

Republic Plastics, Ltd.

makers of private label foam tableware



**Our quality.
Your brand.
Soar to new heights.**

Welcome to Open Enrollment

Open enrollment is the only time of the year you can change your current elections, unless you have a qualifying event.

It is very important to consider your choices carefully before you make your benefit elections. The benefits you choose will be in place for the entire plan year, unless you have a qualifying event during the year such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Death of a spouse or child
- Coverage termination due to a dependent turning max age 26
- You or one of your covered dependents gains or loses employer health coverage

Life events must be reported within 30 days from the date of the event occurred

Dependent Eligibility

Eligible dependents include:

- Legal spouse
- Dependent child under the age of 26 – employee's natural child, stepchild, legally adopted child or natural or legally adopted child



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Important Numbers

Republic Plastics Team

- Jason Schroeder, CFO (ext 1903)
- Robbie Chance, Director of HR (ext 1918)
- Laurie Magnon, Senior HR Manager (ext 1908)

- **BAS/HealthComp**

- Customer Service Team

1.800.843.3831

- Find a low cost provider/facility
 - Resolving questions about whether a provider is on the plan
 - If you receive a balance bill or invoice from a doctor or facility
 - Scheduling a surgery or advanced imaging, lab test

- **Alliant/Consultant**

- Benefit Advocate Team

885.889.3713

- Assists with general questions
 - Can help guide you to the right resource
 - Help with enrollment and eligibility questions



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What's Changing for 2021?

Medical Carrier

- BAS Health is our new Health Plan Administrator
 - 1.800.843.3831
- Fairos is our new negotiator and claims repricer
- Premiums and Coverages remain unchanged



Medical Preferred Provider Group

- MultiPlan PHCS Network
- Same provider group as current



Prescription Drug Network

- CVSCaremark



Dental, Vision, Life/AD&D and Disability

- MetLife
- New monthly rates (see Benefit Guide)

New Plan Begins May 1st, 2021



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Why Are We Making a Change?

- Improved User Experience – Empower members
- Benefits program is designed to offer HIGH QUALITY CARE at FAIR PRICES
- Evolution and AMPS service levels were less than desirable
- BE PROACTIVE when you have known or scheduled treatments
- When in doubt **CONTACT BAS HEALTH!**
- More value for our dollar
- Keeps our plan viable long term



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BAS Provides Concierge-type User Experience

Customer Service



Your first point of contact for general day to day assistance, the Customer Service Team can:

- Answer coverage questions, including
 - Plan benefits
 - How much of my deductible and/or out-of-pocket has been met
- Assist in locating providers
- Book appointments
- Break down claim charges for members



Personal Assistant Service

If you have a Catastrophic Illness or Injury, you have access to a Personal Assistant Service:

- Provides access to coordinating care
- Answers questions about your coverage
- Works with your provider regarding outstanding information needed to process claims

Amputations | ALS (Amyotrophic Lateral Sclerosis) | Aneurysm | Brain injury or major head trauma | Cancer or malignancy | CVA (Cerebral Vascular Accident) | Leukemia | Acquired Immunodeficiency Syndrome | Multiple fractures | MS (Multiple Sclerosis) | Severe burns | Spinal cord injuries | Transplants

Call BAS @ 1.800.843.3831 7am-8pm CST



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BAS Online Portal and App

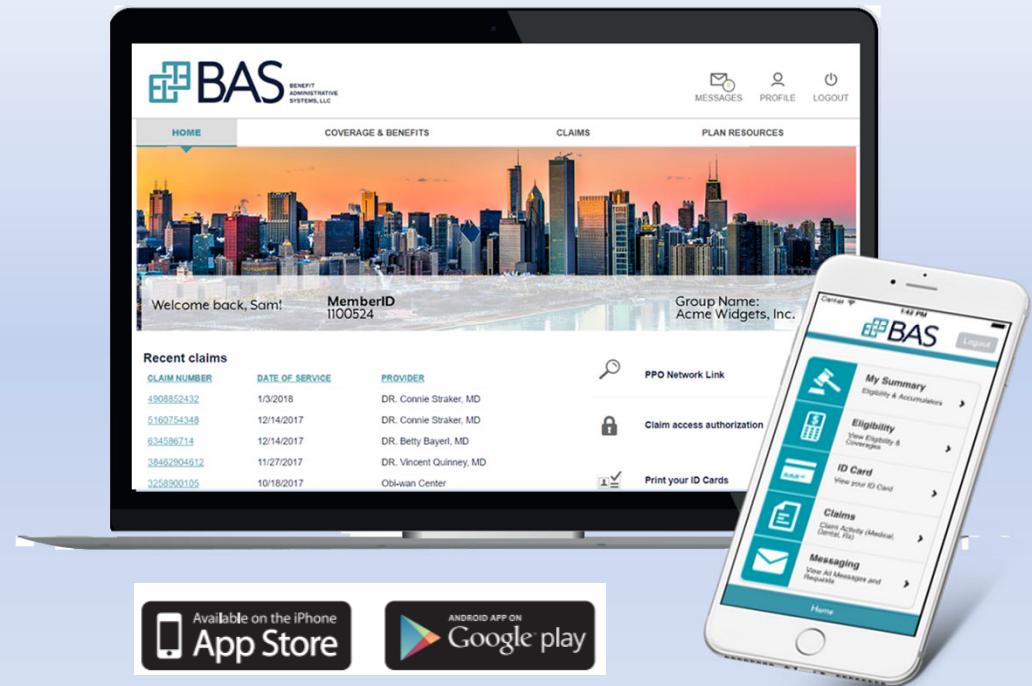
You have access to the BAS member portal, and mobile app where you can:

- Ask a Question
- Explanation of Benefits
- Benefits Information
- Send Your Virtual ID Card To a Provider
- Claims Information
- 24/7 Access To Benefits And Service
- and much more...



BAS is available on the web and also through our mobile app. To download the app, search for “BAS Health” in the Apple App Store or Google Play.

www.BAShealth.com



Available on the iPhone
App Store

ANDROID APP ON
Google play



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How you can help us help you



Call BAS if your Provider does not understand your insurance or has any questions!



Open your mail, please!



Check your Explanation of Benefits!



Match your Explanation of Benefits (EOB) to any Provider Bills!



When in doubt, call BAS with any questions!

1.800.843.3831

Any cost related correspondence from a provider or facility should be sent to BAS – every time!



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How you can help us help you

- **Lab Card:** If you schedule your outpatient lab testing through the Lab Card program, they will be covered 100% by the plan – no cost to you. This program utilizes both Quest Diagnostics and LabCorp labs.
- **US Imaging:** If you schedule your outpatient MRI, CT or PET Scan through the US Imaging program, they will be covered 100% by the plan – no cost to you.
- **PHCS:** If you utilize physician services that are part of the PHCS network, you will not be balance billed outside of your patient responsibility – this is your lowest cost option to see a doctor.



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2021 Medical Plan – Who's Who



Administrator of Medical Program. First point of contact for any medical benefit questions, finding a provider, scheduling a procedure or imaging, billing, eligibility and more. Handles customer service through their Customer Care Unit and Personal Assistant Service.



- Works internally with BAS on utilization review, case management and disease management.
- You may see the HealthComp name if you engage in these services, otherwise everything between BAS and HealthComp happens behind the scenes.



- Reprices claims for BAS and negotiates balance bills
- In the event you do get a balance bill, Fairo's will be engaged by the Customer Service team. Your Fairo's advocate will keep in contact with you throughout the process until the balance bill is resolved. You will also be able to check status by speaking to your Fairo's advocate, the Fairo's member portal or calling the BAS Customer Service team.



- Physician Network for lowest out of pocket costs.
- You will see this logo on your ID Card.



- Telehealth services provider – medical and mental health/behavioral health
- You can access Teladoc 24/7 for \$0



- Pharmacy administrator and network for both retail and mail order
- You will see this logo on your ID card.



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Medical Coverage

Employees will receive Deductible and OOPM credit for any claims incurred with Evolution from Jan 1 through April 30, 2021.

A ded/oopm report from Evolution will be sent to BAS with your deductible & OOPM information.

Republic Plastics medical coverage is provided by BAS.

Claims and verification of coverage administered by BAS.

	\$2,500 Plan	\$5,000 Plan
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum (OOPM)		
Individual	\$5,000	\$5,600
Family	\$10,000	\$11,200
	What You Will Pay:	What You Will Pay:
Preventive Care	No charge	No Charge
PCP Office Visit	\$25 Copay/Visit	\$35 Copay/Visit
Specialist Office Visit	\$40 Copay/Visit	\$45 Copay/Visit
Teladoc (telemedicine & teletherapy)	\$0	\$0
Urgent Care Facility	\$50 Copay/Visit	\$55 Copay/Visit
Emergency Room (copay waived if admitted)	10% after \$150 Copay	20% after \$150 Copay
Hospital Facility Services	10% after Ded	20% after Ded
Diagnostic Lab/X-ray	10% after Ded	20% after Ded
Prescription Coverage		
Rx Deductible	\$150 Individual / \$350 Family	\$150 Individual / \$350 Family
Rx Out of Pocket	\$1,000 Individual / \$2,000 Family	\$1,000 Individual / \$2,000 Family
Generic	\$15 copay	\$20 copay
Preferred Brand	\$35 copay	\$40 Copay
Non-Preferred Brand	\$55 copay	\$60 copay
Mail Order 90-day supply	3x Retail Copay	3x Retail Copay

If you are feeling ill

Use Teladoc! Available 24/7/365 with \$0 Copay



Getting Started with Teladoc®

- **\$0 Copay including Mental Health services available.**
- Phone and/or video consultation to resolve most medical issues - 24/7/365
- Can even write prescriptions in most cases
- Set up your account today so when you need care, a Teladoc doctor is just a call or click away.

Set Up Your Account

If you already have a Teladoc account it will be mapped over to BAS from Evolution and your existing log-in will work on 5/1/2021.

If you do not have a Teladoc account, on or after 5/1/2021: Visit the Teladoc website at [Teladoc.com](https://www.teladoc.com), click "Set up account." You can also call Teladoc for assistance over the phone.

Request A Consultation

Once your account is set up, request a consultation anytime you need care.

Provide Medical History

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.



Online: Log into [Teladoc.com](https://www.teladoc.com) and click "My Medical History".



Mobile app: Log into your account and complete the "My Health Record" section. Visit [Teladoc.com/mobile](https://www.teladoc.com/mobile) to download the app.



Call Teladoc: Complete our medical history over the phone at **1-800-Teladoc**.



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If you need to go to the doctor

- You can use any physician you want
 - **PHCS Practitioner Only** is your PPO Network, but there is no need for reduced “Out of Network” benefits and you’re not required to find a provider on a list. However, if you do use a PHCS provider, it will eliminate any balance billing potential.
- All you pay is the copay at time of service
- **Call BAS @ 1.800.843.3831 to find a provider, if you or your provider has questions, or if your physician sends you an invoice or balance bill**
 - **If you have any questions or paperwork about costs or bills, contact BAS and/or HR. DO NOT IGNORE BILLS FROM YOUR PROVIDER.**
- **How do I locate a primary care doctor or specialist?**
 - Call BAS
 - Use the BAS Member Portal or Mobile app
 - Go to: www.multiplan.com
 - Click on Find a doctor or facility
 - Select Network: **PHCS > Practitioner Only**
 - Search by name, specialty, and/or location



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If you need to go to the doctor

- Show the receptionist at your Provider your BAS ID Card.
- If the reception desk asks you what network you are in, tell them: *"I have the MultiPlan PHCS network."*
 - If the reception desk tells you they are not in the PHCS network, tell them: *"Please go ahead and file the claim with BAS, I understand you are "out-of-network."*
 - If the reception desk asks you who BAS is, tell them: *"BAS administers the claims for my plan."*
- If the front desk still has questions, ask them to call BAS at the number on the back of your ID card.

Remember: Any cost related correspondence from provider or facility, call BAS @ **1.800.843.3831**.



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If you need emergency care

- **Call BAS @ 1.800.843.3831 and they will help you find a PHCS provider or another provider in your area**
 - OR - Use the BAS Member Portal or Mobile app
 - OR - Use the MultiPlan provider search
- **If you receive a balance bill or other correspondence from the facility call BAS 1.800.843.3831**



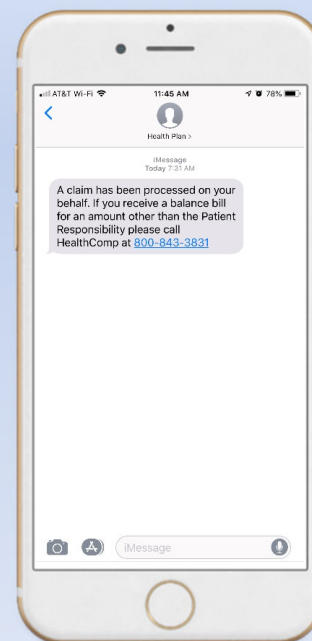
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If you need emergency care

BAS has a special Mobile Outreach team that connects with members who have recently had services performed in a hospital setting. This will help remind you to be on the look out for invoices from the provider and/or facility. If and when those invoices arrive, call BAS at **1.800.843.3831**.

Members receive:

- **Email:** 5 days after a facility claim is paid, our code-driven payer system will deliver an email to the member.
- **Call:** A member of our team will follow up with a phone call 15 days after an RBP facility claim has been paid to connect with the member live.
- **Text:** 30 days after a facility claim is paid, our code-driven payer system will deliver a text message to the member's mobile phone.



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If you need a non-emergency procedure or treatment

- Call BAS @ **1.800.843.3831** before you schedule any non-emergency surgery, in/out patient or major medical treatments
- Speak to a BAS representative to see if there is a pre-negotiated or contracted facility in your area
- If you receive a balance bill or other correspondence from the facility call **BAS 1.800.843.3831**



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If you have a scheduled procedure or are receiving ongoing treatment

- If you are currently receiving an on-going treatment that will take place May 1st or later
- OR**
- If you are in the process of scheduling a surgery or treatment that will take place May 1st or later

Complete a Transition of Care Form. Contact HR for a form, if needed.

This will ensure there is no disruption in your treatment and to ensure you are seeing a quality provider at the lowest cost

This process does not apply to doctor or office visits



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If you need an MRI, CT or PET scan



US Imaging is a program provided for advanced radiology procedures including MRI, CT and PET scans. All employees and dependents enrolled in the medical plan are automatically eligible for the US Imaging program.

- **Save Money:** You may save hundreds of dollars on your out-of-pocket costs when utilizing US Imaging's cost-effective radiology network.
- **VIP Concierge Scheduling:** US Imaging will schedule you at a facility close to you within 24-48 hours and take care of all the details
- **High Quality Facilities Near You:** A national network with over 2,400 facilities which have state-of-the-art equipment and meet top imaging standards

Remember, to take advantage of this program all you (or your doctor) has to do is call 877-874-6385 when you need an MRI, PET or CT scan. US Imaging will do the rest.

No cost to you when you utilize US Imaging.

To schedule appointments for an MRI, CT or PET scan, call **877-874-6385**.

You can also call **BAS @ 1.800.843.3831** and they will transfer you or help you find another provider.



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If you need lab work done



Save money by using Quest/LabCorp Lab Card Program

Lab Card Program, offered by **Quest Diagnostics | LabCorp** is voluntary, but encouraged as they provide you with high quality, discounted **outpatient lab testing** on covered services.

- **Save Money:** This is an optional benefit designed to save you money on your laboratory needs – **no cost to you if Lab Card used!**
- **High Quality Facilities Near You:** Nationwide network for convenient specimen collection options

For information on Lab Card visit
LabCard.com or call
BAS @ 1.800.843.3831

Your ID Card has the Quest Diagnostics logo on it, however both Quest Diagnostics and LabCorp facilities are part of this program.



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If you need a prescription filled



- We are keeping our current pharmacy benefits, however there is a new group number for this benefit.
 - Make sure to present your new ID card to the pharmacist
 - Any current prior-authorizations are being transferred internally within CVSCaremark.
 - New group number information will be on your medical ID card.
 - When filing a prescription on or after 5/1/2021 you will need to show the pharmacy your new ID card.
- **855.271.6597** – any pharmacy related questions or assistance.
- Request Generic Medications whenever you can – They save you out of pocket costs and are just as effective
 - The FDA requires generics to have the same active ingredients, strength and dosage form as their brand-name counterparts.
 - The FDA requires proof that a generic performs the same as its brand-name counterpart.
 - The FDA monitors adverse effects and conducts ongoing quality control.
 - Many generic drugs are made in the same manufacturing plants as brand-name drug products and must pass the same quality standards.



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If you need a prescription filled

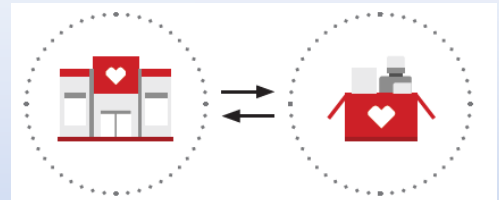


- Use **Caremark Maintenance Choice** or **Caremark Mail Service** for ongoing, regular prescriptions, such as diabetes/high blood pressure/asthma meds
- **Caremark Maintenance Choice**
 - **Make sure your medication is covered.**

First, start filling medications you take regularly (such as diabetes, asthma or high blood pressure medications) in 90-day supplies. Second, be sure to fill at CVS Pharmacy® or CVS Caremark® Mail Service Pharmacy. If you fill in 30-day supplies or at another pharmacy, they won't be covered and you'll pay the entire cost.
 - **How to start saving with 90-day supplies.**

If you're filling in 30-day supplies or at another pharmacy, you'll need to transfer your prescriptions. Don't worry, we make it easy.

 - For pickup at CVS Pharmacy, visit [Caremark.com/MoveMyMeds](https://www.caremark.com/MoveMyMeds).
 - For delivery by mail, visit [Caremark.com/MailService](https://www.caremark.com/MailService).



Change your mind?
New routine? No problem!
You can switch between
pickup at CVS Pharmacy
and delivery from
CVS Caremark Mail
Service Pharmacy anytime.

**Find ways to manage
costs and save money at
Caremark.com.**



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If you need a prescription filled



- **Caremark Mail Service**

- **Savings**

One 90-day supply typically costs less than three 30-day supplies, so you can be sure you're paying a lower price. And they deliver by mail, anywhere you choose, with no-cost shipping.

- **Convenience**

Mail delivery means no more monthly trips to the pharmacy, and with automatic refills, you won't need to keep track of refill schedules either. They alert you 10 days before a refill in case you need to change the delivery date or location.

- **Safety**

Every order is filled by a licensed pharmacist, then quality checked before shipping. The discreet packages are tamper-proof, weatherproof and temperature controlled. Plus, they will send status alerts by email, phone or text – so there's nothing to worry about.

Two easy ways to get started

Online

Visit **Caremark.com/mailservice**

- OR -

By phone

Call the number on your member ID card for live help getting set up

Be sure to have a prescription bottle in hand, all the information needed to get started is on the label.



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If you need a prescription filled



Use the CVSCaremark Mobile App & Digital Benefits

Rx delivery by mail

Start filling in convenient 90-day supplies with just a picture of your Rx label – they typically cost less, so you may save money.

Check drug costs and coverage

View side-by-side cost comparisons of your medications to see here you can save.

Find a network pharmacy

Rx costs are lowest when you fill at a pharmacy that's part of your network.

Keep track of your Rx spending

See how close you are to meeting your deductible and max out-of-pocket costs.

Manage all your Rx in the same place

Easily manage prescriptions you get from your local pharmacy, by mail or through a specialty pharmacy in one place – our mobile app.

Quick start new orders

Transfer a current Rx, or submit a new one with a picture of the label (or written Rx).

Quick and easy refills

Scan your Rx label with your smart phone – or enroll in *Text Refill Reminders*.

Customize notifications and reminders

Choose how to receive information about



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EOBs and Balance Billing

Explanation of Benefits (EOB)

You will receive an EOB when a claim for service is processed by BAS and paid to the provider. The EOB will reflect payment to the provider and what your responsibility is for the services.

Balance Billing

When the provider doesn't agree with the amount paid by the plan for services and sends you a bill for the difference.



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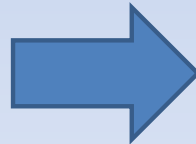
EOBs and Balance Billing

Explanation of Benefits (EOB)

After any medical service, you will receive an Explanation of Benefits (EOB) from BAS in the mail telling you what you owe – i.e., your **Patient Responsibility**.

*EOBs are also available on both the BAS Portal and mobile app.

Only pay provider/facility bills if the amount due is the same as the **Patient Responsibility** from the BAS EOB. If they do not match, call BAS at 1.800.843.3831.



BAS Benefit Administrative Systems, LLC
17475 Jovanna Drive, Suite 1D
Homewood IL 60430-1082

Explanation of Benefits
RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Forwarding Service Requested

Sally Joe
1234 Broadway Rd.
Hillsboro, OR 97124

Customer Service

Questions? Contact us at
(800) 843-3831 or fax us at (708) 799-7533

Enrollee:
Patient: Sally Joe
Member ID: 12345
Group: Company Name
Group#:
Location: 0001
Location Name: 0001 - ACTIVE
Dep Code: e
Date: 02/08/2019

Claim#:
Patient:
Patient#:
Provider:

Dates of Service	Service Code	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Eligible Expense	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
01/10-01/10/2019	49	\$1,166.00	\$977.71	+G	\$0.00	\$188.29	\$0.00	\$0.00	\$188.29	70%	\$131.80
Column Totals		\$1,166.00	\$977.71		\$0.00	\$188.29	\$0.00	\$0.00	\$188.29		\$131.80
Patient's Responsibility:											\$56.49
										Primary Carriers Allowed Amount	\$0.00
										Other Credits or Adjustments	\$0.00
										Total Net Payment	\$131.80

Explanation of
Benefits Says
Patient Responsibility:
\$56.49

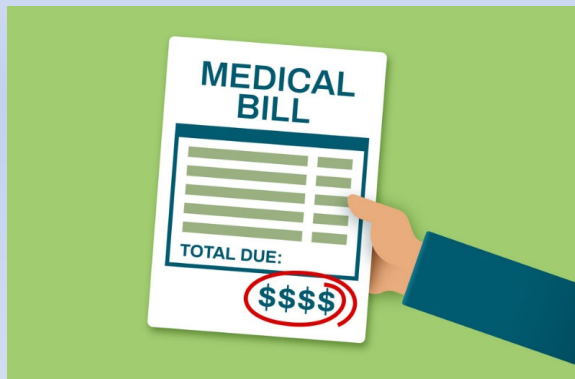


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EOBs and Balance Billing

Balance Bill

When the provider doesn't agree with the amount paid by the plan for services and sends you a bill for the difference.



- A balance bill will never have the phrase “Balance Bill” on it.
- Each statement will look different. Typically, they will include the logo of the providers office or facility where services were performed.
- The statement will specify an amount for you to pay – before paying, compare that amount to the Patient Responsibility listed on your BAS EOB.
 - If the amounts match, pay the provider/facility bill
 - If the amounts do not match, call BAS
 - Unsure or if the statement is confusing, call BAS

Any cost related correspondence from a provider or facility should be sent to BAS – every time! Call them at 1.800.843.3831.



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EOBs and Balance Billing

What If I Get A Bill For A Different Amount Than The EOB?

- You only need to pay your share of the cost (deductible, co-payment, co-insurance) of eligible expenses as indicated on the Explanation of Benefits (EOB) as Patient Responsibility. Once this is paid to your provider, you do not owe them any more money.
- Call BAS @ **1.800.843.3831** – between 7am-8pm CST – if you get a bill from your provider that DOES NOT match your EOB Patient Responsibility.

What does a balance bill look like?

- It's not your explanation of benefits (EOB)
- The amount due is more than what your EOB said you owe
- The balance bill will likely be sent from the provider
- It won't say "Balance Bill"



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EOBs and Balance Billing



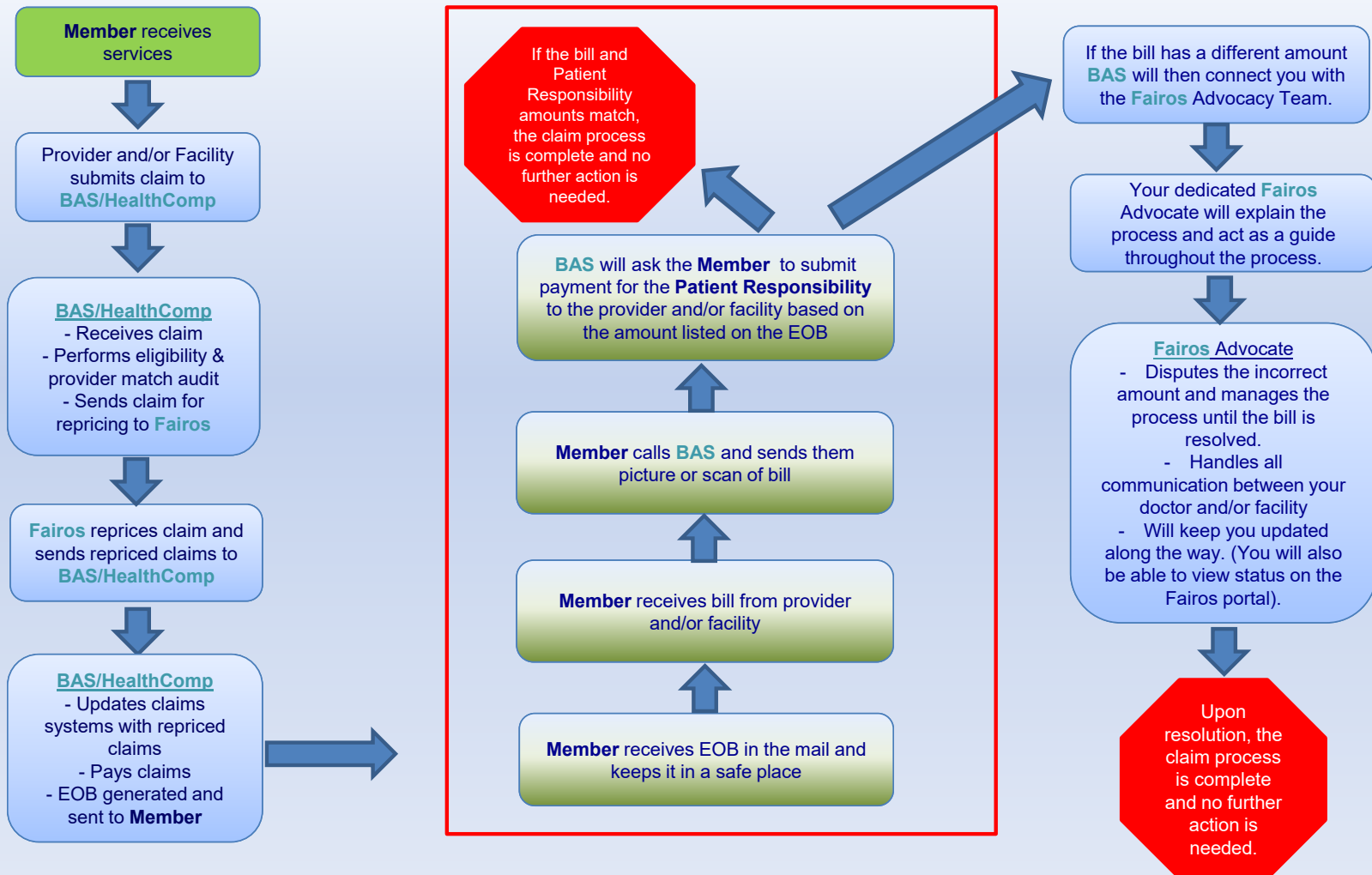
Balance Bill Process

- Call BAS @ **1.800.843.3831** – between 7am-8pm CST – if you get a bill from your provider that does not match your EOB or any other correspondence.
- BAS will connect you with the Fairos Advocacy Team and your dedicated Fairos Advocate
- Your Fairos Advocate will explain the process and act as your guide for each step.
 - **Important:** Call BAS as soon as you receive the balance bill. This is important to protect your rights under Fair Credit Billing Laws.
 - **Do** pay the provider or facility the amount listed on your EOB. This will help the balance bill process smoothly.
- Fairos will dispute any amount that is not correct and will manage the process until the balance bill is resolved.
 - Fairos will handle communication between your doctor, the facility and anyone else involved in the process.
- For dedicated Fairos Advocate will keep you updated along the way. Additionally, you will be able to access updates by calling Fairos or the easy to use Fairos portal.



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Medical Claim Process



If you receive a balance bill or other correspondence from the provider/facility call BAS at **1.800.843.3831**. They will manage the entire claims process and answer any questions you may have.



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EOBs and Balance Billing

What We Need You to Do



Call BAS if your Provider does not understand your insurance or has any questions!



Open your mail, please!



Check your Explanation of Benefits!



Match your Explanation of Benefits (EOB) to any Provider Bills!



When in doubt, call BAS with any questions!

1.800.843.3831

Any cost related correspondence from a provider or facility should be sent to BAS – every time!



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New Employee ID Card - Front

The diagram shows a sample New Employee ID Card with the following fields and callouts:

- Plan and Claims administrator:** BAS BENEFIT ADMINISTRATIVE SYSTEMS, LLC
- Customer Service Phone Number:** 800.843.3831 / Preguntas del Miembro 800.847.6703 / www.BASHealth.com
- Group Number:** 117568
- Employee Name*:** JOHN SAMPLE
- Member ID Number:** SMPL0001
- Medical Plan:** iPHCS Practitioner Only, www.multiplan.com, 866.930.7427
- Physician Network:** (Callout to iPHCS logo)
- Physician Copays:** Copay(s): PCP \$25/Specialist \$40 / Deductible and co-insurance may apply.
- Pharmacy Plan:** RX BIN: 004336, RX PCN: ADV, RX GRP: RX21AS, CVS caremark, www.caremark.com, Pharmacy Help Desk: 800.364.6331, RX Customer Care: 855.271.6597
- Pharmacy network and billing information:** (Callout to CVS caremark logo)
- Pharmacy Copays:** Retail Copay(s): Gen \$15/Preferred \$35/Brand \$55
- LabCard Program logo and phone number:** Quest Diagnostics LabCard, www.LabCard.com, 1.800.646.7788

**ID Cards will show Employee name only*

Employee ID Card - Back

Physicians/Providers submit claims here

Phone number for Physicians/Providers to call with questions

Facilities submit claims here

Facility Claims Administrator and Claims Repricer

Provider platform that can be used to verify eligibility

Pre-authorization information.
Some services such as hospitalizations and surgeries may require pre-authorization, you and/or your provider can call this number to begin that process.

Medical Claims Submission

EDI: Payor ID 36149

Mail: Benefit Administrative Systems, LLC
PO Box 2920
Milwaukee, WI 53201-2920

Providers 800.523.0582

Facility Claims Submission

EDI: Payor ID 36149

Mail: Benefit Administrative Systems, LLC
PO Box 2920
Milwaukee, WI 53201-2920

Providers 800.523.0582

FAIROS

Fairos is permitted to discuss any issues relating to the medical services and/or treatment, including financial obligations, on all plan members behalf.

Eligibility Verification

Provider PLATFORM
For verification of eligibility, claim status and quotation of benefits:
24/7 Health Portal: www.ProviderPlatform.com
24/7 IVR with Fax Capabilities: 708.647.3401
Provider Call Unit: 800.523.0582

This card is for identification purposes only and is not a guarantee of benefits

Utilization

Utilization Review
Hospital Pre-Admissions/Admission Cert.
Services such as inpatient admission, outpatient surgery, etc. may require precertification. Refer to your plan booklet for services requiring precertification. **Please call 833.834.1630 for pre-certification.**

Utilization of In-Network Providers
It is your responsibility to verify each provider's participation in the network on the date you obtain services. Failure to do so may result in a reduction of benefits.

Non-Medicare members: MRI, CT & PET should be scheduled through US Imaging: 1.877.874.6385 or usimagingnetwork.com, EDI:50383

US IMAGING

Contact info for US Imaging Program (MRI, CT and PET Scans)

PHCS providers will be the lowest cost to you.



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Dental & Vision



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MetLife Dental



Benefit Description	MAC	Usual & Customary (U&C)
Individual/Family Deductible	\$50 / \$150	\$50 / \$150
Maximum Annual Benefit	\$1,500	\$1,500
Preventive Care (cleaning/exam 2x year)	0%	0%
Basic (fillings/extractions)	0%	20%
Major (bridges/crowns)	40%	50%
Orthodontia	50% (Child Only)	50% (Child Only)
Orthodontia Lifetime Maximum	\$1,500	\$1,500
Out of Network Reimbursement	MAC	90 th Percentile



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Dental Plans Explained

The MAC Plan is great if your dental providers are in-network with MetLife. 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 MetLife's fee schedule*. If your provider charges more than that fee, you will be responsible for 40% of the MetLife rate PLUS the difference between the MetLife 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** MetLife's rate.



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Dental Plans Explained

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 MetLife negotiated rate for a tooth extraction is \$1000. If your dental provider is in the MetLife 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 MetLife 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 MetLife rate PLUS the \$500 difference between the MetLife 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.

	MAC Plan	U&C Plan
In-network	Benefits are based on a negotiated fee schedule. No additional fees to the dentist	
Out-of-network	Benefits are based on the MetLife network fee schedule Any amount that is charged over the network fee schedule is the responsibility of the patient	Benefits are based on usual and customary charges that dentists in your area charge for each procedure



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MetLife Vision



Benefit Description	In-Network
Exams – Every 12 Months	
Routine/Comprehensive Exam	\$10
Retinal Imaging	\$39
Lenses – Every 12 Months	
Single/Bifocal/Trifocal/Lenticular Lenses	\$10
Contact Lenses – Every 12 Months	
Medically Necessary*	Covered in full after \$10 copay
Elective*	\$130 plan allowance towards contacts
Fitting & Evaluation	Up to \$60
Frames – Every 24 Months	
Any Frames	\$130 plan allowance towards frames + additional 20% discount off balance
Costco, Walmart and Sam's Club	\$70 plan allowance towards frames

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Life/AD&D & Disability



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Life/AD&D

Benefit Description	Employer Paid	Voluntary
Employee Benefit	\$15,000	Increments of \$10,000
Maximum Benefit	\$15,000	Lesser of \$500,000 or 7x annual salary
Guarantee Issue*	\$15,000	\$150,000
Spouse Benefit	N/A	Increments of \$5,000
Maximum Benefit		Cannot exceed Employee Benefit
Guarantee Issue*		\$30,000
Child Benefit		\$10K
Maximum Benefit		\$10,000
Guarantee Issue		\$10,000

Guarantee Issue applies at New Hire eligibility only.

Voluntary Life insurance rates are based on employee age as of May 1st of each year

New enrollees must match their Voluntary Life and AD&D benefits (i.e., Life and AD&D must be the same)

Existing Life/AD&D elections will be carried over to MetLife, also known as grandfather current coverage.



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Disability



	Short Term Disability (STD)	Long Term Disability (LTD)
Coverage Amount	60% of Weekly Salary	60% of Monthly Salary
Maximum	\$600 per Week	\$6,000 per Month
Benefits Begin	7 Days	180 Days
Maximum Duration	25 weeks	Social Security/Normal Retirement Age (SSNRA)



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Other Voluntary Benefits



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Medical Gap Coverage



Medical GAP coverage is intended to help you offset out of pocket costs associated with deductibles and out of pocket maximums in certain scenarios

Maximum Indemnity Benefit (per insured)	Up to \$2,000, or \$5,000 per Calendar Year
Outpatient Benefit (per Sickness or Injury)	Up to \$2,000– Max. of 4 Occurrences per Family/Year
Physician Benefit (per physician visit)	Not Covered
Wellness Benefit (per family)	Not Covered

All Benefits are subject to Exclusions and Limitations as outlined in the policy.



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Legal Shield



Pre-Paid Legal Services Legal Shield	Identity Theft Protection ID Shield
<ul style="list-style-type: none">• Personal and legal advice on basic legal issues• 24/7 Emergency access for covered situations• Letters/calls made on your behalf• Contracts/documents reviewed up to 15 pages long• Online legal forms/ videos• Lawyers prepare your will, living will, health care power of attorney• Traffic-related issues• IRS audit assistance	<ul style="list-style-type: none">• Complete identity restoration• Unlimited consultation and guidance on use of Social Security Number, online financial transactions, and identity related questions• Real-time monitoring of what matters; credit, passport, bank accounts, social media to name a few!



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What Are My Next Steps?

Enrollment:

- ☐ Enrollment is through Fidelity Health Marketplace. Go to fidelity.fidelityhealthmarketplace.com and register to start your enrollments.
- ☐ You must **SUBMIT** your elections by April 12th, **if you wish to make any changes.**
- ☐ If you are not making changes, **you don't need to do anything**
- ☐ Elections **MUST** be completed by April 12th

Transition of Care:

- ☐ If you are currently receiving an on-going treatment or in the process of scheduling a surgery or treatment that will take place after May 1st, please complete a Transition of Care Form as soon as possible and submit it to Human Resources

Prescriptions:

- ☐ If you currently take a prescription drug, please refill it before April 30th to avoid missing doses

ID Card:

- ☐ Will be sent to your site location. These are expected to arrive by May 1st.



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What medical card do I use?

Services Now through April 30th:

- ☐ Use your Evolution ID Card
- ☐ Call 833-380-8106 with any benefit questions or to find providers

Services ON or AFTER May 1st:

- ☐ Use your BAS ID Card
- ☐ Call 1.800.843.3831 with any benefit questions or to find providers



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