

**Benefit Highlights**

WGL offers management employees a comprehensive benefits program. Full-time management employees are eligible for benefits on the first day of employment.

<b>CareFirst PPO and CDHP Medical Plan Highlights</b>				
	<b>CareFirst PPO</b>		<b>CareFirst CDHP</b>	
	In Network	Out of Network	In Network	Out of Network
Deductibles	\$100 Individual \$200 Family	\$500 Individual \$1,000 Family	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Office Visits	\$10 Co-pay	70% after deductible	80% after deductible	70% after deductible
<b>Prescription Plan Highlights</b>				
	<b>CareFirst PPO</b>		<b>CareFirst CDHP</b>	
	30-day Supply at Retail Participating Pharmacy	90-day Supply Mail Order Pharmacy	34-day Supply at Retail Participating Pharmacy	90-day Supply Mail Order Pharmacy
Generic Drugs	\$10 Co-pay	\$20 Co-pay	\$10 Co-pay (after deductible)	\$20 Co-pay (after deductible)
Listed/Preferred Brand Drugs	\$15 Co-pay	\$30 Co-pay	\$20 Co-pay (after deductible)	\$40 Co-pay (after deductible)
Unlisted/Non-Preferred Brand Drugs	80% Coinsurance	80% Coinsurance	\$45 Co-pay (after deductible)	\$90 Co-pay (after deductible)
Specialty Drugs	\$75 Co-pay	\$100 Co-pay	<ul style="list-style-type: none"> <li>Preferred 50% up to a \$100 maximum</li> <li>Non-Preferred 50% up to a \$150 maximum</li> </ul>	<ul style="list-style-type: none"> <li>Benefits for covered Specialty drugs are available when purchased through mail order</li> </ul>
<b>Kaiser HMO and DHMO Medical Plan Highlights</b>				
	<b>Kaiser HMO</b>		<b>Kaiser DHMO</b>	
Deductible	N/A		\$1,000 Individual \$2,000 Family	
Primary Care Office Visit	\$10 Co-pay		\$20 Co-pay	
Specialist/Urgent Care Visit	\$20 Co-pay		\$30 Co-pay	
<b>Prescription Plan Highlights</b>				
	30-day Supply at Retail Participating Pharmacy	90-day Supply Mail Order Pharmacy	34-day Supply at Retail Participating Pharmacy	90-day Supply Mail Order Pharmacy
Generic Drugs	\$10 Co-pay	\$20 Co-pay	\$20 Co-pay	\$40 Co-pay
Preferred Brand Drugs	\$20 Co-pay	\$40 Co-pay	\$30 Co-pay	\$60 Co-pay
Non-Preferred Brand Drugs	\$35 Co-pay	\$70 Co-pay	\$45 Co-pay	\$90 Co-pay
<b>Delta Dental Plan Highlights</b>				
Annual Maximum Benefits	\$1,500 per member			
Annual Deductible	\$50 per member			
Orthodontic Lifetime Maximum	\$2,000 per member			

Vision Program Plan Highlights			
	CareFirst – Blue Vision (Included with participation in the CareFirst medical plan)	Kaiser Vision (Included with participation in the Kaiser medical plan)	VSP (Can be purchased by employees at an additional cost)
Eligibility	Provided to CareFirst Participants	Provided to Kaiser Participants	All Benefit Eligible Employees
Routine Eye Exam	\$10 Co-pay CareFirst PPO & CDHP plans	\$10 Co-pay Kaiser HMO  \$20 Co-pay Kaiser DHMO	\$10 Co-pay
Glasses	(See “Lenses & Frames” below)	(See “Lenses & Frames” below)	\$20 Co-pay
Lenses	Discount on lenses	No charge*	35%-45% discount
Frames	Discount on frames	No charge*	\$150 allowance; \$170 allowance for brand frames; 20% discount over allowance; \$80 Costco frame allowance
Contact Lenses	Discount on contact lenses	No charge	\$60 Co-pay

\*Limitations apply

### Company Designated Holidays

- New Year’s Day
- MLK Birthday
- President’s Day
- Christmas Day
- Memorial Day
- Independence Day
- Labor Day
- Presidential Inauguration Day (every 4 years)
- Veteran’s Day
- Thanksgiving Day
- Day after Thanksgiving

### Paid Time Off (PTO)

PTO is available to employees on the first day of employment.

Years of Service	PTO	
• Less than 6 years	• 10 days	
• 6 years, but less than 14 years	• 15 days	
• 14 years, but less than 20 years	• 20 days	
• 20 years, but less than 30 years	• 25 days	
• 30 years or more	• 30 days	
• New Hires (Based on date of hire)	• January – June • July – October • November – December	• 10 days • 5 days • 2 Days
<ul style="list-style-type: none"> <li>• Employees earn up to 12 days of PTOA at a rate of 8 hours per month. Accrual begins the month after date of hire.</li> <li>• Employee may carry over up to 80 hours of PTO/PTOA from year to year.</li> <li>• Employees may be eligible for additional unpaid leave in accordance with Federal and/or State Family Leave Laws.</li> </ul>		

**Life and Disability Insurance**

Life Insurance	Short Term Disability	Long Term Disability										
<ul style="list-style-type: none"> <li>Basic coverage is 1x base salary at no cost to employee</li> <li>Supplemental life coverage is \$50k up to \$750k</li> <li>Guarantee issue amount is \$300k</li> <li>Spouse coverage up to \$150k</li> <li>Child(ren) coverage up to \$10k (to age 26)</li> <li>Basic Accidental Death &amp; Dismemberment (AD&amp;D) of \$10k at no cost to employee</li> <li>Employees may purchase voluntary AD&amp;D from \$25k up to \$250k</li> </ul>	<ul style="list-style-type: none"> <li>WGL provides short term disability (STD) benefits after completion of 6 months of service</li> <li>Benefits are based on years of service and other requirements as follows:                             <table border="1" data-bbox="613 552 1008 812"> <thead> <tr> <th>Year of Service</th> <th>STD</th> </tr> </thead> <tbody> <tr> <td>&lt; 5 years</td> <td>50%</td> </tr> <tr> <td>5-9 years</td> <td>70%</td> </tr> <tr> <td>10-19 years</td> <td>100% for 8 weeks; 80% thereafter</td> </tr> <tr> <td>20 years</td> <td>100%</td> </tr> </tbody> </table> </li> <li>Benefits limited to a maximum benefit of 26 weeks per calendar year</li> </ul>	Year of Service	STD	< 5 years	50%	5-9 years	70%	10-19 years	100% for 8 weeks; 80% thereafter	20 years	100%	<ul style="list-style-type: none"> <li>60% long term disability at no cost to employee</li> <li>Maximum benefit level is 60% of your base monthly salary</li> <li>Coverage amounts not to exceed \$10,000 a month</li> </ul>
Year of Service	STD											
< 5 years	50%											
5-9 years	70%											
10-19 years	100% for 8 weeks; 80% thereafter											
20 years	100%											

**Health Savings Account (HSA)**

Employer Contribution & Benefits	2020 Contribution Limits
<ul style="list-style-type: none"> <li>Available to employees enrolled in CareFirst CDHP</li> <li>WGL annual employer contribution                             <ul style="list-style-type: none"> <li>➢ Employee only = \$700</li> <li>➢ Employee + one or more dependents (Family) = \$1,400</li> </ul> </li> <li>Pre-tax benefits account that works similar to a 401(k)</li> <li>Large selection of no-load mutual funds</li> <li>FDIC insured</li> </ul>	<ul style="list-style-type: none"> <li>\$3,550* if you enroll in CareFirst Individual coverage</li> <li>\$7,100* if you enroll in CareFirst coverage for Employee + one or more dependents (family)</li> <li>Catch-up contribution if you are 55 or older of \$1,000*</li> </ul> <p><i>*Contribution limits include employer contributions</i></p>

**Flexible Spending Accounts (FSA)**

Health Care FSA	Dependent Care FSA	Limited Purpose FSA	Transportation
<ul style="list-style-type: none"> <li>Pre-tax payroll deduction for eligible medical, dental, and vision expenses</li> <li>\$260 minimum annual contribution up to a \$2,700 maximum</li> </ul>	<ul style="list-style-type: none"> <li>Pre-tax payroll deduction for eligible day care expenses</li> <li>\$120 minimum annual contribution up to a \$5,000 maximum</li> </ul>	<ul style="list-style-type: none"> <li>Pre-tax payroll deduction for eligible dental &amp; vision expenses only</li> <li>\$260 minimum annual contribution up to a \$2,700 maximum</li> <li>Must be enrolled in HSA to participate</li> </ul>	<ul style="list-style-type: none"> <li>WageWorks -Commuter &amp; Parking (pre-tax &amp; post-tax payroll deductions)                             <ul style="list-style-type: none"> <li>➢ Up to \$500 per month for commuter transit</li> <li>➢ Up to \$500 per month for commuter parking</li> </ul> </li> </ul>

## Retirement Savings

401(k) Savings Plan	Retirement Benefits Savings Plan (Enhanced Benefit)
<ul style="list-style-type: none"> <li>• Automatic enrollment of 4% of pay up to \$19,500</li> <li>• Company match is 100% of the first 4% of pre-tax contributions</li> <li>• Company match is vested immediately</li> <li>• Accepts rollovers from other qualified plans</li> <li>• Catch-up contributions up to \$6,500 for employees age 50 or older</li> </ul>	<ul style="list-style-type: none"> <li>• Management employees hired or rehired after 7/1/2009 will receive a service-based non-elective contribution</li> <li>• 4%-6% of base pay depending on years of service</li> <li>• Automatic benefit that does not require participation in the 401(k) plan</li> <li>• Immediate vesting</li> <li>• Rollover available to another employer's eligible plan or an IRA</li> </ul>

## Business Travel Accident Plan

WGL offers business travel accident insurance at 5x your annual base salary up to \$1,000,000 at no cost to employees.

## Educational Assistance Program

WGL offers employees an educational assistance program for approved courses of study through an accredited educational institution.

- Management employees are eligible to participate in the educational assistance program after completing 90 days of service
- Requires prior approval for reimbursement of 100% of eligible tuition and registration expenses
- Reimbursement is limited to up to \$5,250 per calendar year and up to a \$30,000 employment maximum
- Requires grade 'C' or above to be eligible for reimbursement

## Other Benefits

- Employee Assistance Program
- Ombudsman
- Credit Union Membership Available
- Wellness
- Special Interest Groups
- Community Service