


# Gutchess Lumber Co., Inc.

## 2025 Benefits Enrollment Guide





Our benefit promise to you:  
attract and retain happy  
healthy and productive employees  
through a cost effective and holistic  
healthcare offering that creates value  
to employees and makes them proud to  
work at Gutchess Lumber.

# Welcome to Gutches Lumber Co., Inc.

Gutches is a family oriented company that has been in business since 1904. We pride ourselves on building long lasting relationships with our employees and the communities in which we operate. It is not unusual to have many multi-generational families work here over the last 100 years. We strive to be the employer of choice in all the communities in which we operate.

This guide provides a general overview of your benefit choices, and requirements so you can select the coverage that is right for you and your family. Our program offers a broad range of plan options and has been carefully designed to meet the needs of our diverse workforce.

With choice comes responsibility and planning. In order to maximize your benefits and minimize your costs, please take the time to:

- Enroll on time
- Read and understand each benefit offering
- Ensure that you and your family are educated consumers of health care services
- Plan thoughtfully regarding the level of health coverage necessary for you and your family

Benefits are effective  
**January 1, 2025 – December 31, 2025.**



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# Instructions for Accessing ADP Web Portal

All Gutches Team Members will make benefit elections as well as access their earning statements and W2 Forms through ADP, our payroll provider. The web portal gives you access to your information 24/7/365. You will also use the ADP portal to make updates to your personal information—such as your address, phone number, email address and direct deposit information.

## Registering for the ADP Portal

- 1 Go to <https://workforcenow.adp.com>
- 2 Click on “First time User Register Here”
- 3 Click on “Register Now”
- 4 Enter the case sensitive Self-Service Registration pass code: GUTCHESS-LUMBER
- 5 Click next
- 6 Enter the requested information on the “Verify Your Identity,” entering your name as it appears on your most recent pay stub
- 7 Click next
- 8 Enter your contact information
- 9 Click next
- 10 The portal will assign you a USER ID, and you will be asked to create a password
- 11 Click submit
- 12 Click Log onto “Workforce Now”
- 13 To access the Open Enrollment Portal, click the “Start This Enrollment” button

**To access your earnings statements and W2s, select Myself>Pay>Pay to view your pay statements.**

# Annual Open Enrollment

November 1, 2024 – November 12, 2024

## MAKING BENEFIT ELECTIONS:

- Attend a benefit enrollment meeting
- Take your materials home and review the benefits with your family (if applicable)
- Make thoughtful decisions on your benefit choices
- Sign onto the ADP portal and complete your benefit elections no later than **Tuesday, November 12th, by 5pm EST.**
- When adding a dependent to medical coverage a social security number is required
- Call any member of Human Resources if you have questions

## MEDICAL, DENTAL & VISION:

- You may enroll in coverage
- You may cancel coverage
- You may drop dependents from coverage
- You may add dependents with evidence of their eligibility (birth certificate, marriage license, etc.)

## FSA SPENDING ACCOUNTS - HEALTH SAVINGS ACCOUNT (HSA):

You must enroll every year if you wish to participate in either of these types of accounts.

## LIFE/AD&D INSURANCE:

- You may have the opportunity to elect additional Voluntary Life and AD&D coverage
- Review and update your beneficiary designations as appropriate

## DISABILITY – INCOME PROTECTION:

- Gutchess offers employee paid Short-Term Disability Benefit. For team members in NY this will coordinate with NY State Mandated coverages.
- You may also have the opportunity to elect Long-Term Disability Benefits

## WORKSITE VOLUNTARY BENEFITS:

Annual Enrollment is the ONLY time you have an opportunity to enroll in Group Accident coverage.

## ID CARDS:

- You will receive an ID card for Medical if you elect coverage for the first time, change plans or change dependents.
- You will receive an ID card for Dental if you elect coverage for the first time, change plans or change dependents.
- You will receive an ID card for Vision if you purchase coverage for the first time.

## REMINDER:

After you enroll, you **cannot** make benefit changes until our next annual open enrollment, unless you experience a qualifying status change. See page 40 for details.

For brief explanation of Key Benefits Terms in this Guide, please visit:

<https://flimp.live/GutchessKeyBenefitsExplained?t=n>

**YOUR BENEFIT ELECTIONS MUST BE SUBMITTED DURING THE ANNUAL OPEN ENROLLMENT PERIOD!**



# Healthy Lifestyle

There are many variables in our lives and in our world that we can't control. But we make choices everyday about things we can control: what we eat, how much we move, and whether we use tobacco products. These choices directly impact our health. While sometimes it's hard to see the correlation, over time the evidence is clear: health and quality of life is improved when we put the right food in our bodies, when we move the way we're supposed to move, and when we steer clear of tobacco – essentially when we take care of ourselves and treat our bodies well. Although that may sound easy, we know leading a healthy lifestyle can be anything but easy.

**A first step in making better choices is “Knowing Your Numbers.”** The chart below gives you key biometric measures, national standards and a place to track your numbers. Once you know your numbers, you can begin to work with your healthcare provider on improving your health.

Know Your Numbers		
Biometric Measure	National Standards	What Are Your Numbers
Cholesterol Ratio	< 4.0 or 200 mg/dl	
HDL	> 40 men > 50 women	
Blood Pressure	120/80 mm HG	
Blood Glucose Fasting Non-Fasting	< 100 mg/dl < 140 mg/dl	
Waist Circumference	< 40 inches men < 35 inches women	
Body Mass Index (BMI) Underweight Healthy Weight Overweight Obese	< 18.5 = 18.5 – 24.9 = 25.0 to 29.9 > 30	
Tobacco Use	None	

**Regular exercise is a key step in improving your numbers!** Whether that's walking in your neighborhood, following a “couch to 5k” exercise schedule, taking the stairs, or joining a gym, you have to get started with “just one thing.”

It takes about **six to eight weeks to form a habit**, regardless of whether it is a healthy habit or one that's not so noble. And while we are forming that new, healthy habit, many folks sabotage themselves by being too aggressive in training, selecting the wrong training program, or not developing a plan to maintain an exercise program.

**First**, visit your physician for a check-up. Be sure your body is ready for exercise, especially if you haven't exercised in a long time. Some of us have latent conditions which need to be addressed before starting an exercise program.

**Second**, figure out where you are. Like using the GPS in your car, and before seeing the course of your destination, you need to know where you begin the journey. Don't compare yourself to a friend, significant other, co-worker or even the “you” you were in high school. Don't compare yourself to the “you” you will be, or want to be in six months. Rather, honestly assess how much exercise you have had in the last six months to a year. Recent athletic activity is a precursor for selecting a proper training program.

For information on the benefits of Preventive Care, please visit <https://flimp.live/GutchessPreventiveCare>

# Healthy Lifestyle

**Not using tobacco products is another way to significantly improve your health**, but quitting can be very challenging even for the best of us. If you are a tobacco user, there are resources to help you quit. Gutchess offers a FREE, 6 week tobacco cessation program through our partnership with Excellus/BCBS NY in addition to FREE nicotine replacement therapies. To take advantage of this FREE program, the first step is to download the WellFrame app.

## The power to quit smoking

Our free Smoking Cessation program – powered by the Wellframe® app – puts tools and support to help you quit smoking right in the palm of your hand. You'll have access to program modules, videos, and articles you can take with you wherever you go.

### FEATURES



Evidence based, holistic approach to smoking cessation



Repeatable six-week program



Daily multimedia to-do checklist



Check ins and alerts



Articles and videos

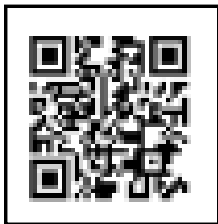


24/7 support through [SmokeFree.gov](https://www.smokefree.gov)



Additional support for quitting tobacco and e-cigarettes

We're here to support you at each step along your journey to quit smoking. With helpful tools and integrated support from our Care Management team, we put the power to quit right in your hands.



**Scan here to download the FREE Wellframe app and take your first step today!**

Use access code **excelluswelcome** to engage with our Care Management Team for help along the way, or **excellusfree** for the self-guided program.



# Gutchess Wellness

Throughout the year Gutchess will offer resources and initiatives in an effort to educate and support you in your wellbeing journey. Our holistic approach will include multiple focuses – such as sleep, nutrition, stress, physical activity, community and others! We care about our employees and want you to be your best at work and at home. We continue to encourage employees who use tobacco products to become tobacco free. This year if you are a tobacco user a \$10/week surcharge will be applied to your medical premiums.

2025	Surcharge per Week	Surcharge Per Year
Tobacco User	\$10	\$520

## What if I am unable to meet this standard to avoid a surcharge under this wellness program?

Gutchess Lumber is committed to helping you achieve your best health. If you think you might be unable to meet a standard for the lower medical premium, you might qualify for an opportunity to earn the lower premium by different means. Contact Human Resources at 607-753-1081 to get more information about the alternative program available to you.

## Spousal Surcharge

If your spouse is employed and has access to health care coverage under their employer's health care plan, you will be subject to an additional weekly surcharge of \$20 if your spouse enrolls in a Gutchess medical plan.





# Telemedicine – Registering for Virtual Visits

Your Gutchess Lumber health plan with Excellus includes Virtual visit services from MDLive, a time saver with extra convenience.

## Skip the waiting room and the germs! Virtual visits offer these time-saving benefits:

- Video consults available 24 hours a day, seven days a week (even holidays)
- Takes just minutes to get connected with a board certified MDLive physician
- No appointment needed—though you can make one with a specific doctor
- Pediatricians are available, if your covered child gets sick
- If you need a prescription the MDLive doctor can electronically send your prescription to the pharmacy closest to you
- Whether you are on the couch, at work or traveling—you can use MDLive anywhere in the USA

## Virtual visits can handle many non-emergency health problems

- Acne
- Cough, cold, flu
- Headache
- Pink eye
- Allergies
- Diarrhea
- Insect bites
- Rash
- Asthma
- Ear problems
- Joint aches & pains
- Sinus problems
- Constipation
- Fever
- Nausea & Vomiting
- Sore throat
- Urinary problems

For general information about how Telemedicine works, please visit:

<https://flimp.live/GutchessLumberTelemedicine>



**PREPARE FOR THE “WHAT IF’S” BY ACTIVATING YOUR MDLIVE ACCOUNT TODAY.**

**FOR CONVENIENT CARE THAT’S READY TO USE WHEN YOU NEED IT MOST.**

Sunburn at the beach?  
Stomach bug on Thanksgiving? In a rural area with no doctors close by?

Think you have the flu but don’t feel up to driving to your doctor’s office?

These are just a few of the reasons people use Virtual visits. And you can too!

## GETTING STARTED — DON’T WAIT UNTIL YOU’RE SICK — SIGN UP TODAY!



There are three ways to activate your account: mobile app, online, or by phone.

1. Call 1-866-692-5045
2. Online @ [ExcellusBCBS.com/Telemedicine](https://ExcellusBCBS.com/Telemedicine)
3. Download the MDLive mobile App (orange background with “MD” in white letters)

Once your account is set up you can see a board certified doctor via a secure online video from your mobile device or computer. Each member of your family will need their own MDLIVE account. You can add them to your account once you are set up.

# Where & When to Get Healthcare

## Virtual Visits – Average wait time: 5 minutes

- Basic care from a board certified physician from your mobile phone, laptop or tablet
- Available 24/7, even on weekends and holidays
- See registration instructions for “virtual visits” through MDLive on page 9

## Primary Care Physician – Scheduled Visits

- Helps you prevent disease and stay healthy
- Diagnose and treat a full range of health issues
- Refer you to the right care when you need a specialist
- Help with the healthcare needs of your entire family
- Costs less than the emergency room or urgent care centers

## Retail Health Clinics – Average Wait Time: 15 minutes

- Basic care from a nurse practitioner on a walk-in basis with extended hours
- Used for minor health concerns that need care quickly:
  - Sore throats, ear infections, pink eye, skin rashes, bladder infections and those last minute sports physicals

## Find the nearest Retail Health Clinic locations at:

- [www.ccaclinics.org/membership/clinic-locations](http://www.ccaclinics.org/membership/clinic-locations)
- [www.cvs.com/minuteclinic/clinic-locator](http://www.cvs.com/minuteclinic/clinic-locator)
- <https://www.walgreens.com/storelocator/find.jsp?clinic=true>
- <https://www.riteaid.com/locations/search.html>

## Urgent Care Clinics – Average Wait Time: 15 – 45 minutes

- When your physician is unavailable, get immediate quality care from a healthcare provider on a walk-in basis with extended hours
- For immediate attention for minor to moderate issues: Like sports injuries, migraines, vomiting, sprains, back pain

## Emergency Room (ER) – Average Wait Time: 4 hours

If you are facing an issue that threatens your life or health, never hesitate to go straight to the emergency room or call 911.

For video about best place to access for appropriate care, please visit:

<https://flimp.live/GutchessLumberPCPUrgentCareER>

## AS AN ESOP COMPANY, WE CAN ALL MAKE A DIFFERENCE BY BEING PROACTIVE WITH OUR HEALTHCARE. WAYS THAT WE CAN SAVE MONEY INCLUDE:

- Schedule a Virtual Visit for an illness' or injuries that are not life threatening. Research studies indicate that between 8-27% of ER visits are unnecessary and should have been treated in a less expensive care setting.
- Visit an Urgent Care or Retail Clinic for medical attention that cannot wait until the next business day. Non-emergency care delivered in the ER costs 5 times more than in a doctor's office or clinic.
- Establish a relationship with a Primary Care Physician. When possible, patients should be treated by their primary care physician for non-emergency conditions in order to promote consistent, preventive and quality care.
- ER doctors rarely have relationships with the patients they see, nor do they typically have your full medical history, so they must order expensive tests to determine a diagnosis and course of treatment.



# Care Centers Near You

Geographic Area	Centers	
Cortland, New York / Preble, New York	<b>Guthrie Cortland Convenient Care</b> 4077 West Road, Cortland, New York 13045 607-753-9977	<b>Cayuga Medical Center Convenient Care</b> 1129 Commons Avenue, Cortland, New York 607-756-7200
Vernon, New York	<b>WellNow Urgent Care</b> 109 Genesee Street, Oneida, New York 13421 315-231-5530	<b>WellNow Urgent Care</b> 4754 Commercial Drive, New Hartford, New York 13413 315-275-3046
Freedom, New York	<b>WellNow Urgent Care</b> 921 Wayne Street, Olean, New York 14760 716-379-6507	<b>WellNow Urgent Care</b> 225 S Cascade Drive, Springville, New York 14141 716-599-1163
Brookville, Pennsylvania	<b>QCare DuBois</b> DuBois, Pennsylvania 15801 814-299-7520	<b>QCare Brookville</b> 88 Hospital Road, Brookville, Pennsylvania 15825 814-849-1874
Latrobe, Pennsylvania	<b>MedExpress Urgent Care</b> 3876 US-30 Latrobe, Pennsylvania 724-537-5064	<b>On the weekends:</b> Excelsa Health-Care One Mellon Way (GPS: 121 West Second Avenue) Latrobe, Pennsylvania Located inside the Hospital across from the emergency room 724-537-1020



# Preventive Care Services

The following services are covered without a co-pay, co-insurance or deductible when the services are provided by an in-network provider. The services listed may also be subject to age, gender and frequency guidelines.

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Immunization	X	X		X
Hepatitis A	X	X		X
Hepatitis B	X	X		
Herpes Zoster	X	X		X
Human Papillomavirus	X	X		X
Haemophilus Influenza Type B				X
Influenza (flu shot)	X	X		X
Inactive Poliovirus				X
Mumps, Measles & Rubella	X	X		X
Meningococcal	X	X		X
Pneumococcal	X	X		X
Rotavirus				X
Tetanus, Diphtheria, Pertussis	X	X		X
Varicella	X	X		X
<b>Prevention &amp; Preventive Medications</b>				
Aspirin for the Prevention of Cardiovascular Disease	X	X		
Breast Cancer, medications		X		
Folic Acid Supplementation		X		
Gonococcal Ophthalmia Neonatorum, Medication				X
Iron Deficiency Anemia, Prevention				X
Tobacco Use in Children and Adolescents, Primary Care Interventions				X
<b>Counseling</b>				
Alcohol Misuse Screening & Behavioral Counseling	X	X	X	
Breastfeeding, Counseling		X	X	
Falls in Older Adults, Counseling & Medication	X	X		
Sexually Transmitted Infections, Counseling	X	X		X
Skin Cancer, Counseling	X	X	X	X
Tobacco Use in Adults, Counseling and Interventions	X	X		

Note: \*Source – USPSTF A and B Recommendations and [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/)

# Preventive Care Services

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Abdominal Aortic Aneurysm	X			X
Bacteriuria			X	
BRCA-Related Cancer in Women		X		
Breast Cancer		X		
Cervical Cancer		X		
Chlamydial Infection		X	X	
Colorectal Cancer	X	X		
Congenital Hypothyroidism				X
Depression in Adults	X	X		
Diabetes Mellitus	X	X		
Gestational Diabetes Mellitus			X	
Gonorrhea		X	X	
Hearing Loss in Newborn				X
Hepatitis B Virus in Pregnant Women			X	
Hepatitis C Virus Infection in Adults	X	X		
High Blood Pressure in Adults	X	X		
HIV Infection	X	X	X	X
Intimate Partner Violence and Elderly Abuse		X		
Iron Deficiency Anemia			X	
Lipid Disorders in Adults	X	X		
Lung Cancer	X	X		
Major Depressive Disorder in Children & Adolescents				X
Obesity in Adults	X	X		
Obesity in Children and Adolescents				X
Osteoporosis		X		
Phenylketonuria (PKU)	X	X		
Sickle Cell Disease in Newborns				X
Syphilis Infection (Pregnant Women)			X	
Visual Impairment in Children Ages 1 to 5				X

Note: \*Source – USPSTF A and B Recommendations and [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/)

# Medical

## Provider

Excellus/Express Scripts

## Website

[Excellus.com](http://Excellus.com)

Gutchess Lumber's medical and prescription insurance will continue to be provided through Excellus. Below is a brief summary of the **HDHP (High Deductible Health Plan)** benefits. If you elect this plan option, you may also participate and contribute to an **HSA (Health Savings Account)** as described on page 20. However, you may not participate in the **Health Care FSA (Flexible Spending Account)** as described on page 21.

Services	Qualified HDHP	
	In-Network You Pay	Out-of-Network You Pay
Lifetime Maximum	Unlimited	
Calendar Year Deductible (aggregate deductible*) • Individual • Family	\$3,000 \$6,000	\$11,000 \$22,000
Out-of-Pocket Maximum (Includes deductible, coinsurance and copays) • Individual • Family	\$3,000 \$6,000	\$11,000 \$22,000
Preventive Services (for most updated list services visit, <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> )	Covered at 100%	Federal Mandated Paid @ 100%, otherwise you must satisfy the deductible before the plan will pay
Virtual Visits with MDLive	Deductible, then covered @ 100% Typical charge is \$40	Not covered
Convenience Care Clinic	Deductible, then covered @ 100%	Deductible, then covered @ 100%
Primary Care Office Visit		
Specialist Office Visits		
Urgent Care Center	Deductible, then covered @ 100%	Deductible, then covered @ 100%
Emergency Room		
Coinsurance	Members pay 0% Plan pays 100%	Members pay 0% Plan pays 100%
Hospital • Inpatient & Outpatient	Deductible, then 100%	Deductible, then 100%

*\*For individuals covering one or more dependents, there is no individual deductible. This means the overall family deductible must be reached, either by an individual or by the family, for Excellus to pay for services.*

HDHP	Weekly Deductions	Semi-Monthly Deductions
Employee Only	\$0.00	\$0.00
Employee + Spouse*	\$27.00	\$58.50
Employee + Child(ren)	\$19.00	\$41.17
Family	\$44.00	\$95.33

\*Refer to pages 8 and 40 for possible additional spousal surcharge being applied.

# Medical

## Provider

Excellus/Express Scripts

## Website

[Excellus.com](http://Excellus.com)

Gutchess Lumber's medical and prescription insurance will continue to be provided through Excellus. Below is a brief summary of the **PPO Plan** benefits. If you elect this plan option you may also participate in the **Health Care FSA (Flexible Spending Account)** as described on page 21.

Services	Simply Blue PPO Plan	
	In-Network You Pay	Out-of-Network You Pay
Lifetime Maximum	Unlimited	
Calendar Year Deductible (embedded) <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$750 \$2,250	\$1,500 \$4,500
Out-of-Pocket Maximum (Includes deductible, coinsurance and copays) <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$4,200 \$12,600	\$8,400 \$25,200
Preventive Services (for most updated list services visit, <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> )	Covered at 100%	Federal Mandated Paid @ 100%, otherwise you must satisfy the deductible before the plan will pay
Virtual Visits with MDLive	\$10 Copay	50%, after deductible
Convenience Care Clinic	\$30 Copay	
Primary Care Office Visit	\$30 Copay	
Specialist Office Visits	\$50 Copay	
Urgent Care Center	\$75 Copay	
Emergency Room	\$500 Copay	
Coinsurance	Member pays 20% Plan Pays 80%	Member pays 50% Plan Pays 50%
Hospital Inpatient & Outpatient	20%, after deductible	50%, after deductible

Simply Blue PPO	Weekly Deductions	Semi-Monthly Deductions
Employee Only	\$20.00	\$43.33
Employee + Spouse*	\$90.00	\$195.00
Employee + Child(ren)	\$84.00	\$182.00
Family	\$118.00	\$255.67

\*Refer to pages 8 and 40 for possible additional spousal surcharge being applied.

# Prescription Drug Coverage

## Provider

Excellus/Express Scripts

## Website

[Excellus.com](https://www.excellus.com)

For additional information on ways to maximize your prescription drug benefits, please visit:

<https://flimp.live/GutchessLumberRX>



	HDHP You Pay	PPO Plan You Pay
<b>Brand Name Prescription Drugs Deductible (PPO Plan option only, and separate from medical deductible): \$250 Individual / \$750 Family</b>		
<b>Retail (up to 30 day supply)</b>		
Tier 1 Generic	Deductible then covered at 100%	\$5 Copay
Tier 2 Preferred Brand		\$45 Copay
Tier 3 Non-Preferred Brand		\$90 Copay
Tier 4 — Specialty (up to 30 day supply only)		25% Min \$100 / Max \$300
<b>Mail Order (up to 90 day supply)</b>		
Tier 1 Generic	Deductible then covered at 100%	\$10 Copay
Tier 2 Preferred Brand		\$90 Copay
Tier 3 Non-Preferred Brand		\$180 Copay
<b>Prescription Information</b>		
Mandatory Mail Order: Maintenance drugs are allowed up to 2 fills at a retail pharmacy, The 3rd and future fill require Mail Order, or the drug will not be covered by the Gutchess plan(s).		
Dispense As Written (DAW): If a generic drug is available in place of your brand name drug, the brand name drug will not be covered by the Gutchess plan(s). However, you and your provider may follow the appeal process if medically necessary.		
Specialty Drug Pharmacy: Accredo 866-413-4137		
Formulary/Drug List: National Preferred Formulary		

## How To Save on Your Drug Costs

- Be sure to use a pharmacy that is in-network. Most major pharmacies are in the network.
  - Use your local in-network pharmacy for a 31-day supply or less. Simply show your ID card at the pharmacy.
- Use home delivery (mail order) for prescriptions you use for longer periods of time and for maintenance medications (a supply of up to 90 days).
- Use Tier 1 and generic medications whenever possible. Generics are “copies” of brand drugs whose patent protection has expired and are approved by the FDA.
- Discuss the preferred drug list (formulary) with your doctor. If a Tier 1 or generic drug is not an option, using formulary drugs will save you money over non formulary brand drugs.

## Mandatory Mail Order Program – Maintenance Medications

Home Delivery is an easy, reliable way to get your medications and is often at lower prices than at a retail pharmacy. If you take prescription medications on a daily basis, then you know the impact of missing a dose or running out of medication can have. Above all, it can jeopardize the plan you and your doctor have to keep you healthy.

Chronic conditions such as diabetes or high blood pressure may require medications that must be taken daily. These are often referred to as “Maintenance Medications.” Other medications such as birth control pills and allergy medications are also classified as maintenance medications and require Mail Order services after 2 retail fills or they are not covered by the Gutchess plans.

For more information or to locate a designated Pharmacy or contact Express Scripts at **855-315-5220** or go to [www.express-scripts.com](https://www.express-scripts.com) for more information.



# Prescription Drug Programs

## Drug Utilization Review (DUR)

Drug Utilization Review is a program to assist your healthcare provider and pharmacist in identifying inappropriate prescribing, dispensing and drug consumption that could cause a potential risk to your health. The following are examples of DUR edits:

- Taking medications that may worsen your medical condition(s).
- Age edits are designed to ensure that medications are used for appropriate age groups, e.g., not for use by infants or the elderly.
- Receiving controlled substance prescriptions from two or more healthcare providers or pharmacies.

## Prior Authorization (PA)

Certain drugs require additional information from your healthcare provider before your prescription can be filled. This process is called Prior Authorization. If you receive a prescription for a medication that requires a Prior Authorization, your healthcare provider will need to provide information to Excellus/Express Scripts' Prior Authorization Dept. before your prescription can be filled and covered under the prescription drug plan. IMPORTANT: Generally a PA is authorized for 12 months at a time. However some drugs may have a shorter or longer authorized PA length of time.

## Step Therapy

Step Therapy helps you choose the most cost effective and appropriate medicine for certain medical conditions. A first-line therapy is usually a generic drug in the same therapy class. If the first-line therapy does not work, the next step is to try a second-line therapy, and then perhaps a third-line therapy. You may be subject to Step Therapy guidelines if you are filling a prescription used to treat one of the following conditions, for example:

- High Blood Pressure
- High Cholesterol
- GI Acid-Peptic disorders

## Other ways to Save on Prescriptions

### Generics

Outside of the Gutchess health plan, Walmart, Sam's Club, Target, and Walgreens – offer generics that are on their "approved" list for a lower cost than your drug copay with Excellus. Some pharmacies offer \$4.00 per prescription, per month. This list is available on each of their respective websites (Walmart.com, Samsclub.com, Target.com, Walgreens.com).

### Mobile Apps for Prescription Savings

There are free mobile apps for your iPhone, Android, or Windows phone. These apps will compare prescription drug costs in your area. Simply provide the drug name and quantity and it compares the costs at various pharmacies in your area. Rx Saver and Good Rx are just two of the available mobile apps.

### Partnership for Prescription Assistance

As the cost of prescription drugs rise, Partnership for Prescription Assistance (PPA) is a free service that connects individuals with payment assistance programs for prescriptions and other medical supplies. PPA provides a single point of access to more than 475 patient assistance programs. For a full list of patient assistance programs visit:

[www.helpingpatients.org/gethelp](http://www.helpingpatients.org/gethelp)



# Dental

## Provider

Excellus

## Network

Dental Blue Options

## Website

<https://www.excellusbcbs.com/>

Gutchess Lumber's dental plan continues to be administered through Excellus. The chart below provides a brief summary of the benefits.

Services	Dental	
	In-Network You Pay	Out-of-Network You Pay
Calendar Year Deductible <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$50	\$150
Calendar Year Maximum	\$1,500 (excludes Class I)	
Class I Preventive Services (Oral Exams, X-Rays, Basic Cleaning)	Covered at 100%- Deductible waived	
Class II Basic Services (Oral Surgery, Extractions, Filling)	Deductible, then 20%	Deductible, then 20%
Class III Major Services (Crowns, Bridgework, Dentures)	Deductible, then 50%	Deductible, then 50%
Coinsurance	90th percentile of UCR	

Dental	Weekly Deductions	Semi-Monthly Deductions
Employee Only	\$3.00	\$6.50
Employee + Spouse	\$6.00	\$13.00
Employee + Child(ren)	\$6.00	\$13.00
Family	\$9.00	\$19.50



# Vision

## Provider

Ameritas

## Network

EyeMed Insight

## Website

<http://Ameritas.com>

Gutchess Lumber offers a “stand alone” vision plan administered through Ameritas, utilizing EyeMed’s Insight network. The chart below provides a brief summary of the benefits.

Services	In-Network	Out-of-Network
Eye Exam	\$10 copay	Up to \$35
<b>Lenses</b> <ul style="list-style-type: none"> <li>• Single</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> </ul>	\$25 Copay \$25 Copay \$25 Copay 20% Discount	Up to \$25 Up to \$40 Up to \$55 No benefit
Frames	\$150 allowance	Up to \$75
<b>Contact Lenses</b> <ul style="list-style-type: none"> <li>• Fit &amp; Follow Up Exam – Standard</li> <li>• Fit &amp; Follow Up Exam – Premium</li> <li>• Elective</li> <li>• Medically Necessary</li> </ul>	Member cost up to \$40 10% off of retail Up to \$150 Covered in full	No benefit No benefit Up to \$120 Up to \$200
Contact Lenses	Once contact lens benefit has been exhausted, lenses can be obtained at a significant discount online at <a href="http://eyemedvisioncare.com">eyemedvisioncare.com</a>	
Lens Options	Allowances \$15 – \$100	No benefit
Lasik or PRK	Average discount of 15% on retail or 5% on promotional price at US Laser Network participating providers.	
<b>Frequency</b> (based on date of service) <ul style="list-style-type: none"> <li>• Exam</li> <li>• Lenses</li> <li>• Contacts</li> <li>• Frames</li> </ul>	Based on Date of Service	
	12 months	12 months
	12 months	12 months
	12 months	24 months

Vision	Weekly Deductions	Semi-Monthly Deductions
Employee Only	\$1.00	\$2.16
Employee + Spouse	\$1.81	\$3.92
Employee + Child(ren)	\$1.90	\$4.12
Family	\$3.01	\$6.52

# Health Savings Account (HSA)

## Provider

Lifetime Benefit Solutions (LBS)

## Website

[Lifetimebenefitsolutions.com](https://lifetimebenefitsolutions.com)

For additional information on how an HSA works, please visit:

<https://flimp.live/GutchessLumberHSA>



For those enrolling in the qualified High Deductible Health Plan (HDHP), you should also elect to contribute to a Health Savings Account or HSA. Simply Blue PPO medical plan participants are not eligible for this benefit.

### Why have an HSA?

- Gutchess contributes annually into your HSA account to help offset the HDHP deductible
- Contributions are tax deductible
- Withdrawals to pay eligible expenses are never taxed
- Accumulated interest earnings are tax deferred, and if used to pay eligible expenses, are tax free
- Money not used at year end “rolls over” for use the next year
- The balance in your HSA account can be invested much like your 401(k) savings account

Gutchess Annual HSA Contributions	2025
Employee Only	\$500
EE/Spouse	\$750
EE/Child(ren)	\$750
Family	\$1,000

### Who is eligible for HSA?

- You are covered under Gutchess qualified HDHP.
- You are not enrolled in Medicare.
- You can not be claimed as a dependent on someone else's tax return.

Annual IRS HSA Contribution Limits	2024	2025
Self	\$4,150	\$4,300
Family	\$8,300	\$8,550
Catch Up (Age 55+)	\$1,000	\$1,000

### \*Eligible expenses include:

- Copays, coinsurance, and deductibles
- Dental expenses
- Hearing expenses
- Eye exams and glasses
- Orthodontia payments
- LASIK surgery
- Health Savings Account Funds

All HSA participants will receive a VISA debit card from LBS. The debit card is used just as any other credit card and will access available HSA funds without having to pay up front, and subsequently submitting a reimbursement claim. Transactions with your Visa card are secure and will only work to purchase eligible and authorized items.

While the debit card reduces the majority of the “paperwork” required with health spending, it does not eliminate the “paperwork” completely. LBS may need to request documentation in order to comply with IRS regulations, so be sure to keep all of your receipts just in case they are required.

*\*Not an all-inclusive list. For a full list of qualified expenses, go to [www.lifetimebenefitsolutions.com/qualified-expenses](https://www.lifetimebenefitsolutions.com/qualified-expenses)*

# Flexible Spending Account (FSA)

## Provider

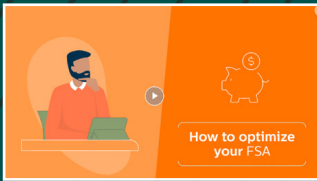
Lifetime Benefit Solutions (LBS)

## Website

[Lifetimebenefitsolutions.com](https://lifetimebenefitsolutions.com)

For additional information on how to get the most from your FSA Account, please visit:

<https://flimp.live/GutchessMaximizeFSA>



Gutchess Lumber continues to offer Flexible Spending Accounts (FSAs) administered by Lifetime Benefit Solutions (LBS). For those enrolling in the PPO Plan, Gutchess offers the Health Care FSA and the Dependent Care FSA is offered to everyone no matter what medical plan you may be covered under.

You can INCREASE your take-home pay while paying for eligible medical, dental and vision and/or dependent care expenses. Flexible Spending Accounts help you save money by providing a way to pay for certain types of health care and dependent care on a pre-tax basis.

**If you are enrolled in the HDHP medical plan you can not enroll in the healthcare flexible spending account. You may still enroll in the dependent care account.**

How an FSA Works: During your initial new hire period or during Gutchess Lumbers' annual open enrollment period, you decide how much money you want to contribute to each FSA account for the year – see limit guidelines below. The amount you designate for the year is taken out of your paycheck in equal installments each pay period and placed in the appropriate FSA account type. The contributions you make to an FSA are deducted from your pay BEFORE your Federal, State, or Social Security taxes are calculated.

Annual IRS Contribution Limits	Minimum	Maximum
Health Care FSA	\$100	\$3,200* Pending IRS announcement for 2025 limit.
Dependent Care FSA	\$100	\$5,000 DCA limit \$2,500 if married and filing separately. Pending IRS announcement for 2025 limit.

\*IRS has not released the 2025 amount.

**Health Care FSAs** may be used to pay for eligible medical, prescription, dental and vision expenses not fully covered by your insurance plans for you and your tax eligible dependents.

**Dependent Care FSAs** may be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent on your tax return.

Your Healthcare FSA plan has a grace period to incur and submit eligible expenses for reimbursement. See the chart below for important dates related to both FSA options:

Important Dates		
Flexible Spending Accounts	Expense Incurred	Submit Expenses for Reimbursement
Healthcare	January 1, 2025 – March 15, 2025	January 1, 2025 – April 30, 2025
Dependent Care	January 1, 2025 – March 15, 2025	January 1, 2025 – April 30, 2025

# Income Protection

## Provider

Sun Life

## Website

[www.sunlife.com/us](http://www.sunlife.com/us)

For additional information on the benefits of Short-Term Disability coverage, please visit: <https://flimp.live/GutchessSTD>



## Provider

Sun Life

## Website

[www.sunlife.com/us](http://www.sunlife.com/us)

## Voluntary Short-Term Disability

**Gutchess Lumber** provides full-time employees with the option to purchase Short-Term Disability benefits administered through Sun Life. **You pay** the full cost for this coverage through payroll deductions. Short-Term Disability Income Benefits are provided in the event that an employee becomes disabled for more than seven days due to a non-work related injury or illness. See below for a brief summary of benefits:

Benefit Detail	Short-Term Disability	STD Monthly Rates	
		Age	Rate per \$10 of Weekly Benefit
Elimination Period	7 days accident or sickness	< 25	\$0.306
Benefits Duration	26 weeks	25-29	\$0.330
Benefit Percent	60%	30-34	\$0.328
Maximum Benefit	\$1,500 /week	35-39	\$0.347
Minimum Benefit	\$25 / week	40-44	\$0.378
Additional Information	Your Short-Term Disability benefits will be taxed	45-49	\$0.453
		50-54	\$0.549
Limitations	See certificate for a full list of limitations and exclusions	55-59	\$0.728
		60-64	\$0.917
		65-69	\$1.015
		70+	\$1.045

## New York State Disability and Paid Family Leave

Benefit Detail	New York State Disability
Elimination Period	7 days accident or sickness
Benefits Duration	26 weeks
Benefit Percent	50%
Maximum Benefit	As determined annually by NY State
New York Paid Family Leave	
Elimination Period	None
Benefits Duration	12 weeks in 2025
Benefits Percent	67% of the States's average weekly earnings
Maximum Benefit	67% of the State's average weekly wage In 2025 the maximum weekly benefit is \$1,177.32

Premiums for this benefit are calculated based on your age and your actual weekly benefit amount. Your weekly cost will be calculated for you and available in the ADP portal.

**Current Employees - Please Note:** If you do not elect this coverage at this year's Open Enrollment, you may chose to elect it at a future Open Enrollment. This plan has a pre-existing condition clause.

**New Hires - Please Note:** If you do not elect this coverage when first eligible, you may elect it at a future Open Enrollment. This plan has a pre-existing condition clause.

# Income Protection

## Provider

Sun Life

## Website

[www.sunlife.com/us](http://www.sunlife.com/us)

For additional information on the benefits of Short-Term Disability coverage, please visit:

<https://flimp.live/GutchessLumberLTD>



## Voluntary Long-Term Disability

**Gutchess Lumber** provides full-time employees with the option to purchase Long-Term Disability benefits administered through Sun Life. **You pay** the full cost for this coverage through payroll deductions. In the event you become disabled due to a qualified injury or sickness, disability income benefits are there to help provide a source of income. See below for a brief summary of benefits:

Benefit Detail	Voluntary Long-Term Disability
Elimination Period	180 days
Benefits Duration	Maximum 5 years (age restrictions apply)
Benefit Percent	60%
Maximum Benefit	\$8,000 / month
Definition of Disability	24 months own occupation, thereafter any occupation
Pre-existing Limitations	3/12 – Treatment 3 months prior to the effective date of coverage; 12 months exclusion on the Plan.
Additional Information	Your Long-Term Disability benefits will NOT be taxed
Mental Health Limitations	24 Months Lifetime
Limitations	See certificate for a full list of limitations and exclusions

**Please note:** If you do not elect Long-Term Disability benefits when you are first eligible as a new hire and wish to add coverage at a later date, you will be required to go through the Evidence of Insurability (EOI) process which involves answering health questions. Sun Life will then review your application and may either approve or deny coverage.

**These rates are guaranteed through December 31, 2025.**

LTD Monthly Rates	
Age	Rate per \$100 of Covered payroll
< 25	\$0.086
25-29	\$0.086
30-34	\$0.154
35-39	\$0.203
40-44	\$0.332
45-49	\$0.511
50-54	\$0.628
55-59	\$1.084
60-64	\$1.669
65-69	\$2.149
70+	\$1.004

# Life and AD&D Insurance

## Provider

Sun Life

## Website

[www.sunlife.com/us](http://www.sunlife.com/us)

Gutchess Lumber provides full-time employees with Basic Term Life and Accidental Death and Dismemberment (AD&D) insurance administered through Sun Life. The amount of coverage is \$15,000, with matching AD&D coverage, provided at **no cost to you**.

Please remember to review and update your beneficiary designation annually.

Benefit	Basic Life and AD&D Insurance
Employee Life	\$15,000
Employee AD&D	\$15,000
Age Reductions	65% at age 65 50% at age 70
Conversion & Portability	You must contact Sun Life within 30 days of your termination to take advantage of either of these options.





# Voluntary Life and AD&D Insurance

**Provider**  
Sun Life

**Website**  
[www.sunlife.com/us](http://www.sunlife.com/us)

**Gutchess Lumber** is offering employees who would like to supplement their Basic Term Life and AD&D insurance benefits the opportunity to purchase additional coverage through Sun Life.

You may purchase coverage for yourself as well as your dependents in the amounts shown in the table. Please note that Life and AD&D are elected together. You may not elect only Life or only AD&D.

Benefit	Voluntary Life Insurance
Employee	\$10,000 increments up to the lesser of 5x annual earnings or \$250,000.
Spouse	\$5,000 increments up to the lesser of 100% of Employee amount or \$250,000
Dependent Child	\$1,000 Live birth to 6 months \$2,000 increments to \$10,000 maximum Age 26
Guaranteed Issue (G.I.)	Employee: \$150,000 Spouse: \$25,000
Age Reductions	65% at age 65 and 50% at age 70
Conversion & Portability	You must contact Sun Life within 30 days of your termination to take advantage of either of these options.

Monthly Rates EE Per \$10,000 and Spouse Per \$5,000						
Age Band	Life		AD&D		Combined Total	
	Employee	Spouse	Employee	Spouse	Employee	Spouse
15-24	\$0.920	\$0.460	\$0.30	\$0.30	\$1.22	\$0.61
25-29	\$0.900	\$0.450			\$1.20	\$0.60
30-34	\$1.120	\$0.560			\$1.42	\$0.71
35-39	\$1.580	\$0.790			\$1.88	\$0.94
40-44	\$2.430	\$1.215			\$2.73	\$1.365
45-49	\$3.870	\$1.935			\$4.17	\$2.085
50-54	\$5.730	\$2.865			\$6.03	\$3.015
55-59	\$8.420	\$4.210			\$8.72	\$4.36
60-64	\$11.150	\$5.575			\$11.45	\$5.725
65-69	\$15.680	\$7.840			\$15.98	\$7.99
70-74	\$29.670	\$14.835			\$29.97	\$14.985
75+	\$91.680	\$45.840			\$91.98	\$45.99

Monthly Child Rates	
Life	AD&D
\$0.40 Per \$2,000	\$0.060 Per \$2,000

**These rates are guaranteed through December 31, 2025.**

### Evidence of Insurability (EOI) Rules:

- Any amount above G.I. requires EOI
- One increment increase at annual OE for covered employees, up to GI, without EOI
- Any employee enrolling not currently enrolled (and not a new hire within their waiting period) requires EOI

# Group Accident Insurance

## Provider

SunLife

## Website

[www.sunlife.com/us](http://www.sunlife.com/us)

Gutchess Lumber provides full-time employees with the option to purchase group accident coverage. **You may only elect this coverage once a year, during annual open enrollment.** Group Accident coverage is designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow a non-work related accidental or injury, whether minor or catastrophic. This coverage pays benefits whether your covered accident happens at work, at home, or away (also known as 24-hour coverage). Benefits are paid directly to the employee in a lump sum based on the amount of coverage listed in the schedule of benefits. See below for a highlight of benefits. **The chart is not all inclusive.**

Benefit Detail	Group Accident
Ambulance	Ground \$400 Air \$1,500
Appliance	\$100
Blood / Plasma / Platelets	\$400
Emergency Room	\$150
Hospitalization	Admission \$1,000 ICU \$1,500 (once per benefit year). Confinement \$200 per day up to 365 days per covered accident.
Medical Imaging (MRI, MR, CT, CAT, EEG)	\$200
Pain Management	\$100
Physician Follow Up	2 visits each \$75
Rehabilitation	\$100 /Day up to 15 days, Max 30 days/year
Therapy — Occupational, Physical, Speech	\$25 / visit max 10 visits
Head injury	Coma \$10,000 Concussion \$150
Fractures — Closed	\$1,000 Major \$75 Minor (fingers & toes)
Fractures — Open	\$2,000 Major \$150 Minor (fingers & toes)
Lacerations	\$20 – \$500
Burns & Skin Grafts	\$200 – \$10,000

Coverage Level	Monthly Rate (Rates guaranteed until 1/1/2027)
Employee Only	\$8.66
Employee + Spouse	\$13.83
Employee + Child(ren)	\$17.13
Family	\$22.30

# Employee Assistance Program (EAP)

## Provider

ComPsych

## Website

[guidanceresources.com](https://guidanceresources.com)

Web ID: COM589

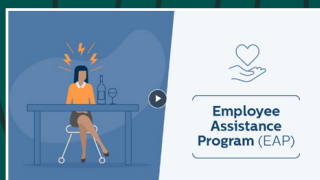
## Phone

800-272-7255

## Download the Mobile App

GuidanceNow<sup>SM</sup>

For additional information on the benefits of an Employee Assistance Program please visit <https://flimp.live/GutchessLumberEAP>



The Employee Assistance Program is provided by ComPsych<sup>®</sup> Corporation and offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to all our employees and their household family members.

### Why provide an EAP?

Because we care about our employees and their dependents. The EAP can be used free of charge as needed when you or your dependents are facing emotional, financial, legal or other concerns.

### Are the services confidential?

Yes, the EAP is strictly confidential. No information about your participation in the program is provided to your employer.

Gutchess is pleased to assist its employees and their family members in various areas of their life through our partnership with ComPsych-GuidanceResources, whose programs are highlighted below:

- **Demands of balancing work and family**
- **Stress, anxiety or depression grief and loss**
- **Assistance with child or elder care concerns**
- **Legal or financial questions**
- **Concerns about substance abuse for yourself or a dependent**
- **and much more**

### What happens when I call?

When you call, you will speak with a GuidanceConsultant<sup>SM</sup>, a master's — or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant<sup>SM</sup> will provide the name of a counselor who can assist you. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit. Please note that in some instances, they may need to take a message and have a GuidanceConsultant return your call.

### What counseling services does the EAP provide?

The EAP provides **five (5) free short-term counseling sessions** with counselors in your area who can help you with your emotional concerns.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

### Can my children use the EAP?

Yes. The EAP is a confidential benefit for employees and their household family members.



**LIFE IS CHALLENGING. WE ARE HERE TO HELP.**

Call: 800-272-7255 | TRS: Dial 711

Online: [guidanceresources.com](https://guidanceresources.com) | App: GuidanceNow<sup>SM</sup>

Web ID: Gutchess

**HELP IS AVAILABLE 24/7!**

# Retirement Savings Plans

## Provider

Fidelity

## Website

[NetBenefits.com](https://www.netbenefits.com)

Gutchess Lumber sponsored 401(k) Retirement Savings and Profit Sharing plans represent one of the best opportunities available for building your retirement nest egg. The plan makes investing easy, convenient and flexible. Eligible employees are automatically enrolled at 5% to maximize the match provided by Gutchess Lumber, unless you choose a different percentage or opt-out.

Employees make contributions on a pre-tax basis reducing current federal, state, and Social Security taxes. Taxes are deferred until you are ready to withdraw from the account. You may elect to contribute 1% to 60% of your pay. Gutchess offers a Roth investment option as well on a post-tax basis.

Internal Revenue Service (IRS) regulations or the retirement plan may limit the annual amount of your salary deferral contributions. If you meet a salary deferral contribution limit, you may continue to defer up to the catch-up contribution limit if you are eligible (you must be age 50 or older by the end of the current calendar year).

Please see below for the annual IRS salary deferral limits:

Annual IRS Contribution Limits	2024	2025
Contributions	\$20,500	\$23,000 (subject to IRS updates)
Catch-Up (Age 50+)	\$6,500	\$7,500 (subject to IRS updates)

	401(k) Retirement Plan	Profit Sharing
Eligibility	Employed	Employed on December 31st of each year
Enrollment	1st day of each month after new hire waiting period	Age 19 and worked 1,000 hours in the last 12 months
Contributions	1 — 60% of annual salary up to IRS Maximums	Discretionary
Match	Discretionary	A % of Gross Wages as determined by the Board
Vesting Schedule <ul style="list-style-type: none"> <li>Employee Contributions</li> <li>Employer Match</li> </ul>	100% immediately 1 year— 33% 2 years— 33% 3 years— 34%	NA 2 years— 20% 3 years— 40% 4 years— 60% 5 years— 80% 6 years— 100%

# Employee Stock Ownership Plan (ESOP)

Gutchess Lumber is proud to offer our employees the benefit of Employee Ownership via an Employee Stock Ownership Plan (ESOP). The Gutchess ESOP requires no monetary contribution from our employees. It is a free benefit that we offer in addition to the company sponsored 401(k) Retirement Savings and Profit Sharing plans. Through our hard work and dedication, we can all contribute and help build our ESOP value.

	ESOP
Eligibility	Age 19 and Employed on Dec 31st, & 1,000 hours of service
Enrollment	Jan 1st preceding the date you complete 12 months of employment and otherwise meet the eligibility requirements
Stock Allocation	Allocations are based on annual gross payroll. For Example: if your salary represents 1% of the total payroll of eligible employees, then you would be allocated 1% of the shares distributed in that year
Vesting Schedule	Less than 3 years – 0% 3 or more years—100%



# Other Benefits

Gutchess' comprehensive benefit package also includes:

## COMPETITIVE PAY

- Annual opportunity for merit based increases
- Annual discretionary bonuses
- Employee referral bonus
- Paid Vacation
- Profit Sharing bonuses
- Production Incentive Bonuses



## TRAINING & DEVELOPMENT

- Mentoring program
- Gutchess Lumber Co. University (GLC-U)
- Technical skills training
- On-site training with subject matter experts
- Employee exchange program



## EMPLOYEE COMMITTEES

- Safety
- ESOP
- Mentoring
- Employee Events
- 401(k)
- Wellness



## COMPANY SPONSORED EVENTS

- Annual Wellness Vaccination Clinics
- Family and children's events throughout the year
- Barbecue lunches, and baking & cooking contests
- Annual Thanksgiving turkeys
- Tournaments—golf, billiard and bowling
- Outdoor sports



## ACTIVE COMMUNITY INVOLVEMENT

- Host tours for local students
- Sponsor community events
- Support of local charities



# Other Benefits

Paid holiday time off is given to all eligible full-time employees who are scheduled to work 40 hours each week and who have completed the 90 day introductory probationary period. Paid time off for holidays will not be counted as hours worked for the purpose of determining overtime for hourly employees.

To be eligible for holiday pay, employees must work the last scheduled work day immediately preceding **and** the first scheduled day immediately following the holiday unless approved by their immediate supervisor.

If a recognized holiday falls during an eligible employee's paid absence (such as vacation time), the holiday pay will be provided instead of the paid time off benefit that would have otherwise applied.

## Paid Vacation Policy

Vacation Accumulates Using the Following Schedule		
Completion of Service	Vacation Hours	Vacation Days/ Weeks
6 mos. of service	16 hours of vacation	2 days
1 year of service	Additional 24 hours of vacation	5 days total or 1 week
18 mos. of service	Additional 16 hours of vacation	7 days total
2 years of service	Additional 24 hours of vacation	10 days total or 2 weeks
6 years of service	Additional 8 hours of vacation	11 days total
7 years of service	Additional 8 hours of vacation	12 days total
8 years of service	Additional 8 hours of vacation	13 days total
9 years of service	Additional 8 hours of vacation	14 days total
10 years of service	Additional 8 hours of vacation	15 days total or 3 weeks
20 years of service	Additional 40 hours of vacation	20 days total or 4 weeks

NO vacation time is earned in December and is reduced by 50% from September to November. Vacation resets every Jan 1st.

## PAID HOLIDAY

1. New Years Day
2. Memorial Day
3. Independence Day
4. Labor Day
5. Thanksgiving Day
6. Day After Thanksgiving
7. Christmas Day



## SAFETY REIMBURSEMENT PROGRAMS

Gutchess Team Members may be reimbursed for the purchase of steel toed boots and/or safety glasses.

If you have gone without a recordable injury for the previous 24 months, you may be eligible for a higher level of reimbursement.

Fill out the required form, attach your receipt and submit to the HR department for reimbursement.



# Legislative Notices

## Summary of Material Modification (SMM)

This Benefit Enrollment Guide is also your Summary of Material Modification (SMM) for coverages that are subject to ERISA regulations. Please keep a copy of the SMM with your Summary Plan Description (SPD) for each ERISA plan, as these documents must be read together for a full understanding of your benefits. Copies of the SPDs are posted on the ADP website at <https://workforcenow.adp.com/> and printed copies are available upon request from your HR Department.

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs.

If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –**

State	Program	Website	Phone Number
Massachusetts	Medicaid and CHIP	<a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>	1-800-862-4840 TTY: 711
New Hampshire	Medicaid	<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>	1-603-271-5218
New Jersey	Medicaid and CHIP	<a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	1-800-356-1561 1-609-631-2392
New York	Medicaid	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
Pennsylvania	Medicaid and CHIP	<a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> <a href="https://www.pa.gov/en/agencies/dhs/resources/chip.html">https://www.pa.gov/en/agencies/dhs/resources/chip.html</a>	1-800-692-7462 1-800-986-5437
Texas	Medicaid	<a href="https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a>	1-800-440-0493
Vermont	Medicaid	<a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a>	1-800-250-8427

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either: U.S. Department of Labor Employee Benefits Security Administration [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) 1-866-444-EBSA (3272) or U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services [www.cms.hhs.gov](http://www.cms.hhs.gov) 1-877-267-2323, Menu Option 4, Ext. 61565.



# Legislative Notices

## Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with our company and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Gutchess Lumber has determined that the prescription drug coverage offered by the Excellus PPO plan offered here is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
3. Gutchess Lumber has determined that the prescription drug coverage offered by the Excellus HDHP, with 100% Rx coverage after the deductible is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Gutchess coverage may be affected because the two plans may not coordinate their benefits. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Gutchess Lumber plan coverage, be aware that you and your dependents will be able to get this coverage back at the next annual open enrollment or upon the occurrence of a life qualifying event, as long as you continue to meet Gutchess Lumber general plan eligibility requirements.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Gutchess Lumber and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

# Legislative Notices

## For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Gutchess Lumber changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

From: [01/01/2024]      To: [12/31/2024]  
From: [01/01/2025]      To: [12/31/2025]  
Date: 09/01/2024  
Name of Entity/Sender: Gutchess Lumber Co., Inc.  
Contact-Position/Office: Jeffrey D. Breed  
Address: Phone Number: 890 McLean Rd, Cortland, NY 13045 607-753-1081

CMS Form 10182-CC Updated April 1, 2011

Updated April 1, 2011

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*

# Legislative Notices

## **HIPAA Notice of Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Human Resources.

## **Newborns' and Mothers' Health Protection Act**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **Women's Health and Cancer Rights Act Annual and Enrollment Notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under our plans. Therefore, the following deductibles and coinsurance that apply can be found on [pages 14-15](#) of this guide.

If you would like more information on WHCRA benefits, contact the Claims Administrator, Excellus.

# Legislative Notices

## Genetic Information Nondiscrimination Act “GINA”

On November 9, 2010, the Equal Employment Opportunity Commission (“EEOC”) issued the final rule implementing Title II of the Genetic Information Nondiscrimination Act (“GINA”), which applies to all employers with fifteen or more employees, as well as unions, employment agencies and labor management training programs. This final rule is effective January 10, 2011, and prohibits the use of genetic information in the employment context, restricts an employer’s deliberate acquisition of genetic information, requires employers to maintain employee genetic information as confidential, and strictly limits employers from disclosing genetic information.

### Prohibition on Use of Genetic Information by Employers

According to GINA, an employer may not discriminate against an applicant, employee or former employee on the basis of genetic information in hiring, compensation, promotion or demotion, seniority, discipline, employment termination, or any other term, condition or privilege of employment. GINA also prohibits employers from limiting, segregating, or classifying employees based on genetic information and prohibits entities from causing an employer to discriminate based on genetic information.

### What is Genetic Information?

- Genetic information is defined broadly to include:
- Genetic tests of an individual or a family member;
- The manifestation of a disease or disorder in an individual’s family medical history; An individual’s request or receipt of genetic services;
- Participation in genetic clinical research by an individual or a family member;
- The genetic information of a fetus carried by an individual or a pregnant family member using assisted reproductive technology. Information about the sex or age of an individual or a family member, however, is specifically excluded from the definition of genetic information.

### The Practical Effects of GINA

The following guidelines are designed to help employers comply with GINA’s requirements:

1. Post the revised Equal Employment Opportunity (“EEO”) poster, which includes GINA information and can be found at <http://www1.eeoc.gov/employers/poster.cfm>
2. Update medical requests, such as Family and Medical Leave Act (“FMLA”) and fitness for duty forms, to include the new safe harbor language.
3. Review and revise employee handbooks or other EEO statements and anti-discrimination/ anti retaliation policies to include genetic information in the list of protected traits.
4. Review and revise, as necessary, social media policies to prevent GINA liability for inadvertent acquisition of information from employee social media profiles.
5. Train managers about casual conversations/communications with employees concerning their health or the health of their family members.
6. Maintain all genetic information in a separate and confidential medical file. However, there is no need for a separate GINA section if a medical file already exists, as genetic information can be kept in an ADA file.
7. Confirm that all company sponsored wellness programs are compliant with the final rule. To learn more information regarding GINA please refer to the following website: designed to help employers comply with GINA’s requirements: <http://www.eeoc.gov/laws/statutes/gina.cfm>

# Legislative Notices

## General Notice – COBRA Continuation Coverage Rights

You're getting this notice because you have coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan.

**This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [choose and enter appropriate information: must pay or aren't required to pay] for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

# Legislative Notices

## General Notice – COBRA Continuation Coverage Rights (continued)

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Human Resources.**

### How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

# Legislative Notices

## General Notice – COBRA Continuation Coverage Rights (continued)

### Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### Plan contact information

Plan name: Gutchess Lumber Co., Inc. Health & Welfare Benefit Plan  
Plan #: 501  
Contact: Plan Administrator  
Phone #: **607-753-1081**  
COBRA Administrator: Lifetime Benefit Solutions

# Eligibility & IRS Change in Status Rules

## Eligibility

### Am I Eligible?

To determine the benefits for which you may be eligible, please refer to the chart below. You are eligible to participate in these plans upon meeting each plans' eligibility requirements. You also have the option to enroll your eligible dependents.

Eligible dependents may include:

- Your legal spouse. Not including a spouse from whom you are legally separated

- Your unmarried children of any age who are incapable of self support due to a mental or physical disability and who are totally dependent on you
- Dependent children to age 26, regardless of full-time student status or marital status

### SPOUSAL SURCHARGE

If your spouse is employed and has access to health care coverage under their employers' health care plan, you will be subject to an additional weekly surcharge of \$20 if your spouse enrolls in a Gutches medical plan.

Plan	Employment Status	New Hire Waiting Period
Medical, Prescription, Vision & Dental	Full-Time ≥ 30 hours per week	90 days, with an effective date of the 91st day of continuous employment
Basic & Voluntary Life		
Health Savings Account (HSA)		
Flexible Spending Accounts (FSA)		
Short & Long-Term Disability		
New York State Disability Plan		Each Annual Enrollment after 90 days of continuous employment
Group Accident		FT 20+ hours/week: 26 weeks PT > 20 hours/week: 175 days from DOH
New York Paid Family Leave		Immediate
401(k) Retirement Savings		1 year
ESOP		90 Days
Paid Holiday & Vacation		

## IRS Change in Status Rules

Once your elections have been made, you cannot make changes until the next annual enrollment period unless you experience a qualified\* change in status such as:

- A change in your legal marital status (such as marriage, legal separation, divorce or death of a spouse)
- A change in the number of dependents (such as birth or adoption of a child, or death of a dependent)
- A change in your spouse's employment status including commencement or termination of employment, a change from full-time to part-time status or vice versa)
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage

**Please note:** You have 30 days from the date of a qualified life event to notify Human Resources and provide appropriate documentation to change your elections. Requests received after 30 days will NOT be honored due to strict Internal Revenue Code (IRC) regulations. Not every change in status permits a change in benefit plan elections. A change in election is permitted only when it is determined that the change in status affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan.

\* Section 125 of the Internal Revenue Code (IRC) governs how employers provide benefits to employees on a pre-tax basis. After an employee has made an initial enrollment election, Section 125 does permit "change in status" changes outside of annual enrollment for certain, specific reasons as outlined in the Permitted Election Changes Regulation of Section 125 (1.125-4) and in the Gutches Section 125 Plan Document.

Gutches Lumber is required to follow the Internal Revenue Code consistently, or all employees could become immediately responsible for paying taxes on benefits. To ensure this does not occur, we fully adhere to the requirements of the IRC for the protection of all employees.







# Contact Information

## HUMAN RESOURCES AND ESOP CONTACT

Jeffrey Breed, Benefits Administrator  
Phone: **607-428-8122**  
Email: [jdbreed@gutchess.com](mailto:jdbreed@gutchess.com)



## PROVIDER CONTACTS

For questions regarding Medical or Prescription Drugs, call Excellus at: **800-499-1275** or go to [www.excellusbcs.com](http://www.excellusbcs.com)



Mail Order— Express Scripts call **855-315-5220**  
Specialty Drug Pharmacy — Accredo **866-413-413**



For questions regarding Dental, call Excellus at: **800-499-1275** or go to [www.excellusbcs.com](http://www.excellusbcs.com)



For questions regarding Vision, call Ameritas at: **866-289-0614** or go to [www.ameritas.com](http://www.ameritas.com) or [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)



For questions regarding Health Savings Account, call Lifetime Benefit Solutions at: **800-327-7130** or go to [www.lifetimebenefitsolutions.com](http://www.lifetimebenefitsolutions.com)



For questions regarding Flexible Spending Account, call Lifetime Benefit Solutions at: **800-327-7130** or go to [www.lifetimebenefitsolutions.com](http://www.lifetimebenefitsolutions.com)

For questions regarding Life, Disability, NY DBL or NY PFL, call Sun Life at: **800-247-6875** or go to [www.sunlife.com/us](http://www.sunlife.com/us)



For questions regarding Group Accident, call Sun Life at: **800-247-6875** or go to [www.sunlife.com/us](http://www.sunlife.com/us)



For questions regarding EAP services, call ComPsych - GuidanceResources at: **800-272-7255** or go to [www.guidanceresources.com](http://www.guidanceresources.com)  
Web ID: COM589



For questions regarding 401(k) Retirement Savings, call Fidelity Investments at **833-349-6757** or **800-835-5095**.  
To check your account information online go to [www.NetBenefits.com](http://www.NetBenefits.com)  
**Plan ID: 47285**



For questions regarding Employee Stock Ownership Plan (ESOP), call Jeffrey Breed, ESOP Administrator at **607-428-8122** or Email: [jdbreed@gutchess.com](mailto:jdbreed@gutchess.com)





The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.