

SIMPLY LIFE

2021 BENEFITS



OLYMPIC **STEEL**



## WHAT'S INSIDE

- |   |  |
|---|--|
| 2    2021 Benefit Plan Changes and Highlights                   | 10    Dental Coverage                      |
| 3    Welcome  | 11    Vision Coverage                      |
| 3    Who's Eligible   | 12    Disability Insurance                 |
| 4    2021 Benefit Plan Offerings                                | 13    Life Insurance and Supplemental Life |
| 5    Enrolling for Coverage                                     | 13    Permanent Whole Life Insurance       |
| 5    Making Changes During the Year                             | 14    Employee Assistance Program (EAP)    |
| 6    Medical and Prescription Drug Coverage                     | 14    Wellness Incentive                   |
| 7    Estimating Cost of Medical Care                            | 15    Your Cost for Coverage               |
| 7    Virtual Visits   |  |
| 8    Flexible Spending Accounts                                 |  |
| 9    Voluntary Benefits: Critical Illness<br>and Accident Plans |  |

**Need more information?** Important contact information can be found on the inside back cover.

**Open enrollment will be held November 2 - 13, 2020. This is an active enrollment, meaning you must enroll online through BCI to have coverage for 2021. Your current elections will not roll over. Note: all enrollments must be completed online.**

# 2021 BENEFIT PLAN CHANGES AND HIGHLIGHTS

## **UHC Medical Plan**

Due to the rising costs to our healthcare plan we will be making a few changes to our medical plan deductibles and out-of-pocket amounts effective January 1, 2021. Please refer to page 6 for the new deductible and out-of-pocket amounts.

Remember, you pay less for doctor's visit if you see a Tier 1 Designated Provider. Thank you to everyone who has already selected a Tier 1 Provider – in doing so you get top quality care and save the Olympic Steel plan money. If you need help finding a Tier 1 provider, log onto [www.myuhc.com](http://www.myuhc.com) or call 1-833-760-7890.

## **Preferred Lab Network (PLN)**

Starting January 1, 2021, you will have the opportunity to save money on any lab test if you choose a lab in UHC's Preferred Lab Network. Matter of fact, when you use a preferred lab the tests will be covered in full which means that there is no out-of-pocket expense for you. Participating labs include national labs such as LabCorp and Quest Diagnostics.

Finding a participating lab is just like finding a Tier 1 provider. Log onto [www.myuhc.com](http://www.myuhc.com) and look for the PLN icon.  Go to page 6 for more details.

## **Wellness Incentive Program**

As in years past, you will need to get your preventive care visit any time between January 1 and September 30, 2021 to earn the 2021 Wellness Incentive. Use the Healthy Day Off program for the visit and receive the day off with pay. The incentive is a \$550 check for employee only coverage and a \$1,100 check for family coverage.



**Here's some great news:** You will no longer need to upload your preventive care form to Guidance Resources to get credit for your wellness exam. After UHC processes the claim for the visit, they will report the date of your visit to Olympic Steel as confirmation of your completed visit.

## **VSP Vision Plans**

Beginning in 2021 all of the VSP vision plans will be upgraded to include an increase in the frames and contact lens benefits. The new allowance amount for either is \$150. There is no increase to your weekly cost for these plan improvements.

***Don't forget about some of the other great benefits that you might not have taken advantage of yet.***

## **Accident and Critical Illness Plans**

Our Accident and Critical Illness plans have enhanced coverage and, in most cases, lower rates than in previous years. These voluntary plans pay you a cash benefit if you are diagnosed with a covered illness or in the event of an accident. Both plans also pay a \$50 cash benefit when you show proof of your annual wellness visit. Please refer to page 9 for the new plan enhancements and rates.

## **Retirement Planning and Medicare Plans Assistance Services**

### ***Benefit provided at no cost to Olympic Steel employees and family members***

Planning for retirement can be confusing. Many of us need help to understand the options available. The Health Wealth Connection service can provide information about saving for retirement, managing money in retirement, and your health insurance options in retirement.

We have licensed and credentialed specialists who will take the time to explain your choices and set you on the right path to a successful retirement. **Get started today by calling 1-877-238-5920!**

# WELCOME

**Olympic Steel values the contributions of each employee, and we are proud to offer you and your family a quality, comprehensive benefits program.**

With the Olympic Steel benefits program, you and your family have the opportunity to:

- Stay healthy with medical, dental, and vision coverage
- Enjoy tax savings with the flexible spending accounts
- Be rewarded for healthy behaviors with premium discounts
- Enjoy security and peace of mind with disability and life and AD&D insurance coverages

We encourage you to take the time to review this Benefits Overview to educate yourself about your coverage so you can get the most out of your benefits.

Everything we do at Olympic Steel revolves around our core values:

- Accountability
- Corporate Citizenship
- Customer Satisfaction
- Employee Development
- Financial Stability
- Integrity
- Quality
- Respect
- Safety
- Teamwork

We value your hard work and provide the tools you need to grow and succeed – personally and professionally.

## WHO'S ELIGIBLE

You are eligible for benefits on the first day of the month following 60 days of employment if you are a regular, full-time or a part-time employee who has worked an average of 30 hours or more per week in the past year.

You may enroll your eligible dependents in the same plans you choose for yourself, including medical, dental, vision, and optional life insurance coverage. Eligible dependents may include the following:

- Your legal spouse
- Your children up to the end of the month in which they turn 26
- Your unmarried dependent children over age 26 who are incapable of self-care because of a disability and who rely on you for support

**Keep in mind, if you don't enroll for coverage within 60 days of your hire date, you will not receive health coverage during the 2021 plan year, unless you experience a qualified change in family status (see Making Changes During the Year for details on page 5).**

## IMPORTANT NOTE

**This is an active enrollment. If you do not make your elections, you will not have benefits for 2021.**



# 2021 BENEFIT PLAN OFFERINGS

Benefits Offered	Carrier	Plan Details
Medical/Rx	UnitedHealthcare	PPO plan with highest level of benefits paid when using a Designated Tier 1 provider. See page 6 for benefit summary.
Dental	Delta Dental PPO	Deductible: \$50/\$150; Preventive care is fully covered, you pay 20% Basic, 50% Major Restorative and Orthodontia up to age 19
Vision	VSP	Core Plan A - Frames: once every <b>24</b> months, no additional lens options; \$20 copay for exam and materials
		Core Plan A+ Lens - Frames: once every <b>24</b> months, additional lens options; \$20 copay for exam and materials
		Buy Up Plan B - Frames: once every <b>12</b> months, no additional lens options; \$20 copay for exam and materials
		Buy Up Plan B+ Lens - Frames: once every <b>12</b> months, additional lens options; \$20 copay for exam and materials
Life and AD&D	Lincoln Financial Group	Basic Life: 1x annual earnings up to \$50,000
		Supplemental Life: Up to \$150,000 in increments of \$25,000; AD&D: Up to \$500,000 in increments of \$25,000
		Spouse Supplemental Life: No more than 50% of the employee's amount, up to \$75,000; submit EOI for any amount over \$25,000
		Child Supplemental Life: \$10,000
Income Protection Plans	Lincoln Financial Group	Short Term Disability: 60% of earnings up to \$1,000 per week; Waiting period: 7 days
		Long Term Disability: 60% of earnings up to \$5,000 per month; Waiting period: 90 days
Voluntary Worksite Plans	Lincoln Financial Group	Accident Plan: Cash benefits for covered accidents
		Critical Illness Plan: Cash benefits if diagnosed with a covered illness
Permanent Whole Life Insurance	Boston Mutual	Whole Life: Life coverage that offers a cash value that can grow over the years
Flexible Spending Accounts	North Coast Administrators	Healthcare Spending Account: Contribute up to \$2,750 per year
		Dependent Care Spending Account: Contribute up to \$5,000 per year
Employee Assistance Program	ComPsych Guidance Resources	24/7 phone support for any personal matter; up to four face-to-face counseling sessions

## ENROLLING FOR COVERAGE

Your enrollment period is an important time to review your benefits and choose health care coverage for you and your family. You can enroll for coverage within 60 days of your hire date or during the annual enrollment period.

### Open Enrollment

The annual enrollment period is your once-a-year opportunity to make changes to your benefit choices. During open enrollment, you may elect coverage that was previously waived and add dependents previously not enrolled. Once you make your benefit choices, you will not be able to make changes, unless you have an IRS-approved qualifying change in family status.

**IMPORTANT: This is an ACTIVE ENROLLMENT, which means you must make elections or you will not have coverage in 2021.**

#### How to Enroll online:

1. Have dates of birth and Social Security numbers readily available for any dependents you plan to enroll.
2. Review your benefit materials.
3. Visit the online enrollment site: [www.electbenefits.com/olympicsteel](http://www.electbenefits.com/olympicsteel).
4. Login with the first two letters of your first name, first two letters of your last name, and last four of your SSN.
5. Enter passcode: birthdate in MMDDYYYY format (if you were born on March 11, 1968 your passcode would be 03111968).
6. Click the “Login” button to begin the enrollment process.

#### Spousal disqualification

If your spouse is working full time AND has benefits made available to them, they must take those benefits before enrolling in Olympic Steel's plan.

## MAKING CHANGES DURING THE YEAR

The choices you make during open enrollment or when you first become eligible remain in effect for the remainder of the plan year. Once you are enrolled, you must wait until the next open enrollment period to change your benefits or add or remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS.

Examples include, but are not limited to, the following:

- Marriage, divorce, legal separation, or annulment
- Birth or adoption of a child
- Loss of other health coverage
- New eligibility for other health coverage
- Change in your dependent's eligibility status

Any change you make to your coverage must be consistent with the change in status.

You have 30 days from the life event date to make changes to your coverage.

# MEDICAL AND PRESCRIPTION DRUG PLAN

Plan Features	In-Network	Out-of-Network
Deductible	\$1,000 Single/\$3,000 Family	\$2,000 Single/\$6,000 Family
Coinurance	20%	40%
Out-of-Pocket Maximum	\$5,000 Single/\$10,000 Family	\$5,500 Single/\$11,000 Family
Primary Care Copay	\$25	40% after deductible
Designated Primary Care Copay <small>TIER 1</small>	\$10	N/A
Specialist Copay	\$45	40% after deductible
Designated Specialist Copay <small>TIER 1</small>	\$25	N/A
Diagnostic Lab	20% after deductible	40% after deductible
Diagnostic Lab at Preferred Lab <small>T</small>	\$0	N/A
Virtual Visits	\$0	Not Covered
Urgent Care	\$50	40% after deductible
Emergency Room	\$200	40% after deductible
	\$10 Generic	\$10 Generic
Prescription Drug	25% Brand Preferred 50% Brand Non-Preferred	25% Brand Preferred 50% Brand Non-Preferred

Please refer to the benefit summary for more information.

## Medical Plan Changes Summary

2020	Network Deductible	Network Out-of-Pocket	Non-Network Deductible	Non-Network Out-of-Pocket
Single	\$750	\$4,000	\$1,500	\$4,500
Family	\$2,250	\$8,000	\$4,500	\$9,000

2021	Network Deductible	Network Out-of -Pocket	Non-Network Deductible	Non-Network Out-of-Pocket
Single	\$1,000	\$5,000	\$2,000	\$5,500
Family	\$3,000	\$10,000	\$6,000	\$11,000

To save money on office visits, use Tier 1 Primary Care and Specialist doctors. To save money on labwork, use a lab in the Preferred Lab Network. Log onto [myuhc.com](http://myuhc.com) to search for Tier 1 and Preferred Labs. Or, call UHC customer service for assistance at 1-833-760-7890.





## Register at UHC

If you haven't already, be sure to register at [www.myuhc.com](http://www.myuhc.com) to review to your benefit plan, print ID cards, find a network provider, and review electronic EOBS. There are several other tools available on the site to help you make the most of your benefits as well as help you minimize your out-of-pocket costs. Refer to Estimate Your Costs and Virtual Visits on this page for money and time-saving tips.

Not a fan of using a computer? You can also call UHC Customer Service at 1-833-760-7890 for assistance.

## Estimate Your Costs

Know your potential costs before getting care.

You can find and estimate the price of care you need for an upcoming treatment or procedure on [www.myuhc.com](http://www.myuhc.com).

Your cost estimate shows out-of-pocket expenses based on your plan and current benefit status. Members who comparison shop have shown to save up to 36% on the cost of their care. By pricing services, you can spend less for treatment.

## Virtual Visits

For non-serious medical conditions or for mental health needs, have a virtual office visit with a physician from your phone or computer 24/7. Skip the waiting room and receive care from the comfort of your home. **The best news of all is that a virtual visit is at no cost to you!**

For routine, acute illnesses virtual visits are quicker than receiving treatment at the urgent care or emergency room. Most visits take less than 20 minutes. Via the UnitedHealthcare medical plan, you can choose from an AmWell, Doctor on Demand, or Teladoc network provider. When appropriate, the doctor will be able to prescribe and call in medications for you.

Virtual Visits are available to all enrolled family members. For children under 18, a parent must be present during the visit.

To use services, you must first register. Have your member ID, your credit card or FSA card, and the name and phone number of your pharmacy ready prior to registering. Though the visit is free of charge, you may be required to add a credit card to complete the registration.

Register at [www.myuhc.com](http://www.myuhc.com) and search for Virtual Visits.

Don't forget to download the UHC mobile app to your smartphone so that you have access to the Virtual Visit service at your fingertips.

## Health Wealth Connection

The Olympic Steel sponsored Health Wealth Connection service provides you with guidance about Medicare and Retirement planning. This is a free benefit for you and your family members. The Health Wealth Connection can help answer your questions so you are prepared for a successful retirement. Get answers today by calling 1-877-238-5920.



# FLEXIBLE SPENDING ACCOUNTS

Olympic Steel offers two types of Flexible Spending Accounts as a smart and convenient way to stretch your benefit dollars and receive real tax savings:

- The Health Care Spending Account: You can contribute up to \$2,750 per year on a pre-tax basis to pay for eligible out-of-pocket medical, dental, and vision expenses.
- The Dependent Care Spending Account: You can contribute up to \$5,000 per household per year on a pre-tax basis to cover your cost of childcare for children up to age 13.

## Eligible Expenses

Below are examples of FSA eligible expenses:

FSA Type	Eligible Expenses
Health Care FSA	<ul style="list-style-type: none"><li>— Medical, dental, and vision deductibles, coinsurance, copays, and other out-of-pocket expenses</li><li>— Vision care including prescription glasses, contact lenses and solution, and nonprescription glasses if for vision correction</li><li>— Hearing care</li></ul>
Dependent Care FSA	<ul style="list-style-type: none"><li>— Services provided for children under age 13 or disabled dependents of any age</li><li>— Services in a day care center</li><li>— Services of a housekeeper whose duties include providing care for a qualified dependent</li></ul>

For a list of eligible expenses, access publication 502 on the [www.irs.gov](http://www.irs.gov) website, or [www.myflexonline.com](http://www.myflexonline.com).

## FSA Enrollment

Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute. Even if you participated the previous year, your election does not carry over; you must actively enroll to contribute to the FSAs.

- Remember, you cannot stop or change your contribution amount during the year unless you experience a qualified life status event.
- You cannot transfer funds from one FSA to another.

## How FSAs Work

Expenses such as deductibles and copays can quickly add up, and dependent care costs can be even more expensive. FSAs let you pay these expenses with pre-tax dollars. This means that the money you set aside is not taxed, so you save money. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s).

- Keep in mind that the IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA(s) by the end of the calendar year, you will lose any remaining funds.

**Note:** For the Health Care Spending Account, you can rollover any unused funds up to \$550 into the following year. The rollover amount will not affect the current year’s election amount.

- When estimating your health care and dependent care costs, it is better to be conservative and underestimate rather than overestimate your expenses.

## HELPFUL TERMS

Review these definitions, which may be referenced throughout this guide.

**Coinurance** – the amount (usually a percentage of the claim) shared by you and the plan, after you have met the deductible. For example, once you satisfy the medical plan deductible, the plan pays 80% coinsurance and you pay 20% coinsurance.

**Deductible** – the amount you pay each year before your plan begins paying.

**In-network** – providers and facilities that are contracted by UnitedHealthcare to offer services to participants at a reduced rate; in-network hospitals may use an out-of-network doctor for some services.

**Out-of-pocket maximum** – maximum dollar amount that you pay per year before the plan begins paying covered expenses at 100%.

**Premium** – the amount you pay to receive coverage.

## VOLUNTARY BENEFITS

Voluntary benefits such as Accident Insurance and Critical Illness plans provide cash benefits paid directly to you in the event you or a covered family member experience an accidental injury or are diagnosed with a specific diagnosis.

This cash benefit can be used for any expense or can be saved in case you will be off work due to the condition. The benefit is paid with after-tax dollars so there are no taxes due on the amount received.

Evidence of Insurability is not required for the base Accident plan or the Critical Illness plan. However, if you elect to add the Hospital Sickness rider to the Accident plan you may be required to complete an Evidence of Insurability form.

### Accident Insurance with Optional Sickness Rider

- Provides a cash benefit if you or a covered family member is accidentally injured. Includes child sports injury benefit.
- Covers both off and on-the-job accidents (24 hour).
- Available to full-time employees working 30 hours/wk and part-time employees working 20 hours/wk.
- Get a \$50 check when you submit proof of your annual wellness visit or the completion of a preventive care screening or immunization.
- Add the Optional Sickness Rider for benefits related to hospital confinement due to illness.
- Refer to [www.steelperks.com](http://www.steelperks.com) for benefit details.



### Critical Illness Plan Highlights

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness. Covered diagnoses include cancer, heart attack, stroke, or vascular disease to name a few.
- Benefits are paid in addition to treatments covered under your medical plan.
- Get a check for \$50 when you submit a claim for completing your preventive care visit or have a preventive care screening test or immunization.
- You can elect coverage for yourself, or for yourself and other family members (dependent children to age 26).
- Rates are based on smoking status.
- Available to full-time employees working 30 hours/wk and part-time employees working 20 hours/wk.
- Refer to [www.steelperks.com](http://www.steelperks.com) for benefit details.

### Critical Illness Coverage Details

	Plan Choices	Guaranteed Coverage Amount*	Maximum Coverage Amount
<b>Employee</b>	\$10,000 or \$20,000	\$20,000	\$20,000
<b>Spouse</b>	\$5,000 or \$10,000 (up to 50% of employee amount)	\$10,000	\$10,000
<b>Dependents</b>	\$2,500 or \$5,000 (up to 50% of employee amount)	N/A	N/A

\*If you elect coverage after your initial eligibility period you may be subject to provide evidence of insurability.

## DENTAL COVERAGE

Good dental care improves your overall health. The Delta Dental plan is designed to help you maintain a healthy smile through regular preventive dental care and to fix any problems as soon as they occur. Because preventive care is so important, your dental plan covers these services in full with no deductible or copay.

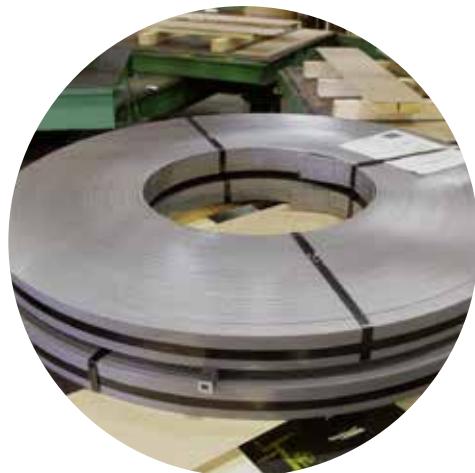
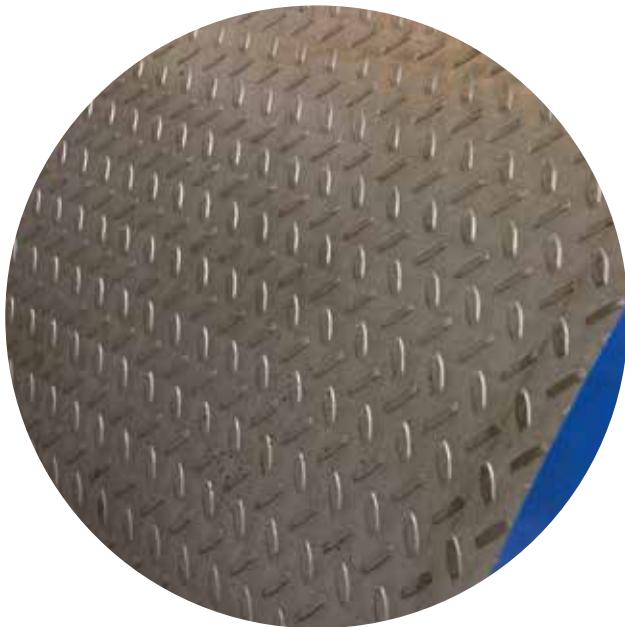
With the dental plan, you can receive care from any dentist you choose. Your out-of-pocket costs will be less if you go to a Delta Dental PPO network dentist.

Please see the table below for a summary of dental benefits:

Plan Features	Dental Benefits	
	In-Network	Out-of-Network
Deductible (waived for Preventive Services)	\$50 per person \$150 family maximum	
Calendar Year Maximum	\$1,500 per eligible person per year for all services	
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	100% covered	90% covered
Basic and Restorative Services (e.g., fillings, extraction, root canals)	20% after deductible	30% after deductible
Major Services (e.g., dentures, crowns, bridges)	50% after deductible	60% after deductible
Orthodontia (up to age 19)	50% after deductible \$1,000 lifetime maximum per eligible person	Not covered

### Find a Delta Dental PPO Dentist

Visit [www.deltadentaloh.com](http://www.deltadentaloh.com) and click “Find a Dentist” and then “Delta Dental” to find an in-network dentist near you. Look for dentists in the PPO network or Premier Network.





## VISION COVERAGE

Our vision plan includes benefits for eye exams, eyeglasses, and contact lenses through VSP. You may visit a doctor within the VSP network and take advantage of higher benefits coverage, or visit an out-of-network provider of your choice for a reduced benefit.

Keep in mind that when you go out-of-network, you must pay for all expenses in full, and then submit a claim to VSP for reimbursement.

The Core Plan A + Lens and the Buy-up Plan B + Lens provide benefits for additional lens options, such as progressive lenses, high index and blended bi-focals, scratch and anti-reflective coating.

VSP Plan			
Plan Features	Exams	In-Network Frames	In-Network Contact Lenses
Core Plan A	\$20 copay Once every 12 months	\$20 copay, up to \$150 allowance Once every <b>24</b> months	Up to \$150 allowance Once every 12 months
Core Plan A + Lens	\$20 copay Once every 12 months	\$20 copay, up to \$150 allowance Once every <b>24</b> months	Up to \$150 allowance Once every 12 months
Buy-up Plan B	\$20 copay Once every 12 months	\$20 copay, up to \$150 allowance Once every <b>12</b> months	Up to \$150 allowance Once every 12 months
Buy-up Plan B + Lens	\$20 copay Once every 12 months	\$20 copay, up to \$150 allowance Once every <b>12</b> months	Up to \$150 allowance Once every 12 months

## LIFE AND DISABILITY INSURANCE

Olympic Steel recognizes the importance of your financial well-being in the event of a disability. Most of us insure our homes, automobiles, and other assets, yet we often overlook our most valuable asset – our ability to earn an income! Your regular monthly obligations such as your mortgage or rent, utility bills, food, and other necessities continue even if you are unable to work. The cost of your coverage will be calculated during the enrollment process.

### Short-Term Disability (STD)

To provide financial protection, you can purchase short-term disability (STD) coverage when you become eligible for benefits. The STD plan provides 60% of your weekly salary, to a maximum of \$1,000 per week for up to 12 weeks of disability. Benefits begin after 7 days of disability after an accident or illness.

Eligible claims are subject to a pre-existing condition clause that includes any injury or illness that has been treated in the previous 12 months. Workers' Compensation claims are not covered.

Your premiums for coverage are deducted from your paycheck on a post-tax basis. Any STD benefits paid to you are non-taxable.

### Long-Term Disability (LTD)

Long-term disability (LTD) coverage provides benefits when you need it most. LTD coverage will replace 60% of your base salary to a monthly maximum of \$5,000 if you are disabled for more than 90 days and are unable to work. LTD benefits are offset with other sources of income, such as Social Security and workers' compensation.

Premiums for LTD coverage are paid with after-tax dollars and are withdrawn automatically from your paycheck. Any LTD benefits paid to you are not taxable.



## **Basic Life and Accidental Death and Dismemberment (AD&D) Insurance**

As an important part of your personal financial planning, **Olympic Steel provides you with employee life and accidental death and dismemberment (AD&D) insurance coverage at no cost to you.** You receive \$50,000 of term life insurance and an additional \$50,000 AD&D coverage (if the cause of death is due to an accident), up to age 70.

**Don't forget to name your beneficiaries for your life insurance benefit!**

## **Supplemental Life and AD&D Insurance**

You also have the opportunity to purchase additional life insurance for yourself, your spouse, and your children at group rates. The chart below describes the amounts of additional supplemental life and AD&D insurance you may purchase. Evidence of Insurability (EOI) may be required if you add or increase your elections outside of your initial enrollment period.

Voluntary Life and AD&D			
	Employee	Spouse	Children
Life Insurance	Up to \$150,000 in increments of \$25,000	No more than 50% of the employee's amount, up to \$75,000	\$10,000 Covers all eligible children
AD&D Insurance	Up to \$500,000 in increments of \$25,000	Each family member's coverage is a percentage of the benefit amount you select. Coverage will depend upon who your insured family members are at the time of a covered accidental loss.	

To find out your cost for coverage, turn to page 15 and 16.

## **Permanent Whole Life Insurance**

We are offering voluntary Whole Life Insurance to our eligible employees (up to age 72). This coverage is designed to pay a death benefit to beneficiaries, but can also gain cash value that can be used while you are living. We also offer the option of purchasing this coverage for your spouse, children, and grandchildren.

### **The perks of the plan:**

- The policy accumulates cash value at a minimum guaranteed rate of 3%. Once your cash value builds to a certain amount, you can borrow from the cash value or use it to purchase a smaller “paid-up” policy with no additional premiums due.
- You can get great rates and Guarantee Issue up to certain limits if you apply within your initial eligibility period when you purchase through Olympic Steel, and your premiums are paid through convenient payroll deductions.
- You own the policy and can take it with you at the same rates, even if you leave Olympic Steel.

Rates are provided online during enrollment. For questions about a policy, updating beneficiaries, etc, please contact Boston Mutual at 1-800-669-2668 or go to [www.bostonmutual.com](http://www.bostonmutual.com).

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Because unresolved personal issues can affect every aspect of one's life, including work performance, Olympic Steel automatically provides you and your family with an Employee Assistance Program (EAP) through Guidance Resources, at no cost to you. Call the EAP 24 hours a day, 7 days a week for confidential assistance with nearly any personal matter you may be experiencing.

Licensed counselors can provide you with access to up to four face-to-face counseling visits as well as legal advice, financial consultation, special needs care, dependent care referrals, other community referrals, college planning, and much more. You can also receive a 25% discount on in-person consultations with network lawyers.

### HealthChampion

As a part of your EAP, you have access to HealthChampion, a program that will help you navigate your medical, prescription, dental, and vision benefits. Specialists will guide you through health care options, connect you with resources, and resolve issues. You can also access online educational materials for topics such as caregiving, daily living, and working smarter. HealthChampion offers a variety of services:

- An easy-to-understand explanation of your benefits
- Cost estimates for covered and non-covered treatments
- Step by step guidance on claims and billing
- Fee and payment plan negotiations
- Explanation of the appeal process
- Preparation for upcoming appointments

### Did you know?

The majority of employees who use the EAP report less stress.  
Let the EAP help you with any issues you are facing.

Call: 1-888-628-4824  
1-844-285-1064

Website: [www.guidanceresources.com](http://www.guidanceresources.com)

Register online using:  
Company Web ID: OLYSTEEL



### Wellness Incentive Program

Olympic Steel's Wellness Incentive Program is designed to help you better understand your health and improve your quality of life.

If enrolled on the Olympic medical plan and you complete your annual wellness preventive exam in 2021 you will be eligible to receive a lump sum cash payout of \$550 for Single coverage and \$1,100 for Family coverage in the Fall of 2021.

To earn your wellness incentive for the 2021 plan year (provided you are enrolled in the medical plan), you must have an annual preventive visit with your primary care physician by September 30, 2021. Note: If you have a spouse covered under the medical plan, your spouse must also have a preventive visit with a primary care physician to earn the full wellness incentive for 2021.

**Starting with the 2021 plan year you no longer have to upload your form to Guidance Resources.**

Notification of your visit will be provided to OSI from UHC once your claim is processed.

## YOUR COST FOR COVERAGE

Your contributions for medical, dental, and vision insurance are withheld on a pre-tax basis. Premium deductions are taken from your weekly paycheck. Below are the costs you pay for each of the benefits.

	Single	Employee + Spouse	Employee + Children	Family
<b>Medical</b>				
Medical Rate	\$41	\$78	\$73	\$80

If you successfully participate in the Wellness Plan during 2021, the Wellness Incentive will be provided to you after September 30, 2021. Please see the Wellness Incentive Program details on page 14.

	Per Pay Single	Per Pay Family
<b>Dental</b>		
Delta Dental Rates	\$8.50	\$17
<b>Vision</b>		
Core Plan A	\$2.06	\$4.78
Core Plan A + Lens	\$2.69	\$6.26
Buy-up Plan B	\$2.87	\$6.65
Buy-up Plan B + Lens	\$3.31	\$7.67

## Supplemental Life with AD&D Provision

Cost per Pay							
Age	Rate/\$1,000	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
<20	\$0.0346	\$0.87	\$1.73	\$2.60	\$3.46	\$4.33	\$5.19
20-24	\$0.0346	\$0.87	\$1.73	\$2.60	\$3.46	\$4.33	\$5.19
25-29	\$0.0346	\$0.87	\$1.73	\$2.60	\$3.46	\$4.33	\$5.19
30-34	\$0.0346	\$0.87	\$1.73	\$2.60	\$3.46	\$4.33	\$5.19
35-39	\$0.0425	\$1.06	\$2.13	\$3.19	\$4.25	\$5.31	\$6.38
40-44	\$0.0609	\$1.52	\$3.05	\$4.57	\$6.09	\$7.61	\$9.14
45-49	\$0.0916	\$2.29	\$4.58	\$6.87	\$9.16	\$11.45	\$13.74
50-54	\$0.1456	\$3.64	\$7.28	\$10.92	\$14.56	\$18.20	\$21.84
55-59	\$0.2340	\$5.85	\$11.70	\$17.55	\$23.40	\$29.25	\$35.10
60-64	\$0.3577	\$8.94	\$17.89	\$26.83	\$35.77	\$44.71	\$53.66
65-69	\$0.6092	\$15.23	\$30.46	\$45.69	\$60.92	\$76.15	\$91.38

## Spouse Coverage

Cost per Pay							
Age	Rate/\$1,000	\$12,500	\$25,000	\$37,500	\$50,000	\$62,500	\$75,000
<20	\$0.0346	\$0.43	\$0.87	\$1.30	\$1.73	\$2.16	\$2.60
20-24	\$0.0346	\$0.43	\$0.87	\$1.30	\$1.73	\$2.16	\$2.60
25-29	\$0.0346	\$0.43	\$0.87	\$1.30	\$1.73	\$2.16	\$2.60
30-34	\$0.0346	\$0.43	\$0.87	\$1.30	\$1.73	\$2.16	\$2.60
35-39	\$0.0425	\$0.53	\$1.06	\$1.59	\$2.13	\$2.66	\$3.19
40-44	\$0.0609	\$0.76	\$1.52	\$2.28	\$3.05	\$3.81	\$4.57
45-49	\$0.0916	\$1.15	\$2.29	\$3.44	\$4.58	\$5.73	\$6.87
50-54	\$0.1456	\$1.82	\$3.64	\$5.46	\$7.28	\$9.10	\$10.92
55-59	\$0.2340	\$2.93	\$5.85	\$8.78	\$11.70	\$14.63	\$17.55
60-64	\$0.3577	\$4.47	\$8.94	\$13.41	\$17.89	\$22.36	\$26.83
65-69	\$0.6092	\$7.62	\$15.23	\$22.85	\$30.46	\$38.08	\$45.69

## Child Life Coverage

\$0.46/week for \$10,000 of coverage

## Supplemental AD&D Rates

Cost per Pay						
	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Employee Only Coverage	\$0.17	\$0.35	\$0.52	\$0.69	\$0.87	\$1.04
Family Coverage*	\$0.29	\$0.58	\$0.87	\$1.15	\$1.44	\$1.73

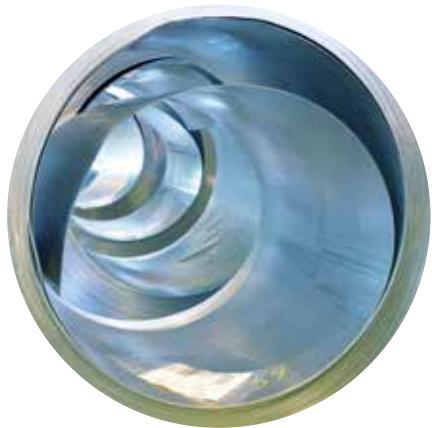
\*Each family member's coverage is a percentage of the benefit amount you select. Coverage will depend upon who your insured family members are at the time of a covered accidental loss.

## Voluntary Critical Illness Rates

Employee - Non-Tobacco User Weekly Premiums			Employee - Tobacco User Weekly Premiums			Dependent Children User Weekly Premiums		
Employee Age Range	\$10,000	\$20,000	Employee Age Range	\$10,000	\$20,000	Age Range	\$2,500	\$5,000
17 - 24	\$0.60	\$1.20	17 - 24	\$0.66	\$1.32	0 - 26	\$0.23	\$0.46
25 - 29	\$0.89	\$1.78	25 - 29	\$1.01	\$2.02			
30 - 34	\$1.20	\$2.40	30 - 34	\$1.46	\$2.92			
35 - 39	\$1.71	\$3.42	35 - 39	\$2.27	\$4.54			
40 - 44	\$2.69	\$5.38	40 - 44	\$4.10	\$8.20			
45 - 49	\$4.26	\$8.52	45 - 49	\$7.41	\$14.82			
50 - 54	\$6.13	\$12.26	50 - 54	\$11.55	\$23.10			
55 - 59	\$8.32	\$16.64	55 - 59	\$16.72	\$33.44			
60 - 64	\$11.64	\$23.28	60 - 64	\$24.80	\$49.60			
65 - 69	\$16.10	\$32.20	65 - 69	\$35.92	\$71.84			
70 - 99	\$18.69	\$37.38	70 - 99	\$38.51	\$77.02			

Spouse - Non-Tobacco User Weekly Premiums		
Employee Age Range	\$5,000	\$10,000
17 - 24	\$0.30	\$0.60
25 - 29	\$0.45	\$0.89
30 - 34	\$0.60	\$1.20
35 - 39	\$0.86	\$1.71
40 - 44	\$1.35	\$2.69
45 - 49	\$2.13	\$4.26
50 - 54	\$3.07	\$6.13
55 - 59	\$4.16	\$8.32
60 - 64	\$5.82	\$11.64
65 - 69	\$8.05	\$16.10
70 - 99	\$9.35	\$18.69

Spouse - Tobacco User Weekly Premiums		
Employee Age Range	\$5,000	\$10,000
17 - 24	\$0.33	\$0.66
25 - 29	\$0.51	\$1.01
30 - 34	\$0.73	\$1.46
35 - 39	\$1.14	\$2.27
40 - 44	\$2.05	\$4.10
45 - 49	\$3.71	\$7.41
50 - 54	\$5.78	\$11.55
55 - 59	\$8.36	\$16.72
60 - 64	\$12.40	\$24.80
65 - 69	\$17.96	\$35.92
70 - 99	\$19.26	\$38.51



## Voluntary Accident Plan Rates

Coverage Tier	Accident Plan		Accident Plan with Sickness Rider	
	Weekly Deduction		Weekly Deduction	
Employee Only		\$2.81		\$5.35
Employee & Spouse		\$4.74		\$10.73
Employee & Child(ren)		\$5.22		\$10.88
Family		\$7.10		\$15.71

OLYMPIC**STEEL**