



American States
Utility Services, Inc.
A Subsidiary of American States Water Company

About Your BENEFITS

Military Contract —
Exempt Employees



Welcome to American States Utility Services, Inc.

The American States Utility Services, Inc. (ASUS) employee benefits plan is an important component of our overall compensation package. We carefully evaluate our plans annually to ensure we can provide competitive, high-quality benefits for employees and their families.

Our benefits plan is comprehensive and encompasses medical, pharmacy, dental and vision care, savings plans including a 401(k) retirement plan with Company match, life and disability insurance plans, health and dependent care savings accounts, and an employee assistance program. We also offer paid coverage for sick and vacation time and have 12 days of paid Company holidays.

The Company makes every effort to keep costs affordable for employees and offer a variety of options that best meet the needs of employees and their families.



Serving Those
Who Serve.®

About Your Benefits: Military Contract – Exempt Employees

Benefits Eligibility

As an employee of American States Utility Services, Inc., you will be eligible for benefits coverage as of the first of the month following 30 days of employment.

To remain eligible for benefits, you must work 30 or more hours per week. To be eligible for short-term and long-term disability, you must work 30 hours or more per week.

When you enroll in benefits, you may also enroll your dependents, including your spouse, registered domestic partner, and/or your dependent children. ASUS offers an a la carte election of Single, Two-party, or Family Medical, Dental and Vision benefits. You are not required to enroll in all three plans. You may choose the plans that will work best for you.

Benefits At a Glance

Employees who are eligible for benefits coverage may enroll, make changes or add dependents in the following benefit plans:

- Medical/pharmacy plan
- Dental plan
- Vision plan
- 401(k) savings plan
- Voluntary supplemental life
- Short-term and long-term disability
- Voluntary AD&D
- PayFlex flexible spending accounts for health and/or dependent care

The Company pays for the following coverages for all employees:

- Basic life insurance
- HealthCare Advocate
- Employee Assistance Program
- Paid time off, including Vacation, Holidays, and Sick Time

Medical/Pharmacy Plan

The health and well-being of employees and their families is important to us. We offer comprehensive medical coverage that will provide both well benefits and ongoing health care as well as coverage when you are sick or in need of urgent care. The medical plan also includes pharmacy coverage that allows you to order longer term supplies for maintenance medications via a mail order system.

For medical and pharmacy care, we offer the Aetna Managed Choice PPO. Once you are eligible and enrolled in the Company plan, you will also be automatically enrolled in our Pretax Benefit Plan, enabling you to pay for health care premiums with pretax dollars. This is effectively a tax deduction for the full amount of your premium contribution.

A high-level review of key plan features is on the next page. However, you should consult the complete chart at www.aetna.com for full details about coverage with all footnotes and conditions.



Medical/Pharmacy Benefits Overview*

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
Deductible (per calendar year)	\$250 Individual \$500 Family	\$250 Individual \$500 Family
Member Coinsurance	20%	40%
Payment Limit (per calendar year)	\$1,000 Individual/\$2,000 Family	\$2,000 Individual/\$4,000 Family
Lifetime Maximum	Unlimited except where otherwise indicated.	Unlimited except where otherwise indicated.
Primary Care Physician Selection	Optional	Not Applicable
Referral Requirement	None	None
PREVENTIVE CARE	IN-NETWORK	OUT-OF-NETWORK
Routine Adult Physical Exams/ Immunizations 1 exam every 12 months for members age 22 to age 65.	Covered 100%, deductible waived	Not Covered
Routine Well Child Exams/Immunizations Age and frequency schedules apply.	Covered 100%, deductible waived	40% after deductible
Routine Gynecological Exams Recommended: One exam per calendar year. Includes routine tests and related lab fees. Members may choose ob/gyns as PCP's	Covered 100% deductible waived	40% after deductible
PHYSICIAN SERVICES	IN-NETWORK	OUT-OF-NETWORK
Office Visits to PCP Includes services of an internist, general physician, family practitioner or pediatrician.	20% deductible waived	40% after deductible
Specialist Office Visits	20% deductible waived	40% after deductible
Pre-Natal Maternity	Covered 100% deductible waived	Covered according to standard claim practice.
Walk-in Clinics	20% deductible waived	40% after deductible
DIAGNOSTIC PROCEDURES	IN-NETWORK	OUT-OF-NETWORK
Diagnostic X-ray	20% after deductible	40% after deductible
Diagnostic Laboratory	20% after deductible	40% after deductible
EMERGENCY MEDICAL CARE	IN-NETWORK	OUT-OF-NETWORK
Urgent Care Provider	20% deductible waived	40% after deductible
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room (Copay waived if admitted)	20% after \$150 copay; deductible waived	Same as in-network care
Emergency Use of Ambulance	20% after deductible	Same as in-network care
Non-Emergency Use of Ambulance	Not Covered	Not Covered
HOSPITAL CARE	IN-NETWORK	OUT-OF-NETWORK
Inpatient Coverage	20% after deductible	40% after \$500 copay; after deductible
Outpatient Hospital Expenses	20% after deductible	40% after deductible
MENTAL HEALTH SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient	20% after deductible	40% after \$500 copay; deductible waived
Outpatient	20% deductible waived	40% after deductible
SUBSTANCE ABUSE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient	20% after deductible	40% after \$500 copay; after deductible
Outpatient	20% deductible waived	40% after deductible
PHARMACY	IN-NETWORK	OUT-OF-NETWORK
Pharmacy Plan Type	Aetna Premier Open Formulary	
Retail	\$10 copay for generic drugs, \$35 copay for brand-name drugs and \$60 for non-formulary drugs; up to a 30 day supply at participating pharmacies.	40% of submitted cost; after applicable copay
Mail Order	\$20 copay for generic drugs, \$70 copay for brand-name drugs and \$120 for non-formulary drugs; up to a 31-90 day supply.	Not Applicable

*For all plan details, conditions, and footnotes, see the complete chart at www.aetna.com.

Dental Coverage

We are pleased to offer dental coverage with the Aetna Dental Preferred Provider Organization (DPPO) plan. Your plan covers ongoing preventive dental care as well as coverage for more involved dental issues.

The DPPO enables you to see a dentist of your choice, with a lower cost and higher level of coverage if you see dentists in-network.

Below is a chart showing coverage for the most common needs. See www.aetna.com for full plan details, coverage levels, and complete footnotes.

Dental Benefits Overview*

PLAN FEATURES	COVERAGE
Deductible (Individual/Family)	\$25/\$75
Maximum Annual Benefit	\$2,000 per person
OFFICE VISIT COPAY	
Preventive Services (exams, cleaning, x-rays, fluoride treatments)	Covered at 100%
Basic Restorative Services (fillings, root canals, extractions, periodontics, and anesthesia)	Covered at 80%
Major Restorative Care (crowns, bridges, inlays, onlays, dentures)	Covered at 50%
ORTHODONTIA	
Benefit	Covered at 50%
Deductible	None
Lifetime Maximum	\$1,500

*For all plan details, conditions, and footnotes, see the complete chart at www.aetna.com.



Vision Plan

Our Vision plan, provided by Aetna, encourages you to take care of your eyesight with regular examinations. The plan helps pay for vision care expenses including exams, eyeglasses and contact lenses.

The following is a high-level chart, but you can consult www.aetna.com for complete plan details, coverages and footnotes.

Vision Benefits Overview*

EXAM	IN-NETWORK	OUT-OF-NETWORK
Use your Exam coverage once every rolling 12 months		
Routine/Comprehensive Eye Exam	\$25 Copay	\$50 Reimbursement
Standard Contact Lens Fit/Follow-up	Member pays discounted fee of \$55	Not Covered
Premium Contact Lens Fit/Follow-up	Member pays 90% of retail	Not Covered
EYEGLASS LENSES /LENS OPTIONS	IN-NETWORK	OUT-OF-NETWORK
Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Single vision lenses	\$0 Copay	\$35 Reimbursement
Bifocal vision lenses	\$0 Copay	\$50 Reimbursement
Trifocal vision lenses	\$0 Copay	\$75 Reimbursement
Lenticular vision lenses	\$0 Copay	\$75 Reimbursement
Standard Progressive vision lenses	\$65 Copay	\$50 Reimbursement
Premium Progressive vision lenses	\$85 - \$110 (amount varies by Brand)	\$50 Reimbursement
UV treatment	Member pays discounted fee of \$15	Not Covered
Tint (Solid and Gradient)	Member pays discounted fee of \$15	Not Covered
Standard plastic scratch coating	\$0 Copay	\$15 Reimbursement
Standard polycarbonate lenses – Adult	Member pays discounted fee of \$40	Not Covered
Standard polycarbonate lenses – Children to age 19	\$0 Copay	\$35 Reimbursement
Standard ant-reflective coating	Member pays discounted fee of \$45	Not Covered
Polarized	Member pays 80% of retail	Not Covered
CONTACT LENSES	IN-NETWORK	OUT-OF-NETWORK
Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Conventional contact lenses	\$130 Allowance Additional 15% off balance over allowance	\$100 Reimbursement
Disposable contact lenses	\$130 Allowance	\$100 Reimbursement
Medically necessary contact lenses	\$0 Copay	\$200 Reimbursement
FRAMES	IN-NETWORK	OUT-OF-NETWORK
Use your Frame coverage once every rolling 24 months.		
Any Frame available, including frames for prescription sunglasses	\$130 Allowance Additional 20% off balance over allowance	\$50 Reimbursement

*For all plan details, conditions, and footnotes, see the complete chart at www.aetna.com.

401(k) Retirement Savings Plan

The Company offers a 401(k) Retirement Savings Plan with Company match as a key way to boost your retirement savings.

The plan is administered by John Hancock and offers a variety of investment options.

Employees may make voluntary pretax or post-tax contributions between 1% and 50% of total pay up to the annual limit set by the Internal Revenue Service. The Company will match 100% of the first 3% and 50% of the second 3% of pay you invest. Contributions are tax deductible (up to IRS limits), and your investments grow tax-deferred until you are eligible to begin drawing benefits from the plan, which is typically age 59½ at the earliest.

You are immediately vested 100% in the plan, including in any rollover or transfer contributions you

make to the plan, as well as Employer Contributions and any earnings. The Company contributions will be invested in the same funds you choose for your own contributions. You will have an opportunity to choose funds and name beneficiaries when you enroll. You may make changes to your plan, including contribution amounts, beneficiaries, and investment choices at any time during the year.

If you choose to participate, you must abide by plan rules to enjoy full tax benefits. Withdrawing funds early does come with steep tax penalties imposed by the IRS, so careful planning is important.

For more information on this plan and investment options, you may contact Human Capital Management.

Dependent and Health Care Flexible Spending Accounts

PayFlex flexible spending accounts enable you to use pre-tax savings to pay for non-covered IRS eligible health care and dependent care expenses. Plan rules are governed by the Internal Revenue Service, which regulates how employers must operate the plans. Any unreimbursed funds remaining after the end of the plan year are forfeited, so it is important to plan your contribution amounts carefully.

Two different PayFlex accounts are available:

PAYFLEX HEALTH CARE FLEXIBLE SPENDING ACCOUNT

You may elect to contribute up to \$2,600 annually in a Health Care Flexible Spending Account to pay for qualified, non-reimbursed health care expenses. Eligible expenses include copays, coinsurance, deductibles, dental expenses, vision expenses, and prescription medications. All receipts must be submitted for reimbursement by 90 days following the end of the plan year in order to qualify. Any funds remaining after that date will be forfeited so it's important to carefully plan for anticipated expenses.

PAYFLEX DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

You may also elect to contribute to a Dependent Care Flexible Spending Account to save pretax dollars to pay for non-reimbursed qualified dependent care expenses. Contribution limits are up to \$5,000 if you are either single or are married filing jointly, or up to \$2,500 if you are married filing separately. You must submit all reimbursement requests by 90 days following the end of the plan year in order to qualify. Any funds remaining after the reimbursement deadline will be forfeited, so it's important to estimate expenses carefully. Funds are for dependent children under the age of 13 or for a spouse or other dependent who is incapable of self-care. Covered expenses include daycare, preschool/nursery school, before and after school care and summer day camp.

Life Insurance

Life insurance plans are an important way to provide additional financial protection for you and your loved ones. The Company plans are administered by Aetna. All employees are provided with basic Company-paid life insurance of \$50,000 per employee. Additionally, the Company will provide coverage for \$5,000 of spousal life insurance and \$2,500 of coverage for dependent children.

Company-paid Accidental Death and Dismemberment (AD&D)

The Company provides \$50,000 in AD&D benefits that pays if an employee suffers a covered accidental death, dismemberment or paralysis.

Voluntary Supplemental Life Insurance and AD&D

You are also able to purchase additional life insurance for you, your spouse, or your dependents. We offer two plans:

- n Voluntary Supplemental Life Insurance
- n Voluntary Personal Accident Insurance (AD&D)

You may purchase [Voluntary Supplemental Life Insurance](#) for yourself and/or your spouse in \$10,000 increments up to a maximum of 5 times your annual salary. The maximum coverage for an employee is \$300,000 and the spouse coverage maximum is \$50,000. In addition, you may purchase coverage for your children (age 15 days to 25 years) in \$2,500 increments to a maximum of \$10,000 per child. Rates vary by age.

You are guaranteed additional coverage up to \$20,000. Any amount above that will require you to complete a health questionnaire for evidence of insurability.

You may purchase [Voluntary AD&D Insurance](#) up to \$400,000 for Self and Family. Rates vary by amount of additional insurance purchased.

Disability Insurance

You may elect to purchase short-term and long-term disability coverage to provide financial protection if you become disabled and unable to work.

Short-term Disability (STD)

This plan pays a weekly benefit equal to 60 percent — up to a maximum of \$1,750 for up to 26 weeks — of your basic weekly earnings excluding bonuses, extra compensation, and overtime earnings. Rates vary by age.



Long-term Disability (LTD)

This plan pays a monthly benefit equal to 60 percent — to a maximum of \$11,000 on the first day after 180 days of a qualified disability and continue until you reach retirement age — of your basic monthly earnings excluding bonuses, extra compensation, and overtime earnings. Rates vary by covered annual salary.

Workers' Compensation

If you become injured while on the job, you will be covered by the Company's workers' compensation insurance plan. It is your responsibility to notify your Supervisor promptly if you are injured. Unless a written predesignation is on file with the Company, all injuries will be referred to the providers in the Company's Medical Provider Network (MPN).

Other Company-provided Benefits

Employee well-being is important to us, and to that end, we provide a number of important benefits to you at no cost. They require no additional enrollment, but you should take a moment to familiarize yourself as to what is offered to take full advantage of the services and benefits offered. You do not need to take any enrollment action in order to participate.

Time Off

HOLIDAYS

ASUS, Inc. offers 12 paid holidays every year. These holidays include nationally celebrated bank holidays, but also a special day to celebrate you, our valued employees.

- New Year's Day
- Martin Luther King, Jr. Day
- Presidents' Day
- Memorial Day
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving Day plus the day after
- Christmas Day plus the day before or after as determined by the Company each year
- Your Birthday Holiday

VACATION TIME

The Company provides vacation time to all employees. Employees accrue vacation time each pay period from the date of hire. Accrual amounts are based upon years of service.

- 10 days of vacation is accrued per year for those with 0–60 months of continuous service
- 15 days of vacation is accrued per year for those with 61–179 months of continuous service
- 20 days of vacation is accrued per year for those with 180 or more months of continuous service

BEREAVEMENT LEAVE

ASUS allows time off for the death of an immediate family member to eligible employees. An employee may take up to 4 consecutive work days of paid bereavement leave per occurrence.

JURY DUTY

All regular full-time employees will be granted up to 10 paid work days in a 4-year period for jury duty service.

SICK DAYS

ASUS provides sick days to eligible employees who are unable to attend work due to an unexpected short-term, non-occupational illness or injury. Sick days also may be used for doctor/dentist appointments and for Family and Medical Leaves and may be used to attend to an illness of a child, parent, spouse, domestic partner, or child of a domestic partner. Sick days are based upon years of service.

- 7 days to New Hires –1 year of service
- 10 days to those with 1–2 years of service
- 20 days to those with 2–5 years of service
- 40 days to those with 5–10 years of service
- 60 days to those with 10–15 years of service
- 90 days to those with 15 or more years of service

HealthCare Advocate

All employees are provided with access to HealthCare Advocate, a 24 hour-a-day, 7-day-a-week hotline that offers services and support for healthcare related concerns. HealthCare Advocate can help find a new doctor, resolve a benefits issue, schedule appointments, or offer assistance with eldercare issues.

HealthCare Advocate can be reached at (866) 695-8622

Employee Assistance Program

Our Employee Assistance Program is there for employees to manage other personal challenges outside of work. Aetna Resources for LivingSM offers a number of helpful supports for employees and their families, including children up to age 26, regardless of whether or not they participate in the Company medical plan.

This plan is available 24 hours a day, 7 days a week, and includes the following services:

- n Counseling and relationship support via telephone or video conference with licensed behavioral health professionals for issues including relationship support, stress management, substance abuse, and more.
 - Web-based tools and resources.
 - Up to 6 face-to-face counseling sessions per issue per year at no cost to you.
- n Consultation, information, and assistance locating resources for daycare or eldercare, pet care, school/college planning and much more.

To access EAP services, simply call
1-800-342-8111
or visit www.mylifevalues.com
Username: GSWC Password: EAP

- n Legal Services, including a free 30-minute consultation with a participating attorney per issue per year and a 25% discount on hourly rates beyond the initial consult.
 - Issues include general law (excluding employment), special needs, document prep, and more
- n Financial services with a free 30-minute consult on topics such as tax planning, mortgages and refinancing, IRS matters, and more.
- n Identity theft services and more.
- n Discounts on products and services, fitness centers, local attractions and theme parks, and more.

For full details about Aetna Resources for Living, see www.mylifevalues.com

Fringe Benefits

Military Contract-Exempt Employees are also eligible for a "Fringe Benefit" according to terms in the Company's contract with the U.S. Government.

As of August 1, 2017, based on the Wage Determination in the Company's contract with the U.S. Government, the Company is required to provide you with a minimum value of \$4.41 per hour for all regular hours worked, up to 40 per week, for fringe benefits.

When you choose benefits during your enrollment period, the Company subsidy towards those benefits

will be counted towards the required fringe benefit. If the Company contribution is less than this amount, the balance will be deposited on your behalf into the 401(k) savings plan.

During your waiting period, while you are not yet eligible to participate in benefits, the fringe benefit amount will be paid to you in the form of taxable cash until you attain eligibility to participate in the benefit plans.