



REPUBLIC PLASTICS, Ltd.



2020 Open Enrollment Has Begun!

The Republic Plastics and American Film & Printing Open Enrollment period for non-medical benefit choices has officially begun as of September 10, 2020! This Open Enrollment is your opportunity to make changes to your elections for all benefits other than medical. The Open Enrollment period will run from **September 10** through **September 24**. Once the Open Enrollment period has ended your choices will be final until the next enrollment period or until you have a qualifying life event. All changes and elections will take effect on **October 1st**. All associates must go online and complete Open Enrollment (see instructions below) through DocuSign before September 24.

IMPORTANT NOTE – The fall Open Enrollment is for **NON-MEDICAL BENEFIT OPTIONS** only – Dental, Vision, Short and Long Term Disability, Voluntary Life Insurance, and Legal Shield. We will be doing an additional Open Enrollment in the Spring of 2021 that will include our medical plan as well as all the non-medical options.

All of our non-medical benefit offerings remain unchanged. You can view a detailed summary of the 2020-2021 benefit offerings by clicking here, [2020-2021 RP and AFP Benefit Guide](#), or going to the Home Page and clicking on **Insurance Documents > aa Enrollment Documents**.

To start and complete your Open Enrollment elections, use an internet browser to navigate to tinyurl.com/RP-AFP-Enroll. You will be asked to enter your name and email address. You must use an email address to initiate the Open Enrollment. DocuSign will send an email with a validation code that must be entered to start the Open Enrollment form. Once you've entered the validation code, DocuSign will walk you through completing the form and you will be able to electronically sign and submit the form.

If you have any questions about the benefit offerings and/or the enrollment process, please reach out to Robbie, Laurie, or Bryant.



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Dental Coverage - MAC Plan vs. U&C Plan

For the 2020-2021 benefit year, the Company is offering two options for dental coverage through Blue Cross Blue Shield – the Maximum Allowable Charge Plan (MAC Plan), and the Usual & Customary Plan (U&C plan). The premiums for both plans are identical, but the plans offer different levels of benefits – particularly where it comes to out-of-network providers.

The MAC Plan is great if your dental providers are in-network with BCBS. Under the MAC Plan, preventive **and** basic services will be covered at 100% while other, more extensive services with in-network providers would be covered at 60%. If you choose to go to an out-of-network provider, however, the MAC plan only pays 60% of the rate allowed by BCBS' fee schedule. If your provider charges more than that fee, you will be responsible for 40% of the BCBS rate PLUS the difference between the BCBS rate and the rate your provider charges.

In contrast, the U&C Plan is a better deal if your favored provider is out-of-network. Under the U&C Plan, preventative services are still covered at 100%, but basic services are covered at 80% and other, more extensive services are covered at 50%. When it comes to out-of-network providers, however, those reduced percentages are based on the usual and customer fees for the area – **not** BCBS' rate.

For example, say you needed to have a tooth extracted, which is covered under the MAC Plan at 60% and under the U&C Plan at 50%, and that the BCBS negotiated rate for a tooth extraction is \$1000. If your dental provider is in the BCBS network, your cost under each plan would be \$400 under the MAC Plan and \$500 under the U&C Plan.

But let's say that your dental provider is not in the BCBS network, and that his fee for a tooth extraction matches the usual and customary rate for your area at \$1500. In this scenario, your cost under the MAC Plan would be 40% of the \$1000 BCBS rate PLUS the \$500 difference between the BCBS rate and your provider's rate – bringing your total cost to \$900. Under the U&C Plan, your cost would simply be 50% of the provider's rate – \$750.

The differences can be summarized in the following table:

	MAC Plan	U&C Plan
In-network	Benefits are based on a negotiated fee schedule. No additional fees to the dentist	
Out-of-network	<ul style="list-style-type: none"> • Benefits are based on the BCBS network fee schedule • Any amount that is charged over the network fee schedule is the responsibility of the patient 	<ul style="list-style-type: none"> • Benefits are based on usual and customary charges that dentists in your area charge for each procedure

As such, before you choose your Dental coverage, you should determine whether your Dental providers are in BCBS' network.



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How to determine if your Dental Provider is in BCBS' Network

Navigate to www.bcbstx.com/find-a-doctor-or-hospital and login or click on "Search as Guest".

- Under *Helpful Links* scroll all the way down and click on "Find a Dentist"
- Click on "BlueCare Dental"

Once you get to the Find a BlueCare Dental Provider page, you can choose how you would like to search (by location, provider name, center name, etc.), enter the applicable info and then click on "Search"

The screenshot shows the BlueCross BlueShield of Texas website interface for finding a dental provider. At the top left is the BlueCross BlueShield of Texas logo. The main heading is "Find a BlueCare Dental Provider within the United States". Below this are five radio button options for search criteria: "Search by Saved Searches", "Search by Name", "Search by Location", "Search by County", and "Search by Center Name". The "Search by Center Name" option is selected. Underneath, there is a section titled "Search for a center by name:" with three input fields. The first field is "Please select a State:" with a dropdown menu showing "TX" and a "(required)" label. The second field is "Enter a Facility Name" with the text "Rose Dental" entered. Below this field is the word "OR". The third field is "Enter a Facility Number" which is currently empty. A blue "Search" button is located at the bottom left of the form area.

If your provider is in the resulting list, that means they are in-network.