

**Employee Health & Welfare Benefits!!**  
**Plan Year: May 1<sup>st</sup>, 2021 to April 30<sup>th</sup>, 2022**

Following is a general summary of the benefits offered by Republic Plastics and American Film & Printing, including contact information and where you can find additional information. Please see the 2019-2020 Benefits Guide for more details.

**MEDICAL**

BAS/HealthComp		\$2,500 Deductible Plan	\$5,000 Deductible Plan
Calendar Year	Individual	\$2,500	\$5,000
Deductible	Family	\$5,000	\$10,000
Coinsurance		90%	80%
Out-of-Pocket (OOP) Maximum	Individual	\$5,000	\$5,600
	Family	\$10,000	\$11,200
Office Visits	Primary Care	\$25	\$35
	Specialist	\$40	\$45
	Urgent Care	\$50	\$55
	Emergency Room	\$150 copay; then 90%	\$150 copay; then 80%
Pharmacy Copays		\$15 / \$35 / \$55	\$20 / \$40 / \$60
Mail Order Pharmacy Copays		\$15 / \$35 / \$55	\$20 / \$40 / \$60

**DENTAL**

MetLife		MAC Plan Benefit	U&C Plan Benefit
Dental Network:		<b>BlueCare Dental</b>	<b>BlueCare Dental</b>
Network Deductible	Individual	\$50	\$50
	Family	\$150	\$150
Coinsurance Levels by Service Type	Preventive Care	100%	100%
	Basic Care	100%	80%
	Major Care	60%	50%
	Endo/Perio	60%	50%
	Orthodontia	50%	50%
Maximum Benefit	Annual	\$1,500	\$1,500
	Orthodontia Lifetime	\$1,500	\$1,500
Out-Of-Network Reimbursement		% of BCBS Fee Schedule	% of Usual & Customary fee in area

**VISION**

MetLife Vision Plan		In Network Plan Benefit
Benefits	Routine Exam	You pay \$10
	Retinal Imaging	You pay \$39
	Single/Bifocal/Trifocal lenses	You pay \$10
	Frame allowance	Plan pays \$130 towards frames + additional 20% discount
	Contacts (medically necessary)	You pay \$10
	Contacts (elective)	Plan pays \$130 toward elective contacts
Frequency	Exam / Lenses / Materials	12 / 12 / 24 Months

Please note that this summary highlights some of the main features of your benefit programs, but does not include all plan rules, features, limitations or exclusions. The terms of your benefit plans are governed by legal documents including insurance contracts. Should there be any inconsistencies between this summary and the legal plan documents, the plan documents are the final authority.

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**LIFE AND AD&D**

Company Paid		Employee Paid Voluntary Life and AD&D Insurance		
Guardian – Life Insurance	Life/AD&D	Employee	Spouse	Child
Benefit	15,000	\$10,000 Increments	\$5,000 Increments	6 Months to 26 Years - \$10,000 Live Birth to 14 days \$1,000 Age 14 Days to 6 Months - \$1,000
Maximum Benefit	\$15,000	Lesser of 5x salary or \$500,000	Lesser of 100% of EE benefit or \$500,000	Child Coverage cannot exceed \$10,000
Guarantee Issue	\$15,000	\$150,000	\$30,000	100%

**SHORT AND LONG TERM DISABILITY**

Guardian	Voluntary Short Term Disability	Voluntary Long Term Disability
Coverage Amount	60% of Salary	60% of Salary
Maximum Benefit	\$600 Per Week	\$6,000 Per Month
Maximum Duration	25 Weeks	To SSNRA
Benefits Begin	Day 7 (Accident)/Day 7 (Illness)	180 Days
Guarantee Issue	Health statements are required for late entrants	\$10,000

**OTHER BENEFITS**

Other Programs Offered by Republic Plastics
<ul style="list-style-type: none"> <li>• Legal Shield and Identity Theft</li> <li>• Medical Gap Coverage for deductibles</li> </ul> <p align="center">See your Benefit Guide for more information</p>

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**CARRIER CONTACT INFO**

Carrier/Vendor	Benefit Covered	Website	Customer Service
BAS/HealthComp	Medical	www.BASHealth.com	(833) 380-8106
MetLife	Dental, Vision, Life/AD&D, Short Term Disability, Long Term Disability	www.metlife.com/mybenefits	(800) 638-5433
NexGen	Medical GAP	N/A	(800) 767-6811
LegalShield	Legal Services, Identity Services	www.legalshield.com	(888) 494-8519 (IdentityShield) (800) 654-7757 (LegalShield)

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**PAYROLL DEDUCTIONS**

Monthly Payroll Deductions		
	Medical	
	\$2,500 Deductible Plan	\$5,000 Deductible Plan
<b>0-3 Years of Employment</b>		
Employee Only	\$197.69	\$107.34
Employee + Spouse	\$434.63	\$242.86
Employee + Child(ren)	\$393.93	\$218.71
Employee + Family	\$587.26	\$311.30
<b>3-7 Years of Employment</b>		
Employee Only	\$177.92	\$96.61
Employee + Spouse	\$391.17	\$218.58
Employee + Child(ren)	\$354.54	\$196.84
Employee + Family	\$528.53	\$280.17
<b>7+ Years of Employment</b>		
Employee Only	\$158.15	\$85.87
Employee + Spouse	\$347.70	\$194.29
Employee + Child(ren)	\$315.14	\$174.97
Employee + Family	\$469.81	\$249.04
	<b>Dental</b>	<b>Vision</b>
Employee Only	\$17.18	\$6.40
Employee + 1	\$35.46	\$12.16
Employee + Children	Not applicable	\$12.81
Employee + Family	\$71.31	\$18.83

**Life/AD&D Insurance**

- Republic Plastics provides \$15,000 of Basic Life/AD&D at no cost to you.
- You may purchase additional Life/AD&D insurance for you and your family at an additional cost based on your age as well as the amount of coverage you elect.
- Employee and Spouse Life/AD&D rates:

Employee's Age	Rate per \$1000 of coverage
25-29	\$0.073
30-34	\$0.073
35-39	\$0.098
40-44	\$0.170
45-49	\$0.260
50-54	\$0.396
55-59	\$0.606
60-64	\$0.962
65-69	\$1.535
70-74	\$2.415
75-79	\$2.415

- Child Life/AD&D combined rate is \$0.19 per \$1000 of coverage

**Short Term & Long Term Disability**

Short Term Disability and Long Term Disability rates are based on your current pay. STD = \$0.54/\$10 of weekly benefit. LTD = \$0.37/\$100 of monthly benefit.

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