IMPORTANT NOTICE

This Benefits Guide includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice From Viega LLC About Your Prescription Drug Coverage and Medicare."

YOUR EMPLOYEE BENEFITS

BENEFIT PLANS EFFECTIVE

JANUARY 1, 2020–DECEMBER 31, 2020

viega

BENEFITS
BUILT FOR YOU

At Viega, we care about you. That's why we offer benefits that support your physical, emotional, and financial health.

Understanding your benefits and knowing how to use them is just as important as having access to them. Review this guide to learn about the benefits available to you for the 2020 plan year (January 1, 2020, through December 31, 2020). Then, choose the options that are best for you and your family.

WHAT'S INSIDE

CONTACT INFORMATION

If you have any questions regarding your benefits or the material contained in this guide, please contact Viega Human Resources.

Human Resources

303-531-9329

Provider/Plan	Policy Number	Contact Number	Website
Medical—UMR	Group #: 76-413102 Plan #: 7670-00-413102	800-826-9781	umr.com
Telemedicine—Teladoc	N/A	800-835-2362	teladoc.com
Prescription Drugs—MaxorPlus	VIN: 005377 Rx PCN: 10000019 Rx GRP: 76413102	800-687-8629	maxorplus.com
Dental—Delta Dental	Group #: 50952	800-234-3375	deltadentalks.com
Vision—EyeMed	Group #: 9889759	866-939-3633	eyemedvisioncare.com
Flexible Spending Accounts—Rocky Mountain Reserve	N/A	888-722-1223	rockymountainreserve.com
Life and AD&D Insurance—Unum	Basic Life Plan #: 474461 Supplemental Life Plan #: 474462	866-679-3054	unum.com
Disability Insurance—Unum	Plan #: 474461	866-679-3054	unum.com
Accident and Critical Illness Insurance—Allstate	Group #: 08958	800-521-3535	allstatebenefits.com/mybenefits
401(k) Retirement Savings Plan—Fidelity	Plan #: 38602	800-835-5097	fidelity.com
Employee Assistance Program—Unum	N/A	800-854-1446	unum.com/lifebalance

WHO IS ELIGIBLE

If you are an active, regular colleague who works at least 30 hours per week, you are eligible for benefits on the first day of the month following your date of hire.

Many of the plans allow you to cover your eligible dependents, which include:

- Your legal spouse or state-recognized civil union partner.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

WHO PAYS

Some benefits are 100% paid by Viega, while others require that you contribute.

Benefit	You Pay	Viega Pays
Medical Insurance	X	X
Dental Insurance	X	X
Vision Insurance	X	
Flexible Spending Accounts	X	
Basic Life and AD&D Insurance		X
Supplemental Life and AD&D Insurance	X	
Disability Insurance	X	X
Accident Insurance	X	
Critical Illness Insurance	X	
Employee Assistance Program		X

WHEN TO ENROLL

You can only sign up for benefits or change your benefits at the following times:

- **Within 31 days of joining Viega as a new employee.**
- **During the annual benefits enrollment period.**
- **Within 31 days of a qualifying life event.**

The choices you make at this time will remain in place through December 31, 2020, unless you experience a qualifying life event as described on page 5. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

HOW TO ENROLL

To enroll in benefits, log into the ADP Employee Self Service portal and follow these steps:

STEP 1

Log into the ADP Employee Self Service portal.

STEP 2

Select the coverage you would like to elect.

STEP 3

Review your enrollment elections.

STEP 4

Submit your enrollment elections.

CHANGING YOUR BENEFITS

Due to IRS regulations, once you have made your elections for 2020, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- Change in your spouse's work status that affects his or her benefits.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.

To request a benefits change, notify Human Resources within 31 days of the qualifying life event. Change requests submitted after 31 days cannot be accepted. You may need to provide proof of the event, such as a marriage license or birth certificate.

MEDICAL INSURANCE

Viega offers two medical plan options through UMR, which utilize the UnitedHealthcare Choice Plus network.

The plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose an in-network provider. Locate an in-network provider at **umr.com**.

Before you enroll in medical coverage, take some time to fully understand how each plan works. Refer to page 7 for an overview of the plan benefits.

BEFORE YOU CHOOSE A PLAN, CONSIDER THIS:

Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care?

What planned medical services do you expect to need in the upcoming year?

Do you or any of your covered family members take any prescription medications on a regular basis?

MEDICAL COSTS

Listed below are the biweekly costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Coverage Level	Plan I	Plan II
Employee Only	$52.13	$31.30
Employee + Spouse	$110.66	$69.00
Employee + Child(ren)	$106.67	$63.05
Employee + Family	$154.72	$111.29

MEDICAL INSURANCE

The table below summarizes the benefits of each medical plan.

The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Plan I		Plan II	
	In Network	Out of Network[1]	In Network	Out of Network[1]
Plan Year Deductible Individual/Family	$250/$500	$250/$500	$750/$1,500	$750/$1,500
Out-of-Pocket Max (Includes deductible, copays, and coinsurance) Individual/Family	$1,250/$2,500	$2,250/$4,500	$1,750/$3,500	$2,750/$5,500
Coinsurance Max Individual/Family	$1,000/$2,000	$2,000/$4,000	$1,000/$2,000	$2,000/$4,000
Preventive Care	Plan pays 100%	30% after ded.	Plan pays 100%	40% after ded.
Physician Services Primary Care Physician Specialist Urgent Care	$20 copay 10% after ded. $50 copay	$20 copay 30% after ded. $50 copay	$20 copay 20% after ded. $50 copay	$20 copay 40% after ded. $50 copay
Lab, X-Ray, and High-Tech Services	10% after ded.	30% after ded.	20% after ded.	40% after ded.
Durable Medical Equipment	10% after ded.	30% after ded.	20% after ded.	40% after ded.
Hospital Services Inpatient Outpatient	10% after ded. 10% after ded.	30% after ded. 30% after ded.	20% after ded. 20% after ded.	40% after ded. 40% after ded.
Emergency Room	$150 copay + 10% after ded.		$150 copay + 20% after ded.	
Prescription Drugs Generic Preferred Brand Non-Preferred Brand Mail Order (Up to a 90-day supply)	$10 copay $30 copay $50 copay 2x retail copay	In-network copay + cost difference	$10 copay $30 copay $50 copay 2x retail copay	In-network copay + cost difference

(1) The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. This is called balance billing.

ARE YOU COVERING YOUR SPOUSE AND/OR CHILDREN?

- If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket max apply to each covered member of the family (capped at family amount).

MEDICAL INSURANCE

In-network preventive care is free for medical plan members.

The Viega medical plans pay 100% of the cost of preventive care when received from an in-network provider. This means you won't have to pay anything out of your pocket.

WHAT IS PREVENTIVE CARE?

The focus of preventive health care is to PREVENT illnesses, disease, and other health problems, and to DETECT issues at an early stage when treatment is likely to work best.

WHY IS PREVENTIVE CARE IMPORTANT?

It is important that you have a preventive exam each year—even if you feel healthy and are symptom free—in order to IDENTIFY FUTURE HEALTH RISKS.

WHAT'S COVERED?

Covered preventive services VARY BY AGE AND GENDER. Talk with your provider to determine which screenings, tests, and vaccines will be covered, when you should get them, and how often.

SAVE MONEY ON YOUR HEALTH CARE

Choose an in-network provider.

Choose an in-network provider and you'll pay less out of your pocket. Why? Because in-network doctors and facilities contract with the insurance company and agree to charge a lower price for services.

Request an in-network lab.

When your doctor orders a test, confirm that an in-network lab will be used. If your tests are sent to an out-of-network lab, you may incur **additional** out-of-pocket expenses.

Check your explanation of benefits.

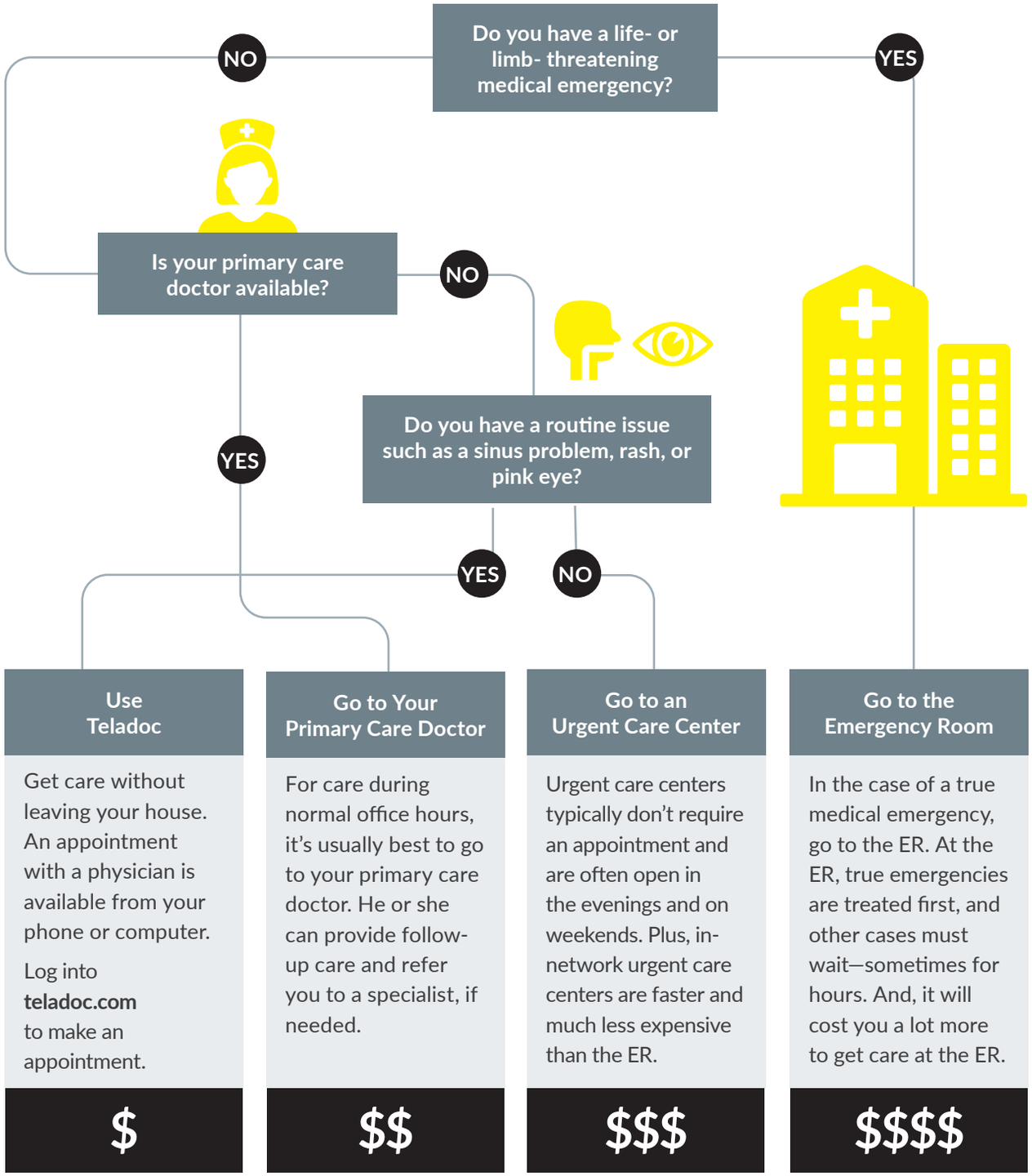
After your appointment, review your explanation of benefits (EOB) and provider bill to confirm you were billed correctly.

Note: Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design. Learn more about preventive care at **umr.com**.

MEDICAL INSURANCE

Know where to go for your health care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



DENTAL INSURANCE

Viega offers a dental insurance plan through Delta Dental.

The Delta Dental plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a Delta Dental provider. Locate a Delta Dental in-network provider at **deltadentalks.com**.

The table below summarizes key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Dental Plan	
	In Network	Out of Network
Plan Year Deductible Individual/Family	$50/$150	$50/$150
Plan Year Benefit Maximum	$1,500	
Preventive Care (Oral exams, cleanings, x-rays)	Plan pays 100%	Plan pays 100%
Basic Services (Periodontal services, endodontic services, oral surgery, fillings)	20% after ded.	20% after ded.
Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial])	50% after ded.	50% after ded.
Orthodontia Services (Up to age 19)	50%	
Orthodontia Lifetime Maximum	$1,000	

Regular dental visits tell your dentist a lot about your overall health, including whether or not you may be developing a disease like diabetes, heart disease, kidney disease, and some forms of cancer.

DENTAL COSTS

Listed below are the biweekly costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Coverage Level	Dental Plan
Employee Only	$2.45
Employee + Spouse	$5.25
Employee + Child(ren)	$4.87
Employee + Family	$7.67

VISION INSURANCE

Viega offers a vision insurance plan through EyeMed.

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose an in-network provider. Locate an EyeMed in-network provider at **eyemedvisioncare.com**.

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Vision Plan	
	In Network	Out of Network
Eye Exam (Every 12 months)	$15 copay	Up to $30
Standard Plastic Lenses (Every 12 months)		
Single/Bifocal/Trifocal	$20 copay	Up to $25/$40/$60
Frames (Every 24 months)	$140 allowance + 20% off balance	Up to $70
Contact Lenses (Every 12 months)		
Elective	$140 allowance + 15% off balance	Up to $112
Medically Necessary	Plan pays 100%	Up to $210

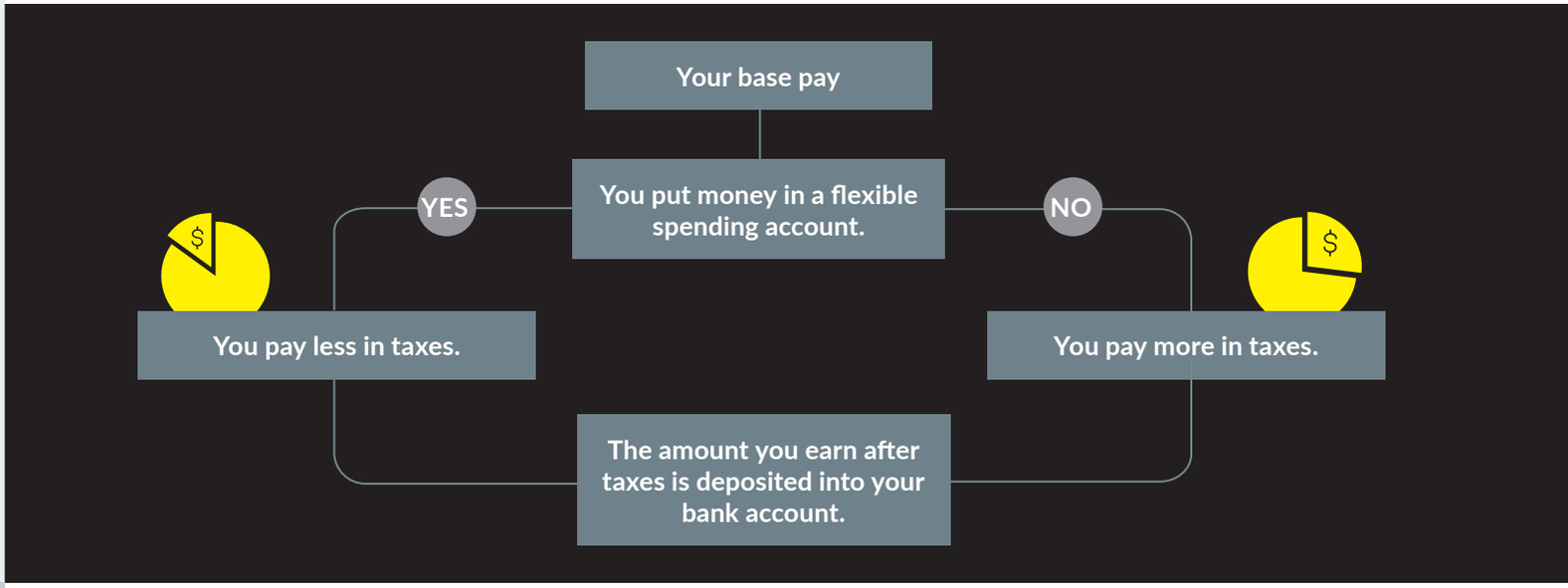
Even if you have perfect vision, an annual eye exam is important. Just by examining your eyes, a doctor can find warning signs of high blood pressure, diabetes, and more than 200 other major diseases.

VISION COSTS

Listed below are the biweekly costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Coverage Level	Vision Plan
Employee Only	$3.54
Employee + Spouse	$6.73
Employee + Child(ren)	$7.09
Employee + Family	$10.42

BUDGETING FOR YOUR CARE



You can save about 20%* on your care by putting money in a flexible spending account. This is because you don't pay taxes on your contributions.

COMPARE YOUR OPTIONS

	Health Care Flexible Spending Account Details on Page 13	Dependent Care Flexible Spending Account Details on Page 13
Eligible plans	Plan I and Plan II	Plan I and Plan II
Eligible expenses	Medical, dental, and vision	Child and elder care
Your election is available on January 1, 2020	Yes	No, your contribution is equally distributed per pay period
You can change your election throughout the year	No	No
Funds roll over from one year to the next	Up to $500	No

*Percentage varies based on your tax bracket.

FLEXIBLE SPENDING ACCOUNTS

Viega offers two flexible spending account (FSA) options, which are administered by Rocky Mountain Reserve.

The FSAs are administered by Rocky Mountain Reserve. Log into your account at rockymountainreserve.com to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

HEALTH CARE FSA

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars. Over-the-counter (OTC) medications are not eligible for reimbursement without a prescription.

The health care FSA maximum contribution is $2,700 for the 2020 calendar year.

DEPENDENT CARE FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself.

You may contribute up to $5,000 to the dependent care FSA for the 2020 plan year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect $2,500 for the 2020 plan year.

When you fund a dependent care FSA to the maximum amount ($5,000), you will save $1,000 per year.* This is because you don't pay taxes on your FSA contributions.

*Amount varies based on your tax bracket.

LIFE AND AD&D INSURANCE

Viega provides basic life and AD&D insurance to all benefits-eligible employees AT NO COST. You have the option to purchase supplemental life insurance.

BASIC LIFE AND AD&D INSURANCE

Viega automatically provides basic life and AD&D insurance through Unum to all benefits-eligible employees **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. Benefits will reduce to 65% at age 65, 50% at age 70, and 35% at age 75.

Please be sure to keep your beneficiary designations up to date.

- **Non-exempt employees life and AD&D benefit:** 1x annual base salary up to $50,000
- **Exempt employees life and AD&D benefit:** 2x annual base salary up to $425,000

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental coverage.

SUPPLEMENTAL LIFE INSURANCE

Viega provides you the option to purchase supplemental life insurance for yourself, your spouse, and your dependent children through Unum.

You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded. Benefits will reduce to 65% at age 65, 50% at age 70, and 35% at age 75.

- **Employee:** $10,000 increments up to $500,000 or 5x annual salary, whichever is less—guarantee issue: $180,000
- **Spouse:** $5,000 increments up to $250,000—guarantee issue: $25,000
- **Dependent children:** $2,5000, $5,000, or $10,000—guarantee issue: $10,000

ELECT COVERAGE NOW!

If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Unum. If employees elect any level of coverage for supplemental life under the guarantee issue and then elect to increase to the guarantee issues for 2021, they will not be subject to EOI.

DISABILITY INSURANCE

Disability insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

SHORT-TERM DISABILITY INSURANCE

Short-term disability (STD) insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated STD plans.

BASIC STD INSURANCE

Viega automatically provides basic short-term disability (STD) insurance through Unum to all employees **AT NO COST**.

- **Benefit:** 60% of weekly earnings up to $1,500
- **Elimination period:** 14 days
- **Benefit duration:** Up to 24 weeks
- **Pre-existing condition limitation:** A disability caused by a condition treated less than three months before coverage is effective, will not be covered until you have been covered under the plan for 12 months

LONG-TERM DISABILITY INSURANCE

Long-term disability (LTD) insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

BASIC LTD INSURANCE

Viega automatically provides long-term disability (LTD) insurance through Unum to all full-time benefits-eligible employees **AT NO COST**.

Non-Exempt Employees

- **Benefit:** 50% of monthly earnings up to $3,500 per month
- **Elimination period:** 180 days
- **Benefit duration:** Social security normal retirement age
- **Pre-existing condition limitation:** A condition treated less than three months before coverage is effective, will not be covered until you have been covered under the plan for 12 months

Exempt Employees

- **Benefits:** 60% of monthly earnings up to $10,000 per month
- **Elimination period:** 180 days
- **Benefit duration:** Social security normal retirement age
- **Pre-existing condition limitation:** A condition treated less than three months before coverage is effective, will not be covered until you have been covered under the plan for 12 months

SUPPLEMENTAL LTD INSURANCE

As a non-exempt employee, you have the option to purchase supplemental LTD coverage through Unum for added financial protection. Supplemental coverage increases your LTD benefit to 60% of your monthly earnings up to $10,000 per month.

ACCIDENT INSURANCE

Viega provides you the option to purchase accident insurance through Allstate.

Accident insurance helps protect against the financial burden that accident-related costs can create. This means that you will have added financial resources to help with expenses incurred due to an injury, to help with ongoing living expenses, or to help with any purpose you choose. Claims payments are made in flat amounts based on services incurred during an accident.

CRITICAL ILLNESS INSURANCE

Viega provides you the option to purchase critical illness insurance through Allstate.

Critical illness insurance provides a financial, lump-sum benefit upon diagnosis of a covered illness. These covered illnesses are typically very severe and likely to render the affected person incapable of working. Because of the financial strain these illnesses can place on individuals and families, critical illness insurance is designed to help you pay your mortgage, seek experimental treatment, or handle unexpected medical expenses.

- **Benefit:** $15,000 or $30,000
- **Health screening benefit:** $50 per covered person, per year

CANCER ASSISTANCE INSURANCE

If you elect critical illness coverage, you will automatically be provided with cancer assistance insurance, at no extra cost. Cancer assistance insurance pays a lump-sum cash benefit upon diagnoses. The lump-sum amount will vary depending on the cancer diagnoses.

401(k) RETIREMENT SAVINGS PLAN

Safe Harbor Notice
Viega LLC is required by the IRS to give this notice annually to participants in the Plan. The "Company" means Viega LLC and each of its predecessors that participate in the Viega LLC 401(k) plan (the "Plan"). Required Notice to Participant in the Viega LLC 401(k) Plan Distributed to ALL Eligible Employees

Contribution Safe Harbor
By complying with the provisions of the IRS, Viega LLC will be entitled to rely on a contribution safe harbor provided by the IRS. By making a qualified non-elective contribution (QNEC) in the amount of 3% of compensation as defined in the plan, Viega LLC will satisfy the nondiscrimination test (referred to as the actual deferral percentage test (ADP Test) required by the Internal Revenue Code. Accordingly, because Viega LLC will be relying on a contribution safe harbor, it will not need to perform the ADP Test.

The safe harbor on which Viega LLC intends to rely is included in sections 401(k)(12)(C) and 401(k)(12)(D) of the Internal Revenue Code.

Minimum Contribution under the Safe Harbor
If you are eligible to participant in the Plan and are an employee of Viega LLC, you will receive a contribution of 3% of your annual base compensation, as defined in the Plan. Under the Plan, base compensation is limited as required by the Internal Revenue Code. The limit may be increased in future years to adjust for the increased cost of living. The safe harbor contribution is immediately 100% vested.

Other Plan Contributions
For the plan year, you may make pretax contributions to the Plan, subject to IRS limits. If you will be age 50 or above this Plan year, you may be eligible to defer an additional pretax amount based on IRS regulations. You may not make after-tax contributions to this Plan.

Additionally, Viega LLC makes matching contributions and can make a discretionary profit-sharing contribution to the Plan that complies with the applicable requirements of the Code.

Viega, LLC will match colleagues contributions per pay period according to the following schedule:

- 100% match on your pretax contribution, up to 2% of your compensation (i.e. dollar-for-dollar match up to 2% of your compensation)

PLUS

- 50% match on the remaining portion of your pretax contribution, up to an additional 5% of your compensation (i.e. $0.50 match for each dollar you contribute up to 5% of your compensation)

Viega LLC can make a discretionary profit-sharing contribution under the terms of the Plan to each participant who is employed by Viega LLC and eligible to participate in the Plan. There is no requirement that you make pretax deferral to receive a discretionary profit-sharing contribution. Monies that Viega LLC contributes to eligible colleague's accounts is subject to the following vesting schedule and is based on the colleagues years of service:

Years of Vesting Service	Vested Percentage
Less than 1 year	0%
1 year but less than 2	0%
2 years but less than 3	25%
3 years but less than 4	50%
4 years but less than 5	75%
5 years or more	100%

Procedures for Making Pretax Deferrals
Employees of Viega LLC generally become eligible to participate in the Plan on the first of the month after your hire date and attaining age 21. In order to become a participant in the Plan, you must complete an enrollment form available online at **401k.com**.

Distributions and Withdrawals
The distributions and withdrawals provisions of the Plan are discussed in detail in the Summary Plan Description for the Plan available on Viega LLC's intranet or by calling Human Resources. If you are a participant in the Plan and your employment with Viega LLC is terminated for any reason, you are entitled to receive the vested amount credited to your separate accounts under the Plan, less the balance of any Plan loans outstanding.

Questions regarding this notice and the Plan or request for a paper copy of this notice or a Summary Plan Description (free of charge) should be directed to: Plan Owner, Human Resources, 800-774-5237, or Plan Administrator, Fidelity, 800-835-5097.

This notice describes certain terms of the Plan. In the event of any inconsistency between the terms of this notice and the terms of the Plan, the terms of the Plan will prevail.

ROTH 401(k) RETIREMENT SAVINGS PLAN

The Roth 401(k) option offers tax-free retirement income.

Your plan now gives you the option of contributing to a Roth 401(k) though your retirement savings plan. Unlike a traditional pretax 401(k), the Roth 401(k) allows you to contribute after-tax dollars and then withdraw tax-free dollars from your account when you retire or terminate employment from Viega LLC, if it has been five years since your first Roth 401(k) contribution and you are at least 59 ½ years old.*

How Does the Roth 401(k) Compare With a Traditional Pre-Tax 401(k)?
Just as with a traditional pretax 401(k):

- You elect how much of your salary you wish to contribute.
- Your contributions to a Roth 401(k) and traditional pretax
- 401(k) cannot exceed IRS limits. Your contribution is based on your eligible compensation.
- Unlike a traditional pretax 401(k), the Roth 401(k) allows you to withdraw your money tax free when you retire*. But it will also require you to make after tax contributions now.

Taxes: Pay Now or Pay Later

	Traditional Pre-Tax 401(k)	Roth 401(k)
Employee contributions	Pre-tax dollars	After-tax dollars
Employee withdrawals	Taxable upon withdrawal	Tax free upon withdrawal

Who Might Benefit from a Roth 401(k)?
A Roth 401(k) could be a good option for:

- Younger employees who have a longer retirement horizon and more time to accumulate tax free earnings.
- Highly compensated individuals who aren't eligible for Roth IRAs, but who want a pool of tax-free money to draw on in retirement.
- Employees who want to leave tax-free money to their heirs.

Here's Help

- Log into Fidelity NetBenefits and click the Library tab.
- Call 800-835-5097 to speak with a Fidelity representative.
- Contact a tax professional for specific advice on your personal situation.

TUITION REIMBURSEMENT PROGRAM

PROFESSIONAL GROWTH—A CORE VIEGA VALUE

Professional growth has been at the core of who Viega is. The management team at Viega wants to encourage personal development through formal education channels.

You can't lose with Viega's tuition reimbursement program. You may receive financial assistance while at the same time improving your job-related skills.

Basic requirements are:

- Full-time status
- First of the month following hire date
- Masters or Bachelor's degree
- Courses taken at an accredited educational establishment
- Employee not in a disciplinary status
- Courses pre-approved by your immediate manager and Human Resources
- Classes taken during non-work hours

You must get approval for the class(es) from both your manager and Human Resources prior to taking the class. Then you pay for the class up front. Upon completion of the classes, you will need to submit an expense report through Concur. You will need to attach a copy of your final grade, and upload receipts showing proof of payment and amount paid. This is then submitted to Human Resources for approval and reimbursement.

For undergraduate classes, we reimburse:

- 100% for a grade of A
- 80% for a grade of B
- 50% for a grade of C

For graduate programs, we reimburse:

- 100% for B or better

Yearly maximums are $3,600 for undergraduate degrees and $5,000 for graduate degrees. There are repayment rules that apply if you leave the company less than four years from the last day of the course.

Contact Human Resources for more information.

SICK TIME

Sick allowance is separated into two categories: sick time and sick bank.

Sick time is the amount of time an employee is allotted to take off during a given year, whereas a sick bank is an accumulation of any unused sick time. Remaining sick and sick bank balances are not paid out upon termination of employment, regardless of reason. Retirement is the only exception.

SICK TIME:

- All eligible employees may receive up to five (5) sick days per year. The number of sick days allowed for new employees is dependent on when they are hired:
  - If hired January 1 through March 31, the new employee with receive five (5) sick days.
  - If hired April 1 though June 30, the new employee will receive three (3) sick days.
  - If hired July 1 though September 30, the new employee will receive two (2) sick days.
  - If hired October 1 through December 31, the new employee will receive one (1) sick day.
- Employees may carry-over sick time from year to year via their sick bank.
- Sick time balances are transferred into the employees sick bank after December 31 of every year.

SICK BANKS

- There is no cap on the amount of hours an employee may accumulate in their sick bank.
- Sick time hours can only be transferred into a sick bank.
- Sick bank time in excess of eighty (80) hours can be cashed out on the first paycheck following the end of the calendar year. Employees must submit a written request to Human Resources prior to December 1.
- When an employee terminates employment with Viega, voluntarily or involuntarily, with the exception of employees rehired one year from being laid off, any remaining time in the sick bank will be forfeited. If an employee is rehired within one year after being laid off, their sick bank balance will be restored to what it was as of their last day of employment prior to being laid off.

VACATION TIME

An employee's vacation time allowance is based on tenure plus the Competency Development Category their position falls into: Trained, Skilled, Office Administration & Professional & Sales & Management plus exemption status.

NON-EXEMPT

Vacation time offered (for the purpose of this policy the hourly accrual rate applies): Earned vacation time is available immediately for use.

Years of Service	Trained & Skilled	Trained & Skilled	O&P	O&P	Mgt & Sales	Mgt & Sales
	Annual Accrual	Hourly Accrual	Annual Accrual	Hourly Accrual	Annual Accrual	Hourly Accrual
0-.99	80	0.03846	80	0.03846	120	0.05769
1-1.99	80	0.03846	88	0.04231	128	0.06154
2-2.99	80	0.03846	96	0.04615	136	0.06538
3-3.99	88	0.04231	104	0.05000	144	0.06923
4-4.99	96	0.04615	112	0.05385	152	0.07308
5-5.99	104	0.05000	120	0.05769	160	0.07692
6-6.99	112	0.05385	128	0.06154	168	0.08077
7-7.99	120	0.05769	136	0.06538	176	0.08462
8-8.99	128	0.06154	144	0.06923	184	0.08846
9-9.99	136	0.06538	152	0.07308	192	0.09231
10-10.99	144	0.06923	160	0.07692	200	0.09615
11-11.99	152	0.07308	168	0.08077	200	0.09615
12-12.99	160	0.07692	176	0.08462	200	0.09615
13-13.99	168	0.08077	184	0.08846	200	0.09615
14-14.99	176	0.08462	192	0.09231	200	0.09615
15-15.99	184	0.08846	200	0.09615	200	0.09615
16-16.99	192	0.09231	200	0.09615	200	0.09615
17-17.99	200	0.09615	200	0.09615	200	0.09615
18-18.99	200	0.09615	200	0.09615	200	0.09615
19-19.99	200	0.09615	200	0.09615	200	0.09615
20+	200	0.09615	200	0.09615	200	0.09615

VACATION TIME

EXEMPT

Vacation time offered (for the purpose of this policy the annual accrual rate applies):

Years of Service	Trained & Skilled Annual Accrual	Trained & Skilled Hourly Accrual	O&P Annual Accrual	O&P Hourly Accrual	Mgt & Sales Annual Accrual	Mgt & Sales Hourly Accrual
0-.99	Depends on hire month					
1-1.99	80	0.03846	88	0.04231	128	0.06154
2-2.99	80	0.03846	96	0.04615	136	0.06538
3-3.99	88	0.04231	104	0.05000	144	0.06923
4-4.99	96	0.04615	112	0.05385	152	0.07308
5-5.99	104	0.05000	120	0.05769	160	0.07692
6-6.99	112	0.05385	128	0.06154	168	0.08077
7-7.99	120	0.05769	136	0.06538	176	0.08462
8-8.99	128	0.06154	144	0.06923	184	0.08846
9-9.99	136	0.06538	152	0.07308	192	0.09231
10-10.99	144	0.06923	160	0.07692	200	0.09615
11-11.99	152	0.07308	168	0.08077	200	0.09615
12-12.99	160	0.07692	176	0.08462	200	0.09615
13-13.99	168	0.08077	184	0.08846	200	0.09615
14-14.99	176	0.08462	192	0.09231	200	0.09615
15-15.99	184	0.08846	200	0.09615	200	0.09615
16-16.99	192	0.09231	200	0.09615	200	0.09615
17-17.99	200	0.09615	200	0.09615	200	0.09615
18-18.99	200	0.09615	200	0.09615	200	0.09615
19-19.99	200	0.09615	200	0.09615	200	0.09615
20+	200	0.09615	200	0.09615	200	0.09615

Vacation time for new hires and employees changing positions is prorated based on the following percentage scale:

Hire Month	Trained & Skilled and O&P			Mgt & Sales		
	Prorated %	Annual Hours	Annual Days Off	Prorated %	Annual Hours	Annual Days Off
January	100%	80	10	100%	120	15
February	100%	80	10	93%	112	14
March	90%	72	9	87%	1-4	13
April	80%	64	8	80%	96	12
May	70%	56	7	73%	88	11
June	60%	48	6	60%	72	9
July	50%	40	5	53%	64	8
August	40%	32	4	40%	48	6
September	30%	24	3	33%	40	5
October	20%	16	2	20%	24	3
November	10%	8	1	13%	16	2
December	0%	0	0	0%	0	0

Vacation time is awarded for use immediately. Notwithstanding the immediate availability to use vacation time, the actual accrual of vacation time occurs incrementally throughout the year in which it is provided, in applicable states. Terminating employees will receive only the balance earned/accrued through their final date of employment less any time taken.

EMPLOYEE ASSISTANCE PROGRAM

Employee assistance program (EAP) services are provided to you and your household members AT NO COST through Unum.

This is a confidential program available 24 hours a day, seven days a week, to help you and your family members handle the stresses involved with everyday issues and/or crisis situations.

- The services are accessible through toll-free phone calls and online access.
- Each member can receive up to three free face-to-face counseling sessions, per incident, per year.
- No personal information is ever shared with Viega.

I'm in over my head. I wish I had someone to talk to.

I need help finding care for my mom.

Ugh, what else is going to go wrong?

The free EAP can support you. Call the EAP 24/7 at 800-854-1446 or visit **unum.com/lifebalance**.

Viega LLC

HEALTH PLAN NOTICES

TABLE OF CONTENTS

IMPORTANT NOTICE
This packet of notices related to our health care plan includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice From Viega LLC About Your Prescription Drug Coverage and Medicare."

VIEGA LLC
IMPORTANT NOTICE
COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is provided to you on behalf of:

Viega LLC Welfare Employee Benefits Plan Document*

* This notice pertains only to healthcare coverage provided under the plan.

The Plan's Duty to Safeguard Your Protected Health Information
Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). The Plan is required to extend certain protections to your PHI, and to give you this notice about its privacy practices that explains how, when, and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this notice, though it reserves the right to change those practices and the terms of this notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan's Privacy Official, described below), and will be posted on any website maintained by Viega LLC that describes benefits available to employees and dependents.

You may also receive one or more other privacy notices from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI and your rights with respect to the PHI they maintain.

How the Plan May Use and Disclose Your Protected Health Information
The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan's uses and disclosures of your PHI.

- **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**
  - **Treatment:** Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists, and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it's

important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provide treatment to you.

- **Payment:** Of course, the Plan's most important function, as far as you are concerned, is that it *pays for* all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals, and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans in certain cases. For example, if you are covered by more than one health care plan (e.g., covered by this Plan and your spouse's plan or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.
- **Health care Operations:** The Plan may use and disclose your PHI in the course of its "health care operations." For example, it may use your PHI in evaluating the quality of services you received or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverages. However, the Plan will not disclose, for underwriting purposes, PHI that is genetic information.

- **Other Uses and Disclosures of Your PHI Not Requiring Authorization.** The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:
  - **To the Plan Sponsor:** The Plan may disclose PHI to the employers (such as Viega LLC) who sponsor or maintain the Plan for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and disenrollments, census, claim resolutions, and other matters related to Plan administration; payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology department, as needed for preparation of data compilations and reports related to Plan administration; finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage, and other disputes related to the Plan's provision of benefits.
  - **To the Plan's Service Providers:** The Plan may disclose PHI to its service providers ("business associates") who perform claim payment and plan management services. The Plan requires a written contract that obligates the business associate to safeguard and limit the use of PHI.
  - **Required by Law**: The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities that monitor compliance with these privacy requirements.
  - **For Public Health Activities:** The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.
  - **For Health Oversight Activities:** The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
  - **Relating to Decedents:** The Plan may disclose PHI relating to an individual's death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
  - **For Research Purposes:** In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.

  - **To Avert Threat to Health or Safety:** In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
  - **For Specific Government Functions:** The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.
- **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment, and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. For example, uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI would require your authorization. Your authorization can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.
- **Uses and Disclosures Requiring You to Have an Opportunity to Object:** The Plan may share PHI with your family, friend, or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

- **To Request Restrictions on Uses and Disclosures:** You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.
- **To Choose How the Plan Contacts You:** You have the right to ask that the Plan send you information at an alternative address or by an alternative means. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.
- **To Inspect and Copy Your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.
- **To Request Amendment of Your PHI:** If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors you may request in writing that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any

statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

- **To Find Out What Disclosures Have Been Made:** You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

How to Complain About the Plan's Privacy Practices

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

Notification of a Privacy Breach

Any individual whose unsecured PHI has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner will receive written notification from the Plan within 60 days of the discovery of the breach.

If the breach involves 500 or more residents of a state, the Plan will notify prominent media outlets in the state. The Plan will maintain a log of security breaches and will report this information to HHS on an annual basis. Immediate reporting from the Plan to HHS is required if a security breach involves 500 or more people.

Contact Person for Information, or to Submit a Complaint

If you have questions about this notice please contact the Plan's Privacy Official or Deputy Privacy Official(s) (see below). If you have any complaints about the Plan's privacy practices, handling of your PHI, *or breach notification process*, please contact the Privacy Official or an authorized Deputy Privacy Official.

Privacy Official

The Plan's Privacy Official, the person responsible for ensuring compliance with this notice, is:

Human Resources Department
HR Operations Manager
(316) 425-7400

Effective Date

The effective date of this notice is: January 1, 2020.

IMPORTANT NOTICES

VIEGA LLC EMPLOYEE HEALTH CARE PLAN
NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (e.g., divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within *30 days* after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within ***60 days*** of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within ***60 days*** after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within *30 days* after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Human Resources Department
HR Operations Manager
(316) 425-7400

**** This notice is relevant for healthcare coverages subject to the HIPAA portability rules.***

IMPORTANT NOTICES

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

Viega LLC Employee Health Care Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

The Viega LLC Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

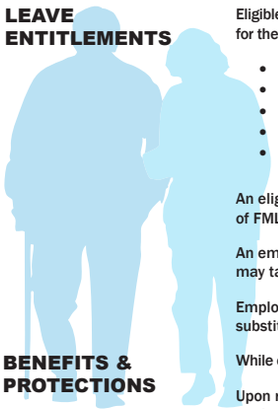
Plan 1	In-Network	Out-of-Network
Individual Deductible	$250	$250
Family Deductible	$500	$500
Coinsurance	10%	20%
Plan 2	In-Network	Out-of-Network
Individual Deductible	$750	$750
Family Deductible	$1,500	$1,500
Coinsurance	20%	20%

If you would like more information on WHCRA benefits, please refer to your Summary Plan Description or contact your Plan Administrator at:

Human Resources Department
HR Operations Manager
(316) 425-7400

EMPLOYEE RIGHTS
UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION



LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

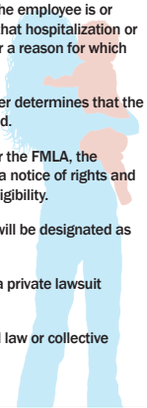
*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.



EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

WAGE AND HOUR DIVISION

WH1420 REV 04/16

IMPORTANT NOTICES

COLORADO
Department of Regulatory Agencies
Colorado Civil Rights Division

NOTICE FOR EMPLOYERS TO USE IN ORDER TO BE IN COMPLIANCE WITH HB 16-1438 (PREGNANCY ACCOMMODATIONS):

PREGNANT WORKERS FAIRNESS ACT
C.R.S. § 24-34-402.3

The Pregnant Workers Fairness Act makes it a discriminatory or unfair employment practice if an employer fails to provide reasonable accommodations to an applicant or employee who is pregnant, physically recovering from childbirth, or a related condition.

Requirements:

Under the Act, if an applicant or employee who is pregnant or has a condition related to pregnancy or childbirth requests an accommodation, an employer must engage in the interactive process with the applicant or employee and provide a reasonable accommodation to perform the essential functions of the applicant or employee's job unless the accommodation would impose an undue hardship on the employer's business.

The Act identifies reasonable accommodations as including, but not limited to:

- provision of more frequent or longer break periods;
- more frequent restroom, food, and water breaks;
- acquisition or modification of equipment or seating;
- limitations on lifting;
- temporary transfer to a less strenuous or hazardous position if available, with return to the current position after pregnancy;
- job restructuring;
- light duty, if available;
- assistance with manual labor; or modified work schedule.

The Act prohibits requiring an applicant or employee to accept an accommodation that the applicant or employee has not requested or an accommodation that is unnecessary for the applicant or the employee to perform the essential functions of the job.

IMPORTANT NOTICES

COLORADO
Department of Regulatory Agencies
Colorado Civil Rights Division

Scope of accommodations required:

An accommodation may not be deemed reasonable if the employer has to hire new employees that the employer would not have otherwise hired, discharge an employee, transfer another employee with more seniority, promote another employee who is not qualified to perform the new job, create a new position for the employee, or provide the employee paid leave beyond what is provided to similarly situated employees.

Under the Act, a reasonable accommodation must not pose an "undue hardship" on the employer. Undue hardship refers to an action requiring significant difficulty or expense to the employer. The following factors are considered in determining whether there is undue hardship to the employer:

- the nature and cost of accommodation;
- the overall financial resources of the employer;
- the overall size of the employer's business;
- the accommodation's effect on expenses and resources or its effect upon the operations of the employer;

If the employer has provided a similar accommodation to other classes of employees, the Act provides that there is a rebuttable presumption that the accommodation does not impose an undue hardship.

Adverse action prohibited:

The Act prohibits an employer from taking adverse action against an employee who requests or uses a reasonable accommodation and from denying employment opportunities to an applicant or employee based on the need to make a reasonable accommodation.

Notice:

This written notice must be posted in a conspicuous area of the workplace. Employers must also provide written notice to new employees at the start of employment and to current employees within 120 days of the Act's August 10, 2016 effective date.

IMPORTANT NOTICES

CMS.gov
Centers for Medicare & Medicaid Services

Disclosure to CMS Form

Preview your information. Click the Edit button to go back to the form or click submit to submit the information. Please print a copy for your records.

Entity/Plan Sponsor Information:

Entity Name: **Viega LLC**

Entity Federal ID Number: **20-5194438**

Entity Street Address: **585 Interlocken Blvd**

City: **Broomfield**

State: **Colorado**

Zip Code: **80021**

Country: **United States**

Phone Number: **303-531-9329**

Coverage Type: **GROUP HEALTH PLAN: Employer Sponsored Plan**

Creditable/Non-Creditable Offer:

Creditable/Non-Creditable Offer: **All Options Offered Are Creditable**

Plan Year Beginning Date: **01/01/2019**

Plan Year Ending Date: **12/31/2019**

Total Number of Medicare Part D Eligible Individuals expected to be covered under these creditable Benefit Option(s) as of the Plan Year Beginning Date stated above: **38**

Out of the estimated number of those Medicare Part D Eligible Individuals stated above, how many are expected to be covered through an Employer/Union Retiree Group Health Plan: **38**

Date that the Annual Creditable Coverage Disclosure notice to Eligible Individuals form was provided by the Entity: **10/14/2019**

Has your Creditable Coverage Status (Creditable, Non-Creditable, Creditable/Non-Creditable Options Offered) changed from the last plan year?: **No**

I understand and agree to the following statements:

Entity's Authorized Individual Name: **Michelle Henderson**

Entity's Authorized Individual Title: **Sr. Benefits, Leave & Payroll Administrator**

Entity's Authorized Individual Email: **michelle.henderson@viega.us**

Today's Date: **10/25/2019**

IMPORTANT NOTICES

STATEMENT OF ERISA RIGHTS

Under the Employee Retirement Income Security Act of 1974 (ERISA), all Covered Persons will have the right to:

RECEIVE INFORMATION ABOUT PLAN AND BENEFITS

- Examine, without charge, at the Plan Administrator's office and at other specified locations (such as worksites and union halls) all documents governing the Plan, including insurance contracts, collective bargaining agreements if applicable, and a copy of the latest annual report (Form 5500 series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration. No charge will be made for examining the documents at the Plan Administrator's principal office.

- Obtain, upon written request to the Plan Administrator, copies of documents that govern the operation of the Plan, including insurance contracts and collective bargaining agreements if applicable, and copies of the latest annual report and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

CONTINUE GROUP HEALTH COVERAGE

Covered Persons have the right to continue health care coverage if they experience a loss of coverage under the Plan as a result of a COBRA qualifying event. You or Your Dependents may have to pay for such coverage. Review this SPD and the documents governing the Plan on the rules governing COBRA continuation coverage rights.

PRUDENT ACTIONS BY PLAN FIDUCIARIES

In addition to creating rights for Covered Persons, ERISA imposes duties upon the people who are responsible for the operation of this Plan. The people who operate this Plan, called "fiduciaries" of this Plan, have a duty to do so prudently and in the interest of all Plan participants.

NO DISCRIMINATION

No one may terminate Your employment or otherwise discriminate against You or Your covered Dependents in any way to prevent You or Your Dependents from obtaining a benefit or exercising rights provided to Covered Persons under ERISA.

ENFORCING COVERED PERSONS' RIGHTS

If a claim for a benefit is denied or ignored, in whole or in part, Covered Persons have a right to know why this was done, to obtain copies of documents related to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps an Employee can take to enforce the above rights. For instance, if a Covered Person requests a copy of the Plan documents or the latest annual report from the Plan and does not receive them within 30 days, the Covered Person may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay the Covered Person up to $110 per day until the materials are received, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

IMPORTANT NOTICES

If a claim for benefits is denied or ignored, in whole or in part, the Covered Person may file suit in a state or federal court. In addition, if a Covered Person disagrees with the Plan's decision or lack thereof concerning the qualified status of a medical Child support order, the Covered Person may file suit in federal court. If it should happen that the Plan fiduciaries misuse the Plan's money, or if a Covered Person is discriminated against for asserting his or her rights, the Covered Person may seek assistance from the U.S. Department of Labor, or may file suit in a federal court. The court will decide who should pay court costs and legal fees. If the Covered Person is successful, the court may order the person sued to pay these costs and fees. If the Covered Person loses, the court may order the Covered Person to pay these costs and fees (for example, if it finds the claim to be frivolous).

ASSISTANCE WITH QUESTIONS

If You have any questions about this Plan, contact the Plan Administrator. If You have any questions about this statement or about a Covered Person's rights under ERISA, or if You need assistance in obtaining documents from the Plan Administrator, contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in the telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Covered Persons may also obtain certain publications about their rights and responsibilities under ERISA by calling the publication hotline of the Employee Benefits Security Administration.

IMPORTANT NOTICES

MaxorPlus
320 South Polk Street
Suite 200
Amarillo, TX 79101

Sample Name
Sample Address
Sample City, ST 12345

Important Notice from Viega, LLC. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Viega, LLC. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Viega, LLC. has determined that the prescription drug coverage offered by Viega, LLC. Prescription Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Viega, LLC. coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Viega, LLC. coverage, be aware that you and your dependents will not be able to get this coverage back.

CMS Form 10182-CC **Updated April 1, 2011**

IMPORTANT NOTICES

SUMMARY ANNUAL REPORT

For VIEGA LLC EMPLOYEE BENEFITS PLAN

This is a summary of the annual report of the VIEGA LLC EMPLOYEE BENEFITS PLAN, EIN 20-5194438, Plan No. 502, for period 01/01/2018 through 12/31/2018. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

VIEGA, LLC has committed itself to pay certain self-funded Medical and Dental claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with AMERICAN HERITAGE LIFE INSURANCE COMPANY, EYEMED VISION CARE ON BEHALF OF FIDELITY SECURITY LIFE INSURANCE CO., and LIFE INSURANCE COMPANY OF NORTH AMERICA to pay Vision, Life Insurance, Accidental Death and Dismemberment, Short-term Disability, and Long-term Disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2018 were $493,339.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of VIEGA, LLC at 525 INTERLOCKEN BLVD, BROOMFIELD, CO, 80021 or by telephone at 316-425-7439.

You also have the legally protected right to examine the annual report at the main office of the plan (VIEGA, LLC, 525 INTERLOCKEN BLVD, BROOMFIELD, CO, 80021) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

NOTES

This summary of benefits is not intended to be a complete description of the terms and Viega insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Viega maintains its benefit plans on an ongoing basis, Viega reserves the right to terminate or amend each plan, in its entirety or in any part at any time.