



PLAN YEAR 2021
**EMPLOYEE
BENEFITS**
FOR HOURLY EMPLOYEES



Message from Total Rewards

DEAR MASONITE EMPLOYEE,

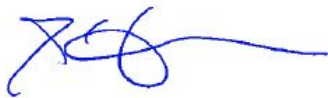
As we continue to face the challenges of the COVID-19 global pandemic, focusing on safety and health is more important than ever. **People Are Key** at Masonite and we are committed to supporting your health and well-being by providing a comprehensive and competitive benefits program for you and your eligible dependents. Review this guide, check out our employee benefits website (<https://masonitebenefits.com>), then make the benefits choices that are right for you and your family.

Utilize our free resources! ComPsych GuidanceResources provides research and consultation for a variety of work-life needs, including child or elder care, legal and financial guidance and confidential personal counseling. **Health Advocate** acts as your personal health coach, helping you find healthcare providers, resolve insurance claims and more. **Allstate Identity Protection** (formerly known as InfoArmor) provides identity theft insurance for all employees at no cost, with options to purchase additional coverage or to expand coverage to your family. **Livongo** supports covered adults with diabetes, providing a blood glucose meter, unlimited strips and lancets, and personalized coaching.

Check out all the available options! Anthem LiveHealth Online telemedicine program gives you the opportunity to have a call or video chat with a board-certified physician and in many cases have a prescription called in to your local pharmacy within the hour, saving you time and money – and maintain social distancing! We offer three supplemental insurance policies through **Allstate** which are very affordable and help you cover expenses due to accidents, hospitalizations, or critical illnesses, providing cash payments to help cover out-of-pocket expenses. And two of our three **Anthem BCBS** medical plans include a Health Savings Account (HSA), funded first by the Company, with the option to contribute additional pre-tax funds for be used for your qualifying health expenses.

If you have questions about your benefits or the enrollment process, please contact your local Human Resources representative or call the Mployee Central Help Desk at **855-65-MASON (656-2766)**.

Sincerely yours,



James C. Llewellyn
Vice President - Global Total Rewards
Corporate Human Resources



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Eligibility & Enrollment

Who is Eligible for Benefits?

- ▶ All regular full-time employees who work a minimum of 30 hours per week
- ▶ Your spouse or qualified domestic partner
- ▶ Your children or domestic partner's children up to age 26 (end of month in which they turn 26 for medical, dental and vision)
- ▶ Mentally or physically disabled dependent child(ren) regardless of age

CHECK YOUR DEPENDENTS' ELIGIBILITY

Annual enrollment is a good time to review the status of your dependents. If you are adding a new dependent to the plan, you will be asked to provide documentation verifying his or her eligibility.

You will receive a notice from One Source Virtual, (OSV), on behalf of Masonite's Mployee Central Helpdesk letting you know what documentation you are required to provide. Failure to provide documentation will result in your dependents losing medical coverage.

DOMESTIC PARTNER COVERAGE

You may enroll your same-sex or opposite-sex domestic partner and his or her eligible dependents in Masonite benefits. A Domestic Partner Affidavit will be required in order to cover your domestic partner.

The IRS requires you to be taxed on the value of the coverage the company provides to a domestic partner and the domestic partner's child(ren). This amount is referred to as imputed income.

When Can I Enroll in Benefits?

There are three different scenarios when you are permitted to enroll or make changes to your benefit elections:

- ▶ When you are first hired
- ▶ During the annual open enrollment
- ▶ When you experience a qualified life event

As a new hire, you have 30 days starting on your hire date to enroll for benefits. Your benefits start on the 1st of the month following or coinciding with your hire date. If you do not enroll within your first 30 days of employment, you must wait until Annual Enrollment to elect benefits unless you experience a qualified life event.

QUALIFIED LIFE EVENT (QLE)

If you experience a "Life Event" such as marriage, divorce, birth or adoption, or a change in your or your spouse's employment status that affects benefits eligibility anytime during the year, you can make changes to your benefits.



You must notify Masonite Benefits through the Mployee Central Helpdesk at 1-855-65-MASON (1-855-656-2766) within 30 days of any Qualified Life Event. You will be required to show official documentation as proof of the QLE such as a marriage license, birth certificate or court papers.



Benefits Overview

Here's a Quick Summary of Your Benefit Options

MEDICAL OPTIONS

Basic Health Savings Account Plan
Health Savings Account Plus Plan
PPO Plan

Prescription drug coverage is included with all medical plans. In addition, you'll have access to Anthem's LiveHealth Online Telemedicine program to connect with a healthcare provider by phone or secure video for non-emergency healthcare concerns for a small copayment. Finally, all employees can take advantage of Health Advocate to save time and money navigating complex healthcare issues.

DENTAL PLAN

VISION PLAN

FLEXIBLE SPENDING ACCOUNTS (FSAs)

- ▶ Health Care FSA (available if you enroll in the PPO Plan)
- ▶ Limited Purpose FSA (available if you enroll in the Basic HSA Plan or the HSA Plus Plan)
- ▶ Dependent Care FSA

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

- ▶ Basic Life and AD&D (company-paid)
- ▶ Supplemental Life and AD&D for you and your dependents

DISABILITY INSURANCE

- ▶ Short-Term Disability (company-paid)
- ▶ Long-Term Disability (employee-paid)

OTHER BENEFITS

- ▶ 401(k) Savings Plan with company matching contributions
- ▶ Employee Assistance Program (EAP)
- ▶ Tuition Reimbursement
- ▶ Vacation time, personal days and paid holidays
- ▶ Critical Illness Insurance
- ▶ Accident Insurance
- ▶ Hospital Indemnity Insurance
- ▶ ID Theft
- ▶ Home & Auto Insurance
- ▶ Employee Discounts



Read through this guide so you understand all of your options and can make informed choices!

Wellness Incentive

Medical Plan Wellness Incentive

Get your Annual Physical... it's **FREE!**

Get a \$20 incentive in each paycheck

Just 3 easy steps:

STEP 1: See your doctor and get an annual physical exam

STEP 2: Have your doctor's office complete a simple form confirming you had your physical exam

STEP 3: Bring your completed form to Human Resources

Download a copy of the Annual Physical certification form from masonitebenefits.com or visit your local Human Resources office for details.



KEY TERMS

DEDUCTIBLE

The amount you pay toward covered services each year before the plan begins paying benefits.

COPAYMENT

A flat fee that you pay for health care services at the time they're received regardless of the actual amount charged by your doctor or provider. This generally applies to physician office visits and prescription drugs.

COINSURANCE

The portion of covered expenses that you must pay for care, after first meeting a deductible. This is typically a percentage of negotiated costs.

OUT-OF-POCKET MAXIMUM

The most you have to pay each year for health care services. Your deductible and prescription drug coverage count toward your out-of-pocket maximum in all three medical plans.

COBRA

A federal law that allows workers and dependents who lose their Medical, Dental, Vision and/or FSA coverage to continue group coverage for a specified length of time by paying the full cost of those selected coverages.



Medical Plan Options – Anthem

There is nothing more valuable than your health. That’s why Masonite’s Medical Insurance benefits encourage you to access high quality services.

Medical Plans

Masonite offers three medical plans that give you a choice of using physicians in or out of the plan’s network. In-network physicians have agreed to a set rate for services. If you use an in-network provider, your out-of-pocket costs will be considerably lower. If you use an out-of-network provider, you’ll pay a higher deductible and a higher percentage of the fees for services. In most cases, your PPO in-network doctor will handle claim forms and preauthorizations. If your doctor isn’t in the network, you may have to handle this yourself.

HSA PLANS

An HSA Plan is a high deductible health plan option that offers lower premiums together with a Health Savings Account (HSA) that can be used for eligible medical expenses. You pay negotiated healthcare costs until your deductible is met. Once you satisfy the deductible, the coinsurance phase takes over until your annual out-of-pocket maximum has been met. Then eligible expenses are paid at 100% by the plan.

	BASIC HSA PLAN	
	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE (Individual / Family)	\$2,000 / \$4,000	\$6,000 / \$12,000
OUT-OF-POCKET MAX (Individual / Family) (includes deductible, coinsurance and Rx)	\$5,000 / \$10,000	\$15,000 / \$30,000
COINSURANCE	You pay 20% after deductible	You pay 50% after deductible
HSA COMPANY CONTRIBUTION (Individual / Family) Prorated per pay period for new hires	\$350 / \$700	
OFFICE VISITS		
▶ Preventive (immunizations, annual well-child or well-adult exams and screenings such as mammograms, colonoscopies and blood pressure checks)	FREE*	You pay 50% after deductible
▶ Primary Care		
▶ Specialist	You pay 20% after deductible	You pay 50% after deductible
▶ Chiropractor (up to 60 visits per year)		
HOSPITAL (inpatient, outpatient, emergency room, urgent care)	You pay 20% after deductible	You pay 50% after deductible
MENTAL HEALTH (inpatient or outpatient)	You pay 20% after deductible	You pay 50% after deductible
SUBSTANCE ABUSE (inpatient or outpatient)	You pay 20% after deductible	You pay 50% after deductible

For a complete list of covered services, please refer to your Summary Plan Description

* There is no cost if only a preventive exam is performed. If any other services are provided during the visit for new or ongoing health concerns, the visit may be billed as diagnostic and subject to the deductible and coinsurance.

For more information visit: www.masonitebenefits.com

This page is intended to be a highlight of your benefits. In the event of administrative oversight or error, the Summary Plan Description will prevail.

Medical Plan Options – Anthem

	HSA PLUS PLAN	
	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE (Individual / Family)	\$1,500 / \$3,000	\$5,000 / \$10,000
OUT-OF-POCKET MAX (Individual / Family) (includes deductible, coinsurance and Rx)	\$4,500 / \$9,000	\$15,000 / \$30,000
COINSURANCE	You pay 20% after deductible	You pay 50% after deductible
HSA COMPANY CONTRIBUTION (Individual / Family) Prorated per pay period for new hires	\$600 / \$1,200	
OFFICE VISITS		
▶ Preventive (immunizations, annual well-child or well-adult exams and screenings such as mammograms, colonoscopies and blood pressure checks)	FREE*	You pay 50% after deductible
▶ Primary Care	You pay 20% after deductible	You pay 50% after deductible
▶ Specialist		
▶ Chiropractor (60 visits per year)		
HOSPITAL (inpatient, outpatient, emergency room, urgent care)	You pay 20% after deductible	You pay 50% after deductible
MENTAL HEALTH (inpatient or outpatient)	You pay 20% after deductible	You pay 50% after deductible
SUBSTANCE ABUSE (inpatient or outpatient)	You pay 20% after deductible	You pay 50% after deductible

For a complete list of covered services, please refer to your Summary Plan Description

* There is no cost if only a preventive exam is performed. If any other services are provided during the visit for new or ongoing health concerns, the visit may be billed as diagnostic and subject to the deductible and coinsurance.

A Look at How the Plan Works



For more information visit: www.masonitebenefits.com

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Medical Plan Options – Anthem

	PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE (Individual / Family)	\$700 / \$1,400	\$1,700 / \$3,400
OUT-OF-POCKET MAX (Individual / Family) (includes deductible, copays, coinsurance and Rx)	\$4,500 / \$9,000	\$11,000 / \$22,000
COINSURANCE	You pay 20% after deductible	You pay 50% after deductible
OFFICE VISITS		
▶ Preventive	FREE*	Not Covered
▶ Primary Care	You pay \$30 copay	You pay 50% after deductible
▶ Specialist	You pay \$60 copay	You pay 50% after deductible
▶ Chiropractor (60 visits per year)	Office visits billed by chiropractor will be covered at the Specialist office visit benefit level. All other chiropractor services requiring adjustments/manipulations are subject to deductible and coinsurance.	
HOSPITAL FACILITY		
▶ Hospital Facility (inpatient or outpatient)	You pay 20% after deductible	You pay 50% after deductible
▶ Emergency Room	You pay \$200 copay	You pay \$200 copay
▶ Urgent Care	You pay \$60 copay	You pay 50% after deductible
MENTAL HEALTH		
▶ Inpatient	You pay 20% after deductible	You pay 50% after deductible
▶ Outpatient	You pay \$30 copay	You pay 50% after deductible
SUBSTANCE ABUSE		
▶ Inpatient	You pay 20% after deductible	You pay 50% after deductible
▶ Outpatient	You pay \$30 copay	You pay 50% after deductible

* There is no cost if only a preventive exam is performed. If any other services are provided during the visit for new or ongoing health concerns, the visit may be billed as diagnostic and subject to the deductible and coinsurance.

For more information visit: www.masonitebenefits.com

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Medical Plan Options

Which Plan is Right for You?

The best medical plan for you depends on a number of factors:

- ▶ **Do you prefer to pay more out of your check and less when you use the services or pay less from your check and more when you use services?**
- ▶ **What are your anticipated expenses for the coming year?**
- ▶ **How much will you have to pay toward these expenses in deductibles, copayments, and employee contributions?**
- ▶ **What can you afford to pay out-of-pocket?**
- ▶ **Do you already have medical insurance coverage elsewhere?**
- ▶ **Is your spouse eligible for coverage through his/her employer?**

WORKING SPOUSE / DOMESTIC PARTNER PROGRAM

If your spouse/domestic partner has group medical insurance coverage available elsewhere but chooses our program, \$20 will be added each bi-weekly pay period to your premiums. This helps Masonite to continue to offer comprehensive and affordable coverage for our employees. This does not apply to dependent children.

You will have to attest to the fact that your spouse/domestic partner is not eligible for group health coverage through his/her own employer.

TIPS TO REDUCE MEDICAL COST

- ▶ **Use your free preventive care** to maintain and improve your health
- ▶ Make sure your doctor codes check-ups and screenings as **preventive care**
- ▶ **Use LiveHealth Online telemedicine** it's quick, convenient, and costs less than an office visit
- ▶ **Open and contribute to your HSA** if you enroll in the Basic HSA or HSA Plus Plan
- ▶ **Elect the Health Care FSA** if enrolling in the PPO plan
- ▶ **Use in-network providers** and talk to your doctor about affordable, safe choices for care
- ▶ For minor injuries, **use urgent care centers or walk-in clinics** instead of the emergency room
- ▶ **Choose generic** or preferred-brand prescriptions when possible
- ▶ **Order** your maintenance **prescriptions through mail order** (90-day supplies cost less)
- ▶ **Compare the costs** of diagnostic procedures (MRI's, CT scans, etc.)
- ▶ **Choose Wellness every day!** Eat a balanced diet, stay active and avoid tobacco!

Non-Tobacco Rate for All Medical Plans

If you and your dependent have been tobacco free for the past 6 months, you will be able to participate in the medical plan at the lower non-tobacco rate.

Once you have been tobacco free for 6 consecutive months you may contact OSV, (Masonite's Mployee Central Helpdesk), at 1-855-65-MASON (1-855-656-2766) or send an email to MployeeCentralBenefits@onesourcevirtual.com



Anthem's LiveHealth Online – Telemedicine

Speak With A Doctor For Half The Cost Of An Office Visit!



LiveHealth Online provides you and your eligible dependents with 24/7/365 access to U.S. board-certified doctors and licensed therapists by secure video or phone. You can be at home, at work, traveling, or simply want the most convenient way to see a doctor. LiveHealth Online's Telemedicine program is easy to use, secure, confidential and compliant with all medical privacy regulations.

Visit www.livehealthonline.com/masonite or call **1.888.548.3432**.

How It Works

No need to drive and spend time waiting in your doctor's office. It's virtual care from anywhere! Use **LiveHealth Online** for non-emergency issues when your doctor is not available, or just when it's more convenient to speak to a doctor by phone or online. When you contact **LiveHealth Online**, a coordinator or the system will help you to determine if you need to speak with a doctor. In some cases, the doctor may be able to diagnose a condition and prescribe medication.

BASE HSA PPO PLAN	HSA PLUS PPO PLAN	BASE PPO PLAN
You Pay \$59	You Pay \$59	You Pay \$15

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ALLERGIES

BRONCHITIS

ASTHMA

EAR PROBLEMS

HEADACHE

COLD & FEVER

INSECT BITES

AND MUCH MORE!

Access LiveHealth Online Anytime, Anywhere!

Schedule online at livehealthonline.com/Masonite

Call **1.888.548.3432**

Download the app at livehealthonline/getapp

For more information visit: www.masonitebenefits.com

Health Advocate

Health Advocate is available to help all Masonite employees and their families (including parents-in-law) save time and money by navigating complex healthcare and insurance-related issues, even if you are not in one of Masonite's medical plans.



Services Provided

- ▶ Benefits enrollment guidance for you, your family and extended family members
- ▶ Find doctors, dentists, hospitals, and other healthcare providers
- ▶ Address complex medical conditions; research and locate latest treatments
- ▶ Coordinate care and schedule follow-up visits with your medical team and expedite appointments
- ▶ Arrange specialized treatments and tests; answer questions about results, treatments and prescribed medication
- ▶ Clarify benefits, including copays, and help facilitate access to appropriate care
- ▶ Provide health cost estimates for common medical procedures for informed decisions
- ▶ Offer personal contact with a nurse and web-based health information to support treatment decisions
- ▶ Help resolve insurance claims and negotiate billing
- ▶ Locate elder care including assisted living, adult day care and assist with other issues facing parents and parents-in-law

Access
HEALTH ADVOCATE
Anytime, Anywhere!

Online at HealthAdvocate.com/Members

Call **1.866.695.8622**



For more information visit: www.masonitebenefits.com



Prescription Drug – OptumRx

If you enroll in a Masonite medical plan, you automatically have prescription drug coverage.

	Basic HSA Plan	HSA PLUS Plan	PPO Plan	
DEDUCTIBLE	Rx included in medical deductible		No Deductible	
OUT-OF-POCKET MAX	Medical and Rx maximum combined		No OOP Maximum	
DRUGS	Retail or Mail Order		Retail	Mail Order (90-day supply)
▶ Generic Drugs	You pay 20% after deductible (in-network); 50% after deductible (out-of-network)		You pay \$15 copay	You pay \$30 copay
▶ Formulary Drugs			You pay \$40 copay	You pay \$80 copay
▶ Non-Formulary Drugs			You pay \$55 copay	You pay \$110 copay
▶ Specialty Drugs			You pay 20% (up to \$150 maximum)	Not Covered
MAINTENANCE DRUGS	Contact OptumRx for a complete list of maintenance medications available without meeting your deductible and with no co-insurance. — FREE!			
Smoking cessation medications and specific diabetes medications and supplies		FREE IN EACH PLAN (Contact OptumRx for a list of eligible medications before filling your prescription)		

OptumRx Pharmacy Location

Medications that are taken regularly for long-term conditions, such as high-blood pressure or diabetes, are required to be filled via Mail Order or by visiting an OptumRx Network Pharmacy for a 90-day supply. The program covers three 30 day fills of certain maintenance medications at participating retail pharmacies. After the 3rd fill all perscriptions must be written for a 90 day fill.



For more information visit: www.masonitebenefits.com

HSA & Limited Purpose FSA

When you choose the Basic HSA or the HSA Plus medical plan, you have the option of enrolling in an HSA and a Limited Purpose FSA

The HSA is used to offset out-of-pocket expenses, including your deductible, with pre-tax savings to you. The HSA can be combined with a Limited Purpose FSA to maximize your health care spending dollars.

Lower Your Taxes with a Health Savings Account (HSA) and a Limited Purpose Flexible Spending Account (FSA)

An HSA has the following Features:

- ▶ **An individually-owned, tax-free, interest-bearing savings account that is used to pay for qualified health care expenses - via Healthcare Bank.**
- ▶ **Unused funds will roll over year-to-year without forfeitures and your personal HSA account is portable if you leave Masonite.**
- ▶ **Masonite contributes: \$350 Individual / \$700 Family if enrolled in the Basic HSA Plan or \$600 Individual / \$1,200 Family if enrolled in the HSA Plus Plan. (These amounts are prorated per pay period for new hires.)**
- ▶ **You may also contribute (optional): Up to: \$3,600 Individual / \$7,200 Family on a pre-tax basis (These amounts include Masonite's HSA contribution).**
- ▶ **There is a 3 month waiting period for the employer HSA contribution for new enrollees.**
- ▶ **Qualified expenses include deductibles, coinsurance, and other medical, prescription drugs, dental, vision expenses and other medical costs may be paid from your HSA.**
- ▶ **HSA catch-up contribution age 55+ \$1,000**

The Limited Purpose FSA:

- ▶ **Used to offset out-of-pocket expenses**
- ▶ **Only dental and vision expenses are eligible for reimbursement from this account**
- ▶ **The annual maximum is \$2,750 and the "use it or lose it" FSA rule applies each year.**



For more information visit: www.masonitebenefits.com



Saving Money with an FSA

Flexible Spending Account

Flexible Spending Accounts (FSAs) are a smart way to save on health care or dependent care expenses while reducing your tax obligations. That's because you set aside money from your pay on a pre-tax basis to pay for eligible expenses.

Each year during Annual Enrollment, you have the option of enrolling in one or both of the following FSA accounts.

HEALTH CARE FSA - If you enroll in the PPO medical plan, you can contribute up to \$2,750 per year to pay for eligible out-of-pocket health care expenses, including your deductible, coinsurance and other

medical, dental and vision expenses for you and your dependents

The Limited Purpose FSA is available if you enroll in the Basic HSA or HSA Plus Plan.

DEPENDENT CARE FSA - You can contribute up to \$5,000 per year (or \$2,500 if married and filing separate tax returns) to pay for eligible out-of-pocket dependent care expenses, including those for day care and nanny services, (for children under age 13) and elder care. The expenses must be incurred to enable you (and your spouse/domestic partner) to work. This plan is not used to reimburse medical expenses.

Important Information About FSAs

Both accounts work in similar ways. Be sure to estimate your expenses carefully because you will forfeit any unused funds at the end of the plan year.

- ▶ **Your contributions will be deducted from your paychecks in equal amounts during the plan year.**
- ▶ **For the Dependent Care FSA (for children under age 13), you can be reimbursed only up to the amount in your account.**
- ▶ **You must re-enroll in any FSA each year during the Annual Benefits Enrollment period.**
- ▶ **You have 90 days after the end of the plan year during which you can submit claims for expenses incurred from the previous calendar year.**

There is no grace period for incurring expenses and no rollover.

FSAs are strictly governed by IRS regulations. For more details and a list of eligible expenses, you can refer to IRS Publications 502 and 503 available at www.irs.gov or call 1-800-TAX-FORM. If there is a discrepancy between Masonite's guide and the IRS regulations, the IRS regulations will prevail.

For more information visit: www.masonitebenefits.com

Dental – Delta Dental

Masonite offers Dental coverage for you and your eligible family members. Our Dental insurance plan, provided through Delta Dental, is designed to help you maintain a healthy smile through regular preventive care and to fix any problems as soon as they occur.

Dental PPO

This plan type gives you the freedom to go to any dentist you choose. You will usually have a lower out-of-pocket expense when you use Delta Dental in-network dentists because they've agreed to provide care at a lower cost.

If you choose an out-of-network dentist, your benefit coverage is the same as in-network. However, you'll be reimbursed based on the Reasonable & Customary fees in your area rather than receiving the special rates in-network dentists have agreed to charge. You may also be balanced billed. You will almost always save money and receive the highest quality of care from a Delta Dental in-network provider.

Dental Benefits

COVERAGE	IN-NETWORK	OUT-OF-NETWORK
PER ENROLLEE DEDUCTIBLE	\$50	\$50
PREVENTIVE & DIAGNOSTIC CARE (routine exams, cleanings, fluoride treatments, sealants, X-rays)	Plan covers 100% no deductible	Plan covers 100% no deductible
BASIC CARE (extractions, fillings, root canals, oral surgery, gum disease treatment)	You pay 20% after deductible	You pay 20% after deductible
MAJOR CARE (crowns, bridges, dentures)	You pay 50% after deductible	You pay 50% after deductible
ORTHODONTIA (Children and adults)	50%	50%
ANNUAL MAXIMUM BENEFIT	\$2,000	\$2,000
ORTHODONTIA LIFETIME MAXIMUM BENEFIT	\$2,000	\$2,000

- ▶ Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.
- ▶ Reimbursement based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

For more information visit: www.masonitebenefits.com

This page is intended to be a highlight of your benefits. In the event of administrative oversight or error, the Summary Plan Description will prevail.



Vision – Vision Service Plan

To help you keep life in focus, your Vision insurance benefits provided through VSP cover periodic eye exams, eyeglasses and contact lenses for you and your eligible dependents.

Is Vision Coverage Right for You?

There are a few factors to consider when deciding on Vision insurance:

- ▶ Do you expect to need new eyeglasses or contacts in the next year?
- ▶ Can you use in-network providers for greater savings?
- ▶ You can save using the Health Care FSA, Limited Purpose FSA or HSA account to cover vision expenses not covered by the Vision insurance

Your Vision Benefits

COVERAGE	IN-NETWORK	OUT-OF-NETWORK
EYE EXAMS	\$5 copay	Up to \$50
▶ Frequency	Every 12 Months	Every 12 months
FRAMES	\$120 allowance & 20% off amount over your allowance	Up to \$70
▶ Frequency	Every 24 months	Every 24 months
PRESCRIPTION LENSES (in lieu of contact lenses)		
▶ Single Vision	\$10 copay	Up to \$50
▶ Bifocal	\$10 copay	Up to \$75
▶ Trifocal	\$10 copay	Up to \$100
▶ Progressive	\$50 - \$160 depending on lens enhancement	
▶ Frequency	Every 12 months	Every 12 months
CONTACT LENSES (in lieu of prescription lenses) (fit, follow-up, and materials)**	\$105 allowance	\$105 allowance
Conventional and Disposables Frequency	Every 12 months	Every 12 months
LASIK OR PRK+	Average 15% off the regular price or 5% off the promotional price	Not covered

Additional discounts and savings may apply.

**Contact lenses are available instead of prescription lenses. You may not use VSP benefits to receive both contacts and prescription lenses. However, a 30% discount off additional glasses is available from the same VSP doctor on the same day as your WellVision exam. Or, get 20% off from any VSP doctor within 12 months of your last WellVision exam.

+LASIK and PRK correction procedures are provided by contracted providers.

Members must first call 1-800-877-7195 to receive a list of providers.

ID cards are not provided to members. Eligibility information can be obtained on the website, www.vsp.com

For more information visit: www.masonitebenefits.com

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Life & AD&D – MetLife

We make planning easier by providing Basic Life and Accidental Death and Dismemberment (AD&D) Insurance – at no cost to you – for all benefits-eligible employees. If you want added protection for you and your family, you can also purchase Supplemental and Dependent Life and Accidental Death & Dismemberment Insurance.

AD&D provides additional benefits to help keep your family financially secure if you lose your life, sight, hearing, speech or use of your limb(s) in an accident. AD&D benefits are a percentage of your coverage amount – from 50% to 100% – depending on the type of loss.

COVERAGE PLANS	BENEFIT AMOUNTS
BASIC LIFE / AD&D (company-paid)	1 x earnings
EMPLOYEE SUPPLEMENTAL LIFE	\$10,000 to \$500,000 in increments of \$10,000
EMPLOYEE SUPPLEMENTAL AD&D	\$10,000 to \$600,000 in increments of \$10,000
SPOUSE LIFE / AD&D BENEFIT	Increments of \$10,000 to the lesser of \$250,000 or 100% of Employee's Voluntary Life Insurance Amount
INFANT/CHILD LIFE / AD&D BENEFIT	Birth to 6 months: \$1,000 6 months to 19 years (26 years if full time student): \$1,000 to \$10,000
GUARANTEED ISSUE AMOUNT (new hire only)	Employee: \$300,000 Spouse: \$50,000 Child: All Guaranteed Issue
EVIDENCE OF INSURABILITY (EOI) You will need to show proof of good health for life insurance amounts elected above the Guarantee Issue Amount of \$300,00. You will be required to complete an EOI form and submit it to MetLife. In addition, if you decline supplemental life insurance and decide to enroll later due to a qualified life event or future open enrollment, then you must complete an EOI form. MetLife will evaluate and determine whether the requested coverage is approved or denied.	NAME YOUR BENEFICIARIES Remember to name a beneficiary for both the Basic and Supplemental Life/AD&D Insurance you choose. If you don't, your benefit will be paid according to insurance company guidelines.

For more information visit: www.masonitebenefits.com

This page is intended to be a highlight of your benefits. In the event of administrative oversight or error, the Summary Plan Description will prevail.



Disability Insurance – MetLife

What Is Considered a Disability?

A disability is caused by a sickness or injury (other than a work-related injury) and also includes coverage for maternity leave. Your doctor and MetLife will determine how long you should be out of work based on your condition. Your doctor will be required to submit medical documentation to certify your disability.

Remember that you may have other paid time off days you can use prior to when Disability Insurance begins to pay.

Your Disability insurance may have an **elimination period** that must be satisfied before you are eligible for benefits payment. Please see your local HR office.

COVERAGE PLANS	BENEFIT AMOUNTS
SHORT-TERM DISABILITY (company-paid)*	60% of your monthly income Benefit paid up to 26 weeks if LTD elected Benefit paid up to 13 weeks if no LTD election
LONG-TERM DISABILITY (employee-paid)*	60% of your monthly income to a maximum of \$5,000 per month

*Subject to income that will reduce your Disability Insurance benefits such as Worker’s Compensation, Social Security or other legally mandated programs.

For more information visit: www.masonitebenefits.com

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Other Benefits

Critical Illness- Allstate

Critical Illness coverage pays lump-sum benefits directly to the insured at the time a covered illness is diagnosed. Covered illnesses include heart attack, stroke, cancer, heart transplant and other threatening conditions as defined in the certificate. There is also a \$50 annual wellness benefit for completing specific health activities.

Accident Insurance - Allstate

Accident coverage pays lump-sum benefits for on and off-the-job accidents, in addition to existing medical coverage. This plan provides 24-hour accident benefits for dislocations, fractures, loss of limbs and death as a result of an accident. Hospital, intensive care, and other medical expenses are covered in the Accident plan.

Indemnity Medical - Allstate

Pays predetermined amounts for covered hospital, nursing, transportation and physician services.

ID Theft - Allstate

Protect your identification through the Allstate Identity Protection Pro program. Allstate will monitor the following to help you prevent ID Theft:

- ▶ Internet Dark Web
- ▶ Financial Transactions
- ▶ Lost Wallet Protection
- ▶ Data Breach Notifications
- ▶ Alerts for Minors Sent to Parents
- ▶ Social Network Monitoring

Masonite provides this important benefit to all employees at no cost. You will have the opportunity to buy-up to cover your spouse or child or upgrade your plan to the Identity Protection Pro Plus plan. Identity Protection Pro Plus will provide you with all of the services of Identity Protection Pro as well as social media account takeover, new IP address monitoring and stolen fund reimbursement, just to name a few.

Home & Auto Insurance

With the Home and Auto Insurance programs (Homeowners policies not available in Florida), you will be provided with competitive rates. You'll receive Roadside assistance, windshield repair, car rental and repair and referral networks and many other services. Convenient direct debit of your premiums directly from your bank account.

PerkSpot - Employee Discount Program

Looking for tickets to tonight's game? Want a discount on cell service or movie tickets? PerkSpot is your spot to shop and to save on these items and many more! This service costs you nothing, and since offers change daily, it can save you a lot!

Masonite's PerkSpot site just requires a simple and safe sign up. Go to Masonite.PerkSpot.com and select "Create an Account" to complete the easy registration process. Once you have logged into PerkSpot, you can browse brands, search for individual discounts, or select savings from the available categories.

For more information visit: www.masonitebenefits.com

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Other Benefits

Tuition Reimbursement

At Masonite, we encourage you to continue building your knowledge and skills by providing Tuition Reimbursement for job-related courses and degree programs at accredited colleges and universities. After one year of employment, employees are eligible for reimbursement on a calendar year basis after completing the course and earning a “C” or better grade. Reimbursement applies to costs incurred from tuition, books, lab, and registration fees.

Please contact your local Human Resources Representative for additional information about Tuition Reimbursement and the annual reimbursable limits.

How to Get Reimbursed

To receive reimbursement for eligible courses, you must:

- ▶ **Be a full-time employee for one year, prior to courses beginning**
- ▶ **Gain prior approval from your manager and the Benefits Dept to take the course**
- ▶ **Remain employed by Masonite after you complete your course**
- ▶ **Receive a grade of “C” or better**
- ▶ **Submit your final grades and all receipts for tuition/fees**

How to Apply

If you intend to take a course(s), you must apply to the program before classes begin by submitting the Tuition Reimbursement application form in Mployee Central.

Find additional information on masonitebenefits.com

Vacation Time

Masonite recognizes that to do your job well, you occasionally need time away from work to refresh and renew. That's why we offer you vacation time.

Vacation time is for vacation, sick time, or for time away to take care of personal matters. Full-time employees earn time off based on years of service with Masonite. Full-time employees working on a reduced schedule receive a prorated amount of time off.

You accumulate hours each year based on your current accrual. To encourage you to take time off, your accrual will stop if you reach the maximum hours allowed. Once you take time off and your hours drop below the maximum, you begin earning additional hours. Contact your local Human Resources Representative for more information.

MASONITE'S HOLIDAYS

Masonite shuts down its US facilities to observe nine (9) holidays. If you are scheduled to work on these days, you will be paid Holiday Pay, equal to your scheduled shift hours, provided you work your scheduled shift before and after the Holiday. Please refer to the Holiday Calendar on Front Door or see your local Human Resources representative for more information.

- ▶ **New Year's Day**
- ▶ **Martin Luther King Jr. Day**
- ▶ **Memorial Day**
- ▶ **Independence Day**
- ▶ **Labor Day**
- ▶ **Thanksgiving**
- ▶ **Day after Thanksgiving**
- ▶ **Christmas Eve**
- ▶ **Christmas Day**

You also receive two floating holidays.

For more information visit: www.masonitebenefits.com

Other Benefits



Employee Assistance Program (EAP)

To help you with personal decisions and needs, Masonite provides you and your immediate family free access to the EAP through ComPsych. This confidential program can help you find services and answer your questions regarding healthcare, legal issues, mental health, substance abuse and more.

The EAP includes:

- ▶ 24-hour, 365-day telephone access for consultation or crisis intervention
- ▶ Up to five free telephonic or face-to-face behavioral counseling visits per issue per year
- ▶ Child care, elder care, pet care consultation and referral
- ▶ Family crisis support services
- ▶ Legal consultation on most legal issues
- ▶ Other services

Visit the ComPsych EAP website at www.guidanceresources.com

to create your own personal username and password.

If you're a first-time user, you'll be asked to register and provide the following information on the profile page:

1. In the **Company/Organization** field, use: **Masonite.**
2. Then, create your own confidential **username and password.**

For more information visit: www.masonitebenefits.com



Other Benefits

401(k) Savings Plan

PRE-TAX CONTRIBUTIONS

The Masonite 401(k) Savings Plan helps you meet one of life's most important goals – financial security at retirement – by allowing you to defer up to 75% of pre-tax earnings, subject to IRS limits. Plus, to help increase your retirement savings, Masonite provides a company match of up to 5% of your pay beginning after three months of service.

401(k) ROTH CONTRIBUTIONS

Roth contributions to your 401(k) account are made on an after-tax basis so both the earnings and contributions are tax-free upon distribution. Regular 401(k) Roth contributions give you a tax break down the road. Masonite provides a company match of up to 5% of your pay beginning after three months of service.

HOW TO ENROLL

Employees who meet the eligibility requirements are eligible to enroll in the Masonite Savings Plan after three months of service. For existing employees, your contributions will begin as soon as possible, based on when you elected to contribute and your payroll cycle. To enroll, call **1-800-724-7526** or log on to **www.workplace.schwab.com**.

IRS LIMITS AND CATCH-UP CONTRIBUTIONS

The IRS limits your pre-tax and Roth contributions. Check **masonitebenefits.com** or with your local HR for the current limits.

If you will be age 50 or older during the year, you can also make an annual catch-up contribution.

New Hires/Re-Hires in 401(k) Automatic Enrollment

If you do not actively enroll, you will be automatically enrolled in the Plan after one year of service. You will be automatically enrolled at a contribution rate of 3%. This means 3% of your eligible compensation will be deducted from your paycheck on a pre-tax basis and contributed to your Plan account, unless you designate a different contribution percentage or elect not to participate (“opt out”) by calling **1-800-724-7526** or logging in to **www.workplace.schwab.com**.

Anniversary now? Your contribution percentage will increase by 1% unless you elect to opt out of the automatic increase program.

For more information visit: **www.masonitebenefits.com**

Important Legal Notices

Important Plan Rules and Laws Affecting Your Coverage

There are some important rules you should be aware of that affect certain benefits you have. In addition, Annual Benefit Notices and Summary Annual Reports (SAR) are available on www.masonitebenefits.com or from your HR Representative.

HIPAA

Masonite is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If requesting assistance for claims with any providers, you will be required to complete the Authorization to Release Information before assistance can be granted. All providers of health insurance already have Privacy Rulings in place and are required to provide all patients with their notices.

FAMILY AND MEDICAL LEAVE ACT

In addition to our Disability programs, you may also be eligible for time off under the Family and Medical Leave Act (FMLA). FMLA provides you with up to 12 weeks of unpaid, job-protected leave during any 12-month period because of your own serious health condition; to care for a spouse/domestic partner, child or parent who has a serious health condition; or to care for a newborn, adopted or newly placed foster child.

Employees with family members in the military have expanded leave rights under FMLA. These employees may take up to 26 weeks of leave during a single 12-month period to care for a spouse/domestic partner, son, daughter, parent or next of kin who has sustained a serious injury or illness in the line of active duty. Eligible employees also may use the standard 12 weeks of FMLA leave (subject to certain conditions and time limits) to handle “qualifying exigencies” arising from a covered family member’s active duty or call to active duty in support of a Federal contingency operation as a member of the National Guard, Military Reserve, or a retired member of the Regular Armed Forces or Reserve. Please see your Employee Handbook for additional information about the FMLA.

MEDICARE PART D

Prescription drug benefits are available to all Medicare-eligible citizens through Medicare Part D. Participation in Medicare Part D is completely voluntary. You are provided with a “Notice of Creditable Coverage” no later than October 15 of each year, which states that your medical plans provide prescription drug coverage that is, on average, as good as or better than coverage provided through the basic Medicare Part D plan. If you do not enroll in Medicare Part D now, but decide to do so in the future, you can show your Notice to avoid paying a late enrollment penalty.



Important Legal Notices

Women's Health and Cancer Rights Act

The plan will not restrict benefits for employees or covered dependents if the covered person:

- ▶ **Receives benefits for a mastectomy, and**
- ▶ **Elects breast reconstruction in connection with the mastectomy**

Under federal law, employees and their covered dependents have the right as participants in a group health plan to receive coverage for the following services in connection with a mastectomy:

- ▶ **Reconstruction of the breast on which the mastectomy has been performed**
- ▶ **Surgery and reconstruction of the other breast to produce a symmetrical appearance**
- ▶ **Prostheses and treatment for physical complications for all stages of a mastectomy, including lymphedemas (ex. swelling associated with the removal of lymph nodes).**

The plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance provisions that are consistent with those that apply to other benefits under the covered person's medical plan.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Under federal law, group health plans and health insurance issuers generally may not restrict benefits to participants for any hospital length of stay in connection with childbirth for the mother or newborn child to:

- ▶ **Less than 48 hours following a normal vaginal delivery, or**
- ▶ **Less than 96 hours following a Caesarean section**

SPECIAL NOTE: The law does not generally prohibit the mother's or newborn's attending physician, after consulting with the mother, from discharging the mother or her newborn less than 48 hours after delivery (or 96 hours, as applicable) after the birth. In any case, the plan cannot require a provider to obtain authorization from the plan for prescribing a hospital stay of not more than 48 hours (or 96 hours).

Important Contacts

CONTACT	PHONE NUMBER	WEBSITE	POLICY / GROUP#
ONE SOURCE VIRTUAL (OSV) BENEFITS SERVICE CENTER	1-855-656-2766	N/A	N/A
ALLSTATE	1-866-828-8501 8:00 am to 8:00 pm ET	AB-claims@allstate.com AB-customer@allstate.com	V6892
ANTHEM BLUE CROSS/BLUE SHIELD MEDICAL INSURANCE	1-855-492-3558	www.anthem.com	9230007
ANTHEM/BCBS 24/7 NURSELINE	1-800-337-4770	www.anthem.com	N/A
CHARLES SCHWAB 401(k) SAVINGS PLAN	1-800-724-7526 8:00 am to 8:00 pm ET Spanish Speaking Available	www.workplace.schwab.com	N/A
COMPSYCH (EAP)	1-877-537-7764 24/7 Spanish Speaking Available	www.guidanceresources.com Web ID: Masonite	Web ID: Masonite
OPTUMRX (Prescription Drugs)	1-844-783-1396	www.optumrx.com	N/A
DELTA DENTAL (Dental Insurance)	1-800-826-0111 7:15 am to 7:30 pm ET Spanish Speaking Available	www.deltadentalins.com	3695
DISCOVERY BENEFITS FLEXIBLE SPENDING ACCOUNTS (FSA/HSA)	1-866-451-3399	www.discoverybenefits.com	27711
HEALTH ADVOCATE	1-866-695-8622	www.healthadvocate.com/members	N/A
LIVONGO DIABETES CARE MANAGEMENT	1-800-945-4355 Spanish Speaking Available	www.livongo.com	N/A
LIVEHEALTH ONLINE	1-888-548-3432	www.livehealthonline.com	N/A
HOME & AUTO INSURANCE	1-855-435-3068	N/A	N/A
PERKSPOT (Employee Discount Program)	866-606-6057	www.masonite.perkspot.com	N/A
METLIFE (FMLA/STD/LTD)	1-800-638-5433 (1-800 Met Life) Monday-Friday 8:00 am - 11:00 pm ET	www.Metlife.com/mybenefits	224714
METLIFE LIFE AND AD&D INSURANCE	1-800-638-5433 (1-800 Met Life) Monday-Friday 8:00 am - 11:00 pm ET	www.Metlife.com/mybenefits	224714
VISION SERVICE PLAN INSURANCE	1-800-877-7195 8:00 am to 7:00 pm ET Sat 9:00 to 11:30 am ET Spanish Speaking Available	www.vsp.com	12185350
ID PROTECTION PRO-ALLSTATE	1-855-435-3068	www.myaip.com	N/A



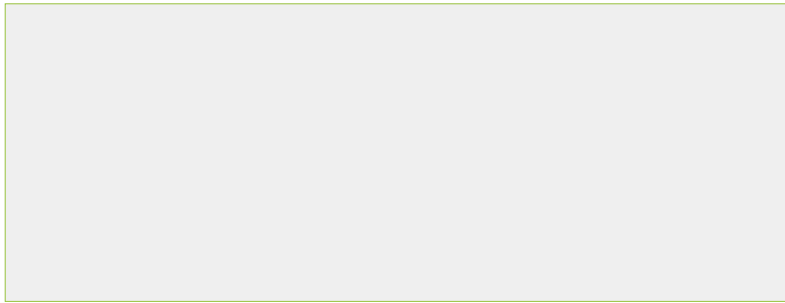
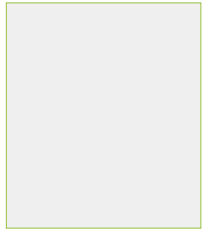


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