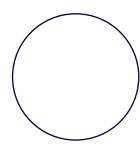
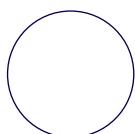
2022-2023 BENEFITS ENROLLMENT





Looking for More Information?

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Using your computer, smartphone, or tablet, you can access your benefits information at www.brockbenefits.com.

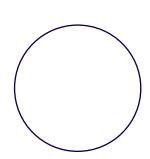






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ELIGIBILITY TO ENROLL

Regular employees actively working a minimum of 30 hours per week are eligible to enroll in any of our benefit programs.

You can also choose to cover your legally married spouse. A working spouse surcharge of \$100 per month applies if you choose to cover your working spouse with access to their own employer health coverage.

Generally, dependent children are eligible for coverage up to age 26 regardless of student or marital status. Age limitations for some insurance coverage may apply.

Current employees can change coverage during open enrollment. Per IRS rules, you can't change coverage during the year unless you experience a qualifying life event like getting married or having a baby. You have 30 days from that event to make your change mid-year.

MEDICAL BENEFITS

Brock offers four health plan options through BlueCross BlueShield of Texas (BCBSTX). Visit www.brockbenefits.com for information about the services covered under each plan.

		n 1 PPO With HSA	Plan 2 \$1,500 EPO	Plan 3 \$750 EPO		an 4 PPO with HSA
	In-Network	Out-of-Network	In-Network	In-Network	In-Network	Out-of-Network
Annual Deductible						
Individual	\$2,800	\$5,600	\$1,500	\$750	\$7,000	\$14,000
Family*	\$5,600	\$11,200	\$3,000	\$1,500	\$14,000	\$28,000
Annual Out-of-Pocket Ma	iximum**					
Individual (employee-only)	\$7,000	\$14,000	\$7,000	\$7,000	\$7,000	\$21,000
Family (any other coverage tier)	\$14,000	\$28,000	\$14,000	\$14,000	\$14,000	\$42,000
What You Pay for Covere	ed Services					
Preventive Care	\$0	50% after deductible	\$0	\$0	\$0	50% after deductible
Virtual Visits	20% after deductible	Not covered	\$5 copay	\$5 copay	0% after deductible	Not covered
Office Visit—Primary Care Physician	20% after deductible	50% after deductible	\$25 copay	\$25 copay	0% after deductible	50% after deductible
Office Visit—Specialist	20% after deductible	50% after deductible	\$40 copay	\$40 copay	0% after deductible	50% after deductible
Urgent Care	20% after deductible	50% after deductible	\$50 copay	\$50 copay	0% after deductible	50% after deductible
Emergency Room	20% after	deductible	\$300 copay plus 20% after deductible	\$300 copay plus 20% after deductible	0% after	deductible
Hospital Inpatient 	20% after deductible	50% after deductible	20% after deductible	20% after deductible	0% after deductible	50% after deductible
Outpatient						

* Family deductibles are embedded, meaning there is an annual deductible for each covered person.

Annual out-of-pocket maximum applies to medical and prescription drug expenses combined.

Livongo Diabetes and Hypertension Programs Through BCBSTX

Brock is partnering with Livongo to offer employees access to tools and resources to better manage their diabetes and hypertension (blood pressure). The following support is offered through Livongo.

Diabetes

- Cellularly-enabled blood glucose meters
- Real-time data with personalized data and educational content
- Unlimited support from personal coaches and live interactions triggered by alerts
- Free and unlimited supplies shipped directly to your home

Hypertension

- Coaching anytime, anywhere to provide answers to your questions and advice on improving your health
- Tips to help you manage your blood pressure
- Free connected blood pressure monitor that sends your readings to a mobile app

Livongo will determine, based on employees enrolled in a Brock health plan, if you are eligible to participate.

Plan premiums can be found at the end of this guide in the "What You Pay for Coverage" section. You can also visit www.brockbenefits.com for more information.

PRESCRIPTION DRUG BENEFITS

Your medical coverage includes prescription drug benefits through BlueCross BlueShield of Texas and Prime Therapeutics.

	Plan \$2,800 HDHP P		Plan 2 \$1,500 EPO	Plan 3 \$750 EPO	Plar \$7,000 HDHP F	
	In-Network	Out-of-Network	In-Network	In-Network	In-Network	Out-of-Network
Prescription Drugs F	Retail—30-Day Supply					
Preventive	\$0	Not covered	\$0	\$0	\$0	Not covered
Generic	20%, Maximum of \$150 after deductible	Not covered	20%, Maximum of \$150	20%, Maximum of \$150	0% after deductible	Not covered
Brand Formulary	30%, Maximum of \$150 after deductible	Not covered	30%, Maximum of \$150	30%, Maximum of \$150	0% after deductible	Not covered
Brand Non- Formulary	45%, Maximum of \$150 after deductible	Not covered	45%, Maximum of \$150	45%, Maximum of \$150	0% after deductible	Not covered
Specialty Drugs	45%, Maximum of \$150 after deductible	Not covered	45%, Maximum of \$150	45%, Maximum of \$150	0% after deductible	Not covered
Prescription Drugs	Aail Order-90-Day Supply	1				
Preventive	\$0	Not covered	\$0	\$0	\$0	Not covered
Generic	20%, Maximum of \$150 after deductible	Not covered	20%, Maximum of \$150	20%, Maximum of \$150	0% after deductible	Not covered
Brand Formulary	30%, Maximum of \$150 after deductible	Not covered	30%, Maximum of \$150	30%, Maximum of \$150	0% after deductible	Not covered
Brand Non- Formulary	45%, Maximum of \$150 after deductible	Not covered	45%, Maximum of \$150	45%, Maximum of \$150	0% after deductible	Not covered

Employees and spouses who have not received at least one dose of the COVID-19 vaccine, will each pay a \$100 monthly surcharge to your medical insurance premiums.

Important Note About Your Prescription Drug Coverage

In Plan 1 and Plan 4, you must meet the medical deductible first before the plans begin sharing in the cost of your prescription drugs. In Plan 1, you will pay a percentage of the cost, called coinsurance, after you meet your deductible. In Plan 4, your prescriptions are 100% covered after you meet your medical deductible.

Find a BCBSTX Doctor or Hospital

Before you enroll, call Health Advocate at 866.799.2691 to confirm in-network and out-of-network coverage in our plan.

New ID cards will be issued if you're enrolling in any of Brock's medical plans for the first time. Your health plan or network will be shown on the front of your ID card. If you have questions about which network you have, call the Customer Service number on the back of your card. To see the most accurate list of providers, register or log in to Blue Access for Members at www.bcbstx.com.

SAVINGS ACCOUNTS

We partner with HSA Bank for our Health Savings Account. Through HSA Bank and Brock's benefits program, you can lower your taxable income and budget for certain expenses by participating in the tax savings accounts. This is a brief summary, for more comprehensive program details visit www.brockbenefits.com.

Account	Health Savings Account (HSA)	Healthcare Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (DCFSA)
Overview	Use your Visa HSA debit card to pay for eligible medical, prescription drug, dental, and vision out- of-pocket expenses or reimburse yourself from the account as needed.	Use your Visa FSA debit card to pay for eligible medical, prescription drug, dental, and vision out-of-pocket expenses or reimburse yourself from the account as needed.	Use your Visa debit card to pay for eligible dependent care expenses or reimburse yourself from the account as needed.
Contribute Tax-Free Savings	\$3,650 for individuals \$7,300 for families *Catch-up contribution of \$1,000 for ages 55 and older.	\$2,850	\$5,000 (or \$2,500 if married and filing separately)
Key Features and Deadlines	You must enroll in Plan 1 or Plan 4 to participate in the HSA Program HSA dollars always roll over and always belong to you. As long as you have funds in the account, you may use them for eligible expenses.	You do not have to elect medical coverage to participate in the FSA programs, but if you enroll in Plan 1 or Plan 4, you cannot participate in the Healthcare FSA. You will forfeit any unused dollars as of March 31, 2022. You may receive reimbursement for any expenses incurred up until March 31, 2022 by June 29, 2022.	You do not have to elect medical coverage to participate in the Dependent Care FSA. You will forfeit any unused dollars as of March 31, 2021.

Submitting FSA Claims

All FSA claims need to be submitted through HSA Bank with the exception of medical plan copays (these will be substantiated automatically).

Virtual Visits with MDLIVE!

Virtual visits gives you access to doctors anytime, anywhere by phone, secure video, or mobile app. If you need a prescription, your MDLIVE doctor can send it to your local pharmacy.

MDLIVE treats non-emergency conditions such as the following.

Allergies

Cold/flu

- Fever (age 3+)
- Ear problems (age 12+)
- Nausea
- e 12+) 🛛 🔍 Pink eye
- To activate your account, visit MDLIVE.com/bcbstx, call 888.680.8646, or download the MDLIVE app from Apple's App StoreSM or Google Play[™].

Rash

And more!

WELLNESS INCENTIVES

The Brock Well-Being Program, powered by Health Advocate, provides you with tools to help you achieve personal health goals and earn a 2023 medical premium credit. You can earn a 2023 medical premium credit of up to \$600 for individual and \$1,200 for employee and spouse (if both members participate) when you complete well-being activities. Credit for your annual physical will be automatically applied up to 90 days from the date of the physical or you can choose to self-report on healthadvocate.com/brockgroup to have the credit appear sooner. Beginning January 1, 2022, you can start working on earning the 2023 incentives.



View your incentive guide and get started today! Download the Health Advocate app or call 866.799.2691. The well-being incentive is available to eligible employees and their spouses enrolled in a Brock Group medical plan.

HINGE HEALTH

Hinge Health is an online program that seeks to help you improve your joint health without medication or medical procedures!

Participants will receive a tablet and wearable sensors, 1-on-1 coaching, and exercise therapy personalized for your needs. Using Hinge Health, you can manage and improve chronic back, knee, hip, shoulder, and neck pain!

Who is Eligible

Employees, spouses and covered dependents over age 18 enrolled on the BCBSTX medical plan are eligible to participate, at no cost to you!

WONDR HEALTH

Wondr Health is an online program that focuses on when and how you eat, instead of what you eat. You don't need to count points or avoid certain foods: You can **still eat the foods you love** while losing weight and improving your health! Because the program is all online, you can log on at your convenience when you're ready to start your journey!

How it Works

Instead of counting calories, points, or restricting your diet, you will follow a science-based approach based on the eating patterns of people who don't naturally struggle with their weight. During the first 10 weeks of the program, you'll log in to your Wondr Health dashboard to get tips on:

- Enjoying your favorite foods without going overboard
- Understanding the differences between appetite and hunger
- Keeping thirst from preventing your weight loss
- Avoiding emotional eating for stress, anger, and depression
- Achieving better sleep, better physical activity, and stress reduction

Who is Eligible

Employees, spouses and covered dependents over age 18 enrolled on the BCBSTX medical plan are eligible to participate.

There is no cost for eligible participants! Wondr Health is covered as a preventive medical expense under your health plan.

To learn more and enroll, visit: Wondrhealth.com/brockgroup.



DENTAL BENEFITS

Brock offers two PPO dental plans through BlueCross BlueShield of Texas. Visit www.brockbenefits.com for information about the services covered under each plan.

	PPO Option 1	PPO Option 2
Annual Deductible (does not apply to Orthodontic Se	rvices)	
Individual	\$50	\$50
Family	\$150	\$150
Preventive Care (exams, cleanings, and fluoride trea	tments up to age 19 and x-rays)	
	0%, deductible waived	0%, deductible waived
Basic Care (fillings, extractions, root canals, and den	ture repair)	
	20% after deductible	20% after deductible
Major Care (bridges, crowns, and dentures)		
	50% after deductible	50% after deductible
Orthodontia (for adults and children)		
	50% after deductible	50% after deductible
Plan Maximums (maximum amount BlueCross BlueS	Shield of Texas pays)	
Annual Benefit Maximum	\$1,500	\$3,000
Lifetime Orthodontia Maximum (in addition to Annual Benefit Maximum)	\$1,500	\$3,000

PLEASE NOTE: Preventive Care is included with our dental plans and exams and cleanings are excluded from your maximums!

VISION BENEFITS

All benefits-eligible Brock employees can enroll in a vision plan, available through Davis Vision. Learn more about your vision coverage at www.brockbenefits.com.

	Basic Plar	۱	Safety Glasses Plan	(Employee Only)*
	In-Network	Out-of-Network (Plan Reimbursement)	In-Network	Out-of-Network (Plan Reimbursement)
Eye Exam (once every 12	months)			
Exam	\$10 copay	Up to \$40	\$10 copay	N/A
Frames (once every 12 mc	onths)			
	Covered up to \$140 after \$10 copay	Up to \$50	Fashion and designer level frames; \$0 out of pocket; premier level frames; \$25 charge	N/A
Eyeglass Lenses (once ev	ery 12 months)			
Single Vision		Up to \$40		N/A
Bifocal Lenses	Covered after \$10 copay	Up to \$60	Covered after \$10 copay	N/A
Trifocal Lenses		Up to \$80		N/A
Contact Lenses (once even	ry 12 months, in lieu of eyeglasses)			
Elective	Up to \$125 allowance	Up to \$105	N/A	N/A
Medically Necessary	\$0	Up to \$210	N/A	N/A

* Safety frames available at select locations only

401(K) PLAN

No matter where you are in your career, it's important to invest in your financial future by taking advantage of Brock's 401(k) plan. You can contribute up to 100% of your base pay, to a maximum of \$20,500 per year. Employees over 50 can also make "catchup" contributions up to an additional \$6,500 per year.

For the first 4% of your pay you invest into your 401(k), Brock will match 50%. If you aren't contributing enough into your 401(k) to receive Brock's maximum matching contribution (2% of your total base pay) you're leaving free money on the table!

Learn more about how you can save for retirement with Brock's 401(k) plan by visiting Fidelity at 401k.com or calling 800.835.5097.



LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D), AND DISABILITY BENEFITS

Brock provides Craft Personnel with \$10,000 and Non-Craft Personnel with 1× base pay + \$10,000 up to \$310,000 in basic life and accidental death and dismemberment (AD&D) coverage at no cost to you. Beyond this, you can elect to enroll in additional supplemental life and AD&D coverage up to \$500,000. Coverage for your spouse and child(ren) is also available.

You can also enroll in voluntary short and long term disability coverage to provide supplemental income if you miss work due to a covered illness or injury. For more information about these benefits, go to www.brockbenefits.com.

Important Beneficiary Reminder

If you die while covered by this plan, the benefit is paid to the beneficiary (or beneficiaries) you designate. This is why it is important to designate a beneficiary if you have not already done so or to confirm your beneficiary information on file is upto-date and accurate.

VOLUNTARY BENEFITS

If you would like additional coverage in the event of a covered illness, injury, or death, you can also enroll in the following voluntary benefits.

- Accident Insurance—receive supplemental income to help you pay for medical care related to covered injuries such as burns, fractured bones, and bone dislocations
- **Critical Illness Insurance**—receive up to \$30,000 in supplemental income if you suffer a covered critical illness such as heart attack, stroke, or major organ failure
- Hospital Indemnity Insurance—receive a cash benefit to help you pay for expenses and medical bills associated with hospital stays; this cash benefit is paid directly to you and you decide how to use it
- **ARAG Prepaid Legal Plan**—provides access to legal consultation at discounted rates for services including traffic violations, will preparation, divorce, caregiving services, adoption assistance, tax guidance, and more
- LifeLock Identity Theft Protection—provides proactive monitoring of financial, medical, and personal data (credit cards, loans, neighborhood sex offenders, criminal infractions committed in your name, etc.) with on-time alerts sent directly to you

For more information about these benefits, go to www.brockbenefits.com.



BROCK CARES

During your enrollment period for benefits, The Brock Group will offer their US hourly and salaried employees to opt-in to contribute a percentage or dollar amount of their payroll to The Brock Cares, Inc. employee assistance fund, on a pre-tax basis. Any employee can submit an application and justification to request funds for assistance for declared, natural disasters. The Board of Directors will meet and review the applications submitted and vote to offer financial assistance from the fund or not.

Brock Cares brings employees together to help each other cope with unexpected, financial hardships that place undue stress on them and their families.

Looking for More Information?

Using your computer, smartphone, or tablet, you can access your benefits information at www.brockbenefits.com.



WHAT YOU PAY FOR COVERAGE

Brock is committed to providing comprehensive benefits for you and your family. This commitment extends to offering affordable benefits premiums the amount which is automatically deducted from your paycheck when you are enrolled in a particular benefit.

Your premium amount will vary based on the benefit plans you have chosen, how often you are paid (bi-weekly or weekly), and the number of dependents you have enrolled in your coverages.

Review the tables below to compare premiums for your medical, dental, and vision benefits.

What You Pay For Medical and Prescription Coverage

	Plaı HDHP PPO		Plar \$1,500		Pla \$750		Plaı \$6,500 HDHP I	
	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly
Employee	\$49.88	\$24.94	\$84.97	\$42.48	\$126.25	\$63.12	\$32.13	\$16.07
Employee + Spouse	\$207.20	\$103.60	\$300.03	\$150.02	\$411.70	\$205.85	\$123.21	\$61.61
Employee + Child(ren)	\$129.59	\$64.79	\$196.76	\$98.38	\$290.05	\$145.03	\$77.07	\$38.53
Family	\$236.64	\$118.32	\$331.09	\$165.54	\$444.28	\$222.14	\$140.73	\$70.36

Employees and Spouses who have not received at least one dose of the COVID-19 vaccine, will each pay a \$100 monthly surcharge to your medical insurance premiums.

What You Pay for Dental Coverage

	PPO O	ption 1	PPO C	ption 2
	Bi-Weekly	Weekly	Bi-Weekly	Weekly
Employee	\$9.95	\$4.97	\$14.83	\$7.42
Employee + Spouse	\$18.60	\$9.30	\$27.74	\$13.87
Employee + Child(ren)	\$24.44	\$12.22	\$36.45	\$18.23
Family	\$35.38	\$17.69	\$52.76	\$26.38

What You Pay for Vision Coverage

	Basic	Plan	Safety Glas	sses Plan ¹	Combinat	ion Plan ²
	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly
Employee	\$2.84	\$1.42	\$2.64	\$1.32	\$5.48	\$2.74
Employee + Spouse	\$4.55	\$2.27			\$7.19	\$3.59
Employee + Child(ren)	\$4.75	\$2.37	Excludes d	ependents	\$7.39	\$3.69
Family	\$7.08	\$3.54			\$9.72	\$4.86

Tobacco Surcharge

If you or your spouse use tobacco products and do not enroll and complete a tobacco cessation program through the American Lung Association, you must pay a \$100 surcharge each month in addition to your medical plan premiums. Tobacco products include cigarettes, cigars, snuff, chewing tobacco, e-cigarettes, and vaping. Contact benefits at 409.951.4394 to enroll.

Have Questions About Your Benefits?

For more information about your benefits, go to www.brockbenefits.com.

¹ Employee only

² Combines basic plan with the safety glasses plan

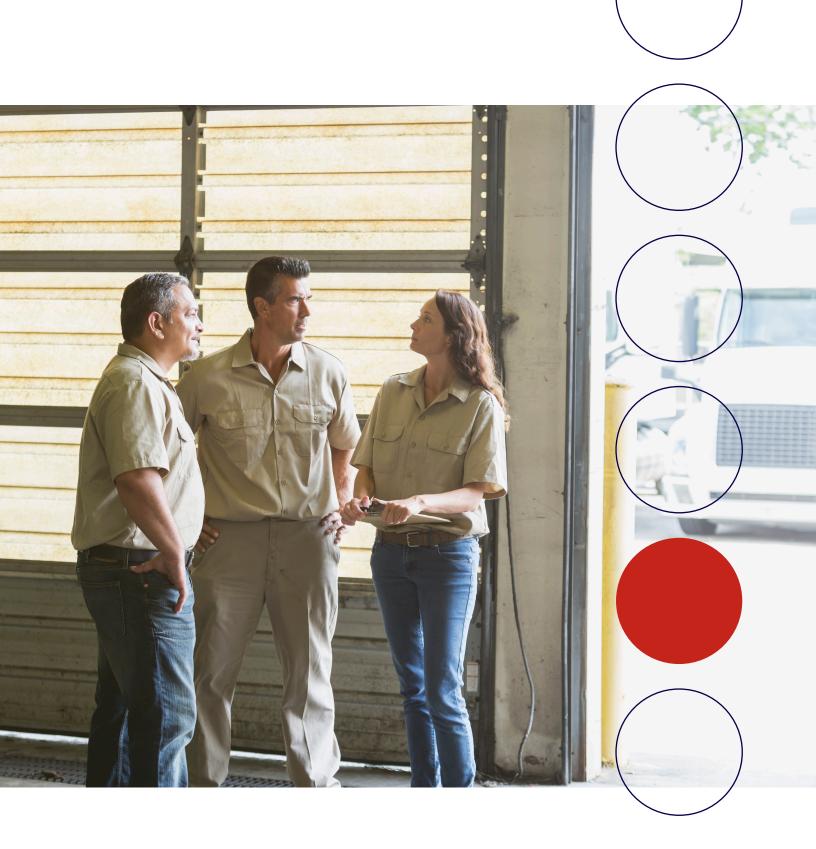
Spousal Surcharge

There will be a \$100 monthly spousal surcharge for working spouses who have other sponsored medical coverage.

If your spouse is enrolled as a dependent under your Brock Health Plan but has access to medical coverage through their employer, you will have to pay a \$100 surcharge each month in addition to your medical plan premiums. Take the time to review both your spouse's employer-sponsored medical coverage and your Brock medical coverage options to make the choice that's right for you and your family. Historical data shows that the cost/utilization of a covered spouse is more than double that of employees and covered children. This is a significant driver in the increasing costs of the Brock Health Plan. Therefore, we want to encourage our working spouses to enroll in their employers' plan, if available.



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This Benefit Enrollment Guide is only intended to highlight some of the major benefit provisions of the Company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's Summary Plan Descriptions for further detail. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.



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