

your benefits program

JANUARY 1 – DECEMBER 31, 2022

Wiland, Inc. is a leading marketing intelligence company serving many of the nation's top companies and organizations. We use data and sophisticated analytics to predict marketing behavior. The Wiland database houses billions of transactions from thousands of companies spanning many markets, giving us unprecedented visibility into consumer spending and interests. Our custom audiences and insights help organizations grow their business and improve profitability.

We are committed to providing excellent service and products to our customers, as well as maintaining a team of dedicated, high caliber professionals who are best in the field.

Wiland strongly believes that employees work best in friendly, honest and supportive surroundings. We strive to maintain this type of atmosphere in various ways, including an open-door policy, a casual dress code, a variety of social events, a comprehensive training program and an emphasis on continuous improvement.

We offer our employees a fast-paced, dynamic, energetic and family-oriented work environment in a safe and secure building.

Wiland also offers competitive salaries and excellent benefits. Full-time employees receive the following benefits:

- Medical, Dental and Vision Insurance
- 401(k) Retirement Savings Plan
- Generous Paid Time-Off Accruals
- Company-Paid Holidays
- Paid Wellness Day
- Paid Parental Leave
- Health Club Reimbursement
- Flexible Spending Accounts
- Basic and Voluntary Life Insurance
- Short and Long-term Disability
- Voluntary Accident & Critical Illness Coverage
- Adoption Reimbursement Program

Benefits are briefly described in this brochure. For more detailed information, please see Human Resources, or refer to your plan descriptions.

why employees choose Wiland

Competitive Wages

Employee Wellness Program

Team Oriented Atmosphere

Excellent Benefits

Company Activities and Events

Opportunity for Advancement

Casual dress code

Challenging Work

Emphasis on Continuous Improvement

This guide is a summary only. In the event that this document conflicts with the plan descriptions produced by each insurance company, the insurance company's document will govern.

wiland

your benefits program

Wiland is happy to provide you with comprehensive health care coverage, including medical, dental, and vision. These benefits are offered as a package and may not be separately elected.

Eligible employees may join the plans the first of the month following their hire date.

Some of the major features of each plan are highlighted in this guide. Refer to the insurance provider's materials for complete details.

2022 Health Plan Premium Costs

Wiland pays a major portion of your health plans to make these benefits more affordable for you. The table below lists your share of the cost for medical, dental & vision.

2022 Benefit Premiums Cost Per Pay Period	
Employee Only	\$71.79
Employee + Spouse	\$172.75
Employee + Child(ren)	\$143.79
Family	\$227.69

Medical Benefits

Wiland provides medical benefits through UnitedHealthcare (UHC). The UHC medical plan is a Preferred Provider Organization (PPO) plan, which utilizes a network of doctors and hospitals. You may visit any doctor or hospital of your choice; however, we recommend that you visit a provider in network.

The table below provides a brief outline of your medical plan. For more detailed information, refer to your UHC plan description, or contact the customer service number listed on the back page of this guide.

UnitedHealthcare Choice Plus Medical Plan

Outlined below is the member's financial responsibilities (your share of the cost) under the medical plan.

Doctor Selection:	In-Network	Out-of-Network
Calendar-Year Deductible	\$500 per individual; up to \$1,500 per family	\$1,000 per individual; up to \$3,000 per family
Annual Out-of-Pocket Maximum	\$3,000 per individual; up to \$6,000 per family (includes deductible and copays)	\$6,000 per individual; up to \$12,000 per family (includes deductible and copays)
Benefit Maximum	Unlimited (maximums for specific services may apply; see plan description for details)	
Office Visits	Primary Care Physician: \$25 copay per visit Specialist: \$50 copay per visit	40% of eligible expenses after deductible
Inpatient Hospital	20% of eligible expenses after deductible	40% of eligible expenses after deductible
Outpatient Surgery	20% of eligible expenses after deductible	40% of eligible expenses after deductible
X-Ray & Lab	No charge	40% of eligible expenses after deductible
Preventive Care	No charge	40% of eligible expenses after deductible
MRI, Nuclear Medicine & Other High-Tech Services	20% of eligible expenses after deductible	40% of eligible expenses after deductible
Emergency Care	\$200 copay per visit (pre-service notification required out-of-network if results in an inpatient stay)	
After-Hours Urgent Care	\$75 copay per visit	40% of eligible expenses after deductible
Virtual Visits	No charge	Not covered
Prescription Drugs	Up to a 31-day supply: Tier 1: \$10 copay; Tier 2: \$35 copay; Tier 3: \$70 copay; Tier 4: \$250 copay Mail-order (up to a 90-day supply): Tier 1: \$25 copay; Tier 2: \$87.50 copay; Tier 3: \$175 copay; Tier 4: \$625 copay	If you purchase a prescription from an out-of-network pharmacy, you are responsible for the applicable in-network prescription copay plus the difference in cost between the in-network and out-of-network prescription. (Mail-order not covered out-of-network)

FREE RESOURCES WITH UHC'S EMPLOYEE ASSISTANCE PROGRAM... If you are enrolled in one of the UHC medical plans, you have access to UHC's Employee Assistance Program (EAP). The EAP can offer assistance with everyday issues such as marriage or family issues, work-related stress, grief/loss of a loved one, financial and legal concerns, and more. The EAP offers up to three free visits with a counselor per issue. To access these resources, call 1-888-887-4114 or log on to www.myuhc.com.



GO "IN-NETWORK" & SAVE!

Your health plans use a network of doctors and hospitals that have agreed to discounted pricing with the insurance company. So, when you visit a network doctor or health provider, you pay less. Follow these instructions to search for a health provider online.

UNITEDHEALTHCARE:

Go to www.myuhc.com, click on the "Find Physician, Laboratory or Facility" link on the right, and then select the *UnitedHealthcare Choice Plus* plan, and then make your selections.

DELTA DENTAL OF COLORADO:

Go to Delta Dental's site at www.deltadentalco.com. Type your zip code in the "Find a Dentist" box, and click the "Find" button. Choose a Delta PPO dentist for the greatest savings.

VISION SERVICE PLAN:

Go to www.vsp.com. Type your zip code in the "Find a VSP Doctor" box, and click "Search". Make sure to search within the VSP *Choice* network.

RALLY REWARDS PROGRAM - Take control of your health and well-being, and be rewarded for it!

Visit www.myuhc.com to sign up - Earn Rewards...Participate in a biometric screening...Complete an online health survey...Enroll in a telephone based health coaching program...Complete at least 3 missions...You could earn up to \$200 annually through a gift card.

Dental Benefits

Dental benefits are provided through Delta Dental. Under this plan, preventive exams and cleanings are covered at 100 percent and may be scheduled twice per consecutive 12-month period.

The Delta Dental plan has three levels of dentists to choose from: Delta PPO dentists, Delta Premier dentists, and Non-Participating dentists.

You will have the most savings if you visit Delta PPO dentists. In addition, when you visit a PPO dentist, your preventive and diagnostic benefits will not count toward the annual benefit maximum, so your annual benefit will be even greater.

Delta Dental PPO plus Premier Plan

Outlined below is the member's financial responsibilities (your share of the cost) under the dental plan.

Dentist Selection	Delta PPO, Delta Premier, and Non-Participating* Dentists Choose a Delta PPO Dentist for greatest savings.
Calendar-Year Deductible	\$50 per person, up to \$150 per family (deductible applies to basic and major services only)
Benefit Maximum	\$1,500 per person per calendar year
<p>TIP: Make your benefits stretch further! Visit a Delta Dental PPO Dentist for the best dental savings.</p>	
Member Coinsurance (the portion you pay for services)	<ul style="list-style-type: none"> Preventive/Diagnostic: No charge, deductible waived (up to the Delta PPO allowance) Basic Services: 20% of eligible expenses after deductible Major Services: 50% of eligible expenses after deductible
Orthodontia (for dependent children up to age 19 only)	
Benefit Maximum	\$1,500 per person per lifetime
Member Coinsurance	50% of eligible expenses (deductible waived)

Vision Benefits

Vision benefits are provided through Vision Service Plan (VSP). The VSP plan includes a complete eye exam every 12 months, contacts and lenses every 12 months and frames every 24 months based on wholesale cost.

VSP Choice Vision Plan

Outlined below is the member's financial responsibilities (your share of the cost) under the vision plan.

Doctor Selection	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$10 copay	\$45 allowance
Materials		
Spectacle Lenses (every 12 months)	\$25 copay (includes single vision, lined bifocal/trifocal lenses, & polycarbonate lenses for dependent children)	Single Vision: \$30 allowance Lined Bifocal: \$50 allowance Lined Trifocal: \$65 allowance
Frames (every 24 months)	\$130 allowance, plus 20% off the balance in excess of \$130	\$70 allowance
Contact Lenses (every 12 months in lieu of glasses)	\$130 allowance for contact lenses & lens exam (fitting & evaluation) 15% discount on fitting & evaluation	\$105 allowance
Additional Benefits		
Lens Options	20% discount on lens options, such as progressives, scratch-resistant, anti-reflective, etc.	Not covered
Glasses & Sunglasses	20% off additional glasses and sunglasses	Not covered
LASIK & PRK Vision Correction	Average 15% off retail price (5% off promotional price)	Not Covered

* Please note: If you visit a Non-Participating dentist, you will be responsible for paying any amount in excess of Delta Dental's allowable charge.

Life & Accident Coverage

Wiland provides you with term life coverage in the amount of one and one-half times your basic annual salary up to \$550,000. Should your death be due to an accident, your beneficiary would receive an additional one and one-half times your salary in accidental death & dismemberment (AD&D) benefit.

You may choose to supplement your basic life and AD&D policies with voluntary coverage through Mutual of Omaha. You may purchase up to \$500,000 in increments of \$10,000. New hires are guaranteed to qualify for up to \$200,000 of benefit without submitting proof of good health. If you purchase coverage for yourself, you may also purchase voluntary life for your spouse and your dependent children. Refer to your Mutual of Omaha materials for coverage amounts and requirements.

Disability Coverage

Your disability policies provide you with income protection should you be disabled and unable to work.

Short-Term Disability: Following 10 working days of disability due to illness or accident, your coverage will replace up to 60 percent of your weekly pre-disability earnings and as approved may continue for up to 12 weeks.

Long-Term Disability: Should you be disabled for more than 90 days, your coverage will replace 60 percent of your monthly pre-disability earnings up to \$10,000 per month with approval.

Accident & Critical Illness Coverage

Through Mutual of Omaha, you have Accident & Critical Illness coverage available to you at discounted group rates. These plans are totally voluntary and are paid for entirely by you.

Accident: Lessen the financial burden on yourself and family in the circumstance of accident, injury or death.

Critical Illness: Helps cover the amount of out-of-pocket health care expenses related to certain critical illnesses.

For more information refer to your Mutual of Omaha materials.

Paid Time-Off (PTO)

Wiland believes in a balance between work and play. That's why we offer you paid time-off (PTO). You begin accruing PTO immediately at date of hire according to the schedule below. You may accrue up to a maximum of 240 hours of PTO.

Years of Service	PTO Accrual
0-2 years	4.62 hours per pay period (120 hours per year)
3-4 years	6.16 hours per pay period (160 hours per year)
5-9 years	7.70 hours per pay period (200 hours per year)
10+ years	9.23 hours per pay period (240 hours per year)

Paid Holidays

You receive the following paid holidays each year:

- New Year's Day
- Labor Day
- Christmas Eve
- Presidents' Day
- Thanksgiving Day
- Christmas Day
- Memorial Day
- Day after Thanksgiving
- Floating Holiday
- Juneteenth
- Independence Day

Wiland Wellness Day

As part of the Wiland Wellness Program, Wiland provides full-time employees with an (8) hour paid day off to enhance personal wellness.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to deduct money from your paycheck pretax to pay for certain qualified expenses, so that you realize tax savings on those expenses.

You may elect up to the following amounts:

- \$2,850 for your Health FSA, and
- \$5,000 for your Dependent Care FSA.

Any unused funds in your 2021 plan year account, up to \$550, will automatically be rolled over for use in the 2022 plan year. Even if you do not make a new election for the 2022 plan year Health FSA, you are still eligible to use your carried over funds in 2022.

See your Alerus FSA materials for complete details.

Retirement Savings

Wiland helps you save for your retirement through its 401(k) plan. You may contribute 1 to 60 percent of your salary to your 401(k) account on a tax-deferred basis up to the IRS maximum. You are eligible to participate on the 1st of the month after your start date. For your convenience, Wiland has an auto-enrollment program. You will automatically be enrolled unless you opt out.

Wiland will match 50 percent of your contribution per pay period up to 4 percent of your salary, depending on employee contribution. There is a three-year "vesting" period for you to build 100 percent ownership in the contributions that Wiland makes on your behalf. See your Fidelity materials for more information.

BENEFIT PLAN CONTACT INFORMATION

Medical —
UnitedHealthcare
(Group# 752731)
1-877-844-4999
www.myuhc.com

Home Delivery Rx —
Optum Rx
(Group# 752731)
1-800-356-3477
www.myuhc.com

Employee Assistance
Program — UHC EAP
(available to employees enrolled in
the UHC medical plan)
1-888-887-4114
www.myuhc.com

Dental — Delta Dental
(Group# 11155)
1-800-233-0860
www.deltadentalco.com

Vision —
Vision Service Plan (VSP)
(Group# 30006847)
1-800-877-7195
www.vsp.com

Life, AD&D, Disability,
Accident & Critical Illness —
Mutual of Omaha
(Group#G000BFJN)
1-800-655-5142
www.mutualofomaha.com

Employee Assistance
Program—
Mutual of Omaha
1-800-316-2796
www.mutualofomaha.com/eap

Retirement Plan —
Fidelity Investments
1-800-835-5097
www.401k.com

Flexible Spending
Accounts — Alerus
1-877-661-4727

For general information
regarding your FSAs, go to
www.alerusrb.com.

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