



Employee Handbook



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Section 1- Welcome to Procon!

On behalf of myself and the entire Leadership Team of Procon, I would like to take this opportunity to personally extend a warm welcome to you. We are excited and proud to have you as part of our team. We trust that we will meet your expectations and that your experiences with us will be rewarding to you both personally and professionally. We look forward to a long and productive working relationship together.

Procon is the region's leading commercial and industrial concrete contractor providing high quality turnkey concrete construction services. For over 20 years, Procon has built a reputation of superior work by staying true to our founding principles of integrity, determination, and moral character. We bring these values to our comprehensive concrete services including foundations, formwork, flooring systems, structural concrete, tilt-up concrete, site work, and paving. The ultimate reason we are able to continue to grow and set ourselves apart is our people- of which YOU are now a part! From our Leadership Team to our onsite craftsmen and specialists, our team of professionals is knowledgeable, responsive, committed to a safe work environment, and is supported by the latest technology, innovations, and equipment.

As you continue to grow with Procon, you will see that we have set high standards for ourselves. We must rely on each one of our team members to maintain this reputation each and every day. We are committed to providing you with a safe and productive working environment, competitive pay and benefits, as well as recognition for your dedication and results so we can help you achieve your personal goals as well as the goals of the company. I am confident by our working together that we can accomplish both of these worthy goals.

In the handbook and manual that follows, you will find many policies, standards and statements relating to your employment. I would encourage you to use this book as a reference and feel free to ask questions of your supervisor or any other member of the Leadership Team. This will allow you to get more information quickly, timely, and accurately.

Again, I am glad you have joined the Procon team and look forward to working with you.



Aaron Long, President

Procon, Inc.

Section 2- Introduction

Section 2.1 Company Vision and Mission

- Company Vision:
 - o To be a world class construction partner who is loved by our employees, valued by our customers, respected by our peers, and beneficial to our stakeholders.
- Company Mission:
 - o To provide gainful employment in a caring, fun environment and quality products with exceptional service and sustainable profitability.

Section 2.2 Equal Employment Opportunity Statement

- A. Procon is committed to supporting and enforcing Equal Employment Opportunity for all employees and applicants. Equal Employment Opportunity has been, and will continue to be, a guiding principle for Procon. Our hiring and employment decisions will be based on personal qualifications, experience, and capabilities without any discrimination because of race, color, religion, sex, age, national origin, veteran status, disability, sexual orientation, gender identity or any other legally protected characteristic under local, state, or federal law or ordinance.
- B. This policy not only applies to all recruiting applicants and new hires, but is extended to apply to all placements, promotions, transfers, layoffs, training, compensation, benefits, terminations, and all other conditions of employment.
- C. All supervisors and managers understand that they are expected to support this policy and will be responsible for taking action to prevent harassment and discrimination as well as implementing procedures and practices to ensure the success of this policy.
- D. If you believe that you have not been treated according to this policy, please immediately notify your supervisor, the director of human resources, or any manager within the company. All complaints will be investigated promptly and appropriate action taken.

Section 2.3 Changes in Policies

- A. This handbook is designed to acquaint you with Procon and the policies, conditions, benefits, and terms of your employment. However, no employee handbook can ever account for or anticipate the changes that may arise as the company grows and diversifies. Therefore, Procon expressly reserves the right to change or amend any policies at any time, including those in this handbook, at its sole and absolute discretion.
- B. Normally, you will be notified of any changes through your supervisor or manager, as well as postings on bulletin boards, paycheck stuffers or any other means appropriate.
- C. Policy changes will become effective on a date set by the company. You may not rely on policies that have been superseded, suspended or eliminated.

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Section 2.4 Employment at Will

The existence of this employee manual does not create either an implied or expressed right to employment with Procon or any affiliated companies.

Employment at Procon or any affiliated companies is to always be considered employment at will, which is terminable by either party, at any time, for any reason, and with or without notice.

Section 2.5 Immigration Law Compliance

Procon is committed to employing only United States citizens, lawful permanent residents, and aliens who are authorized to work in the United States. Procon will not unlawfully discriminate on the basis of citizenship or national origin. In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of their employment and after accepting a job offer from Procon, must complete the Employment Eligibility Verification, Form I-9, a W4 Tax Withholding form, and present documentation establishing identity and employment eligibility.

Section 2.6 Harassment Statement (including sexual)

- A. Procon, Inc. is committed to providing a work environment that is free of discrimination and unlawful harassment.
- B. Actions, words, jokes, or comments based on an individual's sex, race, ethnicity, age, religion, or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relationship, and is strictly prohibited.
- C. Any employee who wants to report an incident of sexual or other unlawful harassment should promptly report the matter to Human Resources. A written report form should be filled out that details the allegations, including dates and times of occurrence, alleged harassers' name, etc. A written complaint form can be found at the end of section 2.
- D. If the nature of the harassment makes it inappropriate to contact the immediate supervisor, the employee should immediately contact the Director of HR or President. Employees can raise concerns and make reports without fear of repercussion.
- E. Any Supervisor who becomes aware of possible sexual or other unlawful harassment should promptly advise the HR Director or President, who will handle the matter in a timely and confidential manner.
- F. Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.
- G. Sexual harassment includes many forms of offensive behavior, including the harassment of a person of the same gender as the harasser. The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker or a nonemployee. The victim does not have to be the person harassed but could be anyone affected by the offensive conduct. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, offensive remarks about a person's sex, and other verbal or physical conduct of a sexual nature.

- a. Examples of sexual harassment include, but are not limited to, the following:

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- i. Unwelcome sexual flirtation, advances or propositions
 - ii. Verbal comments related to an individual's gender or sexual orientation
 - iii. Explicit or degrading verbal comments about another individual or his or her appearance
 - iv. The display of sexually suggestive pictures or objects in any workplace location, including transmission or display via computer
 - v. Any sexually offensive or abusive physical conduct
 - vi. The taking of or the refusal to take any personnel action based on an employee's submission to or rejection of sexual overtures
 - vii. Displaying cartoons or telling jokes that relate to an individual's gender or sexual orientation
- b. Such activities are illegal under the following circumstances:
- i. Submission is made a term or condition, either explicitly or implicitly, of an individual's employment.
 - ii. Submission to or rejection by an individual is used as a factor in decisions affecting that individual's employment.
 - iii. Their purpose or effect interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

Section 2.7 Handbook Receipt Acknowledgement

This handbook has been given to you for your information, use and reference. Please read it carefully and keep it handy for quick reference. It will be your responsibility to familiarize yourself with the policies. Please ask your supervisor or the human resources representative for further questions or details regarding individual policies.

An acknowledgment of receipt of this handbook must be signed and turned in to the human resources representative or your supervisor. This sign sheet can be found at the end of section 2. This completed sign sheet will become part of your personnel file.

Section 3- Employment Policies

Section 3.1 Initial Employment “Trial” Period

- A. All employees of Procon, Inc are hired on a trial basis, which usually consists of a 90 day trial period. During this period, you have the opportunity to evaluate the company and your job. Additionally, your supervisor will have the opportunity to evaluate you, your abilities, as well as your attitude.
- B. During this trial period, you will be given training and guidance, both formal and technical. You will be expected to make acceptable progress in your job performance and understanding of your job duties. A detailed description of your job duties and expectations is explained in a job description which is received at your hire. If you are unable to fulfill these expectations, your employment may be terminated.
- C. During the course of your trial period, your supervisor will regularly discuss your performance with you. At the conclusion of your trial period, your performance will be formally evaluated and documented. If acceptable performance has been made, you will become a full time employee of Procon and full time benefits will be extended to you.
- D. If certain actions or circumstances warrant, your employment may be terminated before the conclusion of the trial period. This trial period is not a guarantee of employment for any specified length of time.

Section 3.2 Definitions of Employee Status

- A. Introductory:
 - o Those employees whose performance is being closely observed and are involved in a trial period as detailed in Section 3.1 above. Employees under the introductory status are not eligible for company benefits, other than the paid holidays which occur during this trial period.
- B. Part Time:
 - o Those employees who are not in an introductory or full-time status and who are regularly scheduled to work 29 or fewer hours per week and are not entitled to standard company benefits.
- C. Regular Full Time:
 - o Those employees who are not in an introductory or part-time status and who are regularly scheduled to work a full time schedule of 30 or more hours per week. These employees are entitled to all benefits according the company plan.
- D. Exempt:
 - o Those employees who are in a position or who have job duties which permit them to be exempt, or excluded, from overtime compensation according to the Fair Labor Standards Act. Most generally, these employees are in a management or supervisory role and are compensated on an annual basis, rather than an hourly basis. These employee are expected to have the commitment to the company to “do what it takes” to accomplish their job duties, regardless of hours worked.
 - NOTE: Personal/Sick/or Vacation days taken by exempt employees when no vacation time is available, is deducted from their check at a daily rate (weekly pay / 5 days)

Section 3- Employment Policies

E. Non Exempt:

- o Those employees whose job duties permit them to be eligible for overtime compensation under the Fair Labor Standards Act, therefore they are “Non-Exempt”. Usually, these employees are compensated on an hourly basis.

Section 3.3 Workweek and Hours of Work

- A. The regular working week for Procon is Monday through Saturday. This work week may be configured to best suit job site demands and needs with regards to length of days worked and what days will be worked.
- B. Due to the nature of our vocation, start and stop times will be varied. All employees are to report and be ready to work at the start of their scheduled shift.
 - a. There may be days when employees are requested by their Supervisor to start earlier than the normal start time or to work later to accomplish the task at hand.
 - b. Weekend work may and will be used to make up for weather related delays or to meet the general job site schedule. While as much notice will be given to affected employees, any weekend work may be scheduled on short notice.

Section 3.4 Timecards and Recording of Time

- A. By law, we are required to keep a record of the time you work each day. It is your responsibility to report your time accurately, either directly or through your crew leader/manger, in our electronic time collection system.
- B. No matter the method of collection, this timecard will become a legal record of your time worked. As such, you are responsible for ensuring that your record is as accurate as possible. You are expected to begin working as soon as you “clock in” and no work should take place after you “clock out”
 - a. Under no circumstances should you inflate or round either your coworker’s or your hours worked upwards. This is a serious offense and will result in disciplinary action.

Section 3.5 Breaks and Meal Periods

- A. Any employee who is scheduled to work more than 8 hours in a work day is entitled to a 30 minute break for a meal. This break will be unpaid and will be automatically deducted from your time worked, unless otherwise noted. If no meal break was taken, your supervisor must approve this.
- B. Given the very nature of concrete construction, it is difficult to appoint and maintain a set schedule for breaks during the day. Therefore, Procon has no set times or scheduled breaks other than a meal break. We realize that a break is conducive to alert, safe and productive mentalities, so this is not prohibited. However, there will be no set times for mid shift breaks.
 - a. Any break or meal periods will be scheduled by the job site supervisor to best accommodate the current job site operations.

Section 3- Employment Policies

Section 3.6 Attendance and Punctuality

- A. Attendance and punctuality on the part of all employees is imperative. Procon expects each employee to be reliable and punctual in reporting for scheduled work. Absenteeism and tardiness on your part always places unnecessary burden on other employees and the company.
- B. In the rare event that you are not able to work as scheduled or cannot avoid being tardy to work, you need to notify your supervisor in advance of the anticipated delay.
- C. While maximum notice is preferred, some minimum guidelines to abide by are:
 - a. If you are going to be tardy, you must notify your supervisor at least ½ hour before your scheduled start time.
 - b. If you are going to be absent the entire day, you must notify your supervisor at least 1 hour before your scheduled start time.
- D. Poor attendance and/or excessive tardiness may lead to disciplinary action, up to and including termination of employment.
- E. If you are absent for a period of three or more days without communicating with your supervisor to discuss your current circumstances, it will be assumed you do not intend to return to work and have voluntarily resigned.
- F. Any employee who has an unexcused absence on the next scheduled work day after a paid holiday will forfeit the 8 hours of paid time for that particular holiday.

Section 3.7 Inclement Weather

All employees are expected to arrive on time and ready for work each day, regardless of weather, unless prior arrangements have been made between you and your supervisor. In the event of inclement weather, your supervisor or management will contact you to advise you if the workday is delayed or cancelled.

Section 3.8 Information Release Policy

- A. It is the intent and policy of Procon to employ individuals who are upstanding and contributing members of society. As such, Procon reserves the right to obtain background consumer records of any and all active employees of the company. Any investigation will be done within the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq.
- B. Under these provisions, you must provide written consent before this investigation is done. The written consent form is found at the end of Section 3.
- C. Reports that may be obtained may include, but not be limited to, employment records, driving history records, criminal history, credit history, civil record, workers' compensation (post-offer only), drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.
- D. You have the right to obtain any copy of any report that is prepared and provided for Procon. Further details of this can be found on the consent and disclosure form mentioned above or by requesting this from the Director of Human Resources.

Section 3- Employment Policies

Section 3.9 Meetings and Training

- A. Further education and employee development is a founding and guiding principle within Procon. As such, there will be many meetings, classes, and training sessions scheduled during our work periods. All employees are required to attend all meetings, classes and training sessions as determined and instructed by their supervisor. Each supervisor is responsible for assisting with the training and education of each employee on their crew or in their department.
- B. If you are required to attend company mandated meetings, classes or training sessions during normal working hours, you will be paid at your normal rate. All costs associated with the class would be paid by Procon.
- C. From time to time, there may be classes or training that you desire to complete or that the company feels that would benefit your personal and professional development as well as be of a benefit to the company. If these classes occur outside of normal working hours, Procon will sponsor you to attend the class by paying registration, travel and lodging (if required), and other associated fees. However, you would not be compensated for your time to attend the class.
- D. Education and learning should never be discouraged within Procon. It is highly recommended and encouraged that you take advantage of any opportunities that may be presented to you.

Section 3.10 Moonlighting

- A. Procon strongly discourages all our employees from taking additional employment outside of their primary employment with the company, which is commonly referred to as “moonlighting”. It is the desire of Procon to build our relationship so that you will not feel or have the need to obtain additional employment or participate in moonlighting.
 - a. If any employee feels that circumstances dictate the necessity of secondary jobs, these jobs must be openly discussed with your supervisor and approved by your supervisor in writing. A copy of the approval form, which must be completed and filled out for this situation, is found in the appendices.
- B. In any event of outside employment, any work requirements for Procon, including overtime and weekend work will take precedence over the outside employment. Under no circumstances will any employee be permitted to take an outside job with a company that is in the same, or closely related, business or competes with Procon in any way. The use of company equipment and resources for moonlighting is prohibited unless approved in writing by your supervisor.
- C. If the outside employment affects your performance at Procon in any way, permission to work at the outside employment may be revoked and you will have to choose between the two activities.
- D. Procon will not be responsible for any medical benefits for injuries or sicknesses that arise from the secondary employment.

For more details regarding obtaining written approval to engage in secondary employment, please contact your supervisor or the Director of Human Resources.

Section 3- Employment Policies

Section 3.11 Personnel Records

- A. Procon maintains a personnel file on each employee, as it relates to their employment. These personnel files include such information as the employee's job application, performance evaluations, wage increases, disciplinary actions, and any other records related to employment. Personnel files are the property of Procon and access to the information is governed by the Virginia Personnel Files Act.
- B. It is your responsibility to notify the Human Resources department when any changes should be made to your file such as contact information, addresses, tax withholdings, etc.
- C. If you wish to review your personnel file, you should contact the Human Resources Department. With reasonable advance notice, employees may review their own personnel files in the presence of an individual appointed to maintain the files.

Section 3.12 Privacy Policy

- A. Procon maintains and enhances its computers, computer files, email systems, electronic cellular devices such as phones and or tablets, and Internet access to global electronic information and software for employees to conduct company business. These media are the exclusive property of the company as the owner and licensee, and are to be used only by authorized employees for company business.
- B. Employees should have no expectation of privacy in connection with the use of company voice mail, email, the Internet, or GPS units installed in company vehicles. All messages, documents, other information created, sent, received, viewed, downloaded, stored on email, the Internet, or Procon owned mobile devices are the property of Procon and not the property of any employee.
- C. Procon expressly reserves the right, and will exercise this right as needed, to monitor, review, access, audit, and disclose all messages, documents, or other information created, sent, received, viewed, downloaded, or stored on email, mobile devices, the Internet, or GPS reporting.
- D. An employee should not be held responsible for unsolicited emails/text messages sent to him or her that violate any Company Policies. However, emails/text messages that violate this policy must be immediately deleted and not forwarded, printed, displayed, or otherwise distributed to employees.
- E. Abuse or misuse of the electronic communications systems or equipment may result in disciplinary action up to and including termination of employment. In addition, an employee may be held personally liable for his violation of any Company policy.

Section 3.13 Termination of Employment

- A. Termination of employment is an inevitable part of personnel activity within any organization. Usually, termination is for routine reasons and can be either voluntary or involuntary. Below are examples and definitions of some of the most common circumstances under which employment is terminated:
 - a. Resignation or voluntary termination
 - i. An employment termination initiated by an employee who chooses to leave the organization voluntarily. In order to maintain continuity in the work force, resigning employees are asked to provide a minimum 2-week notice. Procon reserves the right to not have an employee work out their 2-week notice.

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- b. Discharge or Involuntary Termination
 - i. An employment termination initiated by the company, usually for disciplinary or other non acceptable performance reasons.
- c. Layoff
 - i. An involuntary employment termination initiated by the company for non-disciplinary reasons.
- d. Medical Termination
 - i. An employment termination initiated by the employee or by the company when an employee is unable, for health reasons, to continue to work.
- e. Retirement
 - i. A voluntary retirement from active employment status initiated by the employee.
- f. Release without notice for cause
 - i. A release without notice may be given for multiple reasons, some of which include, but not limited to, the following:
 - 1. Habitual tardiness and/or absences.
 - 2. Falsification of documents, expense reports, service records, or any other company, customer, or employee records.
 - 3. Possession or being under the influence of alcohol or illegal drugs, or the possession of drugs other than those prescribed by a medical physician. (While on company property or conducting business for Procon)
 - 4. Refusing to properly obey a work order (insubordination).
 - 5. Deliberate destruction or damage to equipment or property of the company, a customer, or fellow worker.
 - 6. Unauthorized removal of property from the company, a customer, or fellow worker. (Stealing)
 - 7. Any form of immoral or indecent conduct while performing work for the company.
 - 8. Any conduct which reflects adversely on the company, its owners, employees, or customers.
 - 9. Unauthorized use of company property.
 - 10. Unsafe actions or behavior that could endanger yourself or co-workers
 - 11. Unsafe actions or behavior that could cause property damage
 - 12. Possession of firearms or dangerous weapons on Procon jobsites.

Section 3- Employment Policies

13. Bad attitude.

- B. Upon any type of termination, you will be responsible to surrender any company issued items directly to the office. Such items may include, but not be limited to, company vehicle, vehicle and office keys or access cards, laptops, electronic devices and accessories, company tools, credit cards and fuel cards, or any other items which were purchased and issued by the company for your use.

Section 3.14 Tobacco Usage

- A. Procon offices, facilities and vehicles are smoke free environments. Smoking is permitted in designated areas only. No smoking is permitted in any company vehicle, the shop, offices, or bathrooms.
- B. Smoking and tobacco usage on job sites are regulated by the prime or controlling contractor. All employees shall be expected to abide by any regulations regarding tobacco use on their specific job site.
- C. Please dispose of all cigarettes butts properly. Receptacles for cigarette butts are provided and you are expected to use them if you participate in this habit. Any smokeless tobacco waste shall be disposed of neatly, cleanly, and discretely.
- D. VAPE & E-Cigs fall under the same guidelines as smoking and smokeless tobacco usage under this policy.

Section 3.15 Traveling for Procon

- A. As much as possible, Procon intends for all employees to be able to spend each night home with their families. However, the economic environment and need for growth within the company dictates that we travel during the course of our work.
 - a. When traveling out of town for the company, travel and lodging related expenses will be paid for by Procon.
- B. For purposes of this section, “out of town” refers to any job location that is more than 2 hours away from the Procon shop.
- C. Salaried employees will receive a per diem of \$40.00 for any out of town and overnight stay that is required by the company.
- D. Hourly employees will receive a per diem of \$40.00 for any out of town and overnight stay that is required by the company.

Section 4- Pay Practices

Section 4.1 Pay Period and Pay Day

- A. The pay period at Procon is a seven day period that begins on Sunday each week and runs through the following Saturday. All employees will be paid each week for the previous pay period.
- B. Paychecks are distributed on Thursday each week via direct deposit. Any direct deposits that have been previously authorized will be deposited no later than the beginning of business on Thursday.
 - a. In the event that the pay day falls on a banking holiday or some other holiday recognized by the company, paychecks and direct deposits will be available on the next day immediately following the regular scheduled payday.
- C. Checks will be distributed by one of the following options:
 - a. Standard direct deposit into your bank account
 - b. Direct Deposit to a pre-paid deposit card
 - c. Standard paper check, to either be picked up at the Rocky Mount office or mailed to the address you have on file.
 - i. If you designate someone other than yourself to pick up your check, you are responsible for whoever picks up your check from the office.
 - ii. Direct deposit is highly encouraged if you cannot make arrangements to pick up your paycheck.
 - iii. If you prefer to have your check mailed to you, Procon will only guarantee that your check will be mailed on Thursday, which is the regular payday, using first class mail. No overnight or priority mailing will be used for this purpose. Procon can make no guarantees regarding the delivery schedule of the postal service.

Section 4.2 Payroll Deductions

- A. There are various mandatory deductions that the company is required to take from your paycheck in order to comply with local, state, and federal laws. Such deductions may include, but not be limited to:
 - a. Federal and State Income Tax
 - b. Social Security Tax (FICA)
 - c. Federal Medicare Tax
- B. The amount of Federal and State Income Tax withholding is determined by the number of exemptions claimed or the dollar amount specified by you when completing the W-4 or appropriate state tax withholding form at the time of your hire.
- C. The Social Security tax withheld is based on the amount of your earnings, up to the specified “wage base” that is established by the government. Procon matches the amount of Social Security taxes that are withheld from each employee’s paycheck.

Section 4- Pay Practices

- D. Other examples of mandatory withholdings may include items such as liens for unpaid child support, taxes, or other fees. After a court order is issued for this garnishment, Procon will deduct this amount from the specified employee's paycheck.
 - a. Multiple or continuous garnishment orders for the same employee may result in an administrative fee being charged to the employee, as applicable and permissible by law.
- E. There are also voluntary deductions that may be taken out of your check, such as your contribution to the following:
 - a. Health Insurance Program
 - b. 401(k) contributions
 - c. Short Term Disability, Dental, Accident, Critical Illness, and Life Insurance Plans
 - d. Personal use of company credit card
 - e. Non-business related hotel expenses including but not limited to cleaning fees, smoking charges, food charges, and video charges.
 - f. Tool Purchases
 - g. Charges for Usage Overages on Procon issued devices and/or replacement costs in the event of negligent damages
 - h. Personal Mileage driven on Procon issued vehicles
 - i. Replacement of keys, tools, equipment, vehicles when unreturned and/or negligent damages
 - i. Any voluntary deductions from your paycheck must be authorized prior to being taken out. A payroll deduction authorization form must be completed by all employees. This form can be found at the end of Section 4
- F. All mandatory deductions, such as taxes and other garnishments will always take precedence over any voluntary deductions.
- G. Unless specifically asked for, each paycheck or direct deposit will not be accompanied by a statement or "stub" showing a breakdown of deductions made along with earnings detail. This payroll information is visible through the E-Access portal for which an invite will be sent to email address provided at hire.
- H. Within 30 days of the end of the year, you will receive a W-2, which summarized your earnings and deductions for the previous calendar year.

Section 4.3 Payroll Corrections

- A. Procon takes all reasonable steps to ensure that each employee receives the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled payday.
- B. In the event that there is an error in the amount of your pay or an incorrect deduction, you should promptly bring the discrepancy to either the attention of your supervisor or the Payroll Department so that corrections can be made in a timely manner.

Section 4- Pay Practices

- C. All corrections will be included in your paycheck the following week. A new or revised check for the pay period in question will not be issued.

Section 4.4 Overtime Pay

- A. Due to demanding job schedule, weather related delays, or many other reasons, there may be times that overtime work may be required.
- B. Overtime is defined by the Fair Labor Standards Act as being any hours worked over forty (40) in any given pay period.
 - a. Overtime is paid to only “non-exempt” employees (see Section 3.2 for definitions of Non Exempt) and is paid at a rate of one and a half times your base hourly wage for any hours worked in excess of 40 hours.
- C. Scheduled overtime work is not guaranteed to any employee, on any job, at any time.

Section 4.5 Performance Evaluations

- A. It is the firm belief of Procon that mutual constructive conversation and feedback is given to the employee from the supervisor and vice versa. Supervisors and employees are strongly encouraged to discuss job performance and goals on an informal, day-to-day basis.
- B. Formal performance evaluations are conducted at 90 days from hire, and then 365 days from hire. All subsequent evaluations are then conducted annually, coinciding with the date of hire.
- C. The first 90 days of employment, known as the introductory period, allows the supervisor and the employee to discuss the job responsibilities, standards, and performance requirements of the new position. A regularly scheduled annual formal performance review allows both supervisor and employee the opportunity to discuss, and focus on, job tasks, identify and correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful approaches for meeting goals.
- D. All performance evaluations and reviews at Procon will refer strongly back to the job description you sign at the time of your hire.
- E. The performance evaluation schedule above is a minimum guideline. Additional performance reviews may be requested by either the employee or the supervisor, as either party deems reasonable or necessary.
- F. All performance evaluations become a permanent part of your personnel file and employment record. It will be a primary reference for determining pay increases or qualifications for promotions or transfers.

Section 4.6 Pay Increases

- A. Procon will award merit-based pay adjustments in an effort to recognize truly superior employee performance and to continue to attract and retain the best team members.
- B. Your rate of pay is confidential and the decision to award a pay increase is dependent upon numerous factors, including the information documented in your performance evaluation.
 - a. In addition to your overall job performance, other factors that will be considered when discussing pay increases are market conditions, competitive issues, and company performance.

Section 4- Pay Practices

- C. As much as possible, every Procon employee will be considered for a pay increase at least once every 12 months, usually coinciding with your performance evaluation.
 - a. However, the receipt of a performance evaluation does not automatically constitute a pay adjustment

Section 4.7 Work Time Paid

- A. All Procon employees are compensated for the time and hours they work for the company.
- B. Paid time for hourly employees begins upon your arrival at the pre-determined arrival time and ends when the day's tasks are done.
 - a. Travel time from your home to the job site is not paid time for employees who are driving their personal vehicles or who are a passenger in a company vehicle.
 - b. All time spent travelling between different jobs in the course of your day's work will be considered time worked and is therefore payable time.
- C. Drivers who are authorized by Procon to drive company vehicles will be paid travel time while driving the company vehicle for company business. Compensable drive time includes, travel from shop to jobsite, any travel between jobs, and travel from jobsite back to shop.
 - a. All drivers will be paid an hourly rate of \$14.00 while driving a company vehicle, regardless of their wage that is paid for onsite work time.
- D. Paid time for any salaried employees is considered any regularly scheduled workday when such an employee is willing, able, and ready to work.
 - a. Salaried employees are paid an established and agreed upon daily, weekly, or annual rate that is based on the commitment and requirements needed to perform their tasks, regardless of hours worked.
 - b. All salaried employees will receive per diem of \$40.00 for any overnight, out of town stay that is required at the direction of Procon.
 - c. Any salaried employee who does not have paid vacation time available and is not willing, able, or ready to work for any reason, will have their salary reduced by a daily rate, for each day not worked.
 - i. This daily rate will be arrived at by dividing their weekly rate by 5 days per week.

Section 5- Benefits and Services

Section 5.1 Benefits and Costs

Procon strives to offer our employees a comprehensive benefit package. While recognizing that these benefits represent a significant investment for the company, we will regularly review our benefit packages to ensure that we are both cost effective with the dollars we spend for our benefits and to ensure that we remain competitive in our market and industry.

While there are certain benefits that are mandated by federal and state law, Procon also has the flexibility to offer additional benefits, based on our discretion, that meet the needs of our employees. This section will briefly describe the mandatory and discretionary benefits offered to you by Procon.

Since this section is only a summary, full details and information regarding each plan is not included. In the event that there is a discrepancy between this summary and the actual details of the plan, the actual plan documents will supersede. Many plan documents and details will be given to you at your hire. For further questions, please contact the human resources representative.

The total costs of each of these mandatory benefits will either be fully paid by Procon or shared with you as the employee. The total cost for the company providing these benefits usually equates to 20% -25% of your base pay!!

Procon will make available and pay for a portion of the cost for some of these benefits to all full-time employees. These benefits are typically offered at group rates, which are usually less expensive than if you were to purchase them on your own. Additionally, you will also have the opportunity to have your contributions to the cost of some of these benefits deducted from your pay on a pre-tax basis, which will lower your overall tax liability. More details will follow below or feel free to contact a human resources representative for more details.

Section 5.2 Benefits Eligibility

- A. All mandatory benefits are provided under the applicable local, state, and federal laws. Therefore eligibility and participation in these benefits is determined by the applicable laws.
- B. Our discretionary benefits are available to all full time employees who have successfully completed the applicable waiting period. Usually, the waiting period for all discretionary benefits coincides with the introductory 90 day waiting period after hire.
 - a. All Salaried employees are eligible for Health Insurance Coverage immediately upon hire.
 - i. All other insurance coverages are available to Salaried Employees after 90 days of employment
 - b. All Hourly employees are eligible for all insurance coverages after 90 days of employment
 - c. No discretionary benefits are offered to part time employees.

Please refer to the specific plan documents that you received with this manual for further details or contact a human resources representative. Specific plan documents can be found at the end of Section 5.

Section 5- Benefits and Services

Section 5.3 Mandatory Benefits

Section 5.3-1 Social Security (FICA)

- A. A required percentage of your earnings are deducted from your paycheck each pay period to pay your portion of this benefit. Procon is required to match the amount deducted with a matching contribution, dollar for dollar.
 - a. Some of the elements of the benefit program are: Retirement Benefits, Disability Benefits, Survivor Benefits, and Medicare Benefits.

Section 5.3-2 Medicare Insurance

- A. Like Social Security, a required percentage of your earnings are deducted from your paycheck each pay period to pay your portion of this benefit. Procon is required to match the amount deducted with a matching contribution, dollar for dollar.
 - a. Both this money and the FICA deductions are sent to the Social Security Administration to be credited to your Social Security earnings account.

Section 5.3-3 State Unemployment Insurance

- A. This benefit is paid entirely by Procon and requires no employee contribution. Unemployment insurance provides weekly income protection for employees who become unemployed through no fault of their own.
- B. Employees may be eligible for unemployment benefits upon termination of service, depending on state law and circumstances connected with termination.
- C. After leaving company employment, the terminated employee can file an unemployment claim with the Virginia Employment Commission (VEC) Office.

Section 5.3-4 Workers Compensation Insurance

- A. The benefit is also entirely funded by the company and is available to cover the expenses, including lost wages, associated with work related injuries and illnesses, as defined by applicable state and federal laws.
- B. Workers Compensation Insurance provides protection to workers who suffer injuries or become ill on the job, regardless of who may be at fault. In order to ensure maximum coverage and timely claims response, all work related injuries and illnesses must immediately be reported to your supervisor. For more information regarding reporting accidents and injuries, please see the accident reporting policies and procedures found in Section 6.6
 - a. A comprehensive workplace safety and health program is critical to preventing these injuries and illnesses. More information on the safety and health program in place at Procon is found in Section 6 of this handbook.

Section 5.3-5 Family Medical Leave Act (FMLA)

- A. In accordance with federal laws, Procon offers qualifying and eligible employees up to 12 work weeks of unpaid leave for certain family and medical reasons during any 12 month period.
- B. In order to be eligible, an employee must have at least worked the following:

Section 5- Benefits and Services

- a. 12 months of employment with the company
- b. 1250 hours within the previous 12 months.
- C. FMLA leave may be taken for any one, or combination of, the following reasons:
 - a. To care for a newborn or newly placed adopted or foster child
 - b. To care for a spouse, child, or parent with a serious health condition, or
 - c. Because of your own serious health condition
- D. For FMLA purposes, a serious health condition is an injury, illness, impairment, or physical/mental condition that involves inpatient care or continuing treatment by a health provider.
- E. If your leave is a planned, foreseeable leave, 30 days written notice is required. If not, written notice as soon as possible is required.
- F. If you are granted leave in accordance with the Act, all rights and benefits afforded to you as a regular employee will continue throughout the duration of your leave. If you wish to continue your group health insurance premiums through such a leave, you may do so at your cost.
- G. The company will notify you in writing if you qualify or not for FMLA leave. If we do not receive medical certification regarding your leave, the company may provisionally designate your leave as FMLA leave.

Further details can be obtained by seeing the human resources department. FMLA posters containing additional details are also posted in the main office and at job sites.

Section 5.3-6 Benefits Continuation (COBRA)

- A. Under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), employees and their qualified beneficiaries have the opportunity to continue certain insurance coverage's that are offered under Procon's benefit plans after a "qualifying event", which would normally result in the loss of eligibility.
 - a. Some common qualifying events are:
 - i. Resignation
 - ii. termination of employment, or
 - iii. death of an employee;
 - iv. a reduction in an employee's hours or a leave of absence;
 - v. an employee's divorce or legal separation; and
 - vi. a dependent child no longer meeting eligibility requirements.
- B. Under COBRA, the employee or beneficiary has the opportunity to continue their full coverage of eligible plans, at their discretion and at their costs. Each employee electing to continue their benefits through COBRA will pay the Procon group rates plus an administration fee to keep this coverage in force. Currently the coverage's that are offered in Procon's health insurance and dental insurance are eligible for continuation through COBRA.

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- C. Procon will provide each eligible employee with a written notice describing rights granted under COBRA when the employee becomes eligible for COBRA coverage. The notice will contain important information about the employee's rights and obligations under the plan.
- D. Procon has contracted with a third party administrator (MedCost Benefit Services) to administer the COBRA plan. All communication regarding COBRA coverage will come from MedCost Benefit Services

Section 5.3-7 Life Threatening Illnesses and Disadvantaged Workers

- A. Procon is firmly committed to providing equal opportunity to each employee. Employees with life-threatening illnesses, such as cancer, heart disease, and AIDS, often wish to continue their normal pursuits, including work, to the extent allowed by their condition. Procon supports these endeavors as long as employees are able to meet acceptable performance standards.
- B. As in the case of other disabilities, Procon will make reasonable accommodations in accordance with the Americans with Disabilities Act and any other applicable legal requirements, to allow qualified employees with disadvantages, disabilities, or life-threatening illnesses to perform the essential functions of their jobs.
- C. Medical information on individual employees is treated confidentially. Procon will take reasonable precautions to protect such information from inappropriate disclosure. Managers and other employees have a responsibility to respect and maintain the confidentiality of employee medical information.
 - a. Anyone inappropriately disclosing such information is subject to disciplinary action, up to and including termination of employment.

Employees with further questions or concerns about life-threatening illnesses are encouraged to contact any manager or the HR representative for more information and/or referral to appropriate services and resources

Section 5.4 Discretionary Benefits

Following is a brief description of the discretionary benefits that are offered by the company. Most of these benefits are either partially or fully funded by the company and are available only to full time employees. Several of these benefits have full and complete Summary Plan Descriptions that are not included here. For more information, please see a human resources representative.

Section 5.4-1 Pre-Tax Premiums (Section 125 Cafeteria Plan)

- A. Procon offers employees the opportunity to pay certain benefit premiums on a pre-tax basis subject to guidelines established by the Internal Revenue Service (IRS). Section 125 is the actual location of this guideline in the IRS code, hence the name.
 - a. If you choose this option, (where available), you will be able to have the eligible benefit premiums deducted from your check before taxes are withheld. This allows you to reduce your overall tax liability and obligation. Since this benefit impacts your tax responsibility, IRS guidelines will be applied and followed.
 - b. The following are included in this plan at present:
 - i. Employee paid group health/medical insurance

Section 5- Benefits and Services

- ii. Employee paid group dental insurance
 - iii. Employee paid group accident insurance
 - iv. Employee paid group critical illness insurance
- c. All full time employees are eligible to enroll in any Section 125 plan after the initial waiting period for their position. You will be given the opportunity to make this election when you are eligible for enrollment, and it is available only for thirty days from that date.
- B. Participation will be effective the first day of the pay period following election.
- C. If you elect not to participate during the first 30 days of your eligibility date, you will have to wait until the following year's open enrollment period, which is from Sept 1 through Sept 30 each year, to elect participation. Once you have enrolled, you cannot change your Section 125 cafeteria plan election until the next open enrollment period unless there is a qualifying event. Further information on this 125 Cafeteria Plan, including a list of other qualifying events, may be obtained from any human resources representative.

Section 5.4-2 Health Insurance

- A. Procon provides a medical insurance plan to all full time employees, with the choice of a Copay plan or a High Deductible Health Plan.
- a. All Salaried Employees are eligible to participate in this benefit immediately upon hire
 - b. All Hourly Employees are eligible to participate in this benefit after 90 days of employment
 - c. As described above, this plan is part of our Section 125 Cafeteria plans and premiums are deducted from your check on a pre-tax basis.
 - d. If enrolled in the High Deductible Health Plan, employees are also eligible to open a Health Savings Account to contribute pre-tax funds in accordance with IRS guidelines. Please contact the HR Department for more information.
- B. Procon pays \$60.62 week towards insurance premiums. After the company contribution towards the employee coverage, this coverage is deemed affordable under the Affordable Care Act. Spouses and children of employees can be enrolled in the plan as well. The payments of premiums for spouse and children coverage will be the responsibility of the employee.
- C. From the date you become eligible to participate, you only have 30 days to sign up. Once the 30 day mark is past, you will have to wait until the company's annual renewal to participate UNLESS there is a qualifying event.
- D. Qualifying events may include, but are not limited to, job change or promotion, adding spouse due to recent marriage, adding children due to recent birth or adoption, loss of other coverages, etc.
- E. Details and applications for this coverage can be found at the end of Section 5.

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Section 5.4-3 Short Term Disability Insurance

- A. An insurance policy offering short term disability coverage is offered by the company to all full time employees. Procon will pay 75% of the premium for employee coverage.
- B. Short Term Disability coverage provides weekly pay that is equal to 60% of your regular weekly wage after a disabling illness, accident or injury that occurs AWAY from the job. In the event of a disabling illness, accident or injury, you can file a claim for benefits. After a claim is filed and the waiting period of 14 days from the disabling event is met, benefits will be extended under this plan.
- C. Since this plan involves payment directly to you as an employee, all short term disability premiums are exempt from the Section 125 Cafeteria plan and are deducted from your check on a post tax basis.
- F. Applications for this coverage can be found at the end of Section 5. Please see the Human Resources department for further details and explanation of this coverage.

Section 5.4-4 Voluntary Insurances

- A. There are several other insurances that are offered by the company which are considered “voluntary”. All full time employees are eligible to participate in any of these plans, as they choose. The company does not contribute toward the premiums of any of these insurances, but will gladly deduct the premiums for these coverage’s from your weekly paycheck. These coverage’s include:
 - a. Dental Insurance
 - b. Accident Insurance
 - c. Critical Illness Insurance
 - d. Life Insurance
 - e. Vision Insurance
- B. As with any other insurance offered by Procon, full time employees are eligible for enrollment in these plans after 90 days of continuous employment and must enroll within 30 days of eligibility.
- C. In accordance with Section 125 guidelines and provisions, dental, cancer, and accident premiums are eligible to be deducted on a pre-tax basis.
- D. Further specific details on these plans and levels of coverage’s can be found at the end of this section or by contacting the human resources department.

Section 5.4-5 Bereavement Leave

- A. Procon offers 2 paid days (16 hours) for bereavement leave per occurrence, for any full time employee, upon the death of any immediate family member.
- B. For purposes of this policy, immediate family members include spouses, children, parents, siblings, and grandparents. Any step, half, or in law relationships that exist in these categories would fall under this benefit.
- C. If further leave is needed, it may be taken as unpaid time off or applied towards any available paid vacation.

Section 5- Benefits and Services

Section 5.4-6 401(k)

- A. After 1 year of continuous employment with Procon, employees are eligible to participate in a 401(k) plan. Enrollments will be held quarterly throughout the year and eligible employees will have the opportunity to enroll during any enrollment held after their eligibility date.
 - a. Procon will match 100% of elective deferrals up to 3% of pay, plus 50% of elective deferrals that are over 3% but not over 5% of pay.

Section 5.4-7 Paid Holidays

- B. As a benefit to our hard working employees and in recognition for your dedication, the company offers seven (7) paid holidays per calendar year. The paid holidays are:
 - a. New Years Day
 - b. Memorial Day
 - c. Fourth of July
 - d. Labor Day
 - e. Thanksgiving Day
 - f. Christmas Eve
 - g. Christmas Day
- C. On each of the holidays listed above, each active, full time employee will receive eight (8) hours of pay. In the event a holiday falls on a weekend, a decision of which day will be taken off and paid in lieu of the actual holiday will be made by the leadership team. Typically, this will be Friday before the weekend if the holiday falls on Saturday, or Monday after the weekend if the holiday falls on Sunday. Considerations to the job site logistics and schedule will be given in this decision.
- D. For the purpose of calculating weekly overtime hours, paid holiday hours will not be considered hours worked.
- E. Any employee who has an *unexcused* absence on the next scheduled work day after any paid holiday will forfeit the 8 hours of paid time for that particular holiday.
- F. Any employee serving a disciplinary suspension over the paid holiday will not be eligible for holiday pay.

Section 5.4-8 Jury Duty

- A. Procon recognizes that employees may occasionally be summoned to serve on jury duty. Each employee who is called for service on a Grand Jury or a Petit Jury, after furnishing formal evidence of his/her jury service, shall be excused from work and permitted to serve on said jury.

Section 5- Benefits and Services

- a. You should notify your immediate supervisor as soon as you receive notification to serve on jury duty. This will help make plans for your work location in your absence.

Section 5.4-9 Leaves of Absence

- A. In addition to the Family Medical Leave discussed earlier, the company recognizes that there may be other occasions when you need additional leave or time off from work. This benefit is available to all full time employees who have completed their 90 day trial period. Any leave must be requested in writing and submitted to your supervisor.
- B. Any unpaid leave granted under this policy must not exceed a 6 month period from your last day worked. Outside of an FMLA leave, no employee is automatically guaranteed their former position within the company with an extended leave of absence.
- C. Where applicable, and if you qualify for FMLA leave, any medical leave time requested will run concurrently with any time off allowed by the FMLA provisions.
- D. Procon will not discriminate against any employee who requests an excused absence for medical disabilities associated with a pregnancy. Such leave requests will be made and evaluated in accordance with the Family Leave Policy stated above and in accordance with all applicable federal and state laws.
- E. A military leave of absence will be granted to employees according to all applicable laws.

Section 5.4-10 Direct Deposit

- A. Procon offers all employees the opportunity to have your paycheck directly deposited into a checking or savings account of your choice, or onto a payroll card. With direct deposit, you will not receive a “check stub” showing your earnings and deductions unless you specifically ask for one to be printed. This information is available on the E-Access portal. The money will be deposited directly into the account you designate.
- B. Direct deposit offers several benefits to you-
 - a. It saves trips back and forth to your financial institution
 - b. You don’t have to wait in line to deposit your check
 - c. Eliminates the possibility of lost, stolen, or forged checks,
 - d. Allows you to deposit your money faster, reducing the possibility of overdrafts
 - e. Your money can be deposited even while on vacation, sick or away from your home
- C. You can elect for direct deposit into your bank account by completing the authorization form for direct deposit at the end of this section or participate in the payroll card program by contacting the Human Resources department for more details.

Section 5- Benefits and Services

Section 5.4-11 Sick and Personal Days

- A. Procon recognizes that there may be times you must take personal time off. Personal days may be taken with good reason and your supervisor's approval and must be requested in writing with as much notice as possible.
 - a. Any personal or sick days may either be applied to any paid vacation time available or may be taken as unpaid time off.

Section 5.4-12 Paid Vacation

- A. Procon likes to reward each employee for their hard work and dedication. One of the ways the company does this is through paid vacation time off.
 - a. For purposes of this section, one day means 8 hours. Only full time employees are eligible for paid vacation.
- B. Paid vacation is accrued at the following schedule:
 - a. At completion of 90 days: 1 day
 - b. At completion of first year: Additional 5 days
 - c. At completion of each subsequent year: 1 additional day, until a total of 10 paid vacation days are accrued
 - d. All salaried, exempt employees will continue to accrue an additional 1 day of paid vacation for completion of each subsequent year, until a total of 15 paid vacation days are accrued.
 - e. NOTE: Paid vacation will not be pro-rated based on completion of partial years. All vacation is accrued based on completion of full years, as described above.
- C. All requests for vacation time, whether paid or unpaid, must be submitted in writing. Approval will be done by your immediate supervisor or project manager.
- D. When requesting more than 2 consecutive vacation days off, the request must be submitted at least 30 days prior to the dates of requested vacation. When requesting up to 2 consecutive vacation days off, the request must be submitted at least one week prior to the dates of requested vacation.
- E. To permit continuity of operation, a limit will be imposed on the number of employees on vacation at any one time. When there is a conflict and several employees wish to take vacation at the same time, it will be up to the supervisor's discretion as to which request will be granted.
- F. Employees cannot accumulate or "rollover" earned vacation time from year to year. It must either be used or "sold" back to the company.
 - a. (Sold back means requesting to be paid for vacation without actually taking the time off)
- G. Any unused vacation, up to one week's worth, may be "sold" back to the company. Any employee eligible for more than one week of vacation must take any additional available vacation as time off and away from work. This time that must be taken as time off does not have to be taken in consecutive days, but can be arranged as most convenient for you and the company.

Section 5- Benefits and Services

- H. Any requested vacation pay will be paid on the next regular scheduled pay day and included with your check for that pay period.
- I. When an employee, who still has paid vacation available, decides to leave employment with the company, this paid vacation is still available to the employee, provided the following criteria is met:
 - a. The resignation was not initiated by the company or the employee is not being terminated by the company for cause
 - b. A minimum 2 week **working** notice of resignation is given. In order to receive any unused paid vacation, an employee must report for duty for a minimum of 2 weeks after submitting resignation notice.
 - c. All other criteria of this paid vacation policy is met, such as not exceeding the allowable amount of time that can be sold back to the company, meeting the minimum request approval time for paid vacation, etc.
 - d. Procon reserves the right to suspend the payout of any unused vacation depending on the nature of the resignation and the circumstances of each individual case.

Section 5.4-13 Company Store

- A. After 30 days of employment, each employee is eligible for \$150 credit toward the company store to purchase Procon branded clothing and/or tools in lieu of a uniform service. This is an annual credit re-issued on your hire date.
- B. The link for the company store is <https://procon-inc.net/store/>
- C. Coupon codes for store credit will be sent to your email provided at new hire orientation.
- D. Further questions can be directed to the Human Resources department.

Section 5.4-14 Bonuses

- A. Procon may from time to time issue **discretionary** bonuses to employees. Any bonuses will be issued via employee's normal payroll method and taxed in accordance with IRS guidelines.
- B. Any employee who may be serving a disciplinary suspension will not be eligible for bonus pay.

Section 6- Safety and Health

Procon is committed to ensuring the safety and health of each one our employees and team members by providing working conditions that are free from any known hazards, providing ongoing training and employee development to introduce and reinforce safe working behaviors, and by providing equipment and tools that are in good repair and working order.

This section will highlight some of the key points of our safety program. However, the Procon Corporate Safety Program is available for your immediate review.

Any further questions should be directed to the Director of Safety or your immediate supervisor.

Section 6.1 Safety and Health Program

Each employee will be introduced to our overall safety and health program at the time of their hire and periodically throughout their 90 day initial employment period. This program is coordinated by the Director of Safety.

Section 6.2 STEP SAFE

Procon has developed a unique brand or slogan for our safety culture, which represents the commitment of the company to each employee's safety, health, and well being, as well as representing the individual responsibilities of each employee.

STEP SAFE stands for:

- | | |
|----------------------------|----------------------------|
| - <u>S</u> : safety | <u>S</u> : smart |
| - <u>T</u> : takes | <u>A</u> : alert |
| - <u>E</u> : each | <u>F</u> : focused |
| - <u>P</u> : person | <u>E</u> : educated |



In order for a safety culture to rule our work site, it involves each one of us, from the president of the company down to the newest member of the team. Without a commitment from each one, our safety culture will not be strong and vibrant. Therefore, Safety Takes Each Person.

Procon is committed to ongoing training and employee development, as mentioned above. Each year, thousands of dollars are budgeted for the sole purpose of making our workplace a safer place for each employee. This is done through training and education, purchasing better equipment and supplies, and many other initiatives to increase our awareness. This commitment is represented in our safety culture through each one of us being Smart and Educated!

Daily pre-task planning, toolbox talks, and random safety inspections are all part of keeping each team member Alert and Focused. From using the basic safety equipment to encouraging our co-workers to better themselves, maintaining an alert focus on our safety and risk management.

You will see the logo above on paperwork, shirts, jackets, hard hats and many other places. It is more than a logo or a slogan. It is a way of life for Procon employees. It represents a relentless pursuit of improving ourselves!

Section 6- Safety and Health

Section 6.3 Individual Responsibilities

- A. While there are some positions within Procon that require operation of motor vehicles or heavy equipment or working around these items, you as the employee are expected to take responsibility for your personal safety. Maintaining a safe work environment requires the continuous cooperation of us all! As an individual employee, you have the responsibility to:
- a. Report any unsafe condition or action to your supervisor immediately, and
 - b. Encourage your fellow co-workers to act safely and responsibly;
 - c. Participate and contribute to the Daily Pre-Task Plan Session
 - d. Participate in the Daily Stretch and Flex exercises
 - e. Report any near miss, incident, accident or injury that occurs while at work as well as behaviors that contribute to workplace injuries or illnesses;
 - f. Use equipment only after being properly trained as well as using it only for it's designed and intended use;
 - g. Maintain good housekeeping and safe conditions throughout your jobsite and work area;
 - h. Report any needed repair of tools or equipment
 - i. Follow all safe working behaviors and guidelines in a manner to prevent any injuries or illnesses, including using the provided personal protective equipment (PPE)

Section 6.4 Safe Working Behaviors

- A. Practicing safe working behaviors is critical to maintaining a safe work environment and is a crucial part of STEP SAFE. Some of these basic behaviors include, but are not limited to:
- a. Report to work rested and physically fit to satisfactorily perform your job duties
 - b. Always use proper PPE and clothing when exposed to dusts, hazardous materials, falling objects, flying particles, loud noise, etc.
 - c. Avoid loose clothing or jewelry that could get caught in moving parts or equipment
 - d. Familiarize yourself with the Hazard Communication program and the applicable safety data sheets (SDS) for the chemicals in the workplace, including location, contents, and scope of the program and SDS's.
 - e. Practice good housekeeping at all times, in all areas. Always inspect your work area to identify and correct (when possible) existing or potential hazards.
 - f. Always report any unsafe equipment or conditions to the supervisor as soon as possible.
 - g. Only operate equipment and tools on which you have been properly trained. If in doubt of the proper procedures, ask for assistance and guidance.
 - h. Use seatbelts when operating any piece of motorized equipment.

Section 6- Safety and Health

- i. Never operate machinery or tools with missing guards or shields. Inspect each tool prior to using the tool and report any repairs needed.
- j. Always lift objects by bending your knees and keeping the back straight to avoid strains to your back. Get help with any bulky or heavy objects.
- k. Remember, concrete contains cement, which can cause chemical burns to unprotected skin when wet or “plastic”. Keep exposed skin and clothing washed and free from cement to avoid chemical burns.

Section 6.5 Personal Protective Equipment (PPE)

- A. There are certain forms of PPE that must be worn at all times, on all jobsites. Many forms of PPE are provided to you, at no cost, by the company. There are other items that may be required PPE that is not provided by the company due to the wide differences of preference and non work related use of such items.
- B. Items provided by the company and expected to be used on each jobsite and at all times are:
 - a. ANSI Z 89.1 or greater rated helmet
 - b. ANSI Z 87 or greater rated safety glasses or goggles
 - c. ANSI Class II or greater high visibility vest or outerwear
- C. Other items provided by the company and expected to be used when needed are:
 - a. Respiratory protection
 - b. Hearing Protection
 - c. Face Protection such as face shields etc.
- D. Some other items considered as PPE but that is not provided by the company are:
 - a. Foot protection- (work boots with good ankle support, non slip soles, etc are required at all times)
 - b. Rubber boots for pouring concrete
 - c. Rain coats or other falling weather protection
 - i. These items are more personal in nature, can be used or worn for non work related functions, and are subject to varied personal preferences, so they are not provided by the company. Each employee is expected to have these available when beginning to work.

Section 6.6 Accidents Reporting and Medical Care

When an accident occurs on the job site, it is undesirable and unfortunate. They are costly and painful to both the employee and the company! When there is a human element involved in any function, there is an increased potential for mistakes that lead to accidents and injuries. It is our responsibility to minimize and prevent that potential from becoming a reality.

It is important to note that a drug test will be conducted on any employee who is found to be involved in any incident or accident that causes any form of bodily injury or property damage. All post-accident testing will be done

Section 6- Safety and Health

within 8 hours of the time of the event. This testing will be conducted in accordance with the Drug Use and Testing Policy found in Section 6.7 below

A. ACCIDENT REPORTING:

- a. In order for us to be able to identify trends, potential hazards, and improve our performance, it is imperative that each near miss, near hit and minor incident is reported, along with the accidents. Reports of these conditions and situations must be made even if no medical attention is required.
- b. If you are injured or aware of any injury that occurs during the course of work, it must be reported immediately to your supervisor and the Safety Department. Under no circumstances should you leave the jobsite before these items are reported. Failure to report could result in loss of wages, insurance coverage or the proper medical attention needed.
- c. No employee will be retaliated against for reporting any of the above.
- d. Once a report is made to your supervisor and Safety Department, the supervisor may initiate a written report, depending on the type of event. Templates of these written reports can be found at the end of this Section.

B. MEDICAL CARE:

- a. It is important that an injured employee receives proper medical care after an injury.
 - i. For first aid only cases, Procon will ensure and provide first aid and CPR trained personnel on each job site to tend to these injuries. The job site superintendent can provide you with a list of these personnel.
 - ii. For non emergency events requiring care beyond first aid, the injured employee must choose a medical provider from the panel of physicians. This panel of physicians has been established by Procon, in conjunction with our Workers Compensation Insurance provider, and consists of qualified medical professionals who offer care that is conducive with our return to work program.
 1. There is a panel of physicians that is established for each jobsite and is available from the jobsite superintendent.
- b. For accidents needing immediate emergency medical attention, you should visit the nearest emergency room or urgent care center. After that initial visit, all follow up medical care should be conducted with a physician from the Panel of Physicians.

Section 6.7 Drug and Alcohol Use and Testing

A critical piece of any successful safety and health program is a drug free workplace. All Procon job sites and facilities are drug free work places and all Procon employees are expected to comply and will be subject to drug and alcohol testing.

- A. Consumption of alcohol and drugs in company vehicles or on company property is expressly prohibited. The operation of vehicles while under the influence of drugs or alcohol, above the limits allowed by law, is also prohibited

Section 6- Safety and Health

- B. No employee may possess, consume, or carry with them any illegal drugs or any other controlled substance not prescribed by a physician, at any time.
- C. No employees shall report to work after taking such controlled substances or illegal drugs.
 - a. Employees required to take prescribed or over the counter drugs on a regular basis, both before and during work, must notify their supervisor, due to job restrictions dictated by the medicine taken.

In summary, the use, possession, having a detectable presence on one's system (except where expressly authorized by a licensed physician), distribution or sale of such substances on Company premises is expressly prohibited. The Company reserves the right to search employee's persons, or personal property that is being used on Company property or to conduct Company business, when reasonable cause or suspicion is given.

- D. Drug and alcohol testing will be conducted, as a minimum, according to the following:
 - a. Pre- employment;
 - b. Post-Accident (see Section 6.6 above for further details on post-accident testing)
 - c. Reasonable cause or suspicion;
 - d. Random testing, and
 - e. Periodic testing as required by contract documents, etc
- E. Initial pre-employment, random, and reasonable cause testing is done in house through an in house, 10 panel saliva scan or urinalysis. If this fails to produce a negative result, follow up testing is done through a local doctor's office or laboratory.
- F. All post-accident testing is to be done at an off-site laboratory or medical provider facility if in house 10 panel saliva scan or urinalysis is not readily available or if a follow up test is required due to a failed test.
- G. By continuing to accept employment from Procon, Inc, you agree to produce a specimen for testing when required by the Company.
 - a. Refusal to do so will be considered insubordination and will be disciplined accordingly.
 - b. The dilution or adulteration of any test specimen is considered a violation of policy and will also be handled accordingly
- H. Any violation of any aspect of this policy, including a positive drug or alcohol test, by any Procon employee will result in appropriate disciplinary action being taken, up to and including termination. Disciplinary action will include a minimum 2 day unpaid suspension and a return to work drug test. If appropriate, there will be a referral for substance abuse counseling and/or disclosure of information to law enforcement. Determination of the disciplinary action taken will account for employment history and the individual employee's assigned job duties.

Section 6- Safety and Health

Section 6.8 Emergencies

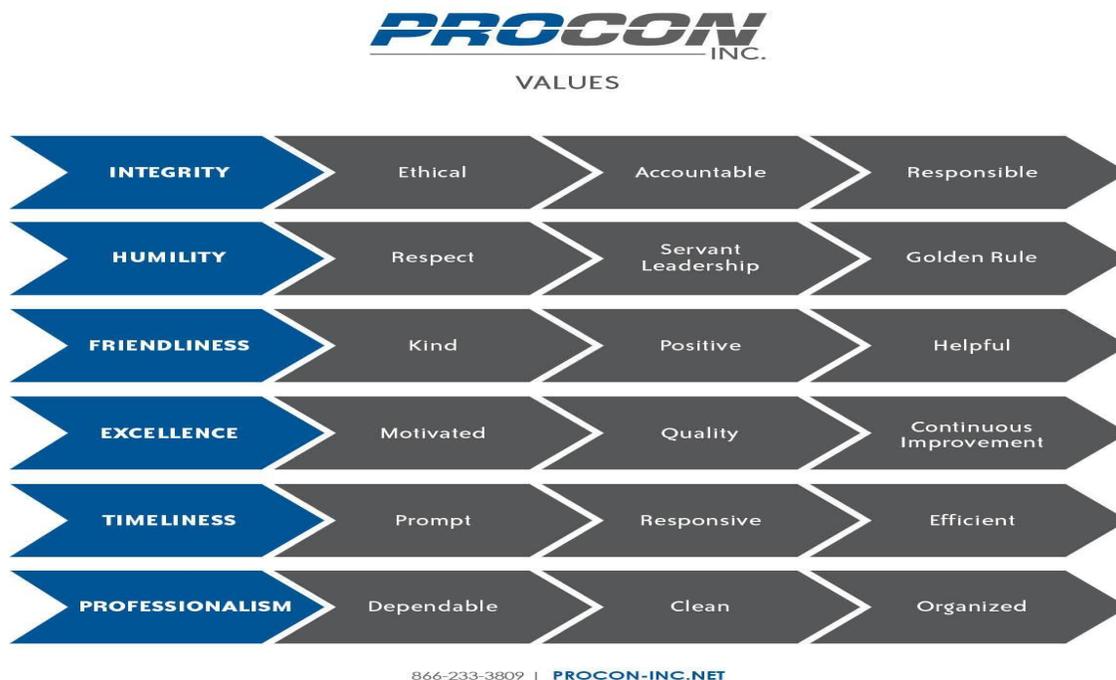
- A. At the time of your hire, you will supply emergency contact information for your personnel file. It is your responsibility to keep this up to date and accurate if there are any changes. This will assist in the timely notification of family members and the appropriate information exchange if you are involved in an emergency.
- B. Each job site you will work on will have an Emergency Actions Plan (EAP). These emergency actions plans will provide more detail regarding the responsibilities of each person, what to do and who to call in certain type emergencies, etc.
 - a. A few highlights to summarize the basic EAP are as follows:
 - i. Remain calm at all times
 - ii. Know the emergency exit/evacuation routes from the area that you are working
 - iii. Gather in the designated gathering area until each employee is accounted for
 - iv. Understand that different types of emergencies will require different procedures to be followed.

Section 6.9 Workplace Violence

- A. Procon strongly believes that all employees, co-workers, and customers are to be treated with dignity and respect. There will be no toleration for any acts of violence, including threats or threatening behavior towards anyone in the workplace.
- B. Any instances of threatening or violence should be reported immediately to your supervisor or the human resources department.
 - a. All reports and complaints will be promptly and thoroughly investigated.
 - b. Anyone who engages in this behavior will be removed from company property as soon as safely possible and be prohibited from returning pending the outcome of the investigation.
- C. If the investigation substantiates the report or claim, corrective actions will be taken, up to and including, termination of employment.

Section 7- Standards of Conduct

In this section, you will find many policies, procedures, and guidelines that are related to the standards we expect each team member to abide by as we conduct our business from day to day. In addition to these policies, employees are expected to always conduct themselves in accordance with the Procon values below.



It is impossible to address every situation with this manual, so changes will be made from time to time as necessary. The leadership team reserves the right to create, modify, or revoke any policies or privileges given at any time.

Section 7.1 Application Falsification

- A. Each applicant for employment at Procon must fill out an application for employment. Procon then relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment, for any hiring decisions.
- B. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in exclusion of the individual from further consideration for employment. If the person has been hired, termination of employment may result if it becomes apparent any information in the application and hiring process was either withheld or falsified.

Section 7.2 Notices and Communications

- A. All communications between management and employees, as well as between co-workers and each other, must be professional at all times.

Section 7- Standards of Conduct

- B. Communications regarding any company functions, policy changes, etc may occur in a variety of ways. They may come in the forms of:
- a. Handouts at training sessions
 - b. Mass electronic communication
 - c. Bulletins posted in main or jobsite offices
 - d. Payroll stuffers

Section 7.3 Care and Usage of Company Vehicles

Procon has made an effort to keep our fleet of vehicles new and up to date. Our vehicles are our rolling billboards and a major form of advertisement. As such, these vehicles need to be well maintained in the nicest possible condition, both inside and out.

- A. If you have the privilege of driving a company vehicle as well as the privilege of taking it home each day, it is your responsibility to have it clean, both inside and out, no later than each Monday morning. The cost of keeping this vehicle clean is the responsibility of the driver the vehicle is issued to.
- B. If you are a driver and drive the vehicles from the shop to the job, but do not have the privilege of driving the truck home each day, you are still responsible for the cleanliness of the vehicle. There are provisions made at the Procon shop for washing vehicles and your assigned vehicle must be clean by Monday morning each week.
 - a. Drivers in this category are paid \$25.00 per vehicle/per week for this work. A completed truck wash sheet must be filled out and turned in no later than Monday morning. The applicable truck wash pay will be included in the next paycheck.
- C. All drivers of Procon vehicles are responsible *for ensuring* the completion and the maintenance of the vehicles they drive. This includes, but is not limited to, state inspections, regular oil changes, tire rotation, brake repair, etc.
- D. Only employees who meet the criteria of Procon's driver policy are permitted to operate motor vehicles for Procon. These employees must sign the Driver Policy and be approved and authorized by Procon.
- E. Some employees are given company vehicles for transportation to and from their worksites. These are to be used only for company business, but under certain circumstances personal use is permissible. This personal use should not be excessive in nature.
 - a. Some examples of excessive in nature include but are not limited to personal overnight trips, out of town/state travel, and use of the company vehicle as a primary personal/family vehicle.
 - i. Any situation that is questionable should be discussed with, and approved by, your manager. Any specific written employment agreements regarding personal use will supersede this policy.
- F. In any personal usage situation, keep in mind that this is still a company vehicle and exercise caution and safety at all times- not only for your safety and protection, but also for the company image. Seatbelts must be worn by all persons inside the vehicle.

Section 7- Standards of Conduct

- G. Consumption of alcohol and drugs while operating a company vehicle is expressly prohibited. The operation of vehicles while under the influence of drugs or alcohol, above the limits allowed by law, is also prohibited.
 - a. If any employee is prescribed medication prohibiting the operation of equipment or vehicles, their immediate supervisor should be notified so this restriction can be accommodated.
- H. Anyone who is given a company vehicle must keep a mileage log and document all mileage driven on the company vehicle. This log is to be submitted weekly by Monday morning to payroll@procon-inc.net.
 - a. Any personal mileage driven will be deducted from the weekly paycheck at a rate per mile (the rate will vary based on current gas pricing). If you use a larger truck to pull equipment/trailers for personal use then the mileage charge will increase due to increased fuel consumption.
- I. Procon has the right to install GPS units in all company vehicles. These vehicles are the property of Procon and as such, the company reserves the right to monitor, review, access and disclose reports from GPS units installed in company vehicles.
- J. Reading and/or sending texts, emails, or participating in any form of social media while driving a company vehicle is unacceptable and is expressly prohibited.

Violation of any portion of this policy shall be grounds for disciplinary action; up to and including immediate termination of employment.

Section 7.4 Company Property

Many times, Procon will issue items to employees for their use, and convenience, to conduct company business. It is imperative to remember that these items are issued primarily to conduct company business and must be available when needed for that purpose. Some examples of the company property that may be issued to employees are:

- A. Equipment & Tools: All employees who are issued any equipment or tools are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards, and guidelines. Equipment & tools must be restored to good, clean working order when you are finished with it. No equipment or tools are loaned out for personal use without expressed prior approval from your supervisor.
 - a. It is your responsibility to notify your supervisor if any of the tools or equipment assigned to you appear to be damaged, defective, or have need of repair. Improper, careless, negligent, destructive, or unsafe use of tools or equipment will result in disciplinary action, up to and including employment termination.
- B. Office and Clerical Supplies: While these are certainly necessary, they add to the cost of doing business. Therefore, they are to be used wisely and not wasted.
- C. Access keys, gate cards, and security codes: Employees having possession of company keys and/or security codes of any type are responsible for their safe keeping. Loss, theft or misuse of any of these must be reported immediately. No duplication is allowed for any reason.
- D. Company phones/computers, mobile electronic devices, & accessories: These are issued to conduct company business and are expected to be available at any time for such use.

Section 7- Standards of Conduct

This is not a complete list of company property that may be issued to employees. Any company property, vehicles, or rental equipment that is entrusted or issued to any employee must be returned upon request or at termination of employment. The intentional, gross, negligent, or repeated damage to or loss of company property, vehicles, or rental equipment may result in the cost of repair or replacement being at the employee's expense, but shall not exceed the cost of Procon's insurance deductible.

Section 7.5 Confidentiality

The protection of confidential business information and trade secrets is vital to the interests and the success of Procon, Inc. Such confidential information includes, but is not limited to, the following examples:

- A. Financial information
- B. Pending projects and proposals
- C. Research and development ideas
- D. Rating Structures.
- E. Customer lists
- F. Marketing strategies
- G. Technological data.

Any employee who discloses trade secrets or confidential business information will be subject to disciplinary action, up to and including possible termination of employment and legal action, even if he or she does not actually benefit from the disclosed information.

Section 7.6 Conflict of Interest

As a full time employee of Procon, Inc. your primary responsibility is to this company. Since we serve the public and other professional organizations, it is essential that employees treat information about customers, suppliers, our internal operations, and internal records with absolute confidentiality. Additionally, employee's personal relationships should in no way compete with or compromise, the company's interests. The following guidelines, when strictly adhered to, will help you avoid situations where a conflict of interests could occur:

- A. Do not accept gifts or other favors of value, which are offered as a result of carrying out your duties for the company.
- B. Do not divulge internal information, statistics, records, or operating methods to anyone who does not work for Procon, Inc.
- C. Cooperate with management in resolving any possible conflict situations involving yourself or your family.
- D. No employee or director may have an interest in, work for, or receive income from any competitor of Procon, Inc.
- E. No employee may have an interest in, work for, or receive income from any supplier, customer, subcontractor, consultant, or other firm as inducement for Procon, Inc. business.

Section 7- Standards of Conduct

- F. No employee or director may give or authorize any direct payment, financial incentive or gift to any firm in exchange for obtaining business from that firm, or any other entity.
- G. No employee or director may profit personally from any business transaction involving Procon, Inc. other than through established compensation programs

By observing these guidelines, you will protect yourself and the company from difficulties and/or legal repercussions, which naturally result from conflict of interests.

Section 7.7 Conflict Resolution

To provide you with a prompt and fair means of resolving personal complaints regarding work or working relationships, a formal complaint procedure is necessary. This procedure guarantees courteous and fair treatment, and there shall be no repercussions against you for voicing your concerns. Normally, the first step to resolving complaints is to first bring any conflict to the attention of your Supervisor. If the problem cannot be resolved through this discussion, it should be written down and brought to the attention of the Leadership Team. Our experience has shown that when employees deal openly and directly with their Supervisor, the work environment can be excellent, communications can be clear, and attitudes can be positive.

Section 7.8 Customer & Co-Worker Relations

Procon operates on the basis that every individual deserves to be treated with respect, courtesy, tact, and consideration. The way you treat those around you should be a direct reflection of how you yourself would desire to be treated. Therefore we expect you to treat the customers and fellow employees accordingly. You should be aware of and sensitive to any behaviors that are offensive to others. If you observe, or are the object of such unprofessional conduct, you are responsible to report it to your Supervisor.

Section 7.9 Discipline

To ensure orderly operations and provide the best possible work environment, Procon expects employees to follow rules of conduct that will protect the interests and safety of all employees and the organization. These rules are enforced through a progressive discipline schedule. The steps of this progressive discipline schedule are:

1. Informal discussion
2. Verbal warning,
3. Written warning,
4. Suspension
5. Termination

Procon, Inc. retains the right to move to any step in the disciplinary action schedule including termination at any time, with or without notice.

While it is not possible to list all the forms of behavior that are considered unacceptable in the workplace, in Section 7.18 (WORK RULES), there is a list of examples of infractions that may result in disciplinary action, up to and including termination of employment. It is important to note that employment with Procon is at the mutual consent of both parties and either party may terminate that relationship at any time, with or without cause, and with or without advance notice.

Section 7- Standards of Conduct

Section 7.10 Dress/Attire

Dress, grooming, and personal cleanliness standards contribute to the morale of all employees and affect the business image that Procon presents to customers and visitors. The dress and attire of our team is as important to our image as our quality of work.

Employees who appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for the time away from work.

The following dress code and expectations apply to

A. On site workers:

- a. Clothing should not have holes or tears
- b. Long pants (at least to ankle) that is not too baggy so as not to hinder ability to work efficiently or to be unsafe around equipment.
 - i. No athletic pants (ex: sweatpants/warm up pants/trackpants)
- c. Shirts must have at least a four (4) inch sleeve.
- d. Clothing may not have any obscene sayings or pictures on them (this includes hats, shirts, pants, jackets, etc).
 - i. Clothing that bears images or promotes businesses that are in competition with, or do similar type work as Procon is prohibited to be worn by Procon employee while on Procon jobsites.
- e. Must wear hard soled work boots, no tennis shoes, sandals or flip-flops.
 - i. Steel-toe boots are recommended
- f. Wearing a long sleeve shirt is recommended for placing concrete.
- g. Hair that is longer than “below the collar” length should be tied back in a ponytail or bun.
- h. Must wear all PPE when on a jobsite as described in the Safety Handbook.

B. Office workers, Project Managers, and Outside Sales:

- a. Male office workers must wear nice, presentable, collared shirts, clean with no holes or stains, at least a four (4) inch sleeve (below hem), and with no sayings or pictures other than Procon’s logo on them.
- b. Male office workers must wear long pants (at least to ankle) that are nice, presentable, and clean with no holes or stains. No athletic pants (ex: sweatpants/warm up pants/trackpants)
- c. Female office workers must wear pants or skirts (at least to knees or below and size appropriate).
- d. Female office workers must wear shirts that are clean, presentable, not low cut, with at least a four (4) inch sleeve (below hem), and that have no pictures or saying on them, other than Procon’s logo..

Section 7- Standards of Conduct

- C. Office workers for sake of dress code are the following positions:
 - a. President
 - b. Directors
 - c. Estimator
 - d. Office Manager
 - e. Office & Administrative Assistants
 - f. Project Managers/Engineers
 - g. Virtual Construction Personnel

Section 7.11 Driver Policy & Operating Company Vehicles

Before any employee can operate a company vehicle or to drive any vehicle for company use you must be a member of our “Driver Pool”. In order to become an approved member of Procon Driver Pool, you must agree to the Driver Policy noted below and follow all Driver Policy Regulations. This driver policy is acknowledged as part of new hire paperwork.

- A. As part of this driver policy, your Motor Vehicle Report (MVR) will be obtained and kept on file. These reports are updated at least once per year. Additionally, all drivers are enrolled in the VA DMV Driver Alert program, which notifies Procon throughout the year of any changes to an employee’s MVR, such as convictions or changes in your drivers points balance.
- B. Not only is it against the law, distracted driving is dangerous to you and anyone around you! Reading and/or sending texts, emails, or participating in any form of social media while driving a company vehicle is unacceptable and is prohibited.
- C. Seatbelt usage is required 100% of the time when driving a company vehicle- no exceptions!
- D. **Procon Driver Policy**
 - a. I agree all company vehicles will be operated in a safe manner. I agree to wear my seat belt whenever the vehicle is in motion and will require other occupants to do so. I agree to drive within the posted speed limit, and to follow all applicable traffic laws. I agree to be responsible for all traffic and parking violations that occur while I am driving a company vehicle.
 - b. I agree not to allow anyone other than authorized drivers from Procon, Inc’s driver pool to operate any vehicles assigned to me.
 - c. I agree to promptly report all accidents or incidents resulting in injury or damage to the vehicle or other property, no matter how minor. If I am found to be at fault in an accident or incident I agree that I may be personally responsible for the repair or replacement cost, not to exceed Procon’s insurance deductible.
 - d. I understand I am required to maintain a valid driver's license. Further, I herewith grant Procon, Inc. the right to investigate my motor vehicle driving record any time. I also acknowledge that having a valid driver’s license is part of my employment terms and without this I am subject to termination. I also understand that if I should become uninsurable on Procon, Inc’s insurance

Section 7- Standards of Conduct

policy that I will no longer be part of Procon, Inc's driver pool and no longer be able to operate a company vehicle or my own vehicle for company business.

- e. If my driver's license should at any time become invalid, expired, or suspended I will immediately notify Procon, Inc. and turn in any vehicle that is assigned to me.
- f. If at any time, my record shows any of the items listed below, I will be required to attend a safe driving class on my personal time and at my expense. An attendance/reservation confirmation must be provided to Procon, Inc within 30 days of notification of the faulty record.
 - i. Two moving violations within any one-year period
 - ii. One DWI/DUI conviction within a one-year period.
 - iii. Two at-fault accidents within a one-year period, chargeable by citation or court conviction.
- g. I understand I am not to modify the vehicle in any way without written permission. This specifically applies to the installation of cellular telephones, radios, CBs, speakers, etc. Further, I will not take this vehicle out of the United States of America.
- h. I understand the operation of this vehicle in a safe manner is my responsibility. If this vehicle becomes unsafe, it is my responsibility to notify Procon, Inc. in writing by filling out a Truck Repair form and turning it in to the office. I read and agree to the provisions of this Agreement and the requirements of the Driver Policy.
- i. Procon will allow a vehicle to be driven home if we can mutually agree to the following items:
 - i. **Schedules** - The first time that truck is not on time to shop and delays crew schedule in one way or another, corrective action will be required. Depending on severity, that may constitute the disannulment of this agreement.
 - ii. **Usage** – not to be used for doing “moonlighting” or similar activities, in any case without prior approval of management.
 - iii. **Securement/ Liability** – Vehicle will be locked and kept in a secure location. Responsibility of any losses or damage incurred at residence will be assumed by the employee.
 - iv. **Fringe Benefit** - This is considered a fringe benefit by the US Government and will increase your taxable income. Depending on the circumstances this will typically equate to \$15.00 per week from take home pay.
 - v. **Cleaning** - Vehicle to be cleaned per company standards as below. This does not allow for other employees to be paid for this if it is taken as a personal usage vehicle now.
 - vi. **Mileage log** maintained per Employee Handbook.
 - vii. **Drivers** – none other than employee per handbook
 - viii. **Personal Usage** – this is considered an exception to the standard allowance policy as stated below due to being a vehicle that other employees rely on, on a daily basis.
 - ix. **Change** - This agreement shall be subject to change in future as business needs may dictate.
- j. **Procon Driver Pool Criteria**
 - i. One of the largest risks Procon faces each day is while our employees and vehicles travel the highways. Driving presents a risk to us, our co-workers and to the general public, not to mention the significant potential loss of property. This risk can be managed, reduced and mitigated by indentifying poor habits, negative trends, and other at risk behaviors while driving. To aid in this, the following policy and criteria has been developed.
 - ii. Any driver will be subject to being removed from the driver pool, will be declined admittance into the pool, or will face re-assignment to a non-driving position if any of the following apply:
 - 1. 2 or more Type A violations within the past 36 mos.
 - 2. 3 or more Type B violations within the past 36 mos.
 - 3. 3 or more Type C violations in the past 36 mos.

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- iii. *Upon completion of an approved DIP course, drivers with no more than 3 Type C violations in the same period will be allowed.*
- iv. Drivers who experience the following will be subject to a **6 month parole period and warning of suspension** from driver pool:
 - 1. 1 Type A violation in the past 36 mos.
 - 2. 2 Type B or C violations in the past 36 mos.
- v. **TYPE A Violation:**
 - 1. Includes any violation involving DWI, DUI, OWI, OUI, Refusing Substance Test, Vehicular Manslaughter, Hit & Run, Eluding a Police Officer, at Fault Accidents
- vi. **TYPE B Violation:**
 - 1. Reckless Driving, Drag Racing, Driving with a Suspended License
- vii. **Type C Violation:**
 - 1. All moving violations not included in Types A&B such as speeding, improper lane change, failure to yield, running red lights or stop signs, etc.

- k. All drivers will be enrolled in the VA DMV Driver Alert program, which notifies employers of any convictions that go onto a driver's record as well as any accidents that a driver is involved in, regardless of fault. Driver Alert also provides Procon with the Motor Vehicle Reports of each driver in the Procon Driver Pool once annually, unless an individual's MVR changes throughout the year.

- l. If any driver does not meet the criteria above, they may be considered for admittance (or re-admittance as the case may be) to the driver pool after sufficient time has passed and their MVR has improved to meet the requirements of the policy.

- m. **While the MVR is the most significant and official record of information that is referenced in determining qualifications of drivers, there are several other items that will be considered when evaluating existing Procon drivers. Other items that will be considered may include, but not limited to, GPS speeding reports, negative driving reports called in by other motorists, involvement in fender benders or bump ups when police are not called, etc...**

Section 7.12 Housekeeping and Cleanup

Housekeeping is critical to the appearance of the work area and the morale of each person present. Further it is everyone's responsibility!

The simple rule is to clean up your own mess! You are expected to keep your work area, company property, and Procon job sites clean and free of obstructions. Clean your work area/job site immediately after completing a task. At a minimum, each jobsite must be clean and organized at the end of each work day. Each office worker is responsible for cleaning his or her office at the end of each week.

This practice will contribute to safer working conditions, greater productivity, and it is courteous to those who work behind and around you.

Section 7.13 Personal Cell Phones

For the safety of you and your co-workers, as well as the production and efficiency of each crew, personal cell phone use or possession is expressly prohibited while working on a Procon job site. For purposes of this policy, a Procon issued cell phone is NOT considered a personal cell phone.

Section 7- Standards of Conduct

Personal cell phones must be left in the vehicle or lunch box during working hours and times. These personal cell phones can be used on breaks or at lunch time, provided the employee is away from the work area, in a designated break or lunch area, and is not creating a hazard to themselves and others by the distraction of talking on the phone.

Superintendents can authorize the possession/use of personal cell phones in the rare instance they would deem necessary. Each employee is free to share the contact information of their supervisor with people such as family, etc or anyone who would need to contact them in case of emergency. Such calls will go through the superintendent who will then notify the employee.

Employees possessing or using personal cell phones on Procon job sites will be subject to disciplinary action.

Section 7.14 Use of Procon Computers, Phones, and Electronic Devices

Procon will issue company cell phones, computers/laptops and other electronic devices to employees, based on the duties of their position. These items are strictly the property of Procon and as such are intended to be used to conduct company business only. However, limited personal use for productive ventures may be allowed when limited to breaks and after hours. The following guidelines and instructions apply at anytime:

- A. All employees are required to be professional and conscientious at all times when using company devices.
- B. Employees who are issued a phone should expect and answer calls at times when they are “off duty”, but other activities are taking place on which they may have an effect.
- C. All personal calls on company phones must be kept to a minimum unless it is an emergency.
- D. Employees with company issued mobile electronic devices will be required to pay for any charges incurred for exceeding allotted usage limits, international charges, and other personal downloads, etc.
 - a. Allotted usages are 10 GB per device, unlimited messages, and unlimited minutes.
- E. Personal use of internet, social media and email should be restricted to breaks and after hours.
- F. No obscene emails/text messages should be sent and if you should receive one, delete it immediately.
- G. No pornography or R rated material of any type should be viewed over Procon’s internet and/or mobile devices.
- H. Employees are expected to care for computers and/or phones according to the “Company Property” section of the employee handbook.
- I. As company property, Procon reserves the right to utilize various tools to view any electronic data on company devices and networks, filter/track usage, provide remote assistance, as well as manage and ensure device security against potential threats. These tools shall not be tampered with. Procon will comply with applicable privacy laws and none of these tools will be used to remotely monitor or access phone calls, device microphones, or cameras.
- J. Obscene emails/text messages, pornography, R rated material, explicit and/or sexual content, gambling, and illegal activities are strictly prohibited on Procon’s computers, laptops, and mobile devices.
- K. Procon has a zero tolerance policy regarding reading and sending texts, emails or engaging in any other form of social media while driving. For the safety of our employees and others it is imperative that you pull over and stop before conducting any of the above mentioned activities

Section 7- Standards of Conduct

Section 7.15 Radios

The use of boom boxes or any “open music” is prohibited in any Procon office, facility or job site.

In addition, the use of headphones with iPod’s, MP3 players or any other personal radios is prohibited when it would feasibly be considered to be a safety hazard, such as working around or operating tools & equipment, working on any jobsite, etc.

Section 7.16 Solicitation

Procon recognizes that employees may have interests in events and organizations outside the workplace. In an effort to assure a productive and harmonious work environment, Procon employees may not solicit or distribute literature in the workplace at any time for any purpose, unless approved by their supervisor.

Examples of solicitation which are not permitted during working time include, but not limited to:

- a. The collection of money, goods, or gifts for community groups
- b. The collection of money, goods, or gifts for religious groups
- c. The collection of money, goods, or gifts for political groups
- d. The collection of money, goods, or gifts for charitable groups
- e. The sale of goods, services, or subscriptions outside the scope of official organization business
- f. The circulation of petitions
- g. The solicitation of memberships, fees, or dues

Section 7.17 Updating of Employee Data and Information

Procon makes every effort to ensure that accurate information is kept on file for each active employee. However changes may occur that affect this accuracy such as change of address, etc.

It is the responsibility of each employee to promptly notify Procon, Inc. of any changes in personal data. Examples of items that may need to be changed or updated are:

- a. Personal mailing addresses or telephone numbers,
- b. Number and names of dependents,
- c. Income tax deductions (W-4),
- d. Insurance requirements, or
- e. Emergency Contact information

Section 7.18 Use of Company Equipment

Procon is happy to share and will allow qualified employees the use of company equipment for personal use from time to time.

Section 7- Standards of Conduct

This must be approved before use and on a case by case basis. Unless approved in writing, this equipment will not be allowed to be used for side jobs or moonlighting.

Each piece of equipment must be returned in the same condition in which it was received and at least 30 min prior to start time on the following work day. Employees will be responsible for any and all cost incurred during their personal use including but not limited to fuel, transportation, repairs for damages, replacement of lost/stolen items, liability for damage to property of others, etc.

Section 7.19 Work Rules

Rules govern almost every aspect of human life and conduct. Whatever the situation, rules are necessary to ensure fairness and harmony. Rules guide our conduct, express mutual expectations and help guarantee freedom from the arbitrary and irresponsible acts of others. Rules are expressed in both positive and negative terms; that is, in terms of what you can do as well as what you cannot do.

It is difficult to cover everything, and the rules are not all inclusive; there may be other infractions not necessarily covered in the specific rules that may call for a warning or other disciplinary action. In event of disciplinary action, the progressive disciplinary action plan laid out in Section 7.9 of this manual will be followed.

Procon retains the right to discipline an employee for conduct not specifically enumerated. Most of our rules, in the event of violation, provide for progressive discipline. However, Procon retains the right to move to any step in the disciplinary action schedule including termination at any time, with or without notice.

The list below is some examples of infractions that may result in disciplinary action, up to and including termination of employment.

- a. A unexcused absence
- b. Tardiness
- c. Recurrent errors
- d. Failure to satisfactorily carry out assigned duties
- e. Refusal to accept assigned duties
- f. Improper use, possession or selling of alcohol or controlled substance on Co. property
- g. Reporting for or being at work under the influence of alcohol or drugs
- h. Sleeping on the job
- i. Littering, poor housekeeping
- j. Horseplay, scuffling, throwing things, or interfering with other employees
- k. Smoking in an unauthorized area
- l. Fighting
- m. Failure to use safety devices
- n. Failure to observe the work schedule

Section 7- Standards of Conduct

- o. Carelessness
- p. Violation of dress/uniform code
- q. Intimidating or threatening a Supervisor or other employees
- r. Possession of firearms or other weapons on Company or customer property.
- s. Excessive interruption of work for personal/business phone calls/visits by or to other employees.
- t. Malicious or negligent destruction, waste, or abuse of Company property.
- u. Theft, embezzlement from Company, customers, or employees
- v. Dishonesty involved in recording of work hours/piece rate
- w. Falsifying work records, such as timecards, mileage log reports, etc.
- x. Removal and personal use of Company property/materials/information without following Company procedure.
- y. Misconduct which casts discredit upon the Company's reputation.
- z. Unsafe actions or behaviors which could endanger yourself and others, or cause bodily injury or property damage.

Section 7.20 Company Card Policy

A company credit card or fuel card may be issued for conducting business on behalf of Procon. Employees with company cards are responsible for the following:

- A. Company cards are to be used exclusively for company business purchases, no personal expenses of any kind are to be charged to this card. Anything deemed personal will be deducted from the employee's next paycheck.
- B. Cards issued for business use; cardholder is fully accountable for all transactions on this card.
- C. Company cards or card numbers should not be shared with anyone without the express permission of their supervisor.
- D. Cardholders are responsible for managing the expenses within the credit card limits each month. For any charges larger than \$1,000, approval should be obtained from your supervisor.
- E. Cardholders are responsible for accounting for the use of the credit card at the end of each week as follows:
 - a. Obtaining a receipt for each transaction and designating the corresponding account coding for each charge
 - b. **Expense reports and receipts are due Monday of each week for the previous week's transactions – these must be submitted electronically through the company's expense reporting platform.**
 - c. For overhead meals expenses, state the business purpose on each receipt and all parties involved
 - d. Job related food, drinks, etc. (other than water and ice) must have supervisor's approval.
- F. Failure to comply with any of the above requirements 3 times, within a 3 month window, will result in the loss of your company card for 3 months. Reinstatement of this benefit will be at the approval of your direct

Section 7- Standards of Conduct

supervisor. During the 3 month period, all company required expenses must be purchased on personal card and will be reimbursed accordingly upon submission of an approved reimbursement report.

- G. Failure to use the card appropriately under this policy may result in the card being cancelled and other disciplinary action by the company up to and including termination of employment.

APPENDICES

Procon Employee Handbook Receipt Acknowledgment

This Employee Manual is an important document intended to help you become acquainted with Procon, Inc. This Manual will serve as a guide; it is not the final word in all cases. Individual circumstances may call for individual attention. Because the general business atmosphere of Procon, Inc. and economic conditions are always changing, the contents of this Manual may be changed at any time at the discretion of Procon, Inc. No changes in any benefit, policy or rule will be made without due consideration of the mutual advantages, disadvantages, benefits and responsibilities such changes will have on you as an employee and on Procon Inc.

Please read the following statements and sign below to indicate your receipt and acknowledgment of the Procon, Inc. Employee Manual.

- I have received a copy of the Procon, Inc. Employee Manual and it has been reviewed with me during my new hire orientation. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of Procon, Inc at any time.
- I further understand that my employment is terminable at will, either by me or Procon, Inc., regardless of the length of my employment.
- I understand that no contract of employment other than "at will" has been expressed or implied, and that no circumstances arising out of my employment will alter my "at will" employment relationship unless expressed in writing, with the understanding specifically set forth and signed by me and the President of Procon, Inc.
- I am aware that during the course of my employment confidential information will be made available to me, i.e., product designs, marketing strategies, customer lists, pricing policies and other related information. I understand that this information is critical to the success of Procon, Inc. and must not be given out or used outside of Procon, Inc's premises or with NON- employees. In the event of termination of employment, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or company.
- If applicable, I acknowledge policies on Company Issued Devices.
 - Handbook Section 7.14 - Personal Use of Procon Computers, Phones, and Electronic Devices
- If applicable, I acknowledge policies on Company Issued Credit Card
 - I permit my Social Security Number to be given to the credit card company in order to obtain my company card if needed. This is used for security purposes only and my credit will not be affected due to late payments or other negative events. Procon assumes all liability for missed payments.
- If approved and asked to drive, I agree to abide by the Procon Driver Policy
 - Reference Handbook Section 7.3 - Care and Usage of Company Vehicles
 - Reference Handbook Section 7.11 - Driver Policy & Operating Company Vehicles
- I acknowledge and agree to Payroll Deductions per Handbook Section 4.2 - Payroll Deductions
- I acknowledge that this manual contains many valuable and important policies and procedures relative to my employment.
- My signature below signifies my commitment to read and understand this manual as well as to abide by any policies and guidelines contained herein.
- Any further questions will be directed to the Human Resources Department.

Employee's Printed Name

Position

Employee's Signature

Date

The signed original copy of this agreement must be given to the Human Resources Administrator. It will be filed in your personnel file.

LOCATIONS

ROCKY MOUNT, VA • STAUNTON, VA • GREENSBORO, NC

CLAIMANT AND ALLEGED HARASSER REPORT

Section I- Claimant

Claimant: _____ Position: _____

Alleged Harasser: _____ Position: _____

Date of Alleged Harassment: _____ Date Submitted: _____

Identify Type of Harassment: _____

Was a specific benefit denied? Yes: ____ No: ____

If yes, explain: _____

I acknowledge my statement above to be the truth.

Claimant's signature

Date

Section II- Alleged Harasser

Alleged Harasser's Name: _____ Position: _____

Alleged Harasser's Statement: _____

I acknowledge my statement above to be the truth.

Alleged harasser's signature

Date

Information Release Authorization

1. **DISCLOSURE** - As part of our hiring and continued employment background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq., before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

2. **RELEASE -**

THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Procon Inc. to obtain a consumer report and/or an investigative consumer report which may include the following: my **employment records, driving history records, criminal history, credit history, civil record, workers' compensation (post-offer only), drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.** I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as iiX from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. I understand and acknowledge that under provision of the FCRA, **I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I understand a copy of this report may be obtained from iiX located at 3011 Earl Rudder Fwy S, College Station, TX 77845-6021. Their telephone number is (866) 560-7015 and fax number is (201) 748-1449.** I hereby authorize iiX to obtain and prepare a consumer report as set forth above, as part of its investigation of my employment on behalf of my employer. I agree that a copy of this authorization has the same effect as an original. This authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant Full Name (please print clearly) Signature Date

LOCATIONS

Payroll Deduction Authorization

1. Any and all tools, equipment, and materials that are property of Procon, must be returned to Procon, Inc. upon termination. The cost for any lost or intentional destruction of tools, materials and equipment will be deducted from your check.
2. Company credit cards and gas cards are for work related items only. Personal use of these cards could result in forfeiture of the cards. Any expenses incurred to the company for personal use will be deducted from your check.
3. When traveling out of town for company business, Procon will supply the hotel room. Any charges for personal use or destruction to the room, will be deducted from you check. This includes but is not limited to personal phone calls and rented movies.
4. The Company may choose from time to time to loan funds to an employee. It is understood that this is an advance on the Employee paycheck and is payroll deductible from the weekly paycheck.
5. If you elect to participate in the company benefits that Procon offers, then your portion of the expense will be deducted from your paycheck.
6. Company cell phones-if you receive a company cell phone and it is intentionally damaged, then the cost to replace it will be deducted from your paycheck. Any usage that is used over and above your allotted usage will also be deducted from your check.
7. If you purchase any replacement tools through Procon or PPE upgrades the cost of these items will be deducted from your paycheck.
8. Some employees will be furnished with a company vehicle. You are expected to keep your vehicle clean and in good condition at all times. Upon request or upon termination, all keys, tools, equipment, etc that is issued with the truck must be returned to the office. Replacement costs for any of these items will be deducted from your check.

Procon, Inc. _____
Employee _____

Date _____
Date _____

LOCATIONS

Payroll Deduction Authorization - Salary

1. Any personal/sick/vacation (whole days M-F) days taken when there isn't vacation time available will be deducted at a per day rate. (weekly pay / 5 days = per day rate)
2. Any and all tools, equipment, and materials that are property of Procon, must be returned to Procon, Inc. upon termination. The cost for any lost or intentional destruction of tools, materials and equipment will be deducted from your check.
3. Company credit cards and gas cards are for work related items only. Personal use of these cards could result in forfeiture of the cards. Any expenses incurred to the company for personal use will be deducted from your check.
4. When traveling out of town for company business, Procon will supply the hotel room. Any charges for personal use or destruction to the room, will be deducted from you check. This includes but is not limited to personal phone calls and rented movies.
5. The Company may choose from time to time to loan funds to an employee. It is understood that this is an advance on the Employee paycheck and is payroll deductible from the weekly paycheck.
6. If you elect to participate in the company benefits that Procon offers, then your portion of the expense will be deducted from your paycheck.
7. Company cell phones-if you receive a company cell phone and it is intentionally damaged, then the cost to replace it will be deducted from your paycheck. Any usage that is used over and above your allotted usage will also be deducted from your check.
8. If you purchase any replacement tools through Procon or PPE upgrades the cost of these items will be deducted from your paycheck.
9. Some employees will be furnished with a company vehicle. You are expected to keep your vehicle clean and in good condition at all times. Upon request or upon termination, all keys, tools, equipment, etc that is issued with the truck must be returned to the office. Replacement costs for any of these items will be deducted from your check.

Procon, Inc. _____
Employee _____

Date _____
Date _____

LOCATIONS



ENROLLMENT FORM
(Please print in ink)



PO Box 24042
Winston-Salem, NC 27114-4042
(336) 774-4400 Fax: (336) 760-3028
1-800-795-1023

Employer Name PROCON		Date of Full-Time Employment (mm/dd/yyyy)	
Group Plan Number 7042	Location/Division		Department/Plant
<input type="checkbox"/> Hourly Employee <input type="checkbox"/> Salaried Employee	Plan Option - MEDICAL	Social Security Number	
Employee Name Last First Middle Initial		Birth Date (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City	State Zip
Email Address		Primary Phone Number () area code	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Are you actively at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hours worked per week	Position/Job Title

MEDICAL COVERAGE ELECTED

COPAY PLAN Single Employee & Spouse Employee + 1 Child Employee + Children Family

HDHP PLAN Single Employee & Spouse Employee + 1 Child Employee + Children Family
HIGH DEDUCTIBLE HEALTH PLAN

DEPENDENT INFORMATION

To be completed for all dependents (if any) to be covered under this policy.

Full Name First/Middle/Last	Birthdate (mm/dd/yyyy)	Dependent SSN	Sex	Relationship	Other Coverage
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No

OTHER MEDICAL COVERAGE

If other coverage (including COBRA, Medicare, or Medicaid) is still in effect, complete the information below.

Name of Insurance Company _____ Name of Policyholder _____

Relationship to Employee _____ Plan/Policy # _____ Effective Date _____
(mm/dd/yyyy)

Have you or any of the dependents you are enrolling for medical coverage under this plan been covered by another plan within 63 days before your hire date with this company? Yes No

If yes, attach a Certificate of Creditable Coverage for each person who was covered by another plan.

AUTHORIZATION AND CERTIFICATION FORM

I hereby apply for insurance and/or self-funded benefits and understand that if I am not actively at work for the required number of hours according to the plan document at the time my application is approved, the coverage is not effective until the date this requirement is met. I agree the copy of my signature or copy of this form may be accepted as my signature.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance company, the Medical Information Bureau, or other organization, institution or person that has any records or knowledge of me or my family's health, to give to the insurer, including reinsurers, such information. A photographic copy of this authorization shall be as valid as the original.

I agree that, to the best of my knowledge and belief, all statements and answers to the questions in this application are complete and true and agree that they will be the basis of the issuance of any coverage by any underwriter or carrier. Subject to the approval of this application, the benefits applied for shall become effective in accordance with the terms of my employer's health plan document.

I understand that benefits, once refused, may not be elected at a later date unless certain eligibility requirements are met.

Employee Signature Date

CHANGE FORM

(Please print in ink)



PO Box 24042
Winston-Salem, NC 27114-4042
(336) 774-4400 Fax: (336) 760-3028
1-800-795-1023

Employer Name		Division/Location	
Employee Last Name		First Name	Middle Initial
Social Security Number	Date of Full-Time Employment (mm/dd/yyyy)		Email Address

REASON FOR ADDITION

Newborn Marriage Domestic Partner Open Enrollment Adoption (Custodial Date) _____ Other _____
(mm/dd/yyyy)

Effective Date _____
(mm/dd/yyyy)

Check the Coverage you wish to ADD

Medical for myself Dental for myself
 Medical for my dependent(s) Dental for my dependent(s)

REASON FOR CANCELLATION

Termination of Employment Leave/Payoff Open Enrollment Other _____

Last Day of Employment _____ Effective Date of Termination _____
(mm/dd/yyyy) (mm/dd/yyyy)

Check the Coverage you wish to CANCEL

Medical for myself Dental for myself
 Medical for my dependent(s) Dental for my dependent(s)

DEPENDENT INFORMATION

To be completed for all dependents (if any) being added or cancelled under this policy.

Full Name First / Middle / Last	Birthdate (mm/dd/yyyy)	Dependent SSN	Sex	Relationship	Other Coverage
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No

*Proof of full-time student status required for dependent children over the age of 19 for some dental groups. Attach a copy of paid tuition receipt and current semester schedule certificate letter (if applicable).

OTHER MEDICAL OR DENTAL COVERAGE

If other coverage (including COBRA, Medicare, or Medicaid) is still in effect, complete the information below.

Policyholder: Name _____ DOB _____ Relation to Employee _____

Employer Name _____ Insurance Company Name _____ Phone _____

Effective Date _____ Plan/Policy # _____ Type of Coverage (circle): Medical Dental Vision

Type of Plan: Employer Health Plan Retiree Plan COBRA Individual Policy Medicare*

*If Medicare, provide reason for entitlement (age, disabled, ESRD, transplant): _____

Are parents divorced, separated, or not living together? No Yes - If yes, provide the name and date of birth of the parent with primary custody:
Name _____ DOB _____

If there is a court order indicating coverage of health expenses, attach a copy for determination of benefit order.

Have you or any of the dependents you are enrolling for medical coverage under this plan been covered by another plan within 63 days before your hire date with this company?
 No Yes - If yes, please attach a Certificate of Creditable Coverage for each person who was covered by another plan.

OTHER CHANGES

Effective Date _____

Change of address _____ City _____ State _____ Zip _____

Name change from _____ to _____

Division/Location change from _____ to _____

Other _____

I agree that, to the best of my knowledge and belief, all statements and answers to the questions in this application are complete and true and agree that they will be the basis of the issuance of any coverage by any underwriter or carrier. Subject to the approval of this application, the benefits applied for shall become effective in accordance with the terms of my employer's health care plan document.

Employee Signature

Date (mm/dd/yyyy)

Benefits At A Glance
October 1, 2021



Non-Grandfathered

		Copay plan IN-Network Benefits (unless noted) Plan year	High Deductible Health Plan (HDHP) IN-Network Benefits (unless noted) Plan Year
In Network			
	Embedded / Non-Embedded	Embedded	Embedded
	Annual Deductible (EE / Fam)	\$500 / \$1,000	\$2,500 / \$5,000
	Coinsurance Percentage	80%	80%
	Out of Pocket Max (EE / Fam)	\$4,000 / \$8,000	\$5,000 / \$10,000
Out of Network			
	Annual Deductible (EE / Fam)	\$500 / \$1,000	\$5,000 / \$10,000
	Coinsurance Percentage	70%	70%
	Out of Pocket Max (EE / Fam)	Unlimited	Unlimited
Physician Services			
	Primary Care	\$25	80% after deductible
	Preventive Care	100%	100%
	Specialists	\$50	80% after deductible
	Teladoc	100% deductible waived	100% after deductible
Lab and X-Ray			
	In Physician Office	included in copay	80% after deductible
	Other than Inpatient or Office	80% after deductible	80% after deductible
	Advanced Imaging - MRI, CT, PET	80% after deductible	80% after deductible
Inpatient Hospital Services			
	Physician	80% after deductible	80% after deductible
	Hospital	80% after deductible	80% after deductible
Outpatient Services			
	Physician	80% after deductible	80% after deductible
	Hospital	80% after deductible	80% after deductible
Emergency and Urgent Services			
	Emergency Room Treatment *non-emergent excluded	80% after deductible	80% after deductible
	Urgent Care	\$75	80% after deductible
Short Term Therapy			
	Cardiac (limit 18 per year)	80% after deductible	80% after deductible
	Occupational, Physical, Pulmonary, Speech (limits apply, see SPD)	80% after deductible	80% after deductible
	Chiropractic (limit 15 per year)	80% after deductible	80% after deductible
Prescription Drugs - Optum Rx			
	Retail upto 30 day supply Generic/ Preferred/ Non-Preferred	\$10/\$30/\$60	80% after deductible
	Mail Order & Retail 90 day supply Generic/ Preferred/ Non-Preferred	\$20/\$60/\$120	80% after deductible
	Specialty (upto 30 day supply)	80% \$60 Min / \$300 Max	80% after deductible
Vision			
	Routine Vision Exam (1 Per Year)	100% Routine / Diagnostic exam \$35	100% Routine / Diagnostic 80% after Ded
	Frames/Lenses/Contacts	Excluded	Excluded
Other			
	Hearing Aids	80% \$2,500 max limit every 36 months (No age requirement) capped benefit anything over does not go to accumulators.	80% \$2,500 max limit every 36 months (No age requirement) capped benefit anything over does not go to
	Morbid Obesity (surgical treatment)	80% after deductible	80% after deductible
	TMJ	80% after deductible	80% after deductible
	Wig Therapy following cancer treatment (1 lifetime limit)	80% after deductible	80% after deductible
	Pregnancy - Facility / Birthing Centers	90% after (in-network) deductible	90% after (in-network) deductible
	Durable Medical Equipment	80% after (in-network) deductible	80% after (in-network) deductible
HSA			
	Healthcare Spending Account (HSA)	NA	Eligible HSA plan



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premiums) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-795-1023 or visit us at www.medcost.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-795-1023 to request a copy.

Important Questions	Answers		Why This Matters:
	In-Network	Out-of-Network	
What is the overall deductible?	\$500 / person \$1,000 / family	\$500 / person \$1,000 / family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes: Most <u>In-Network</u> office visits, <u>preventive care</u> , and <u>Prescription drugs</u> .		This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No		You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	\$4,000 / person \$8,000 / family	Unlimited	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance billing</u> , health care this <u>plan</u> doesn't cover, and penalties for failure to meet certain <u>plan</u> requirements.		Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.medcost.com or call 1-800-795-1023 for a list of <u>network providers</u>		This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a Specialist?	No		You can see the <u>Specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are as noted, *either before or after*, your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	<u>Primary care</u> visit to treat an injury or illness	\$25 <u>co-pay</u>	30% <u>co-insurance</u>	<u>Deductible</u> does not apply to <u>co-pay</u> . <u>Co-insurance</u> applies after <u>deductible</u> .
	<u>Specialist</u> visit	\$50 <u>co-pay</u>	30% <u>co-insurance</u>	<u>Deductible</u> does not apply to <u>co-pay</u> . <u>Co-insurance</u> applies after <u>deductible</u> .
	<u>Preventive care/screening/Immunization</u>	No charge	30% <u>co-insurance</u>	<u>Deductible</u> does not apply <u>In-Network</u> . <u>Co-insurance</u> applies after <u>deductible</u> . You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Deductible</u> does not apply <u>In-Network</u> . <u>Co-insurance</u> applies after <u>deductible</u> <u>Out-of- Network</u> .
	Imaging (CT/PET scans, MRIs)	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Precertification required.*
Prescription Drugs				
Common Medical Event	Services You May Need	Retail Pharmacy (31 Day Supply-Allowed up to 90 days)	Retail / Mail Order (90 Day Supply)	Limitations, Exceptions, & Other Important Information
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.medcost.com .	Generic drugs	\$10 <u>co-pay</u>	\$20 <u>co-pay</u>	<u>Deductible</u> does not apply to <u>co-pay</u> .
	Preferred brand drugs	\$30 <u>co-pay</u>	\$60 <u>co-pay</u>	FDA approved contraceptives, certain smoking cessation products, and over-the-counter <u>preventive</u> medications (with prescription) are covered at 100%.
	Non-preferred brand drugs	\$60 <u>co-pay</u>	\$120 <u>co-pay</u>	
	Specialty drugs	20% <u>co-pay</u> (\$60 minimum, \$300 maximum)		<u>Deductible</u> does not apply to <u>co-pay</u> . Each <u>co-pay</u> covers up to a 30 day supply. Certain <u>drugs</u> must be purchased and dispensed by the <u>Plan's</u> Specialty Pharmacy program. Contact the <u>Prescription Drug</u> administrator at the telephone number on the ID Card for more information. These drugs will not be covered by the Medical <u>Plan</u> .

* For more information about limitations and exceptions, refer to the Plan Document which can be accessed via the Member Portal at www.medcost.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Charges for other services may apply, such as for anesthesia.
	Physician/surgeon fees	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> .
If you need immediate medical attention	<u>Emergency room care</u> - Emergency services - Non-emergency services	20% <u>co-insurance</u> Not covered	20% <u>co-insurance</u> Not covered	<u>Co-insurance</u> applies after <u>In-Network deductible</u> for Emergency services. Non-emergency treatment in an emergency room is not covered.
	<u>Emergency medical transportation</u> - Ground - Air/Water	\$100 <u>co-pay</u> 20% <u>co-insurance</u>	\$100 <u>co-pay</u> 20% <u>co-insurance</u>	<u>Deductible</u> does not apply to <u>co-pay</u> or <u>co-insurance</u> .
	<u>Urgent care</u>	\$75 <u>co-pay</u>	\$75 <u>co-pay</u>	<u>Deductible</u> does not apply to <u>co-pay</u> .
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Charges for other services may apply, such as for anesthesia or diagnostic tests. Precertification required.*
	Physician/surgeon fees	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> .
If you need mental health, behavioral health, or substance abuse services	Outpatient services - Facility - Physician	20% <u>co-insurance</u> \$25 <u>co-pay</u>	30% <u>co-insurance</u>	<u>Deductible</u> does not apply to <u>co-pay</u> . <u>Co-insurance</u> applies after <u>deductible</u> .
	Inpatient services	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Precertification required.*
If you are pregnant	Office visits	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . The appropriate <u>Primary Care</u> or <u>Specialist</u> benefit will be applied to the initial visit to confirm pregnancy. There is no charge for <u>In-Network</u> prenatal visits when billed independently by the physician.*

* For more information about limitations and exceptions, refer to the Plan Document which can be accessed via the Member Portal at www.medcost.com

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery professional services	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Professional services are generally included in the global fee charged by the physician for pregnancy and delivery.
	Childbirth/delivery facility services - Birthing Centers	20% <u>co-insurance</u> 10% <u>co-insurance</u>	30% <u>co-insurance</u> 10% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . <u>Co-insurance</u> applies after <u>In-Network deductible</u> for services performed at Birthing Centers.
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Benefits limited to benefit year maximum of 90 visits.
	<u>Rehabilitation services</u>	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Includes cardiac therapy, chemotherapy, and radiation. Cardiac therapy is limited to 18 visits per benefit year.
	<u>Habilitation services</u>	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Occupational, physical and speech therapies are limited to combined 30 visits per benefit year. Pulmonary and respiratory therapies are limited to combined 30 visits per benefit year.
	<u>Skilled nursing care</u>	20% <u>co-insurance</u>	20% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>In-Network deductible</u> . Limited to 100 days per benefit year.
	<u>Durable medical equipment</u>	20% <u>co-insurance</u>	20% <u>co-insurance</u>	<u>Co-insurance</u> applies after the <u>In-Network deductible</u> .
	<u>Hospice services</u>	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> .
If your child needs dental or eye care	Children's eye exam	No charge	No charge	<u>Deductible</u> does not apply. Limited to one exam per benefit year.
	Children's glasses	Not covered	Not covered	No coverage.
	Children's dental check-up	Not covered	Not covered	No coverage.

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none">• Acupuncture• Cosmetic surgery• Dental care (Adult)	<ul style="list-style-type: none">• Hearing aids• Infertility treatment• Long-term care	<ul style="list-style-type: none">• Non-emergency care when traveling outside the U.S.• Routine foot care• Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none">• Bariatric surgery• Chiropractic care	<ul style="list-style-type: none">• Private duty nursing	<ul style="list-style-type: none">• Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323, ext. 61565 or www.cciio.cms.gov. For more information on how to continue coverage under this Plan, you may contact the Plan at 540-483-2788. Other coverage options may be available to you too, including buying individual insurance coverage through the Health insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform or the Claims Administrator, MedCost Benefit Services at 1-800-795-1023 or at www.medcost.com. Additionally, a consumer assistance program can help you file your appeal: contact Health insurance Smart NC at 1-855-408-1212 or at <http://www.ncdoi.com/Smart/>.

Does this plan provide Minimum Essential Coverage? **Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? **Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-795-1023

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-795-1023

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-795-1023

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijijigo holne' 1-800-795-1023

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

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About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$500
■ <u>Specialist co-pay</u>	\$50
■ <u>Hospital (facility) coinsurance</u>	20%
■ Other: <u>co-insurance</u>	20%

This **EXAMPLE** event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$10
<u>Co-insurance</u>	\$2,200
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$2,710

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$500
■ <u>Specialist co-pay</u>	\$50
■ <u>Hospital (facility) co-insurance</u>	20%
■ Other: <u>co-insurance</u>	20%

This **EXAMPLE** event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$600
<u>Co-insurance</u>	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$1,200

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$500
■ <u>Specialist co-pay</u>	\$50
■ <u>Hospital (facility) co-insurance</u>	20%
■ Other: <u>co-insurance</u>	20%

This **EXAMPLE** event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$200
<u>Co-insurance</u>	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$900

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-795-1023

Español (Spanish):

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-795-1023

한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-795-1023 번으로 전화해 주십시오.

Tiếng Việt (Vietnamese):

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-795-1023

繁體中文 (Chinese):

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-795-1023

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك
والبكم الصم ه بالمجان. اتصل برقم 795-1023 -800-1

Tagalog (Tagalog – Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-795-1023

فارسی (Farsi):

وجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-795-1023 تماس بگیرید.

አማርኛ (Amharic):

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-795-1023 (መስማት ለተሳናቸው)።

کال اُردو (Urdu):

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں 1-800-795-1023 کریں دستیاب ہیں۔

Français (French):

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-795-1023

Русский (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-795-1023

हिंदी (Hindi):

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-795-1023 पर कॉल करें।

Deutsch (German):

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-795-1023

বাংলা (Bengali):

লক্ষ্য করুনঃ যিদি আপিন বাংলা, কথা বলেত পােরন, তাহেল িনঃখরচায় ভাষা সহায়তা পিরেষবা উপলব্ধ
আছ। েফান করন 1-800-795-1023

Bàsòò-wùdù-po-nyò (Bassa):

dɛ nià kɛ dyédé gbo: ɔ jũ ké m̄ [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò béin m̄ gbo kpáa. Đá 1-800-795-1023

Igbo asusu (Ibo):

Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-800-795-1023

èdè Yorùbá (Yoruba):

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o. E pe ẹrọ-ibanisọrọ yi 1-800-795-1023



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premiums) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-795-1023 or visit us at www.medcost.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-795-1023 to request a copy.

Important Questions	Answers		Why This Matters:
	In-Network	Out-of-Network	
What is the overall <u>deductible</u>?	\$2, 500 / person \$5,000 / family	\$5,000 / person \$10,000 / family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes: <u>Preventive care</u> .		This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No		You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	\$5,000 / person \$10,000 / family	Unlimited	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	<u>Premiums</u> , <u>balance billing</u> , health care this <u>plan</u> doesn't cover, and penalties for failure to meet certain <u>plan</u> requirements.		Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Yes. See www.medcost.com or call 1-800-795-1023 for a list of <u>network providers</u>		This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>Specialist</u>?	No		You can see the <u>Specialist</u> you choose without a <u>referral</u> .

 All **copayment** and **coinsurance** costs shown in this chart are as noted, *either before or after*, your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	<u>Primary care</u> visit to treat an injury or illness	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> .
	<u>Specialist</u> visit	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> .
	<u>Preventive care/screening/Immunization</u>	No charge	30% <u>co-insurance</u>	<u>Deductible</u> does not apply <u>In-Network</u> . <u>Co-insurance</u> applies after <u>deductible</u> . You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> .
	Imaging (CT/PET scans, MRIs)	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Precertification required.*
Prescription Drugs				
Common Medical Event	Services You May Need	Retail Pharmacy (31 Day Supply- Allowed up to 90 days)	Retail / Mail Order (90 Day Supply)	Limitations, Exceptions, & Other Important Information
If you need drugs to treat your illness or condition	Generic drugs	20% <u>co-insurance</u>	20% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>In-Network deductible</u> . FDA approved contraceptives, certain smoking cessation products, and over-the-counter <u>preventive</u> medications (with prescription) are covered at 100%.
	Preferred brand drugs	20% <u>co-insurance</u>	20% <u>co-insurance</u>	
	Non-preferred brand drugs	20% <u>co-insurance</u>	20% <u>co-insurance</u>	
More information about prescription drug coverage is available at www.medcost.com .	Specialty drugs	20% <u>co-insurance</u>		<u>Co-insurance</u> applies after <u>In-Network deductible</u> . Each <u>co-insurance</u> covers up to a 30 day supply. Certain <u>drugs</u> must be purchased and dispensed by the <u>Plan's</u> Specialty Pharmacy program. Contact the <u>Prescription Drug</u> administrator at the telephone number on the ID Card for more information. These drugs will not be covered by the Medical <u>Plan</u> .

* For more information about limitations and exceptions, refer to the Plan Document which can be accessed via the Member Portal at www.medcost.com

Common Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Charges for other services may apply, such as for anesthesia.
	Physician/surgeon fees	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> .
If you need immediate medical attention	<u>Emergency room care</u> - Emergency services - Non-emergency services	20% <u>co-insurance</u> Not covered	20% <u>co-insurance</u> Not covered	<u>Co-insurance</u> applies after <u>In-Network deductible</u> for Emergency services. Non-emergency treatment in an emergency room is not covered.
	<u>Emergency medical transportation</u>	20% <u>co-insurance</u>	20% <u>co-insurance</u>	<u>Coinsurance</u> applies after <u>In-Network deductible</u> .
	<u>Urgent care</u>	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> .
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Charges for other services may apply, such as for anesthesia or diagnostic tests. Precertification required.*
	Physician/surgeon fees	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> .
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> .
	Inpatient services	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Precertification required.*
If you are pregnant	Office visits	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . The appropriate Primary Care or Specialist benefit will be applied to the initial visit to confirm pregnancy. There is no charge for In-Network prenatal visits when billed independently by the physician.*
	Childbirth/delivery professional services	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Professional services are generally included in the global fee charged by the physician for pregnancy and delivery.
	Childbirth/delivery facility services - Birthing Centers	20% <u>co-insurance</u> 10% <u>co-insurance</u>	30% <u>co-insurance</u> 10% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . <u>Co-insurance</u> applies after <u>In-Network deductible</u> for services performed at Birthing Centers.

* For more information about limitations and exceptions, refer to the Plan Document which can be accessed via the Member Portal at www.medcost.com

Common Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Benefits limited to benefit year maximum of 90 visits.
	<u>Rehabilitation services</u>	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Includes Cardiac therapy, chemotherapy, and radiation. Cardiac therapy is limited to 18 visits per benefit year.
	<u>Habilitation services</u>	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> . Occupational, physical and speech therapies are limited to combined 30 visits per benefit year. Pulmonary and respiratory therapies are limited to combined 30 visits per benefit year.
	<u>Skilled nursing care</u>	20% <u>co-insurance</u>	20% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>In- Network deductible</u> . Limited to 100 days per benefit year.
	<u>Durable medical equipment</u>	20% <u>co-insurance</u>	20% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>In-Network deductible</u> .
	<u>Hospice services</u>	20% <u>co-insurance</u>	30% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>deductible</u> .
If your child needs dental or eye care	Children's eye exam	0% <u>co-insurance</u>	0% <u>co-insurance</u>	<u>Co-insurance</u> applies after <u>In-Network deductible</u> . Limited to one exam per benefit year.
	Children's glasses	Not covered	Not covered	No coverage
	Children's dental check-up	Not covered	Not covered	No coverage.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> Acupuncture Cosmetic surgery Dental care (Adult) 	<ul style="list-style-type: none"> Hearing aids Infertility treatment Long-term care 	<ul style="list-style-type: none"> Non-emergency care when traveling outside the U.S. Routine foot care Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> Bariatric surgery Chiropractic care 	<ul style="list-style-type: none"> Private duty nursing 	<ul style="list-style-type: none"> Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323, ext. 61565 or www.cciio.cms.gov. For more information on how

to continue coverage under this Plan, you may contact the Plan at 540-483-2788. Other coverage options may be available to you too, including buying individual insurance coverage through the Health insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform or the Claims Administrator, MedCost Benefit Services at 1-800-795-1023 or at www.medcost.com. Additionally, a consumer assistance program can help you file your appeal: contact Health insurance Smart NC at 1-855-408-1212 or at <http://www.ncdoi.com/Smart/>.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-795-1023

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-795-1023

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-795-1023

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-795-1023

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

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About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$2,500
■ <u>Specialist</u> co-insurance	20%
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other: <u>co-insurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$2,500
<u>Copayments</u>	\$0
<u>Co-insurance</u>	\$2,000
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$4,500

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$2,500
■ <u>Specialist</u> co-insurance	20%
■ Hospital (facility) <u>co-insurance</u>	20%
■ Other: <u>co-insurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$2,500
<u>Copayments</u>	\$0
<u>Co-insurance</u>	\$600
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$3,100

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$2,500
■ <u>Specialist</u> co-insurance	20%
■ Hospital (facility) <u>co-insurance</u>	20%
■ Other: <u>co-insurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$2,500
<u>Copayments</u>	\$0
<u>Co-insurance</u>	\$60
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,560

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-795-1023

Español (Spanish):

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-795-1023

한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-795-1023 번으로 전화해 주십시오.

Tiếng Việt (Vietnamese):

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-795-1023

繁體中文 (Chinese):

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-795-1023

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك
والبكم الصم ه بالمجان. اتصل برقم 795-1023 -800-1

Tagalog (Tagalog – Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-795-1023

فارسی (Farsi):

وجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می
باشد. با 1-800-795-1023 تماس بگیرید.

አማርኛ (Amharic):

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት
ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-795-1023 (መስማት ለተሳናቸው)።

کال اُردو (Urdu):

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں 1-800-795-1023
کریں دستیاب ہیں۔

Français (French):

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-795-1023

Русский (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-795-1023

हिंदी (Hindi):

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं
उपलब्ध हैं। 1-800-795-1023 पर कॉल करें।

Deutsch (German):

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-795-1023

বাংলা (Bengali):

লক্ষ্য করুনঃ যিদি আপিন বাংলা, কথা বলেত পােরন, তাহেল িনঃখরচায় ভাষা সহায়তা পিরেষবা উপল
আছ। েফান করন 1-800-795-1023

Bàsòò-wùdù-po-nyò (Bassa):

dɛ nià kɛ dyédé gbo: ɔ jũ ké m̄ [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wudù
kà kò dò po-poò béin m̄ gbo kpáa. Đá 1-800-795-1023

Igbo asusu (Ibo):

Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-800-795-1023

èdè Yorùbá (Yoruba):

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o.
Ẹ pe ẹrọ-ibanisọrọ yi 1-800-795-1023

WAIVER FORM
(Please print in ink)



PO Box 24042
Winston-Salem, NC 27114-4042
(336) 774-4400 Fax: (336) 760-3028
1-800-795-1023

Employer Name		Division/Location	
Employee Last Name		First Name	Middle Initial
Social Security Number	Date of Full Time Employment (mm/dd/yyyy)	Email Address	

REASON FOR WAIVING COVERAGE

- I am waiving coverage for myself
- I am waiving coverage for my spouse
Name of Spouse _____
- I am waiving coverage for my Dependent(s)

Dependent Name (First / Middle / Last)	Relationship

DECLINE TO PARTICIPATE

I certify that I have been given the opportunity to participate in the health care plan offered by my employer and have declined to participate. I have declined to participate for the following reason (check one).

- Another plan offered by employer
- My spouse's group coverage
- An individual plan
- A government plan (type) _____
- COBRA or State Continuation
- I and/or my dependents are currently not covered by any other health care plan
- Other (please explain) _____

I understand that if I elect to apply for coverage for myself, my spouse, and/or my dependent children through this health care plan at a later time, the application will be subject to the Summary Plan Description of my employer's Health Care Plan.

Employee Signature _____ Date

Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Appeal

A request for your health insurer or **plan** to review a decision or a **grievance** again.

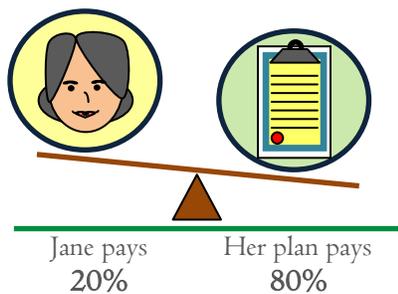
Balance Billing

When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service.

You pay co-insurance **plus** any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



(See page 4 for a detailed example.)

Complications of Pregnancy

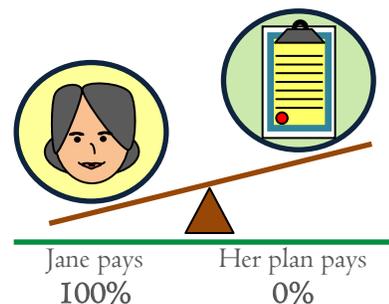
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



(See page 4 for a detailed example.)

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

Excluded Services

Health care services that your **health insurance** or **plan** doesn't pay for or cover.

Grievance

A complaint that you communicate to your health insurer or **plan**.

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**.

Home Health Care

Health care services a person receives at home.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance

The percent (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-payments usually are less than **out-of-network co-payments**.

Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

Non-Preferred Provider

A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or plan, or if your health insurance or plan has a "tiered" **network** and you must pay extra to see some providers.

Out-of-network Co-insurance

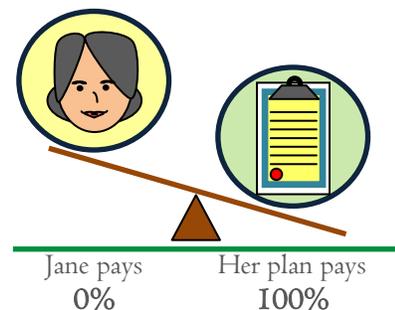
The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-insurance usually costs you more than **in-network co-insurance**.

Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-payments usually are more than **in-network co-payments**.

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes your **premium**, **balance-billed** charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your **co-payments**, **deductibles**, **co-insurance** payments, out-of-network payments or other expenses toward this limit.



(See page 4 for a detailed example.)

Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider

A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or plan has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage

Health insurance or **plan** that helps pay for **prescription drugs** and medications.

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

How You and Your Insurer Share Costs - Example

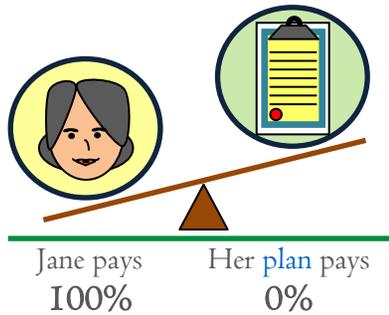
Jane's Plan Deductible: \$1,500

Co-insurance: 20%

Out-of-Pocket Limit: \$5,000

January 1st
Beginning of Coverage
Period

December 31st
End of Coverage Period



Jane hasn't reached her \$1,500 deductible yet

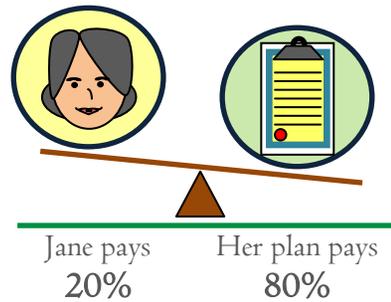
Her plan doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0

more costs



Jane reaches her \$1,500 deductible, co-insurance begins

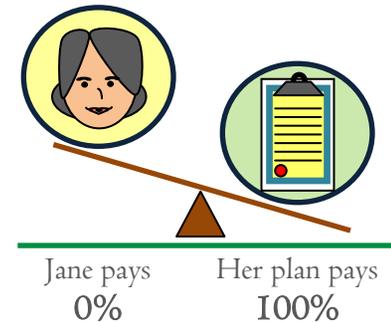
Jane has seen a doctor several times and paid \$1,500 in total. Her plan pays some of the costs for her next visit.

Office visit costs: \$75

Jane pays: 20% of \$75 = \$15

Her plan pays: 80% of \$75 = \$60

more costs



Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$200

Jane pays: \$0

Her plan pays: \$200



When should I call Teladoc?

Talk to a doctor anytime for \$0!

When you need care now...

When your doctor is unavailable...

When you can save your valuable time and money...

When you are considering a visit to an Urgent Care or the ER...

When you are away from home on vacation or business...

Don't wait until you are sick! Register today. It's fast and simple!!



1-800-Teladoc (835-2362)



Teladoc.com/Mobile



Teladoc.com



Facebook.com/Teladoc

24/7/365 care for medical conditions like....

Colds & Flu

Sore Throat

Seasonal Allergies

Bronchitis

Upset Stomach

Minor Fever

Muscle or Joint pain

Skin Rash & Dermatitis

And more!

WHAT TELADOC MEMBERS ARE SAYING...

"Works great! Teladoc is a great idea and a godsend for anyone who has spent three hours in a waiting room for something which can be resolved with a simple phone call in under 15 minutes...."

URGENT CARE



When should I go to Urgent Care?

When the situation is serious but not life threatening...

When the wait time in the ER will be long and frustrating...

When the cost of urgent care would be more affordable than a visit to the ER ...

Urgent Care Copay \$75

Urgent Care centers offer care for medical conditions like...

Sprains & Strains

Wounds & Cuts

Strep Throat

Burns

Urinary Tract Infections

Fractures & Injuries

To find Urgent Care center in your area

Login at www.Medcost.com or download My MedCost Mobile App from iTunes or Android markets.

(You must be registered on www.Medcost.com before using the App.)

EMERGENCY ROOM

ER

When should I go to the EMERGENCY ROOM?

When the situation is **SEVERE** and **LIFE-THREATENING**...

When you feel Life or Limb are in danger...

When you think you are having a medical emergency but aren't sure...

****If you have an emergency and are unable to drive yourself, dial 911****

Emergency Room Copay \$200

Emergency Rooms offer specialized medical care for conditions like....

Automobile Accidents

Uncontrolled bleeding

Sudden dizziness or weakness

Chest pain or pressure

Sudden or severe pain

Sudden changes in vision

Difficulty breathing or shortness of breath

Coughing or vomiting blood

Sudden changes in mental clarity/confusion

Mobile **access** to your **health benefits**

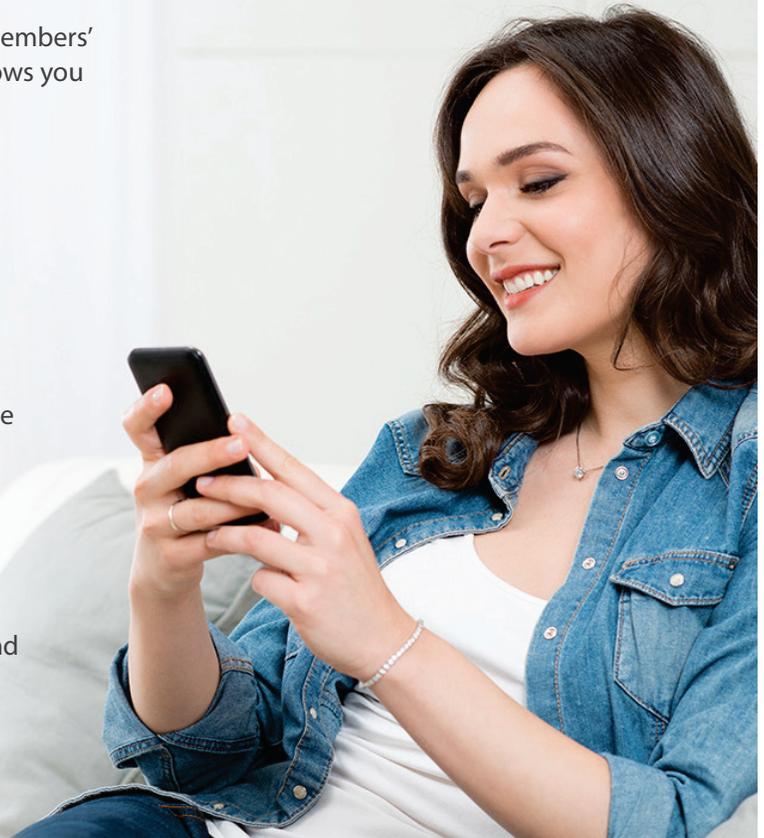
Download our Free Mobile App!

Access your health care information with just a touch of your mobile phone or tablet with My MedCost, a mobile application from MedCost Benefit Services.*

With My MedCost, your favorite features from our members' site are available anywhere you go. My MedCost allows you to:

- Access eligibility information, including coverage history and where you are toward meeting deductibles
- See your claims details
- View Flex Spending Account/Health Reimbursement Account/Medical Spending Account summaries
- View your health plan ID Card or email an image of the card directly to your health care provider (option may not be available for all health plans)
- Send/receive messages from our Customer Service department

Available for quick download from the iTunes and Android markets, My MedCost is easy to navigate and understand.



*You must register online to access your information from the My Medcost mobile app. Register today to enjoy the convenience offered by the mobile app and to access other important personal health benefit information that's only available online.

To Register (First Time Users):

- Click on Members Login or click on Members tab and choose "Login" from left side menu.
- Click on "First time users click here to register."
- Read Privacy Agreement and click on "Agree."
- Carefully follow the onscreen instructions and complete each required field.

Call our Customer Service Contact Center at 1-800-795-1023 if you have any questions.



www.MedCost.com
800.795.1023

Understanding your Explanation of Benefits



What is an Explanation of Benefits?

An Explanation of Benefits, also referred to as an EOB, is a written statement issued by your claims payer for any health care services that you have received. The EOB is not a bill; it is an explanation of what was covered by your health benefits plan. (See sample EOB on the back.) An EOB will be mailed to you or made available to you for online viewing after a claim from a health care provider has been submitted on your behalf and processed.

Your EOB from MedCost Benefit Services identifies the total amount charged by the provider for the service(s) you received, the discount amount (labeled as PPO Adjustment) if the provider is part of your primary or travel network, the amount of the charges that are covered (or not covered) under your plan, the amount paid to the provider by your benefit plan, and the amount you may be responsible for paying to the provider, if any.

Ready to go paperless with an Electronic Explanation of Benefits (e-EOB)?

Your EOB will be sent via U.S. mail unless you sign up to receive EOB statements electronically. If you select the e-EOB option, an e-mail notification will be sent to you whenever a new EOB statement is available to view online.

Sign Up for e-EOBs—and access to other important information!

Signing up for online access to EOB statements is simple and easy. In addition to being able to view your EOB statements online, you also will gain access to secured, personal information such as eligibility history and status, claims history, printable EOBs, the Summary Plan Description for your health plan, deductible accumulators, and much more.

- ✓ Visit www.MedCost.com and click on **Members**.
- ✓ Click on **“Login”** and enter your username and password. If you are logging in for the first time, select **“Click here to register for member access”** and follow the registration instructions.
- ✓ **Reminder:** If you have dependents over the age of 18, they must provide consent before you can access their Protected Health Information (PHI) online. To submit an electronic request for consent, go to **“My Benefits”** and select **“Account Authorization.”**



www.MedCost.com
800.795.1023

MEDCOST BENEFIT SERVICES, LLC
P.O. BOX 25987
WINSTON-SALEM, NC 27114-5987



Return Service Requested

11450 0.0104



MEMBER NAME
MEMBER ADDRESS
CITY, STATE, ZIP

**For Customer Service, Call
(800) 795-1023
Visit us at www.MedCost.com**



Easy to locate customer service phone number and website.

**Group:
Group No:
Employee:
Patient No:
Paid Date:
Provider:**

ENV 11450 1 OF 1

EXPLANATION OF BENEFITS- THIS IS NOT A BILL

MEMBER COPY

Date of Service	Type of Service	Total Charge	PPO Adjustment	Over R&C	Non-Covered	Deductible	Copay	Co-Ins	Paid At %	Code	Paid	
03/25/2008-03/25/2008	DIAGNOSTIC LAB	51.25	35.25	.00	.00	.00	.00	.00	100	A	16.00	
Totals		51.25	35.25	.00				.00			16.00	
											Provider Paid Amount	16.00
											Employee Paid Amount	.00
											Total Payment	16.00
											Patient Responsibility	.00

**Claim No:
Claimant:**

Charge line detail flows smoothly from "Total Charge" through "Paid."

Accumulators

PPO DEDUCTIBLE

Individual Deductible
Remaining Amount
Family Deductible
Remaining Amount

Detailed deductible information and out-of-pocket information.

400.00
104.99
800.00
446.99

NON PPO DEDUCTIBLE

Individual Deductible
Remaining Amount
Family Deductible
Remaining Amount

800.00
504.99
1600.00
1246.99

PPO COINSURANCE

Employee Coinsurance
Remaining Amount
Family Coinsurance
Remaining Amount

2700.00
2404.99
5400.00
5046.99

NON PPO COINSURANCE

Employee Coinsurance
Remaining Amount
Family Coinsurance
Remaining Amount

5400.00
5104.99
10800.00
10446.99

Claim Number Code: Description

A A -MEDCOST PPO ADJUSTMENT, PATIENT NOT RESPONSIBLE
* The Employee Retirement Income Security Act (ERISA) provides you the right to appeal this claim by sending a written request within 60 180 after you have received this notice. Please review your Summary Plan Description for details. Further explanation of denied claims will be provided upon written request at no additional charge to the claimant.

Claim messages that correspond to the Codes column are easy to understand.

Enrollment Form

Brought to you by:



Mutual of Omaha

Underwritten by: United of Omaha Life Insurance Company

Employer Section (To be completed by the employer/plan administrator. Required fields are marked with an asterisk (*).)

*Employer's Name: Procon, Inc.	*Effective Date:	Group ID: G000AR92	
Sub Group ID:	Location Code:	Class:	*Occupation:
*Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Annually	*Date of Hire:	Hours Worked Per Week:	

Employee Section (Please print clearly. Required fields are marked with an asterisk(*).)

Enrollment ID: 13621

*Last Name:	*First Name:	MI:	
*Social Security Number:	*Birth Date (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	*Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
*Street Address:	E-Mail Address:		
*City:	*State:	*Zip Code:	Telephone:

Short-Term Disability Coverage Election

Employee Coverage Only	Enroll	Decline	Benefit Amount	Monthly Premium Amount (12/Year)
Short-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

▪ Your Employer pays 75% of the premium for this coverage. The premium amount above reflects your contribution.

Enrollment Information

Enrollment must occur within 31 days from the date the employee becomes eligible (or as otherwise stated in the policy). If you are required to pay premiums for any coverage, the enrollment form **MUST** be signed and dated to authorize payroll deductions. The premium amounts indicated on this form are estimates, and are subject to change based on the final terms and conditions of the policy as well as your salary and age on the effective date of the policy.

Agreement and Signature

I represent that the information I have provided in this enrollment form is complete, true and accurate to the best of my knowledge. I understand that payment of premium does not ensure my eligibility for coverage. I understand and agree that I must satisfy all active work, active employment and/or active eligibility requirements that pertain to the policy to be eligible for coverage. Should I apply for waived coverage in the future, I understand that evidence of insurability may be required, acceptable to the insurance company, **at my own expense**. I understand that if coverage is applied for in the future, it must be during an enrollment period or due to a life change event as defined by the policy, and that a waiting period may apply.

By signing below, I acknowledge that I understand and agree to the above statements, and that I have read and understand the benefit summaries provided to me for each line of coverage. The above requirements will apply unless otherwise stated in the policy, or unless prohibited by any applicable state or federal law.

SIGNATURE OF EMPLOYEE

DATE

Additional Information

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

United of Omaha Insurance Company · Mutual of Omaha Plaza · Omaha, NE 68175

Enrollment Form

Brought to you by:



Mutual of Omaha

Underwritten by: United of Omaha Life Insurance

Employer Section (To be completed by the employer/plan administrator. Required fields are marked with an asterisk (*).)

*Employer's Name: Procon, Inc.		*Effective Date:	Group ID: G000AR92
Sub Group ID:	Location Code:	Class:	*Occupation:
*Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Annually	*Date of Hire:		Hours Worked Per Week:

Employee Section (Please print clearly. Required fields are marked with an asterisk(*).) Enrollment ID: 13621

*Last Name:		*First Name:		MI:
*Social Security Number:	*Birth Date (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	*Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
*Street Address:		E-Mail Address:		
*City:	*State:	*Zip Code:	Telephone:	

Voluntary Dental Coverage Election

Employee and Dependent Coverage	Select One Coverage Option	Plan Option (Indicate High or Low Plan)		Monthly Premium Amount (12/Year)	
		High Plan	Low Plan	High Plan	Low Plan
Dental - Employee Only	<input type="checkbox"/>			\$34.94	\$21.84
Dental - Employee + 1 Dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$69.04	\$45.37
Dental - Employee + Family	<input type="checkbox"/>			\$118.11	\$79.23
Dental - Decline	<input type="checkbox"/>				

Short-Term Disability Coverage Election

Employee Coverage Only	Enroll	Decline	Benefit Amount	Monthly Premium Amount (12/Year)
Short-Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

▪ Your Employer pays 75% of the premium for this coverage. The premium amount above reflects your contribution.

Dependent Information (If you enrolled dependents for insurance, you must complete this section. Please print clearly.)

*If you enrolled for the "Employee + 1 Dependent" Dental Coverage, you must check the box next to the one (1) dependent who will have dental coverage.

If you need to list more dependents than space will allow, please include this information on a separate piece of paper and submit it with this form, clearly stating your name.

Dental*	Name of Dependent(s)		Gender	Relationship	Birth Date
Check One if Applicable	Last Name	First Name	Male or Female	(Spouse, Son, Daughter, etc.)	(MM/DD/YYYY)
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

If a dependent is over the limiting age as specified in your plan provisions and is a full-time student, a Student Dependent Attendance Report form must be completed and submitted with this enrollment form. Please contact your employer/benefits administrator to obtain the form, or complete it online at www.mutualofomaha.com/plan_members/sdarform.html.

Enrollment Information

Enrollment must occur within 31 days from the date the employee becomes eligible (or as otherwise stated in the policy). If you are required to pay premiums for any coverage, the enrollment form **MUST** be signed and dated to authorize payroll deductions. The premium amounts indicated on this form are estimates, and are subject to change based on the final terms and conditions of the policy as well as your salary and age on the effective date of the policy.

Agreement and Signature

I represent that the information I have provided in this enrollment form is complete, true and accurate to the best of my knowledge. I understand that payment of premium does not ensure my eligibility for coverage. Should I apply for waived coverage in the future, I understand that evidence of insurability may be required, acceptable to the insurance company, **at my own expense**. I understand that if coverage is applied for in the future, it must be during an enrollment period or due to a life change event as defined by the policy, and that a waiting period may apply.

By signing below, I acknowledge that I understand and agree to the above statements, and that I have read and understand the benefit summaries provided to me for each line of coverage. The above requirements will apply unless otherwise stated in the policy, or unless prohibited by any applicable state or federal law.

SIGNATURE OF EMPLOYEE

DATE

Additional Information

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

United of Omaha Insurance Company · Mutual of Omaha Plaza · Omaha, NE 68175

AMERICAN HERITAGE LIFE INSURANCE COMPANY (AHL)
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224

New Certificate
 Change/Increase Certificate # _____

ENROLLMENT FORM
GENERAL INFORMATION SECTION

Please print with black ink

(Please complete entire section for all coverages)

EMPLOYEE'S NAME Last (Sr, Jr, etc.)		First	M.I.	SEX	SOCIAL SECURITY NUMBER	<input type="checkbox"/> Married <input type="checkbox"/> Single
RESIDENT ADDRESS (Street or P.O. Box)				CITY	STATE	ZIP
BIRTHDATE (MM/DD/YEAR)	RESIDENT PHONE NUMBER	EMPLOYER			DATE HIRED (MM/DD/YEAR)	
JOB TITLE		PLANT OR DIVISION			REHIRE DATE (MM/DD/YEAR)	
EMPLOYEE'S EMAIL		BENEFICIARY'S NAME (Last, First, M.I.)			RELATIONSHIP	
Are you adding any coverage or changing any of your existing coverage due to marriage, birth, adoption, employment status change, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "yes", indicate type of change: _____						
Date of change _____ Current Certificate Number _____						
Do you currently have the following individual product with AHL? Accident <input type="checkbox"/> Yes <input type="checkbox"/> No						
If you answered "Yes", please enter the Policy Number _____						
Do you wish to terminate this coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please enter effective date of termination _____						

DEPENDENT COVERAGE SECTION

(Please complete if dependent coverage elected. Use additional paper if needed.)

Dependent's Name (Last, First, M.I.)	Relationship	Sex	Date of Birth (MM/DD/YEAR)	Social Security Number

Accident <input type="checkbox"/> Yes <input type="checkbox"/> No	Base Units: _____	<input type="checkbox"/> Benefit Enhancement Rider Units: _____	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee+Spouse <input type="checkbox"/> Employee+Child(ren) <input type="checkbox"/> Family	Section 125 <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Weekly Premium: \$ _____
---	----------------------	--	---	--	---------------------------------------

Premium/Billing Mode <input checked="" type="checkbox"/> Weekly Date of Issue _____	Case Number Situs State VA	Agent Number	Percentage Credit
--	---	--------------	-------------------

ACCEPTANCE: I hereby request all coverage checked "yes" above for which I am or may become eligible under the group coverages issued by AHL. I authorize my employer to deduct from my earnings any contributions required of me for the payment of premiums for such coverage. • **I UNDERSTAND** that the "effective date" of my elected coverages will be the effective date recorded on my Certificate, not the date this Enrollment form is signed. • **WAIVER/DECLINATION:** I understand that if I refuse any coverage for which I am eligible (by checking "no" above), satisfactory proof of insurability may be required, at my own expense, should I desire to apply for it at a later date. Any such application may be declined on the basis of such proof.

Date Signed _____ Employee's Signature _____



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6688
(904) 992-1776

A Stock Company

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses that result from accidental injury. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- Hospital or medical expenses up to the maximum stated in the policy

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

Before You Buy This Insurance

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).



DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Procon, Inc. to initiate payroll to be credited electronically, and if necessary, debit electronically any changes or adjustments that need to be made to my account at the financial institution listed below. **If any adjustment debit needs to be made the employee will be notified first.

Financial Institution: _____

Financial Institution
Address: _____

City: _____ State: _____
Zip: _____

Financial Institution Phone
Number: _____

Routing & Transit Number: _____ Account Number: _____

Is this account a **CHECKING** or **SAVINGS** (circle one) % or \$ amount of paycheck to go into this account:
_____ % _____ \$

A VOIDED CHECK MUST BE ATTACHED IF THIS IS A CHECKING ACCOUNT

Financial Institution: _____

Financial Institution
Address: _____

City: _____ State: _____ Zip: _____

Financial Institution Phone
Number: _____

Routing & Transit Number: _____ Account Number: _____

Is this account a **CHECKING** or **SAVINGS** (circle one) % or \$ amount of paycheck to go into this account:
_____ % _____ \$

A VOIDED CHECK MUST BE ATTACHED IF THIS IS A CHECKING ACCOUNT

This authority is to remain in full force and effect until Procon, Inc. has received written notification from the recipient of its termination in such a time and manner as to afford Procon, Inc a reasonable time to act upon it. Procon, Inc reserves the right to cancel direct deposit and print paper checks at any time, for any reason.

The deposit will be credited on Thursday of each week, if Thursday is a Federal Reserve (banking) holiday then the deposit will be credited either Wednesday or Friday of that same week.

Employee Printed
Name: _____

Employee Signature: _____

Date: _____

LOCATIONS

Employees Responsibilities in the event of an accident

Here are the policies for every employee to follow whenever you are involved in an accident of any type:

1. You must immediately report all accidents, injuries, or illnesses to your supervisor and safety department, whether or not you require medical attention. You must report all incidents to your supervisor and complete the Employee's Report of Injury before leaving the job. It is unacceptable to report such incidences on the following day or during another shift.
2. If medical attention is necessary, your supervisor will provide you with a Panel of Physicians or medical facilities that you can visit. You should take a return to work form with you; the attending physician must complete this form after each appointment.
3. Provide your supervisor with a completed copy of the return to work form after each appointment with your doctor. If you are physically unable to drop the form off, please have your attending physician's office email the Attending Physician's Report to JT Rutrough at jrutrough@procon-inc.net or fax it to 540-483-8782.
4. Once your attending physician releases you to return to work, you are expected to be present during your next scheduled shift. If modified duty restrictions are given, contact your supervisor and the office to coordinate your return to work.

I have read the company policy regarding occupational injuries and illnesses or it has been explained to me in a language I understand. I understand my responsibilities and duties to report workplace incidents and return to work procedures. I have been given a copy of this statement.

NOTE: If you have reported this incident and do **not** wish to seek medical treatment for this incident at this time, please check and initial here: _____

Employee Signature: _____

Date: _____

Employee's Report of Injury or Illness

Employee to Complete – Return to your Supervisor and Safety Team

Employee Name			DOB		Phone #		
Address		City		State		Zip	
SS#	Married	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Job Title				Hire Date			
Date & Time of Incident				Location of Incident			
Witnesses							

Description of Incident:

Part of Body Injured

<input type="checkbox"/> Head		<input type="checkbox"/> Arm	R L	<input type="checkbox"/> Trunk	R L	<input type="checkbox"/> Hip	R L	<input type="checkbox"/> Foot	R L
<input type="checkbox"/> Face		<input type="checkbox"/> Elbow	R L	<input type="checkbox"/> Shoulder	R L	<input type="checkbox"/> Thigh	R L	<input type="checkbox"/> Toe	R L
<input type="checkbox"/> Eye	R L	<input type="checkbox"/> Forearm	R L	<input type="checkbox"/> Chest	R L	<input type="checkbox"/> Knee	R L	<input type="checkbox"/> Ribs	R L
<input type="checkbox"/> Nose		<input type="checkbox"/> Hand	R L	<input type="checkbox"/> Back	R L	<input type="checkbox"/> Leg	R L	<input type="checkbox"/> Skin	R L
<input type="checkbox"/> Neck		<input type="checkbox"/> Finger	R L	<input type="checkbox"/> Abdomen	R L	<input type="checkbox"/> Ankle	R L	<input type="checkbox"/> Other	R L

Other:

Nature of Injury (mark all that apply)

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Puncture	<input type="checkbox"/> Chemical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Burn
<input type="checkbox"/> Bruise-Crushed	<input type="checkbox"/> Fracture	<input type="checkbox"/> Hearing	<input type="checkbox"/> Laceration	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Sprain	<input type="checkbox"/> Amputation	<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Strain	<input type="checkbox"/> Foreign Object

Other:

Release of Medical Information: *I certify that the above information is true to the best of my knowledge and I authorize the release to my employer and workers' compensation company all records relevant to my disability and my claim for disability or workers' compensation benefits, including but not limited to medical diagnosis, prognosis, treatment, and periods of hospitalization. It is understood that the company will use the information to verify my disability and determine my eligibility of appropriate benefits. This authorization applies to physicians and other health care providers, hospitals, clinics, insurance companies, workers' compensation carriers, and organizations administering benefit programs. This authorization will remain in effect throughout my claim for workers' compensation benefits. A photocopy of this authorization will be as valid as the original.*

Employee Signature:	Date:
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Accident Investigation – Supervisors’ Report

Return Form to Safety Department

Injured Employee’s Name: _____

Date of Incident: _____

Time of Incident: _____

Date/Time Reported: _____

Description of the incident: _____

Witness names: _____

Cause of accident: _____

Was a safety procedure violated? Describe: _____

Accident site inspection and comments: _____

Recommendations/comments: _____

Did you give the employee a Panel of Physicians? Yes _____ No _____

Supervisor signature: _____

Date: _____

Attending Physician's Report - Return to Work for Injured Employees

Would the attending physician please complete this form?

Please e-mail or fax to JT Rutrough at jrutrough@procon-inc.net or 540-483-8782.

Employee information:

Employee name: _____

Address: _____

Date of injury or illness: _____

Claim number: _____

Insurance Carrier West Bend Mutual

Work Capacity

Physician Report - To be filled out by physician for job placement to return to work. Please provide details about the employee's ability to return to work. More detailed questions are attached on pages 2 and 3 if needed.

Physician Information

Name: _____

Address: _____

Telephone: _____

Return to work date: _____ Modified duty date: _____ Regular duty date: _____

Physician signature: _____ Date: _____

Job Analysis – If necessary, please complete the following questions about the employee’s job duties. If any answers are yes, please note the frequency of the job activity, using the following definitions:

- Occasionally = 1% to 25% (up to 2 hours per day)
- Frequently = 26% to 50% (3 – 4 hours per day)
- Repeatedly = 51% to 75% (5 to 6 hours per day)
- Continuously = 76% to 100% (more than hours per day)

I. Job Requirements (in an 8 hour workday) Number of hours - check full capacity										
Sit	1	2	3	4	5	6	7	8+		
Stand	1	2	3	4	5	6	7	8+		
Walk	1	2	3	4	5	6	7	8+		
II. Movements										
Bend/stoop									Yes	No
Squat									Yes	No
Crawl									Yes	No
Climb									Yes	No
Reach above									Yes	No
Shoulder level									Yes	No
Crouch									Yes	No
Kneel									Yes	No
Balancing									Yes	No
Pushing									Yes	No
III. Weight Lifted										
Up to 10 lbs.									Yes	No
11 – 25 lbs.									Yes	No
26 – 50 lbs.									Yes	No
51 – 75 lbs.									Yes	No
76 – 100 lbs.									Yes	No
Over 100 lbs.									Yes	No
IV. Weight Carried										
Up to 10 lbs.									Yes	No
11 – 25 lbs.									Yes	No
26 – 50 lbs.									Yes	No
51 – 75 lbs.									Yes	No
76 – 100 lbs.									Yes	No
Over 100 lbs.									Yes	No

<p>V. Repetitive Foot Movements Used</p> <p>Number of Hours (e.g., operating foot controls) 0 1-2 3-4 5-6 7+</p> <p>Right only</p> <p>Left only</p> <p>Both</p> <p>VI. Hands used for repetitive action including:</p> <p style="padding-left: 40px;">Number of Hours - 0 1-2 3-4 5-6 7+</p> <p>Simple/light grasping</p> <p>Firm/strong grasping</p> <p>Fine dexterity</p>	<p>Comments/Restrictions</p> <hr/> <hr/> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align: center;"><u>Right</u></td> <td style="width:33%; text-align: center;"><u>Left</u></td> </tr> <tr> <td>YesNo</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>YesNo</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>YesNo</td> <td>Yes</td> <td>No</td> </tr> </table>		<u>Right</u>	<u>Left</u>	YesNo	Yes	No	YesNo	Yes	No	YesNo	Yes	No
	<u>Right</u>	<u>Left</u>											
YesNo	Yes	No											
YesNo	Yes	No											
YesNo	Yes	No											

<p>VII. Job Requires</p> <p>Working on unprotected heights and uneven ground</p> <p>Being around moving machinery and equipment</p> <p>Exposure to marked changes in temperature and humidity</p> <p>Driving automotive equipment, forklifts, and other equipment</p> <p>Wearing of personal protective equipment (respirators, ear plugs)</p>	<table style="width:100%; border: none;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">Yes</td> <td style="width:33%; text-align: center;">No</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>		Yes	No		Yes	No		Yes	No		Yes	No		Yes	No
	Yes	No														
	Yes	No														
	Yes	No														
	Yes	No														
	Yes	No														

VIII. List Potential Exposures

Physical

(Noise, Radiation, Vibration, Temperature, etc.)

Chemical

(Mercury, Lead, Solvents, etc.)

Biological

(Viruses, Bacteria, Parasites, etc.)

Secondary Employment Approval

Per the policy as outlined in the Procon Employee Handbook, all employees wishing to engage in secondary employment outside of Procon must obtain written approval. This document serves as written approval for these activities and will be re-evaluated annually at employee evaluation, as a minimum. More frequent review may be necessary and will be established as needed..

1. _____ (employee) is employed at Procon as _____ (position), and as such is required to perform the following duties:
 - a. *(Fill in brief summary of current job duties here, such as hours/days scheduled to work, etc)*

2. The secondary employment activities that are in consideration are: _____
 - a. *(Fill in brief summary of proposed activities, such as hours and times required, resources needed, etc)*

At no point in this secondary employment shall it interfere with the requirements and activities of Procon operations. If this occurs, this approval may be revoked and a choice between the two activities will be made. No Procon resources such as equipment, vehicles, and or tools are permitted to be used to engage in this outside employment. This serves as notice to all parties that these activities are taking place, as outlined in item 2a above. Any changes or modifications to these conditions must be done in writing and this agreement amended to reflect said changes.

In consideration of the above conditions, approval for the engagement of these activities is granted.

Employee

Procon supervisor

Date

Date