

2021 BENEFITS-AT-A-GLANCE

For Salaried Employees

NOTE: Benefits are effective the first of the month following date of hire (or concurrent if hired on the first of the month.)

BENEFIT PLAN COVERAGE OPTIONS

MEDICAL

You can elect to participate in the medical plan for you & your eligible dependents. The Company provides three options for medical coverage through **Capital Blue Cross: Two Preferred Provider Organization (PPO)** plans & a **High Deductible Health Plan (HDHP)**. These options offer comprehensive medical coverage, as well as prescription drug benefits, but there are slight differences between them.

	PPO-1		PPO-2		HDHP	
	In-Network*	Out-of-Network **	In-Network*	Out-of-Network **	In-Network*	Out-of-Network **
Deductible (Single/Family)	\$500/\$1,000	\$1,000/\$2,000	\$750/\$1,500	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Maximum (Single/Family)	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$4,500/\$9,000	\$4,000/\$6,850	\$6,000/\$12,000

Medical Services

	PPO-1		PPO-2		HDHP	
Preventive Care	Covered at 100%	30% after deductible	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible
PCP Visit	\$15	30% after deductible	\$20	40% after deductible	30% after deductible	40% after deductible
Specialist Visit	\$25	30% after deductible	\$35	40% after deductible	60% after deductible	40% after deductible
Urgent Care	\$35	30% after deductible	\$50	40% after deductible	75% after deductible	40% after deductible
Emergency Room Visit	\$250	\$250	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	10% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient Hospital	10% after deductible	30% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible

*In-Network amounts are based on negotiated fees.

**Out-of-Network claims are reimbursed based on the allowable amount, which is the maximum amount Capital Blue Cross will pay for a covered health service.

PRESCRIPTION DRUGS

Capital Blue Cross provides prescription drug coverage to employees enrolled in medical benefits. When your doctor prescribes medication, you have choices about where & how the prescription is filled.

	PPO-1 & PPO-2			HDHP		
	In-Network					
	Generic	Preferred Brand	Non-Preferred Brand	Generic	Preferred Brand	Non-Preferred Brand
Retail (up to a 30-day supply)	\$10	\$20	\$40	\$10 after deductible	\$25 after deductible	\$50 after deductible
Retail or Mail-Order (up to a 90-day supply)	\$20	\$40	\$80	\$20 after deductible	\$50 after deductible	\$100 after deductible

*NOTE: None of the options offer out-of-network coverage. You must fill a prescription at a participating pharmacy.

For more information as well as finding participating providers, call Capital Blue Cross at 888-428-2566 or visit www.capbluecross.com.

HEALTH SAVINGS ACCOUNT (for those enrolled in the HDHP)

When enrolling in the HDHP medical benefits option, you can contribute to a **Health Savings Account (HSA)**. An HSA is a special bank account owned by you to help save pre-tax dollars for current & future healthcare expenses. It gives you more control over your healthcare spending.

HDHP Coverage Level	Barrett Will Contribute to Your HSA in 2021	You May Contribute to Your HSA in 2021	Total Contributions Allowed by the IRS in 2021
Individual	\$500	\$3,100	\$3,600
Family	\$1,000	\$6,200	\$7,200

HSA Eligibility

To enroll in the HSA, you must be enrolled in the HDHP. In addition:

- You cannot have other health coverage that pays for out-of-pocket healthcare expenses before you meet your plan deductible (another high deductible health plan is allowed)
- You or your spouse cannot have a general-purpose Health Care Flexible Spending Account (FSA) or Health Reimbursement Account (HRA) in the same year
- If you are enrolled in Medicare, you are not eligible to contribute to the HSA
- You cannot be enrolled in TRICARE, or have received Veterans Administration health benefits in the previous three months
- You cannot be claimed as a dependent by someone else

If you are age 55 or older by the end of 2021, you may make additional catch-up contributions of up to \$1,000 per year.

*NOTE: The HSA program is administered through Bank of America.

WELLNESS PROGRAM

At Barrett all employees and spouses who are enrolled in a company-sponsored medical plan are eligible and encouraged to participate in the Wellness Program. The Wellness Program is confidential, and your information will not be shared with anyone.

If you choose to participate in the Wellness Program, you will be rewarded with the preferred healthcare premium contribution rate. You and your spouse (if enrolled) must complete an annual wellness exam by October 31, 2021 to receive the preferred rates in 2022.

*NOTE: Due to Covid limitations, the 2021 Wellness requirements have been waived.

DENTAL

You can elect to participate in the dental plan for you & your eligible dependents through **Delta Dental of New Jersey**. Preventive Care, such as Exams, Cleanings, & X-rays are covered at 100% (subject to frequency limitations). The coinsurance will be determined using negotiated rates for participating providers and prevailing fees for other dentists.

Plan Feature	Plan Benefits
Annual Deductible	\$50 per person \$100 per family
Annual Maximum Benefit	\$2,000 per person
Class A Services* (Preventive & Diagnostic includes exams, cleanings (2 per year), X-rays, & fluoride treatment for children (2 per year))	Covered at 100% (no deductible)
Class B Services* (Basic Restorative includes fillings, periodontics, root canals, & oral surgery)	80% after deductible
Class C Services* (Major Restorative includes services related to crowns, bridges, implants, & dentures)	50% after deductible
Orthodontia (for both adults & children)	50% (no deductible)
Separate Lifetime Orthodontia Maximum	\$2,000

*NOTE: Preventive & diagnostic dental care costs, DO NOT count towards the \$2,000 annual benefit maximum.

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NETWORK PROVIDERS

You have the flexibility to use any dentist of your choice. However, it is a good idea to understand that **Delta Dental** has different networks of providers—**Delta Dental PPO Network** & **Delta Dental Premier Network**, as well as the option to use an Out-of-Network dentist. The amount you pay depends on the type of network dentist you choose. Review the chart to see your options.

PPO Network	Premier Network	Out-of-Network
<ul style="list-style-type: none"> These dentists have agreed to accept a discounted fee--approximately 20%-30% less than the average fee Coinsurance will be based on this discounted fee You will pay the least with the PPO Network; however, there are fewer dentists to choose from 	<ul style="list-style-type: none"> These dentists have agreed to accept a fee based on the average fee charged by dentists in the area, or the Delta Dental maximum plan allowance, whichever is less Coinsurance will be based on this amount If your dentist does not participate in the PPO Network, check if they participate in the Premier Network 	<ul style="list-style-type: none"> You pay the most when you use an out-of-network dentist Since an out-of-network dentist does not have to accept Delta Dental's allowance, you are responsible for any charges above the maximum plan allowance You may need to pay the dentist up front & file a claim for reimbursement

- Generally, you pay lower costs & save on out-of-pocket expenses
- You will not be responsible for amounts above what Delta Dental considers its maximum plan allowance. However, you will be responsible for the coinsurance & deductible
- You do not have to file any forms

You are free to see the dentist of your choice; however, participating providers prove to be less expensive. To see if your dentist is in-network or to find a **Delta Dental** provider, visit www.deltadentalnj.com.

VISION

VSP provides affordable vision coverage for you & your family. Benefits described in the chart below are available every calendar year. For more information as well as finding participating providers, visit www.vsp.com.

	In-Network Member Cost	Out-of-Network Member Reimbursement
Well-Vision Exam	\$20 copay	Up to \$50
Prescription Glasses	\$20 copay	\$20 copay
Frame	<ul style="list-style-type: none"> \$175 allowance for a wide selection of frames \$195 allowance for featured frame brands 20% savings on the amount over your allowance \$100 Costco® frame allowance 	Up to \$70
Lenses <i>single vision, lined bifocal, lined trifocal</i>	Covered after \$20 prescription glasses copay	Single Vision Lenses --Up to \$50 Lined Bifocal Lenses --Up to \$75 Lined Trifocal Lenses --Up to \$100
Lens Enhancements <i>Tints/Photochromic Adaptive Lenses</i>	Covered in full	Up to \$5
<i>Standard Progressive Lenses</i>	\$50 copay *	Up to \$85
<i>Premium Progressive Lenses</i>	\$80 - \$90 copay*	Up to \$85
<i>Custom Progressive Lenses</i>	\$120 - \$160 copay * *Copay shown is in addition to the materials copay	Up to \$85
Elective Contacts (Instead of Glasses)	\$150 allowance for contacts; copay <u>does not</u> apply	Up to \$105 to be used toward the contact lens exam & materials
Contact Lens Exam Fitting & Evaluation	Up to \$60 copay	See Elective Contacts allowance

FLEXIBLE SPENDING ACCOUNT (FSAs)

Flexible Spending Accounts (FSAs) can help you manage your share of the costs for health care & dependent care by setting aside pre-tax money from each paycheck into a special account to plan for eligible expenses. Barrett provides two types of FSAs: **Health Care FSA** (to pay for qualifying out-of-pocket medical, dental & vision expenses) & **Dependent Care FSA** (to pay for dependent care expenses, such as day care or elder care, incurred by eligible dependents).

**NOTE: If you enroll in the HDHP, you are not eligible to open a Health Care FSA.*

How the FSAs Work	Use It or Lose It	Tax Advantage of Contributing to an FSA
With an FSA, you elect to have your annual contribution amount (up to the limit set by the IRS) deducted from your paycheck each pay period on a pre-tax basis, in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes to FSA reduces your taxable income, so you will have immediate tax savings.	If you have a balance in your Health Care FSA as of December 31, 2021, the balance will automatically roll over up to \$550 of your remaining Health Care FSA funds that you will be able to use starting 2022. If you do not re-enroll in the Health Care FSA in the following year, balances of less than \$25 will be forfeited. All expenses for 2021 must be submitted by February 28, 2022.	An FSA can help you pay less in taxes. When you participate, your contributions come out of your paycheck before federal income taxes, Social Security, & state tax (in certain states) are calculated. As a result, you lower your taxable income & pay less in taxes. By using these tax-free funds for reimbursement for eligible healthcare & dependent care services, you can save 15% or more on these expenses.

**NOTE: Barrett's FSA programs are administered through LD&B Insurance and Financial Services.*

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (Health Care-FSA)

With the **Health Care-FSA**, you can save money on a pre-tax basis to help pay for eligible healthcare expenses, as long as you are **not enrolled in the HDHP**. The 2021 **Health Care FSA** limit is \$2,750. You can use the **Health Care FSA** for eligible expenses incurred during the plan year under your medical, dental, & vision plans, such as:

- Deductibles**
- Coinsurance**
- Copays for physician visits or prescription drugs, & more**

For a full list of eligible healthcare expenses & more information on the Health Care FSA, visit www.irs.gov (Publication 502).

KEEP YOUR RECEIPTS

If you contribute to the **Health Care FSA**, you will receive a debit card which can be used at participating providers to pay for eligible healthcare expenses only. Keep your receipts, as you may be required to provide a copy for certain transactions in accordance with IRS regulations.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (Dependent Care-FSA)

A **Dependent Care-FSA** provides pre-tax reimbursement for out-of-pocket expenses related to dependent care if you & your spouse both work full-time or part-time, or are in school. You may contribute up to \$10,500 in 2021 for eligible dependent care expenses. Eligible Expenses Include:

- Day care inside or outside of your home for children under age 13, or any age if disabled**
- Tuition for pre-school, day camp or before- & after-school programs for children under age 13**
- Day care for dependent or disabled parent who lives with you at least eight hours a day**

To pay for expenses, you can only use up to the amount that is in your account at the time of reimbursement. In addition, the **Dependent Care FSA** is a **"use it or lose it"** account, which means that you will not be able to carry over any unused balance after December 31, 2021. **The unused balance in your account will be forfeited.**

The IRS has a full list of eligible expenses & further information on **Dependent Care FSA**. Visit the IRS website at www.irs.gov & select IRS Publication 503, Dependent Care Expenses.

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<p>Life Insurance and AD&D Coverage</p>	<p>LIFE INSURANCE & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PROGRAMS</p> <p>At Barrett, we provide income protection for your family in the event of your death or injury due to an accident—at no cost to you.</p> <table border="1"> <tr> <th data-bbox="233 385 939 407">Basic Life Insurance</th> <th data-bbox="969 385 1776 407">Basic AD&D Insurance</th> </tr> <tr> <td data-bbox="233 413 939 509"> <p>In the event of your death, you are automatically provided term life insurance. The benefit is paid to your designated beneficiary(ies). Your basic life insurance benefit is equal to 1.5 times your basic annual earnings (rounded up to the next higher multiple of \$1,000), to a maximum of \$1,000,000.</p> </td> <td data-bbox="969 413 1776 509"> <p>If your death is the result of an accident, this benefit pays your designated beneficiary(ies) an amount equal to your basic term life insurance coverage. This benefit would be paid in addition to basic life insurance benefits. The plan also provides a paid benefit if you lose your eyesight or a limb in an accident.</p> </td> </tr> </table>	Basic Life Insurance	Basic AD&D Insurance	<p>In the event of your death, you are automatically provided term life insurance. The benefit is paid to your designated beneficiary(ies). Your basic life insurance benefit is equal to 1.5 times your basic annual earnings (rounded up to the next higher multiple of \$1,000), to a maximum of \$1,000,000.</p>	<p>If your death is the result of an accident, this benefit pays your designated beneficiary(ies) an amount equal to your basic term life insurance coverage. This benefit would be paid in addition to basic life insurance benefits. The plan also provides a paid benefit if you lose your eyesight or a limb in an accident.</p>																																																									
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<p>Supplemental Coverage</p> <p>Employee + Dependent Life Insurance or AD&D Insurance</p>	<p>SUPPLEMENTAL EMPLOYEE & DEPENDENT LIFE AND AD&D INSURANCE</p> <p>If you feel that you need more protection to meet the needs of your family, Barrett offers additional Life & AD&D insurance coverage. You pay for the cost of this coverage through after-tax payroll deductions. If you did not enroll in this coverage during your initial new hire eligibility period or want to increase your level of coverage, you can enroll but will need to complete Evidence of Insurability and be approved by Unum.</p> <table border="1"> <tr> <th data-bbox="233 705 687 727">Supplemental Life & AD&D Insurance</th> <th data-bbox="727 705 1165 727">Dependent Life & AD&D Insurance</th> <th colspan="2" data-bbox="1292 693 1766 749">Supplemental Employee & Dependent Care Ages & Rates</th> </tr> <tr> <td data-bbox="233 733 687 966"> <p>You may elect Supplemental Life & AD&D insurance for yourself. The supplemental insurance is a voluntary, employee-paid life insurance plan in which you can elect coverage of 1x, 2x, 3x, 4x, or 5x your annual base earnings (rounded to the next higher multiple of \$1,000) to a maximum of \$1,000,000.</p> </td> <td data-bbox="727 733 1165 1190"> <p>You have the option to elect Life & AD&D insurance for your dependents. This is a voluntary, employee-paid life insurance plan in which you can elect coverage for your eligible dependents as long as you elected supplemental life insurance.</p> <ul style="list-style-type: none"> • Spouse Life: Amounts in \$12,500 benefit units to a maximum of \$200,000 (not to exceed 50% of the employee optional amount) • Child Life: Amounts in \$2,000 benefit units to a maximum of \$10,000 (not to exceed 50% of the employee optional amount) • Dependent AD&D is the percentage of the employee optional AD&D <p>Coverage for children ends at the of the month in which they turn age 19 years if not a full-time student, and age 25 years if a full-time student.</p> </td> <th colspan="2" data-bbox="1292 749 1766 801">Employee Age as of 12/31/2021</th> <th data-bbox="1554 749 1766 801">Monthly Rate per \$1,000 of Coverage</th> </tr> <tr> <td colspan="2"></td> <td data-bbox="1292 808 1544 842">Under Age 25</td> <td data-bbox="1554 808 1766 842">0.058</td> </tr> <tr> <td colspan="2"></td> <td data-bbox="1292 848 1544 882">Age 25-29</td> <td data-bbox="1554 848 1766 882">\$0.06</td> </tr> <tr> <td colspan="2"></td> <td data-bbox="1292 888 1544 923">Age 30-34</td> <td data-bbox="1554 888 1766 923">\$0.08</td> </tr> <tr> <td colspan="2"></td> <td data-bbox="1292 929 1544 963">Age 35-39</td> <td data-bbox="1554 929 1766 963">\$0.09</td> </tr> <tr> <td colspan="2"></td> <td data-bbox="1292 969 1544 1003">Age 40-44</td> <td data-bbox="1554 969 1766 1003">\$0.13</td> </tr> <tr> <td colspan="2"></td> <td data-bbox="1292 1010 1544 1044">Age 45-49</td> <td data-bbox="1554 1010 1766 1044">\$0.19</td> </tr> <tr> <td colspan="2"></td> <td data-bbox="1292 1050 1544 1084">Age 50-54</td> <td data-bbox="1554 1050 1766 1084">\$0.30</td> </tr> <tr> <td colspan="2"></td> <td data-bbox="1292 1090 1544 1125">Age 55-59</td> <td data-bbox="1554 1090 1766 1125">\$0.56</td> </tr> <tr> <td colspan="2"></td> <td data-bbox="1292 1131 1544 1165">Age 60-64</td> <td data-bbox="1554 1131 1766 1165">\$0.85</td> </tr> <tr> <td colspan="2"></td> <td data-bbox="1292 1171 1544 1205">Age 65-69</td> <td data-bbox="1554 1171 1766 1205">\$1.63</td> </tr> <tr> <td colspan="2"></td> <td data-bbox="1292 1212 1544 1246">Age 70+</td> <td data-bbox="1554 1212 1766 1246">\$2.65</td> </tr> </table> <table border="1"> <thead> <tr> <th colspan="2" data-bbox="1292 1277 1766 1308">Supplemental AD&D</th> </tr> <tr> <th data-bbox="1292 1314 1568 1386">Employee Age as of 12/31/2021</th> <th data-bbox="1574 1314 1766 1386">Monthly Rate per \$1,000</th> </tr> </thead> <tbody> <tr> <td data-bbox="1292 1392 1568 1426">Employee</td> <td data-bbox="1574 1392 1766 1426">\$0.018</td> </tr> <tr> <td data-bbox="1292 1432 1568 1466">Employee + Family</td> <td data-bbox="1574 1432 1766 1466">\$0.030</td> </tr> </tbody> </table>	Supplemental Life & AD&D Insurance	Dependent Life & AD&D Insurance	Supplemental Employee & Dependent Care Ages & Rates		<p>You may elect Supplemental Life & AD&D insurance for yourself. 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This is a voluntary, employee-paid life insurance plan in which you can elect coverage for your eligible dependents as long as you elected supplemental life insurance.</p> <ul style="list-style-type: none"> • Spouse Life: Amounts in \$12,500 benefit units to a maximum of \$200,000 (not to exceed 50% of the employee optional amount) • Child Life: Amounts in \$2,000 benefit units to a maximum of \$10,000 (not to exceed 50% of the employee optional amount) • Dependent AD&D is the percentage of the employee optional AD&D <p>Coverage for children ends at the of the month in which they turn age 19 years if not a full-time student, and age 25 years if a full-time student.</p>	Employee Age as of 12/31/2021		Monthly Rate per \$1,000 of Coverage			Under Age 25	0.058			Age 25-29	\$0.06			Age 30-34	\$0.08			Age 35-39	\$0.09			Age 40-44	\$0.13			Age 45-49	\$0.19			Age 50-54	\$0.30			Age 55-59	\$0.56			Age 60-64	\$0.85			Age 65-69	\$1.63			Age 70+	\$2.65	Supplemental AD&D		Employee Age as of 12/31/2021	Monthly Rate per \$1,000	Employee	\$0.018	Employee + Family	\$0.030
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<p>Disability Coverage</p>	<p>DISABILITY</p> <p>Barrett provides Short-Term Disability (STD) & Long-Term Disability (LTD) as income protection to you in the event of an illness or accident. This benefit is administered by Unum.</p> <table border="1"> <tr> <th data-bbox="290 1597 874 1619">Short-Term Disability</th> <th data-bbox="909 1597 1826 1619">Long-Term Disability</th> </tr> <tr> <td data-bbox="290 1625 874 1765"> <p>STD is provided to full-time employees at no cost. You must meet the definition of disability for benefits to be paid. The benefit paid will be 100% of pay for the first 8 weeks and 60% of pay for the next 18 weeks, to a total of 26 weeks in a 12-month period.</p> </td> <td data-bbox="909 1625 1826 1790"> <p>Barrett provides LTD Benefits through Unum to all salaried employees. These benefits will pay if STD benefits last longer than 26 weeks (180 days). The benefit provides 60% of monthly base pay, not to exceed \$10,000 per month, as long as you continue to meet the definition of disability as determined by Unum. Your disability benefit may be reduced by deductible sources on income and any earnings you have while disabled such as Social Security disability benefits. Benefits are provided to age 65 years if disability occurs prior to age 60 years.</p> </td> </tr> </table>	Short-Term Disability	Long-Term Disability	<p>STD is provided to full-time employees at no cost. You must meet the definition of disability for benefits to be paid. The benefit paid will be 100% of pay for the first 8 weeks and 60% of pay for the next 18 weeks, to a total of 26 weeks in a 12-month period.</p>	<p>Barrett provides LTD Benefits through Unum to all salaried employees. These benefits will pay if STD benefits last longer than 26 weeks (180 days). The benefit provides 60% of monthly base pay, not to exceed \$10,000 per month, as long as you continue to meet the definition of disability as determined by Unum. Your disability benefit may be reduced by deductible sources on income and any earnings you have while disabled such as Social Security disability benefits. Benefits are provided to age 65 years if disability occurs prior to age 60 years.</p>																																																									
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OTHER VALUABLE BENEFITS

EMPLOYEE ASSISTANCE PROGRAM (EAP)
<p>Barrett provides you & your family members with an Employee Assistance Program (EAP) through SupportLinc.</p> <p>The SupportLinc EAP is a confidential resource that helps you deal with life's challenges & the demands that come with balancing home & work. SupportLinc provides confidential, professional referrals & up to five (5) sessions of face-to-face counseling sessions for a wide variety of concerns, such as:</p> <ul style="list-style-type: none"> • Anxiety • Depression • Marriage & Relationship Problems • Grief & Loss • Substance Abuse • Anger Management • Stress Financial Assistance • Legal Assistance • Family Assistance

TELADOC
<p>Health needs do not always keep business hours which is why Barrett provides you with Teladoc, a telemedicine service that gives you access to health care by phone or video conference anytime, from anywhere.</p> <p>You can use telemedicine as a low-cost alternative to an urgent care or emergency room visit. When you speak with a board-certified doctor, they can diagnose your condition & even write a prescription to manage it--all online or over the phone.</p> <p>In order to utilize Teladoc services, you & your dependents must be covered through the company medical plan.</p> <p>WHEN YOU SHOULD USE TELADOC</p> <p>Common conditions that are treatable through telemedicine include:</p> <ul style="list-style-type: none"> • Common cold • Flu • Sinus Infection • Fever • Headache • Skin Condition • Back Pain • Bronchitis • Pink Eye <p>Teladoc doctors will refer you to your physician if they cannot treat your condition.</p> <p><i>*NOTE: If you have shortness of breath or another symptom of a more serious condition, go to the emergency room. Employees enrolled in the PPO plans can access Teladoc at no cost, Employees enrolled in HDHP are charged a \$50 copay which have been waived for 2021.</i></p>

2021 BENEFITS-AT-A-GLANCE For Salaried Employees

Health Advocate	Long-Term Care	401(k) Savings Plan
<p>Health Advocate is a key benefit provided at no cost to you. It gives you, & your eligible family members, unlimited phone or email access to your own, designated Personal Health Advocate who can help you:</p> <ul style="list-style-type: none"> Find the right doctors Schedule appointments Assist with transfer of medical records Coordinate with insurance companies <p>Answer your health care questions, & more</p>	<p>You are eligible for Long-Term Care insurance through Unum. This benefit is designed to help pay the costs of custodial care if a person is no longer able to perform at least two activities of daily living. These activities include eating, bathing, dressing, moving from a bed to a chair, using a toilet, or caring for incontinence. Long-Term Care goes beyond medical care to include living assistance for severe illness or disability for an extended period of time. Long-Term Care insurance premiums are based on a person's age and paid directly to Unum. Any amount over the guaranteed issue amount requires a medical questionnaire.</p> <p>All family members requesting Long-Term Care must complete a medical questionnaire. Enrollment for this benefit is through your local HR manager.</p>	<p>Our 401(k) Savings Plan helps you plan, save, & invest for the future. You are eligible to participate immediately upon your hire date. The plan features include:</p> <ul style="list-style-type: none"> Company matching contributions of 100% on the first 3% of eligible earnings, & 50% on the next 2% of eligible earnings; matching contributions available after one year of continued employment Company contribution of 2% of your eligible salary; after you are employed with the company one calendar year, worked 1,000 hours, & employed on the last day of the calendar year The ability to elect pre-tax and/or Roth after-tax contributions, from 1% to 50% of your pay, subject to an annual IRS limit of \$19,500 (based on the 2021 limit) Catch-up contributions are available if you are age 50 or older by the end of the calendar year, up to the annual IRS limit of \$6,500 (based on the 2021 limit)

This summary covers highlights only; many details are omitted by design. In the event of a conflict between this summary and the plan document or full policy, the plan document will prevail.

2021 MONTHLY BENEFIT CONTRIBUTIONS FOR MEDICAL, DENTAL, & VISION

MONTHLY MEDICAL CONTRIBUTIONS WITH WELLNESS			
	PPO-1	PPO-2	HDHP
Level of Coverage	Employee Cost	Employee Cost	Employee Cost
Employee Only	\$48	\$0	\$0
Employee + Spouse	\$98	\$64	\$38
Employee + Child(ren)	\$80	\$53	\$33
Family	\$150	\$93	\$55

MONTHLY DENTAL CONTRIBUTIONS	
Level of Coverage	
Employee Only	\$10
Employee + Spouse	\$20
Employee + Child(ren)	\$22
Family	\$33

MONTHLY VISION CONTRIBUTIONS	
Level of Coverage	
Employee Only	\$3
Employee + Spouse	\$6
Employee + Child(ren)	\$5
Family	\$8