

YOUNG GALVANIZING, INC.

EMPLOYEE BENEFIT PLAN SUMMARY

HEALTH REIMBURSEMENT BENEFITS

Young Galvanizing, Inc. will share in the cost of your medical benefits by funding a portion of your claims. By purchasing a new plan, premium savings help lower the total cost of benefits. The additional benefits shall be administered by Enterprise Group Planning, Inc. (EGP).

Medical coverage of the base plan will include a \$250 deductible per single or \$750 deductible per family. The additional family deductible will be eligible for reimbursement at 100% if you use a network provider. There will not be any reimbursement for non-network expenses. Some copays may be eligible for partial reimbursement under the reimbursement plan. See chart below for details.

REIMBURSEMENT PROCEDURES

For **copay expense reimbursements** submit the Explanation of Benefits (EOB) that you receive from United Healthcare or a statement/receipt from the Provider indicating that payment has been made.

For **prescription drug expense reimbursements** submit a copy of the prescription receipt. Please note that the cash register tape is not an acceptable document; it must be the receipt from the bag.

Plan Provisions	New Plan	Reimbursement Amount
NOTE: All annual benefit limits are based on the policy year		
Deductible	Individual - \$250 Family - \$750	Individual - \$0 Family - \$250
Physician Office Services - Primary Care Physician Office visit - Specialist Office Visits Preventive health care - Routine Exams - X-rays, laboratory tests and other preventative tests	\$30 copay \$30 copay \$30 copay 100%	\$15 \$5 \$15 copay
Emergency Health Services - Emergency room services, in or out of area - Ambulance (emergency transport to the nearest hospital)	\$100 Copay	\$50
Spinal Manipulations	\$30 copay	\$5
Physical Therapy	\$30 copay	\$5
Occupational Therapy	\$30 copay	\$5
Speech Therapy	\$30 copay	\$5
Mental Health – Outpatient	\$30 copay	\$5
Substance Abuse – Outpatient	\$30 copay	\$5
Mail Order Prescriptions	Tier One: \$25 copay Tier 2: \$50 copay Tier 3: \$87.50 copay	Tier 1: \$5 Tier 2: \$10 Non-Formulary Brand: \$17.50

For **reimbursement of any deductible expenses**, EGP will pay you directly. It will be your responsibility to pay the providers. All that is needed from you will be the Explanation of Benefits (EOB) form you receive from United Healthcare.

Please mail all submissions to EGP at 5910 Harper Road, Solon, OH 44139 or e-mail them to cindylaugh@egp-inc.com. Also keep a copy for your records. For details on your base plan of benefits, please refer to the insured plan Certificate of Coverage.

PLAN INFORMATION

Plan Sponsor & Plan Administrator:

The organization providing employee benefits and responsible for management of the Plan.

YOUNG GALVANIZING, INC.

8281 Mercer Street

Pulaski, PA 16143

Plan ID Number: 251241796

Plan Year End: April 30th

Agent for Legal Process:

Legal Notices may be filed with, and legal process served upon the Plan Administrator

TYPE OF ADMINISTRATION

The Plan is a self-funded group health Plan and the administration is provided through a Third Party Claims Administrator. The funding for the benefits is derived from the funds of the Employer. The Plan is not insured.

NOTIFICATION OF CONTINUATION OF HEALTH CARE COVERAGE

This Health Reimbursement Plan follows the Continuation Coverage Provisions of the Insured Plan and all required continuation notices are provided by the Insured Plan, carrier or administrator.

CERTAIN PLAN PARTICIPANTS RIGHTS UNDER ERISA

Plan Participants in this Plan are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA specifies that all Plan Participants shall be entitled to:

Examine, without charge, at the Plan Administrator's office, all Plan documents and copies of all documents governing the Plan, including 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.

Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.

Continue health care coverage for a Plan Participant, Spouse, or other dependents if there is a loss of coverage under the Plan as a result of a Qualifying Event. Employees or dependents may have to pay for such coverage.

Review this summary plan description and the documents governing the Plan or the rules governing COBRA continuation coverage rights.

Reduction or elimination of exclusionary periods of coverage for Pre-Existing Conditions under this group health Plan, if an Employee or dependent has Creditable Coverage from another plan. The Employee or dependent should be provided a certificate of Creditable Coverage, free of charge, from the group health plan or health insurance issuer when coverage is lost under the plan, when a person becomes entitled to elect COBRA continuation coverage, when COBRA continuation coverage ceases, if a person requests it before losing coverage, or if a person requests it up to 24 months after losing coverage. Without evidence of Creditable Coverage, a Plan Participant may be subject to a Pre-Existing Conditions exclusion for 12 months (18 months for Late Enrollees) after the Enrollment Date of coverage.

If a Plan Participant's claim for a benefit is denied or ignored, in whole or in part, the participant has a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps a Plan Participant can take to enforce the above rights. For instance, if a Plan Participant requests a copy of Plan documents or the latest annual report from the Plan and does not receive them within 30 days, he or she may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and to pay the Plan Participant up to \$110 a day until he or she receives the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If the Plan Participant has a claim for benefits which is denied or ignored, in whole or in part, the participant may file suit in state or federal court.

In addition, if a Plan Participant disagrees with the Plan's decision or lack thereof concerning the qualified status of a medical child support order, he or she may file suit in federal court.

In addition to creating rights for Plan Participants, ERISA imposes obligations upon the individuals who are responsible for the operation of the Plan. The individuals who operate the Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of the Plan Participants and their beneficiaries. No one, including the Employer or any other person, may fire a Plan Participant or otherwise discriminate against a Plan Participant in any way to prevent the Plan Participant from obtaining benefits under the Plan or from exercising his or her rights under ERISA.

If it should happen that the Plan fiduciaries misuse the Plan's money, or if a Plan Participant is discriminated against for asserting his or her rights, he or she 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 Plan Participant is successful, the court may order the person sued to pay these costs and fees. If the Plan Participant loses, the court may order him or her to pay these costs and fees, for example, if it finds the claim or suit to be frivolous.

If the Plan Participant has any questions about the Plan, he or she should contact the Plan Administrator. If the Plan Participant has any questions about this statement or his or her rights under ERISA, including COBRA or the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, that Plan Participant should contact either the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) or visit the EBSA website at www.dol.gov/ebsa/. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)