are not covered. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit www.aspcapetinsurance.com/terms. Products, schedules, and rates may vary and are subject to change. Discounts may vary and are subject to change. More information available at checkout. Preventive Care coverage reimbursements are based on a schedule. Complete Coverage™ reimbursements are based on the invoice. Insurance products are underwritten by either Independence American Insurance Company (NAIC #26581. A Delaware insurance company located at 11333 N. Scottsdale Rd, Ste. 160, Scottsdale, AZ 85254), or United States Fire Insurance Company (NAIC #21113. Morristown, NJ). Please refer to your policy forms to determine the underwriter for your policy. Insurance is produced by PTZ Insurance Agency, Ltd. (NPN: 5328528. Domiciled in Illinois with offices at 1208 Massillon Road, Suite G200, Akron, Ohio 44306). (California residents only: PTZ Insurance Agency, Ltd., d.b.a PIA Insurance Agency, Ltd. CA license #0E36937). The ASPCA® is not an insurer and is not engaged in the business of insurance. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution. U0923-VCPC

focus on your pet's care

not the cost

we make it easy to find the best fit for you and your pet.

We think pet parents should be able to get the right care for their pets without worry.

That's why ASPCA® Pet Health Insurance plans are customizable. You can choose the coverage limit, deductible, and reimbursement that work for your budget and your pet's health needs.

create your custom plan with these options:

Annual Limit

The total amount you can be reimbursed over one 12-month policy period. The limit resets whenever a new policy period begins.

\$3K

\$4K

\$5K

\$7K

\$10K

Annual Deductible

The amount you must satisfy for covered veterinary expenses before you can start being reimbursed.

\$500

\$250

\$100

Reimbursement Percentage

The percentage of covered costs paid back to you after your deductible is satisfied.

70%

80%

90%

super simple to use

We work hard to make our customers' user experience as simple and smooth as possible.

For your convenience, our online **Member Center is available 24/7** from any device. You can go there to submit and track claims, update your contact and billing information, find resources about our coverage and services, view your policy, and add new pets to your account.

get back up to 90% on covered vet bills

From chemotherapy to acupuncture, veterinary treatment options are growing exponentially. Unfortunately, so are the costs.

CCL Injury **\$3,101.56**

Annual Deductible **-\$250**

Reimbursement % **x 90%**

Cash Back = **\$2,566.40**

<https://www.aspcapetinsurance.com/CrestIndustries>

Priority Code: EB24CrestIndustries

1-877-343-5314

ASPCA® PET HEALTH INSURANCE



*Group discount is not available for HI and TN. Group discount available for eligible group members in all other states.

Pre-existing conditions are not covered. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit www.aspcapetinsurance.com/terms. Products, schedules, and rates may vary and are subject to change. Discounts may vary and are subject to change. More information available at checkout. Preventive Care coverage reimbursements are based on a schedule. Complete Coverage™ reimbursements are based on the invoice. Insurance products are underwritten by either Independence American Insurance Company (NAIC #26581. A Delaware insurance company located at 11333 N. Scottsdale Rd, Ste. 160, Scottsdale, AZ 85254), or United States Fire Insurance Company (NAIC #21113. Morristown, NJ). Please refer to your policy forms to determine the underwriter for your policy. Insurance is produced by PTZ Insurance Agency, Ltd. (NPN: 5328528. Domiciled in Illinois with offices at 1208 Massillon Road, Suite G200, Akron, Ohio 44306). (California residents only: PTZ Insurance Agency, Ltd., d.b.a PIA Insurance Agency, Ltd. CA license #0E36937). The ASPCA® is not an insurer and is not engaged in the business of insurance. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution. U0923-VCPC

Contact Information

Benefit	Vendor	Phone	Website or Email
Medical	UMR	800-826-9781	www.umar.com
Pharmacy	Prime Therapeutics	800-424-8274	www.primetherapeutics.com
Specialty Drug Advocacy	Payer Matrix	877-305-6202	9:00 AM to 7:30 EST
Dental	Guardian	888-482-7342	www.guardianlife.com
Vision	Guardian	888-482-7342	www.guardianlife.com
Health Savings Account	Health Equity	866-346-5800	www.healthequity.com
Life and AD&D	Mutual of Omaha	800-388-6606	www.mutualofomaha.com
Voluntary Life and AD&D	Mutual of Omaha	800-388-6606	www.mutualofomaha.com
Short Term Disability	Mutual of Omaha	800-388-9606	www.mutualofomaha.com
Long Term Disability	Mutual of Omaha	800-388-9606	www.mutualofomaha.com
Accident	UNUM	800-635-5597	www.unum.com
Critical Illness	UNUM	800-635-5597	www.unum.com
Hospital Indemnity	UNUM	800-635-5597	www.unum.com
Pet Insurance	ASPCA	877-343-5314	www.aspcapetinsurance.com/CrestIndustries
Employee Benefits Manager	Jane Walker	318-767-5500	Jane.Walker@crestoperations.com



JOIN A TEAM OF POWERFUL PEOPLE

At Crest, we understand that our company gets its strength and reputation from our people. That's why it's so important to us to hire people who are highly specialized, highly skilled and highly experienced – people who will stop at nothing to get the job done right the first time, every time.

We're looking for talented individuals to power us into the future. In exchange, Crest offers a dynamic work environment and generous benefits. Just ask those who have joined the Crest team, and you'll hear how our career paths have no limits and opportunities are around every corner.

- Leadership Roles & Business Management
- Sales & Business Development
- Civil Engineering
- Electrical Engineering
- Forestry
- Engineering Technology & Design
- Project & Construction Management
- Welding & Fitting
- Machining
- Field Operations
- Galvanizing



4725 Highway 28 East • Pineville, LA 71360 • [O] 318.448.8287 • [F] 318.767.5524

madeforthechallenge.com