

COLUMBIA DISTRIBUTING

2024 BENEFITS ANNUAL
ENROLLMENT GUIDE



Welcome to Annual Enrollment

Welcome to the annual enrollment period for the Columbia Distributing benefits program. This guide will provide helpful tips, tools, and plan information to help you make an informed decision for the 2024 plan year.

The Annual Enrollment Window is November 6th, 2023 through November 17th, 2023.

Plan Changes for 2024:

- **New carrier for our Medical plans and Dental plans!**
 - ✓ **Medical coverage will now be covered through Providence Health Plan using the Extend Network.**
 - ✓ No changes to the benefits plan designs, with the exception of the individual deductible for a someone on a family HDHP plan. This has increased to \$3,200 per IRS requirements.
 - ✓ **Dental coverage will now be covered through Sun Life and the Sun Life dental network.**
- **Contributions Updated for Medical and Dental Premiums**
- **No change to Life or Long-Term Disability Plans, Columbia Distributing will no longer offer Short-Term Disability Coverage**
- ***Enhanced Vision plan features***

Remember:

- ☑ **If you do not participate in Annual Enrollment, your elections WILL NOT rollover into 2024. If you are already enrolled in medical, dental and vision for 2023 and want to continue your coverage you MUST log into the system and make elections for 2024.**
- ☑ **Remember, if you wish to enroll or re-enroll for the various Spending Accounts, for the 2024 plan year you MUST make a new election at our annual enrollment window.**
This does not renew automatically; you must re-enroll each year.

Contact Information:

If you have any benefit questions, concerns, or you need assistance completing your Annual Enrollment, please feel free to contact us:

Columbia Distributing Benefits Office
27200 SW Parkway Ave.
Wilsonville, OR 97070

Phone: (503) 417-5049
Fax: (971) 925-9031
Email: Benefits@coldist.com

IF YOU DO NOT MAKE ELECTIONS DURING OPEN ENROLLMENT, YOU WILL NOT HAVE BENEFITS FOR 2024!

Making Your Elections:

To make elections for Annual Enrollment 2024 you will need to visit the **ADP Benefits Portal**. You can do so by either going online to [MyADP.com](https://myadp.com) or visiting the My ADP Mobile App.

You can view your current benefits, dependents and all current benefit vendor links or forms on the **ADP Benefits Portal**. Just click on the left-hand side of the screen online, or in the 'Myself' tab in the Mobile App to get to the Annual Enrollment Link.

If you are having any trouble logging on you can contact IT by creating a Service Now Ticket at <https://coldist.service-now.com> or calling (800) 695-8184.

Review Each Plan Individually

If you are making a new election for Medical, Dental, and Vision or you only want to elect medical this year remember each plan is a separate election. ADP will let you know which plans need to be reviewed, but it's a good idea to review all elections as well as your dependents and benefit enrollments carefully before submitting your final enrollment decisions for the 2024 plan year.

How to Add a Dependent to Your Plan:

If you are adding a dependent to your plan it's important to make sure you check the box next to their name under each plan to which you wish to add them. You can do so by completing the following steps:

1. Click on the plan you wish to add your dependent.
2. Check the box next to their name under the section labeled **'Who Is Covered'**.
3. Select **'Continue with Selected Plan'**.

* Eligible Dependents include spouses, domestic partners, children and children of domestic partners.

Steps to Enroll:

1. From the ADP Benefits Portal page, click **'ENROLL NOW'** in the Annual Enrollment window.
2. Review your current dependents and beneficiary Information already in the system and update if necessary.
 - a. If you have not done so already, you will need to elect a beneficiary for your Company Paid Life Insurance and Company Paid Accidental Death and Dismemberment (AD&D) Insurance.
 - b. You may elect more than one beneficiary, but the allocations need to equal 100%. You may also elect secondary beneficiaries for your Life and AD&D Insurance, which also need to equal 100%.
3. Add any new dependents or beneficiaries at this time. If you have already added your dependent as a beneficiary, you do not need to add them as a dependent.
4. Review all plans that you are eligible for (ADP will call out specific plans needing review, but please review them all). ****Use the 'Help Me Choose' Tool to compare plans!***
5. Check the box next to any dependents you would like to add in EACH plan you select.
 - a. ****Remember each plan election is separate.** Review dependents you have listed under the **'Who Is Covered'** section of each plan and check the box next to their name if you would like them to be covered under that plan.
6. After you have reviewed all of your elections, click the **'COMPLETE ENROLLMENT'** button at the top or bottom of the page.
7. You will then be taken to the **'Review and Confirm Benefits'** page. Please review this page carefully, this is your last chance to change your elections.
8. Once you are satisfied with your elections, push the **'CONFIRM ENROLLMENT'** button
9. Read the **'Payroll Authorization'** pop-up and click the **'I AGREE'** button.
10. Last, but not least, and most important, do not exit the Annual Enrollment screen until you receive a Confirmation Number and a Green Check Mark indicating **'You have completed your enrollment'**.

Make sure to review your elections and your Confirmation Statement before the Annual Enrollment Deadline of November 17th, 2023. If you do not receive a Confirmation Number, you will not have benefits for 2024!

Benefits Eligibility

Benefits Plan	Employee	Dependents
PPO and QHDHP Medical / Rx / Vision / Dental / Health Savings Account (HSA)	Regular employees working 30 or more hours per week are eligible.	Legal spouse, domestic partners, and dependent children to age 26 regardless of student status. The HSA limits eligibility to children who can be claimed as dependents on the employee's tax return. *Please note: Spouses who join the ColDist medical plans and are offered health insurance through their own employer but choose to waive their employer coverage will be subject to a \$250/month spouse surcharge.
Voluntary Life / AD&D / Voluntary Group Hospital and Accident	Regular employees working 30 or more hours per week are eligible.	Legal spouse, domestic partners, and dependent children to age 26 regardless of student status.
Life / Long Term Disability	Regular employees working 30 or more hours per week are eligible.	N/A
Healthcare FSA / Dependent Care FSA/ Commuter FSA	Regular employees working 30 or more hours per week are eligible.	Legal spouse, domestic partners, and dependent children to age 26 regardless of student status.

When Coverage Begins

When Coverage Begins

On the first of the month following date of hire.

When Coverage Ends:

On the last day of the month in which your employment with the company ends. Coverage may also terminate if you fail to pay your share of an applicable premium, if your hours drop below any hourly requirement, and/or if you submit false eligibility or claims information.

Continuation Coverage:

The federal law COBRA allows you to self-pay and continue your health plan coverage for a limited time if you and/or your family members should lose coverage due to a "qualifying event." Your options and costs for continuing health plan coverage (including your Healthcare FSA), and any portability and/or conversion rights are explained in detail in the health plan SPDs.

What is a qualifying event?

After open enrollment, you cannot make changes to your coverage during the year unless you experience a change in family status, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce or legal separation
- Switch from part-to full-time

2024 Benefits Premiums

Benefits Contributions - Per pay period (24/yr)

Effective January 1, 2024 – December 31, 2024

Medical/Rx – Providence Health Plan/ESI	Plan A	Plan B	High Deductible Health Plan (HDHP)
Employee Only	\$97.00	\$49.00	\$26.00
Employee + Spouse	\$219.50	\$111.50	\$58.50
Employee + Child(ren)	\$198.00	\$100.50	\$53.00
Employee + Family	\$313.50	\$160.00	\$86.50
Dental – Sun Life	Basic Dental Plan	Premium Dental Plan	
Employee Only	\$8.00	\$14.50	
Employee + Spouse	\$13.50	\$30.50	
Employee + Child(ren)	\$11.50	\$25.00	
Employee + Family	\$16.50	\$39.50	
Vision – Vision Service Plan (VSP)	Basic Vision Plan	Premium Vision Plan	
Employee Only	\$1.60	\$3.19	
Employee + Spouse	\$3.20	\$6.37	
Employee + Child(ren)	\$3.43	\$6.83	
Employee + Family	\$5.47	\$10.90	

Spouse Surcharge

The Spouse Surcharge is a \$250.00 monthly premium that is applied in addition to your regular medical premiums. If your spouse or domestic partner is not enrolled in medical, this surcharge would not apply.

The Spouse Surcharge **DOES** apply, and you would need to pay the Spouse Surcharge if your spouse or domestic partner:

- a) has access to medical coverage through his or her employer and;
- b) declines that coverage and;
- c) uses the Columbia Distributing medical plan as his or her primary benefits.

The Spouse Surcharge **DOES NOT** apply, and you would not need to pay the Spouse Surcharge if your spouse or domestic partner:

- a) is unemployed or does not have health coverage available to them through their employer, or;
- b) chooses to have dual coverage under their employer's plan and uses Columbia Distributing's medical plan as secondary or;
- c) has another source of health coverage (other than his or her own employer plan) and as a result, the Columbia Distributing medical plan is secondary; or
- d) is also a Columbia Distributing employee.

*All benefits information shown in this booklet is for illustrative purposes only.
All summary plan descriptions, summary of benefits coverage, and all other carrier-provided
plan documents will prevail over the information provided in this booklet.*

Providence and ESI Medical and Rx Plans

Columbia Distributing continues to offer three health plan options now administered by Providence Health Plan and includes prescription drug coverage through Express Scripts. All options offer in-network and out-of-network coverage along with in-network preventive care covered at 100%. Below is a high-level summary of all three plans. For full plan details please review your formal plan documents provided by Providence/ESI.

HDHP Plan: You are responsible for 100% of your Medical/Rx expenses until you have met your deductible.

Medical Coverage	Plan A		Plan B		HDHP	
Network Access: Providence Extend PPO Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible • Individual • Family	\$1,450 \$2,200		\$1,850 \$2,850		\$2,500 \$5,000 (individual ded. per person \$3,200)	
Out of Pocket Maximum • Individual • Family	\$5,500 \$9,750	\$14,750 Unlimited	\$7,100 \$12,950	\$20,850 Unlimited	\$6,000 \$12,000 (individual OOPM per person \$6,000)	
<i>Individual deductibles apply for those enrolled with family members up to the family limits, unless otherwise noted.</i>						
Coinsurance	20%	50%	20%	50%	10%	40%
Preventive Care	No Charge	50% after Ded.	No Charge	50% after Ded.	No Charge	40% after Ded.
Office Visits	\$25 copay	50% after Ded.	\$35 copay	50% after Ded.	10% after Ded.	40% after Ded.
FSA or HSA Eligible? <i>See pages 8 & 9 for more details</i>	FSA Eligible: YES HSA Eligible: No		FSA Eligible: YES HSA Eligible: No		FSA Eligible: No HSA Eligible: YES	
Prescription Drug Coverage	Plan A		Plan B		HDHP	
Network Access: Express Scripts	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$125 per individual <i>*applies to brand name drugs only</i>		\$125 per individual <i>*applies to brand name drugs only</i>		Medical plan deductible applies prior to benefits being applied	
Retail Rx; up to 30 days • Generic • Preferred Brand • Non-Preferred Brand	\$15 copay \$35 copay* \$50 copay*	\$15 copay* \$35 copay** \$50 copay**	\$15 copay \$40 copay* \$55 copay*	\$15 copay* \$40 copay** \$55 copay**	10% after Ded. 10% after Ded. 10% after Ded.	10% after Ded. 10% after Ded. 10% after Ded.
Mail Order; 90 days • Refer to tiers above	3x retail cost	Not Available	3x retail cost	Not Available	10% after Ded.	Not Available
Specialty Drugs • Filled through Accredo	15% up to max of \$100*		15% up to max of \$100*		15% up to max of \$100*	
Things to note about your pharmacy drug coverage...	Your benefit plan does not cover all drugs. Some prescriptions may require Prior Authorization, be subject to Step Therapy and/or Quantity Limits. There will also be an opportunity for some members to enroll in a coupon style program to get their drugs for free. If you are subject to/or qualify for any of these programs you will be contacted by Express Scripts. Contact Express Scripts for detailed coverage information.					
Healthcare Reform:	The Affordable care Act (ACA) ensures that everyone has access to certain categories of 'generic' prevention care products, free of charge, to those who qualify. Examples include vaccines, Smoking Cessation, Fluoride, Aspirin, Folic Acid, Iron Supplements, Contraceptives and Vitamin D. Your plan also provides \$0 copay for some generic 'Non-ACA' maintenance medications including heart, high blood pressure and cholesterol medications.					

* Deductible applies

+ Out of Network pharmacy will also be subject to 40% of the remaining cost after benefits are applied.

- ✓ **Need to search for a In-Network medical provider?** Visit www.ProvidenceHealthPlan.com/FindAProvider
- ✓ **Have questions or need information about Prescription Drugs?** Log into www.express-scripts.com or call 1-855-778-1401
 - **NOTE: Specialty pharmacy** vendor is Accredo Pharmacy – Call 1-800-803-2523 to get started.

Questions? Call 1-800-878-4445 or www.ProvidenceHealthPlan.com





Sun Life Dental Plans

Columbia Distributing continues to offer two dental plan options now through Sun Life. The dental plan uses the Sun Life Dental network of providers and offers both in-network and out-of-network coverage.

Dental Coverage	Basic Dental Plan	Premium Dental Plan
Network Access: Sun Life Dental Network	In-Network & Out-of-Network Providers	In-Network & Out-of-Network Providers
Deductible		
• Individual	\$50	\$50
• Family	\$150	\$150
Annual Maximum		
• Per Person Per Calendar Year	\$1,500 per person	\$3,000 per person
Types of Services:		
• Preventive; 2 cleanings, 2 exams, X-Rays	No charge	No charge
• Basic; fillings, extractions, anesthesia, roots canals	20% after ded.	20% after ded.
• Major; bridges, crowns, dentures (<i>implants covered on Premium plan only</i>)	50% after ded.	50% after ded.
Orthodontic Services		
• Coinsurance	Not covered	50% ded. waived
• Lifetime maximum benefit	N/A	\$1,500 per person
• Age Maximum	N/A	Children under 19
For additional benefits, information and restrictions not listed, please refer to your full plan summary provided by Sun Life.		

*You do not need to be enrolled in the Medical plan in order to enroll in the dental plan. Each plan can be enrolled in individually.



The dental plan uses a dental provider network. You pay less if you use a in-network provider. You will pay the most if you use a out-of-network dental provider, and you might receive a bill from a out-of-network dental provider for the difference between the provider's charge and what your plan pays (balance billing). However, you may choose to visit any dentist you like, there could just be a slight difference in how it's billed.



VSP Vision Plans

Columbia Distributing continues to offer two voluntary vision plan options through Vision Service Plan (VSP). The vision plans uses the VSP network of providers and offers both in-network and out-of-network coverage.

Vision Coverage	Basic Vision Plan	Premium Vision Plan
Network Access: VSP	In-Network Provider	In-Network Provider
Comprehensive Eye Exam	\$25 copay Every Calendar Year	\$25 copay Every Calendar Year
Frames	\$150 allowance Every Other Calendar Year	\$200 allowance Every Calendar Year
• Prescription Glasses		
Lenses	\$25 copay Covered After Copay	\$25 copay Covered After Copay
• Prescription Glasses		
• Single vision, lined bi & trifocal		
• Polycarbonate lenses for all members		
Lens Enhancements	Every Other Calendar Year	Every Calendar Year
• Standard Progressive	\$0 copay	\$0 copay
• Premium Progressive	\$95-\$105 copay	\$95-\$105 copay
• Custom Progressive	\$150-\$175 copay	\$150-\$175 copay
• Other Lens Enhancements	30% average savings	30% average savings
Instead of Prescription Glasses	\$150 allowance - Every Other Calendar Year Up to \$40 copay	\$200 allowance - Every Calendar Year Up to \$40 copay
• Contacts		
• VSP Lightcare (readymade non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, not available at Walmart/Sam's Club)		
Contact Lens Fit and Evaluation	Up to \$40 copay	Up to \$40 copay
For additional benefits and out-of-network reimbursement level, please refer to your full plan summary provided by VSP.		

*You do not need to be enrolled in the Medical plan in order to enroll in the vision plan. Each plan can be enrolled in individually.



Providence Express Care Telehealth

Providence Express Care Virtual gives you and any dependents enrolled on the health plans the ability to talk to a board-certified doctor from 8am to midnight PST any day of the week with video chat on your smartphone, tablet, or computer!

- ✓ Express Care Virtual providers are board-certified can diagnose and prescribe medications, then share treatment plans with your regular physician. *Great alternative to the Emergency Room or Immediate Care!*
- ✓ No limit to how many times you can use!
- ✓ Visits are processed as a claim, and any members costs will apply to your deductible and out of pocket maximum.

Providence Express Care Virtual visits will be offered at no cost for those on plan A and B, those on the HDHP plan will have costs associated prior to your deductible being met – after that there is no cost as well.

Set up your account today!

1. Create an online account in advance, so you will have care when you need it!
2. Go to virtual.providence.org or click the link on the ADP Benefits Portal.



HealthEquity®

Health Savings Account Basics

The HSA, offered through HealthEquity, is the perfect way for you to get the most out of your employee benefits program! This account is used in conjunction with the Qualified High Deductible Health Plan (HDHP) offered by Columbia Distributing and allows you to pay the associated out-of-pocket expenses with tax-free dollars.

Health Savings Account (HSA)	
Eligibility	You are eligible if you; <ul style="list-style-type: none"> ✓ Enroll in the High Deductible Health Plan (HDHP) ✓ Actively elect an HSA account during enrollment ✓ Completed the HealthEquity Account Verification Process
Plan Year	January 2024 – December 2024 (Calendar Year)
Contributions	Columbia Distributing will contribute based on what tier of coverage you enroll in for your medical HDHP. <ul style="list-style-type: none"> Employee Only: \$25 per pay period (\$600 per year) Employee + Spouse: \$50 per pay period (\$1,200 per year) Employee + Child(ren): \$50 per pay period (\$1,200 per year) Employee + Family: \$75 per pay period (\$1,800 per year)
Annual Limits for 2024	Employer+Employee can contribute up to: <ul style="list-style-type: none"> Individual: \$4,150 Family: \$8,300 Catch up contributions for those 55 or older: <ul style="list-style-type: none"> Additional \$1,000
Fund Availability	Once a bank account has been opened and a deposit has been made, the funds are available. Please note: Accounts are NOT pre-funded.
Can I Change My Election?	Contributions can be changed or stopped anytime throughout the plan year
Rollover	Funds remaining at the end of the plan year remain in the account and rollover
Qualified Expenses	Qualified medical expenses for medical care as defined by Internal Revenue Code Section 213(d). The expenses must be primarily to alleviate or prevent a physical or mental defect or illness, including dental and vision. Most expenses for medical care will fall under IRC Section 213(d).

5 Great Reasons to Use an HSA Account

- 1. Thrifty!**
HSA Accounts save you up to 35% on out-of-pocket health care expenses.
- 2. Tax-Free! – TRIPLE TAX SAVINGS**
 - HSA Account contributions are free of Federal and most states' income tax and Social Security ("FICA") tax
 - Earnings (if any) are tax-free
 - Distributions for qualified.
- 3. Flexible for Immediate and Long-Term Savings**
 - Carry the account balance forward from year to year.
 - Portable from employer to employer
 - Once you have met a required minimum balance, you can start investing your HSA Account in various investment vehicles.
- 4. Hassle Free!**
No claims substantiation is required to receive your funds, but be sure to keep your receipts in case the IRS requests proof that your expense was qualified.
- 5. Secure Your Future!**
HSA Account balances can be used to pay for out-of-pocket health care expenses in retirement – tax free.

Spending accounts coordinate with your health plan to maximize your benefit level. These accounts allow you to pay for eligible out of pocket expenses with tax favored funds.

	Health Care Flexible Spending Account (HCFSA)	Dependent Care Flexible Spending Account (DCFSA)	Commuter Spending Account
Eligibility	You are eligible for the HCFSA if you; <ul style="list-style-type: none"> ✓ Waived medical coverage for 2024 or are enrolled in Plan Options A or B ✓ Not Enrolled on another person's plan that contributes to an HSA in 2024 	Eligible Expense Include; <ul style="list-style-type: none"> ✓ Licenses Nursery Schools ✓ Qualified Childcare Centers ✓ Adult Day Care Facilities (Disabled Dependents Only) ✓ After school programs ✓ Summer Camps ✓ Preschool Tuition <i>*You may elect DCFSA regardless of health plan enrollment</i>	<p>Transit Account: Eligible expenses include public transit as part of your daily commute to and from work.</p> <p>Parking Account: Eligible expenses include parking cost in and around your workplace as part of your daily commute.</p>
Plan Year	January through December		Perpetual/Monthly
Contributions	Account holders set aside pre-tax dollars every pay-period, up to the <i>annual</i> contribution limit.	Account holders set aside pre-tax dollars every pay-period, up to the <i>annual</i> contribution limit.	Account holders set aside pre-tax dollars every pay-period, up to the <i>monthly</i> contribution limit.
Annual Limits for 2024	Employee can elect up to \$3,050	Employee can elect up to \$2,500 for married participants filing separate tax returns and \$5,000 for married participants filing jointly or head of household.	Transit: \$300 (monthly) Parking: \$300 (monthly) <i>*Accounts are separate, elections can be made to 1 or both accounts.</i>
Fund Availability	Entire elected contribution amount is available on the first day of the plan year.	Funds are only available for reimbursement as they are contributed.	Funds are only available for reimbursement as they are contributed and Loaded on a debit card to purchase monthly passes, or directly purchase your pass through the HR Simplified Portal.
Can I Change My Election?	Contributions can only be changed or stopped throughout the plan year when a qualified event occurs such as change in marital status, birth or adoption, change in employment status, etc.		Elections can be elected/changed/waived on a monthly basis.
Rollover	The HCFSA is a "Use-It-Or-Lose-It" spending account. You must use your funds by December 31, 2024 or you will lose them.	The DCFSA is a "Use-It-Or-Lose-It" spending account. You must use your funds by December 31, 2024 or you will lose them.	Passes and Vouchers are valid through the date associated with the pass or voucher. Commuter card balances remain on the card for active employees and may cross calendar years.
Qualified Expenses	Qualified medical, prescription drugs, dental and vision expenses. For a full list of qualified expenses allowed by the IRS, see Publication 502 or visit www.FSAstore.com	Qualified dependent care expenses for your children under 13 or elderly parents including day care, preschool, elderly care or dependent care while you or your spouse work, look for work or attend school full-time. For a full list of qualified expenses allowed by the IRS, see Publication 503.	Public transportation (train, bus, ferry, subway, vanpool), parking, commuter vouchers and commuter prepaid debit card.



Life and AD&D Insurance

New York Life Insurance Company & Employee Paid Benefits

Columbia Distributing offers employer paid Life Insurance, Accidental Death & Dismemberment (AD&D), administered by New York Life. Columbia also offers voluntary Life and AD&D which gives you the options to purchase a greater amount of coverage on top of the company paid benefit.



Remember to review your beneficiary designations. If you have had a recent family status change (marriage, birth, divorce or death), you may want to update your beneficiary information. If you elect vol. life and AD&D for your spouse or child, you will automatically be the beneficiary.

Company Paid	What is it?	Coverage
Life Insurance	Pays your beneficiary a specified benefit in the event of your death.	1x Annual Base Salary (ABS) not to exceed \$200,000
Accidental Death and Dismemberment (AD&D)	Pays your beneficiary a specified benefit in the event of your accidental death or severe injury.	1x Annual Base Salary not to exceed \$200,000
For employees whose ABS may be based on a base salary and monthly bonus', your Life and AD&D is calculated on your Base Salary + Monthly Bonus' (average previous 12 months)		

Employee Paid	Coverage	Guarantee Issue Amount
Employee Life/AD&D	Available in increments of \$10,000, up to 5X your basic annual earnings, to a maximum of \$500,000.	Only available when initially eligible or at special enrollment periods.
Spouse Life/AD&D	Available in increments of \$5,000 up to \$500,000, not to exceed 100% of the employee's elected benefit amount. Spouse coverage is only available if the employee has enrolled in voluntary coverage.	Only available when initially eligible or at special enrollment periods.
Dependent Child Life/AD&D	Birth – 6 months: \$250 Over 6 months: increments of \$2,000 up to \$10,000 Child coverage is only available if the employee has enrolled in voluntary coverage.	Only available when initially eligible or at special enrollment periods.

For full plan details, please refer to your plan summary.

Please note: If electing for the first time or increasing the amount of any Voluntary or Buy-Up coverage during Annual Enrollment, you will need to fill out Evidence of Insurability within 30 days. You will be prompted during your enrollment event to complete the EOI on the NYL website. All Voluntary elections have a premium that will be paid by you. To see premiums or complete EOI please go to the ADP Benefits Portal.

Questions? Call 888-842-4462 or www.myNYLGBS.com



Company Paid and Voluntary Employee Paid Programs

Columbia Distributing offers employer paid long-term disability (LTD) for managers and above as well as a voluntary LTD option for all other employees administered by New York Life.

	Long-Term Disability - BASIC Company Paid	Long-Term Disability - VOLUNTARY Employee Paid
Eligibility	Managers and Above; 1 st of the month following date of hire	Non-Managers only; 1 st of the month following date of hire
Waiting Period	90 days	90 days
Maximum Monthly Benefit	60% of your monthly pay up to \$20,000	60% of your monthly pay up to \$6,500
Questions? Call 888-842-4462 or www.myNYLGBS.com		



Additional Voluntary Programs

Columbia Distributing offers additional voluntary employee paid benefits through Unum.

Employee Paid	What is it?	Eligibility	Coverage
Group Hospital Indemnity Coverage	Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization.	This benefit is available for you, your spouse, and any eligible dependent children.	You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you – not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, co-pays and deductibles
Group Accident Coverage	Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need.	You, your spouse, and any eligible dependent children are eligible for this benefit.	It covers accidents that occur off the job. And it includes a range of incidents, from common injuries to more serious events. It also includes a \$50 Be Well benefit for covered screenings
Please see the ADP Benefits Portal for rates and detailed plan information			
Questions? Call 1-800-635-5597 or www.UNUM.com			

For full plan details, please refer to your plan summary.

Please note: If electing for the first time or increasing the amount of any Voluntary or Buy-Up coverage during Annual Enrollment, you will need to fill out Evidence of Insurability within 30 days. You will be prompted during your enrollment event to complete the EOI on the NYL website. All Voluntary elections have a premium that will be paid by you. To see premiums or complete EOI please go to the ADP Benefits Portal.



Canopy

EAP – Employee Assistance Program

The EAP Program is a **free** and confidential benefit designed to help you and your eligible family members with any personal issues that may arise during your employment with Columbia Distributing, small or large.

Personal Consultation with an EAP Professional	Five (5) counseling sessions face to face, over the phone, or online for concerns such as: Marital conflict, Conflict at work, Depression, Stress Management, Family Relationships, Anxiety, Alcohol or Drug Abuse, Loss, Career Development
Work/Family/Life	Canopy will help locate resources and information related to Eldercare, Childcare, and Identity Theft
Legal Consultations/Mediation	Access to a free 30-minute office or telephone consultation. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.
Financial Coaching	Coaches will provide 30 consecutive days of financial coaching to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.
Home Ownership Program	Assistance and discounts for buying, selling, and refinancing.
Pet Parent Resources	Free pet information and support, including pet insurance discounts, new pet parent resources and bereavement support.
Includes Wellbeing Tools such as will preparation kits, online legal tools, tax preparation Q&A, gym membership discounts, etc.	
EAP Member Site - www.canopywell.com Company Name: Columbia Distributing or ColDist	



Vanguard

401(k) Retirement Plan

The Columbia Distributing 401(k) Retirement Plan may be the best place to save for your future. You'll need your plan number (095805) to take some of these actions.

- ✓ Join the plan at vanguard.com/jointoday
- ✓ Sign up for online access at vanguard.com/registertoday
- ✓ Get the free mobile app at vanguard.com/mobilenow
- ✓ Name Beneficiaries and sign up for electronic delivery by logging on to your account at vanguard.com/actnow.

Eligibility	You are eligible once you have completed 90 days of service at Columbia Distributing.
Employer Contributions	You are eligible for Company safe harbor matching contributions after one year of service in which you have worked at least 1,000 hours. Columbia Distributing will match 100% of the first 3% of your contributions and 50% of the next 2% of your contributions.
Pre-Tax or Roth	Columbia offers both pre-tax or Roth contributions. You may choose to make one or the other, or both!
Annual Limits for 2024	Employer + Employee can contribute up to: \$23,000 Catch-up contributions for those 50 or older: Additional \$7,500
Plan Rules	It's important to stay up-to-date with the plan's features and rules. For up-to-date information you can log on to your account at vanguard.com/planrules at any time.

Connect with Vanguard at 800-523-1188 or visit www.retirementplans.vanguard.com

Connect with the care you want

The online provider directory makes it easy to find providers, pharmacies and facilities that fit your needs.

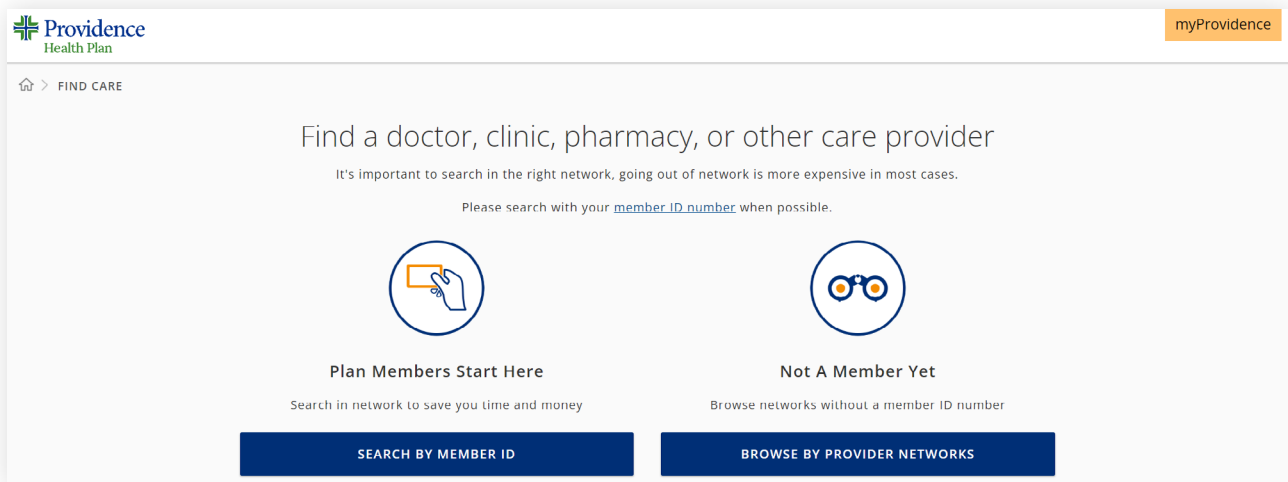
Easily find:

- Primary care, behavioral health and alternative care providers
- Specialists
- Pharmacies

Search filters include:


- Race and ethnicity
- Personal identity
- Cultural competency
- LGBTQ+

- 1 Find in-network providers, pharmacies and facilities:**
 Visit our website at ProvidenceHealthPlan.com/FindAProvider
- 2 Two ways to search**
 By member ID number or provider network



For best results, search by member ID number (from your member ID card) →

← Search by Member ID

Enter your PHP member ID number 


FROM: 5 Miles | LOCATION: Enter city & state or zipcode

Remember me on this computer

SEARCH

Don't have your member ID? Search by network instead.

← Search by Provider Network

Coverage through My Employer 

Extend PPO Network

FROM: 5 Miles | LOCATION: Enter city & state or zipcode

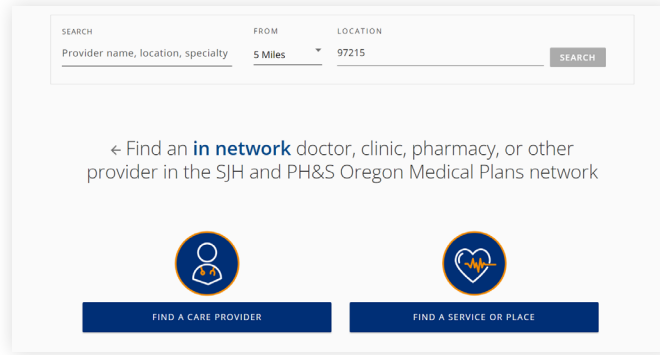
SEARCH

For best research results search using your Member ID.

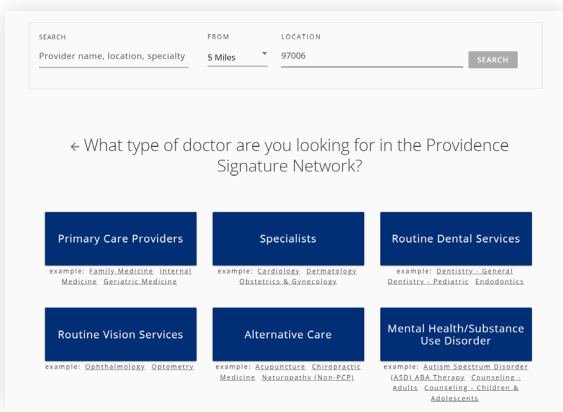
← **Columbia Distributing**
 If you don't have your member ID, select "Coverage through My Employer" and then select "Extend PPO Network"

3 Tailor your search

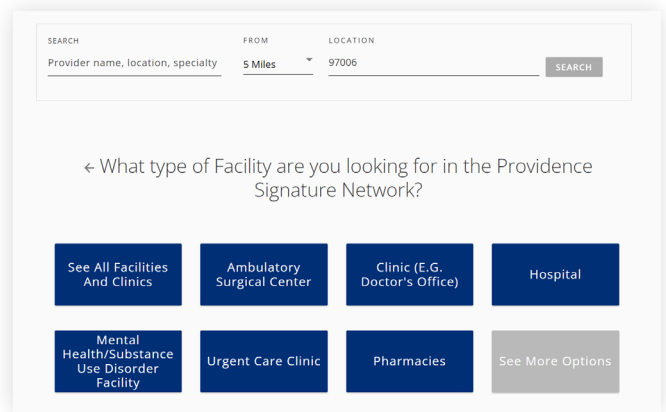
Search by provider name, location or specialty



Select provider type



Select type of service or facility

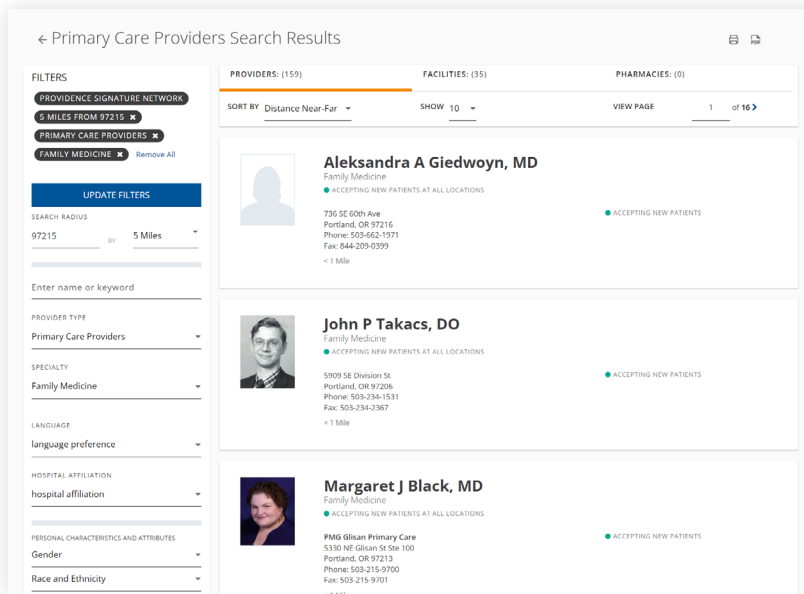


4 Customize results

Find a provider – including specialists – by name

Filter results by:

- Type/Specialty
- Location
- Gender
- Languages spoken
- Race and ethnicity
- Personal identity
- Cultural competency
- LGBTQ+



Select between providers, facilities or pharmacies

Click on the provider name for more detailed information

Contact Customer Service for questions or assistance, **503-574-7500** or **800-878-4445 (TTY: 711)** 8 a.m. - 5 p.m., Monday through Friday (Pacific Time).

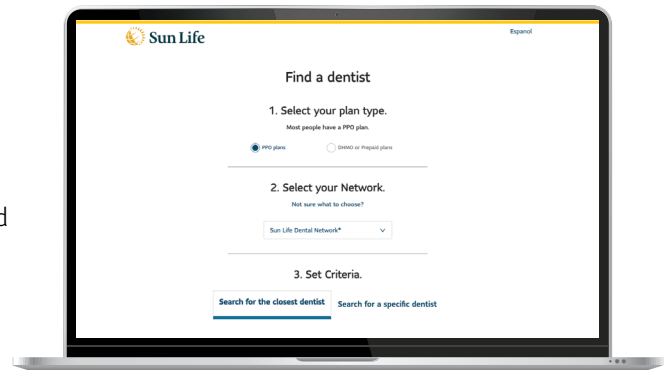
DENTAL

How to Find a PPO dentist

There are three ways to find an in-network dentist:

Online

1. Go to www.sunlife.com/findadentist
2. Select your plan type (PPO) and network (Sun Life Dental Network)
3. Choose whether you would like to search for the closest dentist or a specific one, and then select 'search dentists'.



Mobile App

1. Download our mobile app, Benefit Tools (available for Android or iPhone).
2. Select Find a Dentist.
3. You now have three ways to search for a dentist near you:
 - a. Log into your Sun Life account
 - b. Search with your Group ID
 - c. Select your PPO network from the lists provided (Sun Life Dental Network)
4. After you select 'search' the dentists near you will display on a map.



Android



iPhone

Phone

800-442-7742

If you are not currently registered for a Sun Life account, you can register at www.sunlife.com/account. Your account gives you access to your personalized dental ID card, benefit and plan details, claim history and more.

To nominate a dentist to potentially become a member of Sun Life's dental network, scan the QR code to complete the nomination form.



Group insurance policies are underwritten by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01. Prepaid dental products are provided and administered by SLOC under Form Series BDC-GDSA, PDC, and are provided by prepaid dental companies, affiliated with SLOC, under Form Series BDC-GDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI) under Policy Form Series 15-GP-01, 16-DEN-C-01 and prepaid dental products are provided and administered by SLHIC under Form Series BDC-GDSA-NY. ©2022 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. The Sun Life name and logo are registered trademarks of Sun Life Assurance Company of Canada. Visit us at www.sunlife.com/us. GDFL-6367-e