



# 2023 Benefits Enrollment Guide



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## A Message from HR at Gebruder Weiss, Inc.

At Gebruder Weiss, Inc., we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs, we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access, and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

You can also view overviews of our benefit plans by accessing our website, [www.gw-worldusahr.com](http://www.gw-worldusahr.com).

Sincerely,

Sandra Musielak  
Human Resources Manager

# Eligibility

## Eligible Employees:

You may enroll in the Gebruder Weiss, Inc. Employee Benefits Program if you are a full-time employee working at least 30 hours per week.

## Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship, as well as children of same sex state-registered domestic partners.

## When Coverage Begins:

The effective date for your benefits is January 1, 2023. Newly hired employees and dependents will be effective in Gebruder Weiss, Inc.'s benefits programs 1st of the month following date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a change in family status event.

## Family Status Change:

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

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

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact Human Resources to make these changes.



**NOTE:** 2023 is an ACTIVE enrollment period. All employees MUST log in to Paycor to enroll in benefits to be effective in 2023, or to waive coverage. Previous coverage will not rollover.

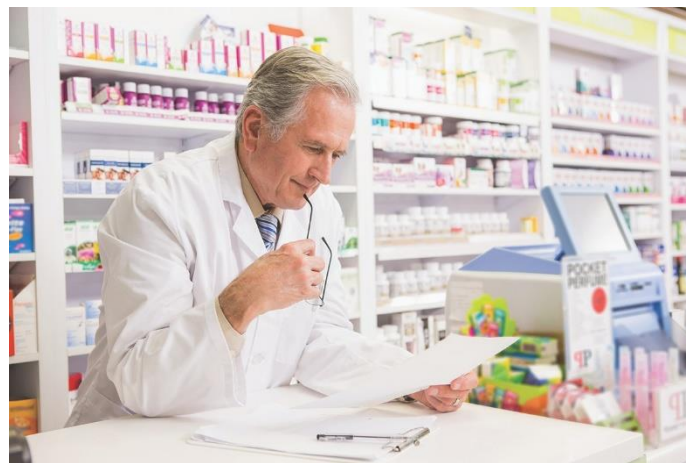
# Medical Insurance

Gebruder Weiss, Inc. will offer medical coverage through Blue Cross Blue Shield of Illinois. The comparison below is a brief outline of what is offered. Please refer to the Summary of Benefits & Coverage / summary plan description for complete plan details. To access Network Providers [Click Here](#).

	Blue Advantage HMO Plan	Blue Choice Options PPO Plan			Blue Edge HSA Plan	
	Network Only	Blue Choice	Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>	<b>Embedded</b>	<b>Embedded</b>			<b>Non-Embedded</b>	
Individual	\$0	\$500	\$1,500	\$3,000	\$1,500	\$1,500
Family	\$0	\$1,500	\$4,500	\$9,000	\$3,000	\$3,000
Coinsurance	100%	100%	70%	50%	100%	80%
<b>Maximum Out-of-Pocket</b>						
Individual	\$1,500	\$500	\$3,000	\$9,000	\$3,000	\$3,000
Family	\$3,000	\$1,500	\$9,000	\$27,000	\$6,000	\$6,000
<b>Physician Office Visit</b>						
Primary Care	\$40 copay	\$20 copay	\$50 copay	50% after deductible	100% after deductible	80% after deductible
Specialty Care	\$60 copay	\$40 copay	\$100 copay	50% after deductible	100% after deductible	80% after deductible
<b>Preventive Care</b>						
Adult Periodic Exams	Covered in full	Covered in full	Covered in full	50% after deductible	Covered in full	80% after deductible
Well-Child Care	Covered in full	Covered in full	Covered in full	50% after deductible	Covered in full	80% after deductible
<b>Diagnostic Services</b>						
X-ray and Lab Tests	100%	\$20 / \$40 copay	\$50 / \$100 copay	50% after deductible	100% after deductible	80% after deductible
Complex Radiology	100%	100% after deductible	70% after deductible	50% after deductible	100% after deductible	80% after deductible
Urgent Care Facility	\$40 / \$60 copay	\$75 copay	\$75 copay	\$75 copay	100% after deductible	80% after deductible
Emergency Room Facility Charges	\$350 per visit	\$400 copay	\$400 copay	\$400 copay	100% after deductible	100% after deductible
Inpatient Facility Charges	\$250 per day copay	\$250 copay	\$500 copay plus coinsurance	\$600 plus coinsurance	100% after deductible	80% after deductible
Outpatient Facility and Surgical Charges	Covered in full	\$200 copay	\$400 copay plus coinsurance	\$500 copay plus coinsurance	100% after deductible	80% after deductible
<b>Retail Pharmacy (30 Day Supply)</b>						
Preferred/Non-Preferred Generic	\$0 / \$10 copay	\$0 / \$10 copay	\$0 / \$10 copay	\$10 / \$20 copay	10% / 20% after deductible	20% after deductible
Preferred/Non-Preferred Brand	\$35 / \$75 copay	\$35 / \$75 copay	\$35 / \$75 copay	\$55 / \$95 copay	20% / 30% after deductible	30% / 40% after deductible
Preferred/Non-Preferred Specialty	\$150 / \$250 copay	\$150 / \$250 copay	\$150 / \$250 copay	\$150 / \$250 copay	40% / 50% after deductible	40% / 50% after deductible
<b>Mail Order Pharmacy (90 Day Supply)</b>						
Preferred/Non-Preferred Generic	\$0 / \$20 copay	\$0 / \$20 copay	\$0 / \$20 copay	Not Covered	10% / 20% after deductible	20% after deductible
Preferred/Non-Preferred Brand	\$70 / \$150 copay	\$70 / \$150 copay	\$70 / \$150 copay	Not Covered	20% / 30% after deductible	30% / 40% after deductible
Preferred/Non-Preferred Specialty	\$150 / \$250 copay	\$150 / \$250 copay	\$150 / \$250 copay	Not Covered	Not Covered	Not Covered

### Medical Employee Contributions (Monthly)

Blue Advantage HMO Plan	
Employee	\$75.00
Employee & Spouse	\$450.00
Employee & Child(ren)	\$400.00
Employee & Spouse & Child(ren)/Family	\$650.00
Blue Choice Options PPO Plan	
Employee	\$200.00
Employee & Spouse	\$550.00
Employee & Child(ren)	\$500.00
Employee & Spouse & Child(ren)/Family	\$700.00
Blue Edge HSA Plan	
Employee	\$100.00
Employee & Spouse	\$550.00
Employee & Child(ren)	\$500.00
Employee & Spouse & Child(ren)/Family	\$750.00



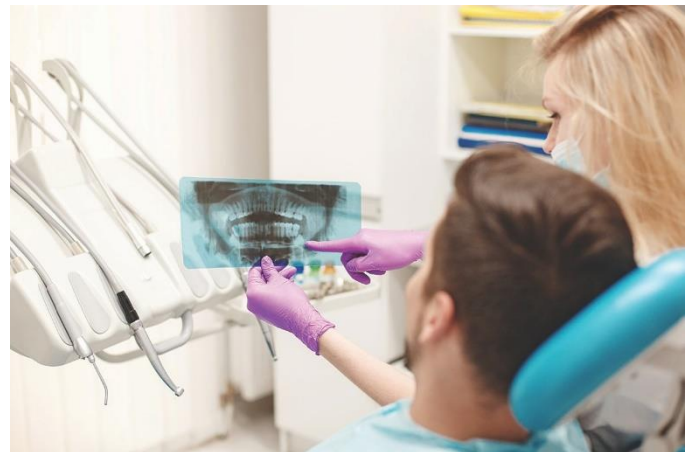
# Dental Insurance

	Blue Cross Blue Shield Blue Care Dental PPO	
	In-Network	Out-of-Network
<b>Annual Deductible</b>		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Preventive Care?	Yes	Yes
<b>Annual Maximum</b>		
Per Person	\$2,000	
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Implants	50%	50%
<b>Orthodontia</b>		
Benefit Percentage	50%	50%
Adult and Dependent Child(ren)	Adults and Children to age 19	
Lifetime Maximum	\$2,000	

Employee Contributions (Monthly)	
Blue Care Dental PPO	
Employee	\$0.00
Employee & Spouse	\$40.97
Employee & Child(ren)	\$43.20
Employee & Spouse & Child(ren)/Family	\$84.16

## Dental Benefits

Gebruder Weiss, Inc. will offer the dental with Blue Cross Blue Shield of Illinois. Utilizing Network providers results in a higher benefit level and no balance billing. To access Network Providers [Click Here](#).



# Vision Insurance

Vision Service Plan	
<b>Copay</b>	
Routine Exams (Annual)	\$10 copay
<b>Vision Materials</b>	
Materials Copay	\$25 copay
Lenses	Benefit varies by type of lens. Covered every 12 months
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered Up to \$60 copay every 12 months
Frames	Covered at \$150 allowance ;\$170 allowance for featured brands every 24 months

Employee Contributions (Monthly)	
Vision	
Employee	\$6.85
Employee & Spouse	\$10.96
Employee & Child(ren)	\$11.18
Employee & Spouse & Child(ren)/Family	\$18.03

## Vision Benefits

Gebruder Weiss, Inc. provides Vision coverage through Vision Service Plan (VSP). Using non-network providers will result in higher out-of-pocket expenses after reimbursement. To access Network Providers [Click Here](#).





# Life and AD&D

Gebruder Weiss, Inc. provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Lincoln Financial Group Life & AD&D	
Benefit Maximum	\$50,000
Guaranteed Issue	\$50,000

The above benefits will begin to decrease at age 65.

## Important Reminder!

Be sure to assign a beneficiary or living trust in Paycor to ensure your assets are distributed according to your wishes.

# Voluntary Offerings

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance and voluntary accidental death and dismemberment insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.



## Voluntary Life Insurance

You may purchase additional Life insurance with Lincoln Financial Group if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

You may elect coverage in \$10,000 increments; subject to a maximum of Five times Basic Annual Earnings (rounded to the next higher \$10,000). Coverage is subject to a minimum of \$10,000 and an overall maximum of \$500,000 with a guarantee issue of \$150,000. Any amount above the guarantee issue requires evidence of insurability/medical questions. If you initially become insured after attaining age 70 your benefit is subject to a maximum of \$50,000.

For your spouse, you may elect coverage in \$5,000 increments; subject to a maximum of 50% of your Life Insurance Benefit (rounded to the next higher \$5,000). Coverage is subject to a minimum of \$5,000 and an overall maximum of \$250,000 with a guarantee issue of \$30,000. Any amount above the guarantee issue requires evidence of insurability/medical questions.

For your child(ren), you may elect coverage in \$2,500 increments. Coverage is subject to a minimum of \$2,500 and an overall maximum of \$10,000 with a guarantee issue of \$10,000.

## Voluntary AD&D Insurance

You may purchase additional AD&D (Accidental Death & Dismemberment) insurance with Lincoln Financial Group if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

You may elect coverage in \$10,000 increments; subject to a maximum of Five times Basic Annual Earnings (rounded to the next higher \$10,000). Coverage is subject to a minimum of \$10,000 and an overall maximum of \$500,000.

For your spouse, you may elect coverage in \$5,000 increments; subject to a maximum of 50% of your Life Insurance Benefit (rounded to the next higher \$5,000). Coverage is subject to a minimum of \$5,000 and an overall maximum of \$250,000

For your child(ren), you may elect coverage in \$2,000 increments. Coverage is subject to a minimum of \$2,000 and an overall maximum of \$10,000.

## Short-Term Disability Insurance

Gebruder Weiss, Inc. offers a short-term disability option through Lincoln Financial Group. This benefit covers 60% of your weekly base salary up to \$1,000/week. The benefit begins after 8 days for injury or illness and lasts up to 13 weeks. Please see the summary plan description for complete plan details.

## Long-Term Disability Insurance

Gebruder Weiss, Inc. offers long-term income protection through Lincoln Financial Group in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$6,000/month. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

## Employee Assistance Plan (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices, or locating further help.

It's free...Your employer covers the cost of initial assessment, additional problem-solving sessions, and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential...Your EAP has been set up with ComPsych through Lincoln Financial Group, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

ComPsych is only a phone call away at 888-628-4824 or [www.Lincoln4Benefits.com](http://www.Lincoln4Benefits.com) or [www.GuidanceResources.com](http://www.GuidanceResources.com). (username = LFGsupport; password = LFGsupport1)

# Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with Flexible Benefit Administrators, Inc. allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

## How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

## Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

***Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.***



MAXIMUM ANNUAL ELECTION	
Health Care FSA	\$3,050
Limited Purpose FSA	\$3,050
Dependent Care FSA	\$5,000

## Limited Purpose FSA (Available with the Blue Edge HSA – Dental and Vision Services ONLY)

Funds contributed to your Health Savings Account (HSA) can be used as a means for reimbursement for medical, dental, and vision expenses. When you are covered by an HSA eligible plan and you know you may be required to pay higher amounts for the medical expenses you incur it especially makes sense to contribute towards your Limited FSA for dental and vision expenses that you plan on incurring, that way you can preserve HSA contributions to be used for medical expenses. In the instance you don't have many medical expenses, your HSA balance can grow, tax-free, and you are still able to pay for your dental and vision expenses with tax-free funds through your Limited FSA.

# Gebruder Weiss, Inc.'s Wellness Initiatives

Whether your goal is to have more energy, lose weight, manage stress, or improve your diet, Gebruder Weiss, Inc. would like to help you. We consider Wellness to be a vital part of our overall benefits program.

As healthcare costs continue to rise, we strive to offer competitive health benefits to take care of you and your family. A successful wellness program is a win-win — it means our employees are improving their lives, and we are one step closer to managing rising health insurance costs.

***Please be on the lookout for the upcoming rollout out of well initiatives from Gebruder Weiss. Details are to come!***



## Changes in Benefit Elections

### Open Enrollment:

With a few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

***NOTE: You must enroll or waive in all 2023 benefit elections, failure to enroll will terminate all benefits.***

*Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.*

# Contact Information

## Carrier Customer Service

Additional information regarding benefit plans can be found below. Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

### Contact the HR Team

[460vtusaheadofficehr@gw-world.com](mailto:460vtusaheadofficehr@gw-world.com)

1020 N. Wood Dale Road  
Wood Dale, IL 60191  
+1-847-795-4300

Human Resources Manager  
Sandra Musielak

Human Resources Generalist  
Angie Bernal

	CARRIER	PHONE NUMBER	WEBSITE
Blue Advantage HMO Plan	Blue Cross of Illinois	1-800-538-8833	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
Blue Choice Options PPO Plan	Blue Cross of Illinois	1-800-538-8833	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
Blue Edge HSA Plan	Blue Cross of Illinois	1-800-538-8833	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
Dental PPO	Blue Cross of Illinois	1-800-538-8833	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
Vision	Vision Service Plan	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life and AD&D	Lincoln Financial Group	1-800-487-1485	<a href="http://www.lincolffinancial.com">www.lincolffinancial.com</a>
Voluntary Life	Lincoln Financial Group	1-800-487-1485	<a href="http://www.lincolffinancial.com">www.lincolffinancial.com</a>
Short Term Disability (STD)	Lincoln Financial Group	1-800-487-1485	<a href="http://www.lincolffinancial.com">www.lincolffinancial.com</a>
Long Term Disability (LTD)	Lincoln Financial Group	1-800-487-1485	<a href="http://www.lincolffinancial.com">www.lincolffinancial.com</a>
Employee Assistance Program (EAP)	ComPsych	1-888-628-4824	<a href="http://www.Lincoln4Benefits.com">www.Lincoln4Benefits.com</a> <a href="http://www.GuidanceResources.com">www.GuidanceResources.com</a>
Section 125 / FSA	Flexible Benefit Administrators, Inc.	1-847-807-8281	<a href="http://www.flexiblebenefit.com">www.flexiblebenefit.com</a>

This brochure summarizes the benefit plans that are available to Gebruder Weiss, Inc.'s eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. The information provided in this brochure is not a guarantee of benefits.