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 26 years old
- 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

Republic Plastics, Ltd.

Introductions

- **Republic Plastics Team**
  - Jason Schroeder, CFO
  - Robbie Chance, Director of HR
  - Laurie Magnon, Senior HR Manager
  - Bryant Benitez, HR Manager

- **BAS Health**
  - Customer Service Team

    1.800.843.3831

    - Find a low cost provider/facility
    - If you receive a balance bill or invoice from a doctor or facility
    - Scheduling a surgery or advanced imaging, lab test

- **Fairos**
  - Reprices claims, handles negotiations on cost

- **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 Staying the Same for 2022?

Medical Carrier

- BAS Health is our Health Plan Administrator
  - 1.800.843.3831
- Fairos is our negotiator and claims repricer

Medical Preferred Provider Group

- PHCS Network

Prescription Drug Network

- CVSCaremark

Dental, Vision, Life/AD&D and Disability

- MetLife

Legal and ID Theft

- LegalShield/ID Shield

BAS BENEFIT ADMINISTRATIVE SYSTEMS, LLC
HealthComp®

FAIROS
FAIR. OPEN.

CVS caremark®

MetLife

LegalShield™

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What's Changing for 2022?

Telemedicine & Virtual Mental Health

- Teladoc will terminate 4/30/2022
- It will be replaced with First Stop Health

Supplemental Plan

- SIS Gap plan will terminate on 4/30/2022
- Brella will be implemented

New Plans Begins May 1st, 2022

first stop health®

Brella

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Why Are We Making Changes?

- **First Stop Health**
  - Improved User Experience - no pre-registration required
  - Copays continue to be at $0 cost to you

- **Brella**
  - Includes Three options to choose from
  - 100% paperless claims filing process
  - Lump sum payments within 72 hours of completed claim
  - Fast, secure payouts by Venmo, PayPal, or direct deposit

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Tips for Making the Most of your Medical Plan

- User experience empowers members
- Benefits program is designed to offer HIGH QUALITY CARE at FAIR PRICES
- BE PROACTIVE when you have known or scheduled treatments
- When in doubt **CONTACT BAS HEALTH**!

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No Cost and Lowest Cost Member Services

- **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 utilizes physician services that part of the PHCS network, you will not be balance billed – this is your lowest cost option to see a doctor.

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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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2022 Health Plan

BAS BENEFIT ADMINISTRATIVE SYSTEMS, LLC

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.

HealthComp®

- 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.

FAIROS
FAIR. OPEN.

- Reprices claims for BAS and negotiates balance bills
- In the event you do get a balance bill, Fairos will be engaged by the Customer Service team. Your Fairos 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 Fairos advocate, the Fairos member portal or calling the BAS Customer Service team.

PHCS
Practitioner Only

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

FMH first stop health®

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

CVS caremark®

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

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What We Need From 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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Medical Coverage

Republic Plastics medical coverage is provided by BAS.

Claims and verification of coverage administered by BAS.

	$2,500 Plan	$5,000 Plan
Deductible Individual Family	 **$2,500** **$5,000**	 **$5,000** **$10,000**
Out-of-Pocket Maximum Individual Family	 **$5,000** **$10,000**	 **$5,600** **$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
First Stop Health (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		
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

First Stop Health available 24/7/365

first stop health®

Effective: 5/1/2022

Online: Go to fshealth.com and click on “Find My Account” to log-in for the first time. Returning users click “Member Login”

Mobile app: Verify account and claim a login with credentials. Click “Talk to a Doctor” or “Talk to a Counselor” on the app

Call First Stop Health: ***1-888-691-7867***

Getting Started with First Stop Health

U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults. Log-in or download the app so when you need care, First Stop Health is just a call or click away.

$0 Copay including Mental Health services available.

Set Up Your Account

On or after 5/1/2022:
Visit the First Stop Health website at fshealth.com, click “Find My Account.”

Request A Consultation

Request a consultation anytime you need care and a doctor will contact you, typically within minutes.

Provide Medical History

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

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What To Do When Getting Medical Services

1. Show the receptionist at your Provider your **BAS ID Card.**

2. If the reception desk asks you what network you are in: *"I have the PHCS network."* If the reception desk tells you they are not in the PHCS network: *" 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: *" BAS administers the claims for my plan."*

3. If the front desk still has additional 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**.

Republic Plastics, Ltd.

Urgent Care Reminder…

If your situation is not urgent or if you do not need a face to face visit, consider First Stop Health! Open 24 hours a day /7 days a week *at* 1-888-691-7867.

When Accessing Urgent Care Services During BAS Hours of Operation (M-F 7:00am – 8:00pm CST)

- Step 1: Verify if Urgent Care Facility is in network (see MultiPlan/PHCS listing).
- Step 2: Provide your insurance information to the facility.
- Step 3: If the physician you see during your visit is in network.
- all you will need to pay is the copay at the time of the visit.
- **Step 4: If the physician you see during your visit is not in the network:**
- Please have the urgent care facility call BAS at 800-523-0582 (M-F 7:30am – 4:30pm CST)

If the facility is not willing to call BAS, please call BAS at 800-843-3831 and request assistance with your urgent care visit.

When Accessing Urgent Care Services Outside BAS Hours of Operation:

- Step 1: Verify if Urgent Care Facility is in network (see MultiPlan/PHCS listing).
- Step 2: Provide your insurance information to the facility.
- Step 3: If the physician you see during your visit is in network.
- all you will need to pay is the copay.
- **Step 4: If the physician you see during your visit is not in the network:**
- You may be billed for the physician's visit at the time of service.
- To request assistance with getting charges reversed, contact BAS during normal business hours at 800-843-3831 and they will reach out the provider directly to discuss remedy.
- If they cannot resolve, you will be able to submit a claim form to get reimbursement for any out of pocket costs you paid at the time of service.

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CVSCaremark Drug Program

- **855.271.6597** – any pharmacy related questions or assistance.

- Generic Medications - facts you can trust from the U.S. Food and Drug Administration (FDA)
  - 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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CVSCaremark – Maintenance Choice

Maintenance Choice helps keep your medication as affordable as possible. But you may need to make a few changes to enjoy these savings.

- **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.
  - For delivery by mail, visit Caremark.com/MailService.

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CVSCaremark – Mail Service Pharmacy

Save on medications you take regularly (such as high blood pressure or diabetes medicine) when you have them delivered by mail, in 90-day supplies, from CVS Caremark Mail Service Pharmacy.

- **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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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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Office Visits, Labs and Testing

- You can use any physician you want
  - You may use PHCS Physicians only as 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 for questions or if your physician sends you an invoice**
  - **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?**
  - 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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Lab Card

Save money on outpatient lab work.

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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US Imaging

Save money on MRI, CT, and PET scans.

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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Inpatient or Outpatient Treatment Services

- Call BAS @ **1.800.843.3831** **before you schedule any non-emergency surgery, in/out patient or major medical treatments**
- Speak to a BAS 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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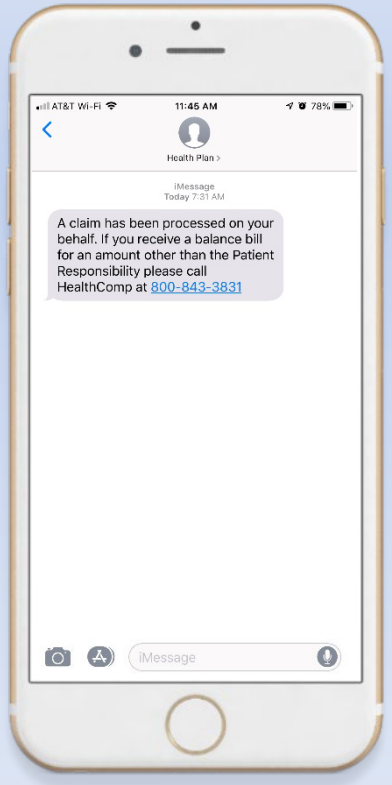
Mobile Outreach Program

BAS has a special 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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Important Terms to Understand

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 bill you the difference.

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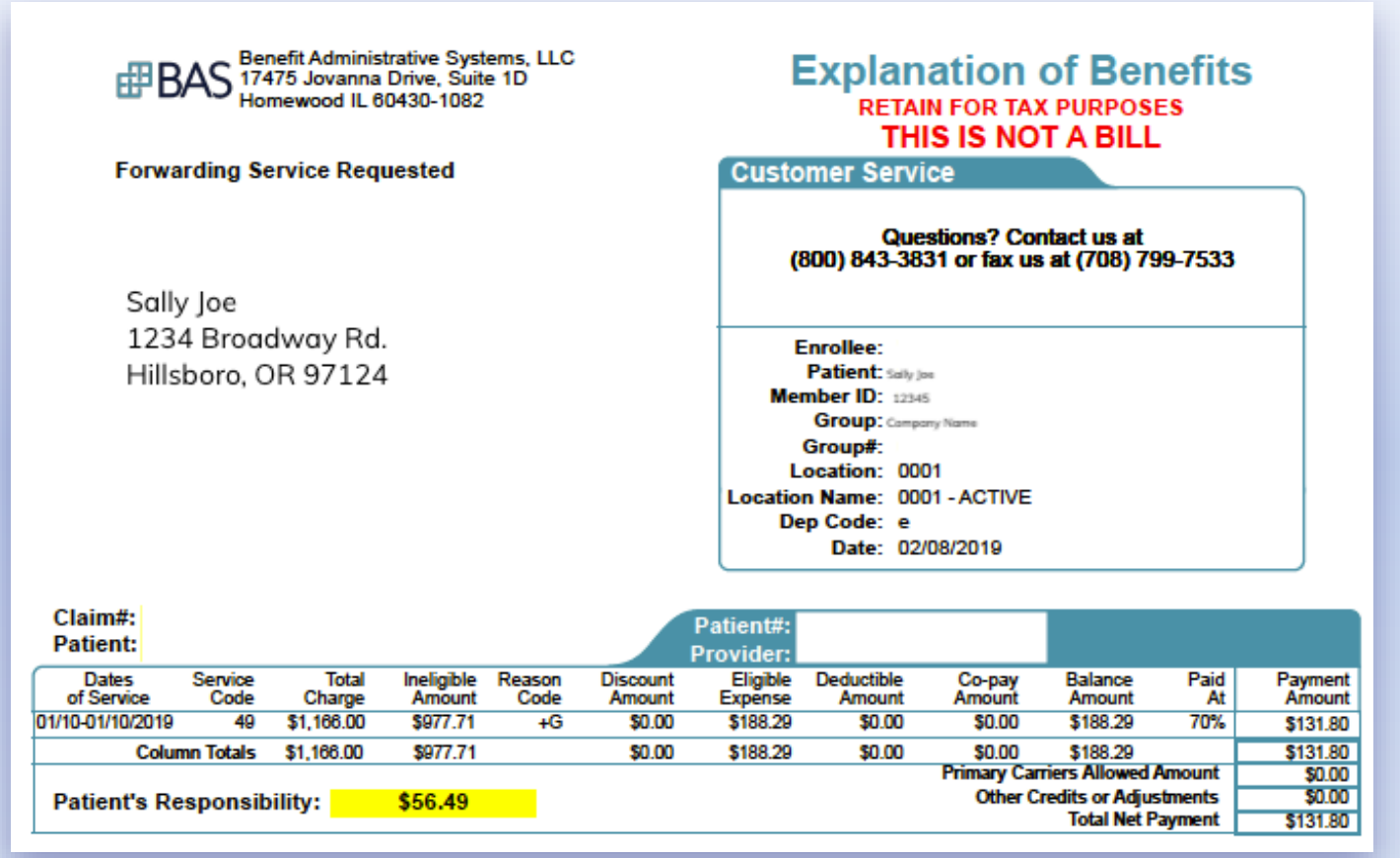
Explanation of Benefits (EOB)

After any medical service, you will receive an Explanation of Benefits (EOB) from BAS in the mail telling you what you owe. (EOBs are also available on both the BAS Portal and mobile app.)

Only pay provider/facility bills that show the amount due is the same 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

Forwarding Service Requested

Sally Joe
1234 Broadway Rd.
Hillsboro, OR 97124

Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

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
										Primary Carriers Allowed Amount	$0.00
										Other Credits or Adjustments	$0.00
										Total Net Payment	$131.80

Patient's Responsibility: $56.49

Explanation of Benefits Says Patient Responsibility:

$56.49

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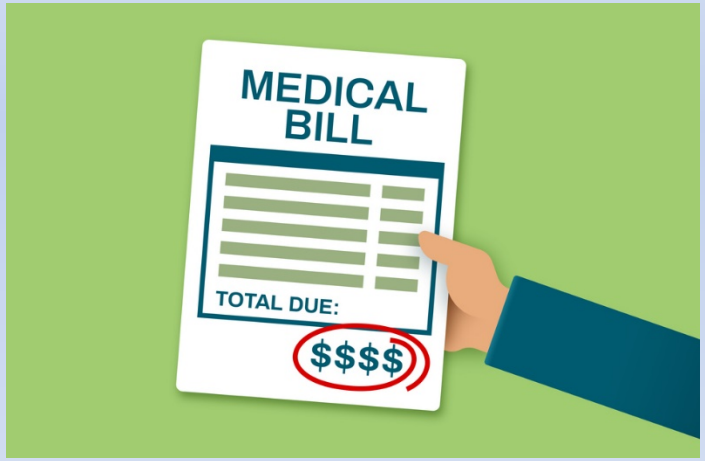
Balance Bill

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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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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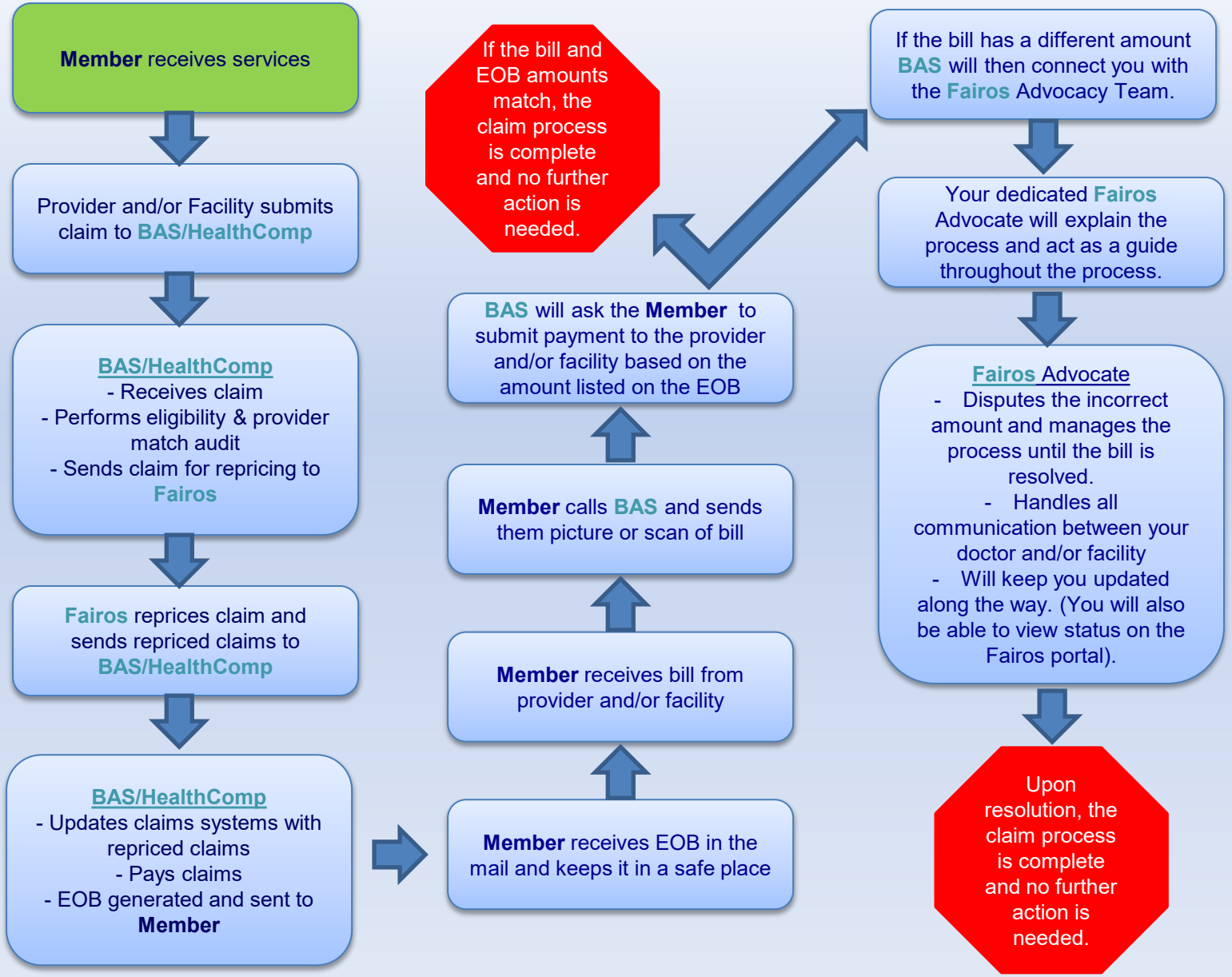
Medical Claim Process



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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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.

Republic Plastics, Ltd.

What We Need From 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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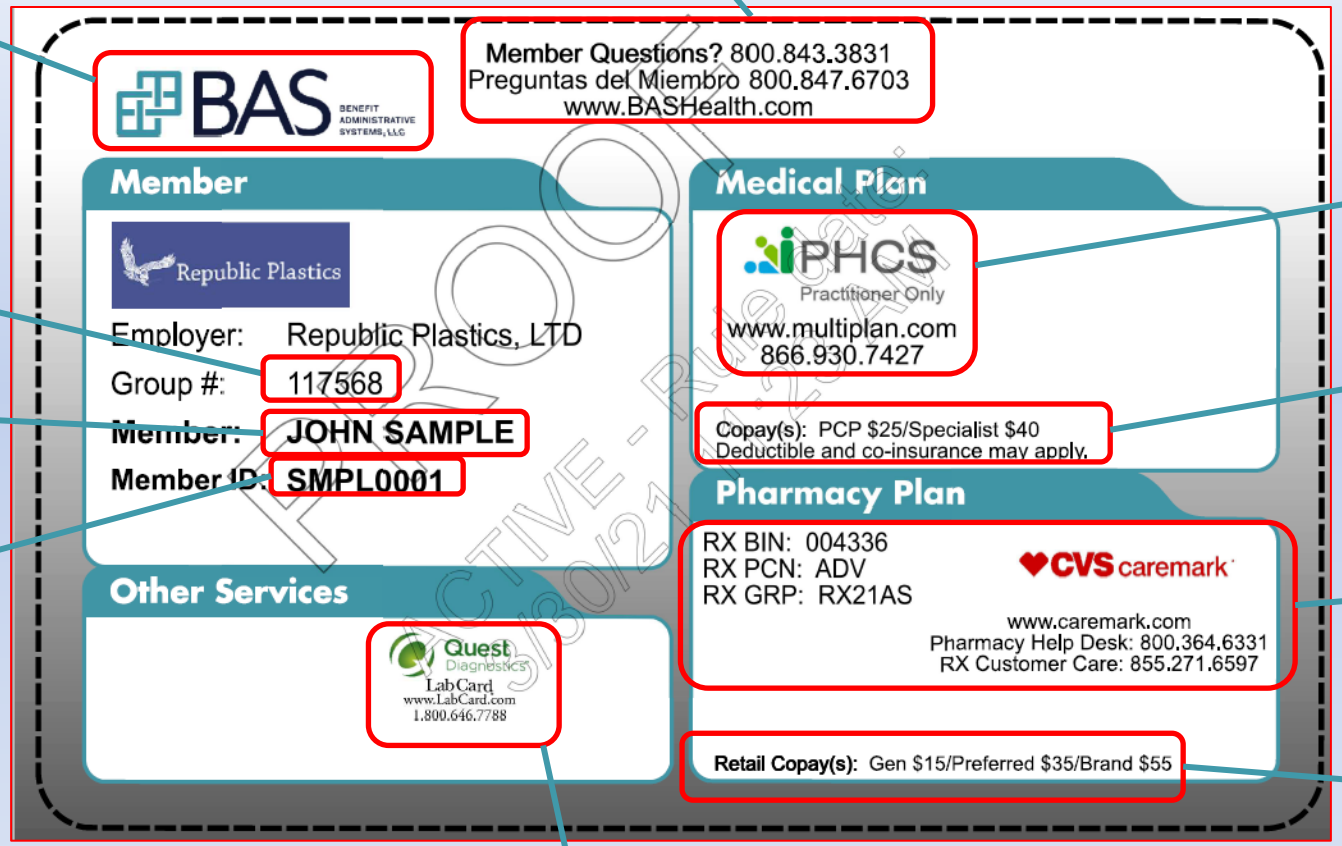
Employee ID Card - Front



Customer Service Phone Number

Plan and Claims administrator

Group Number

Employee Name*

Member ID Number

Physician Network

Physician Copays

Pharmacy network and billing information

Pharmacy Copays

LabCard Program logo and phone number

**ID Cards will show Employee name only*

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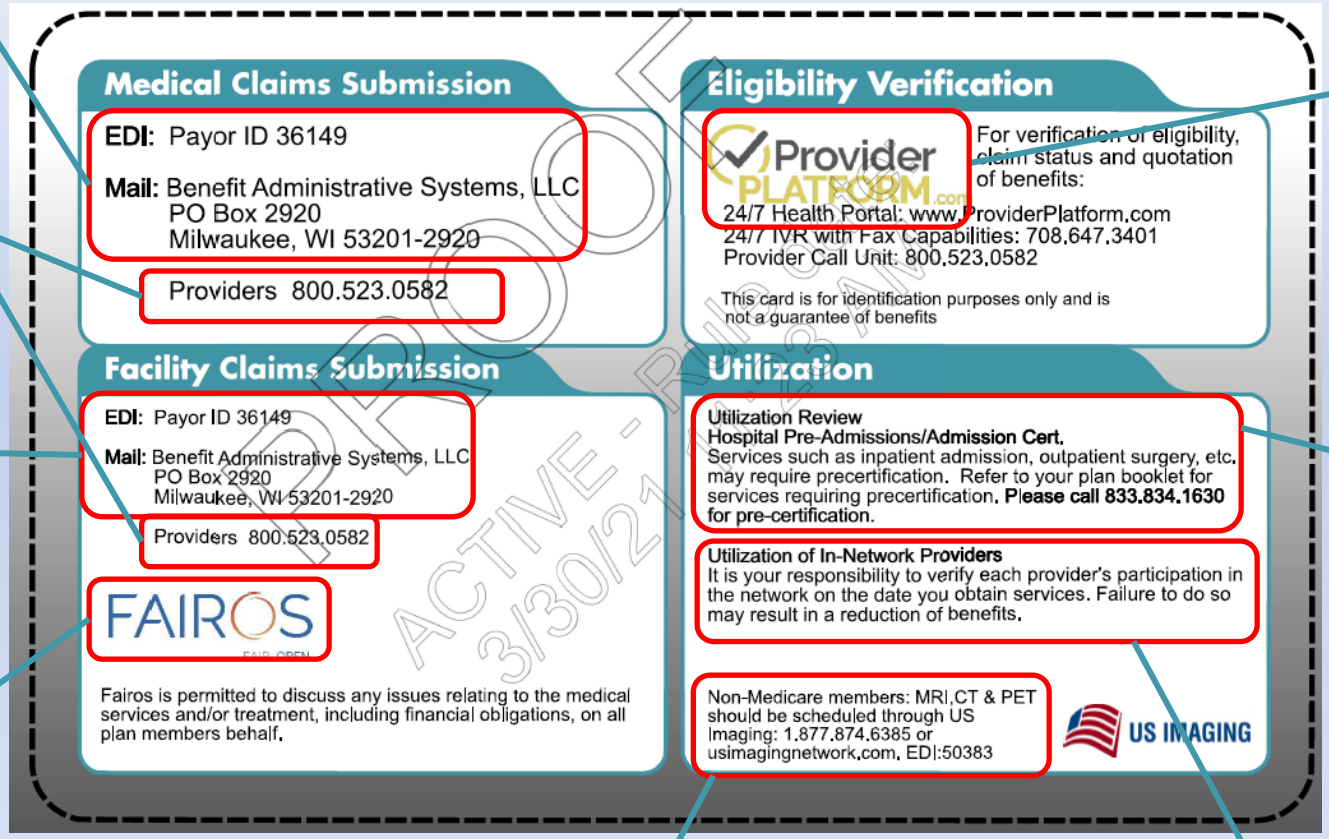
Employee ID Card - Back

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.

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

PHCS providers will be the lowest cost to you.

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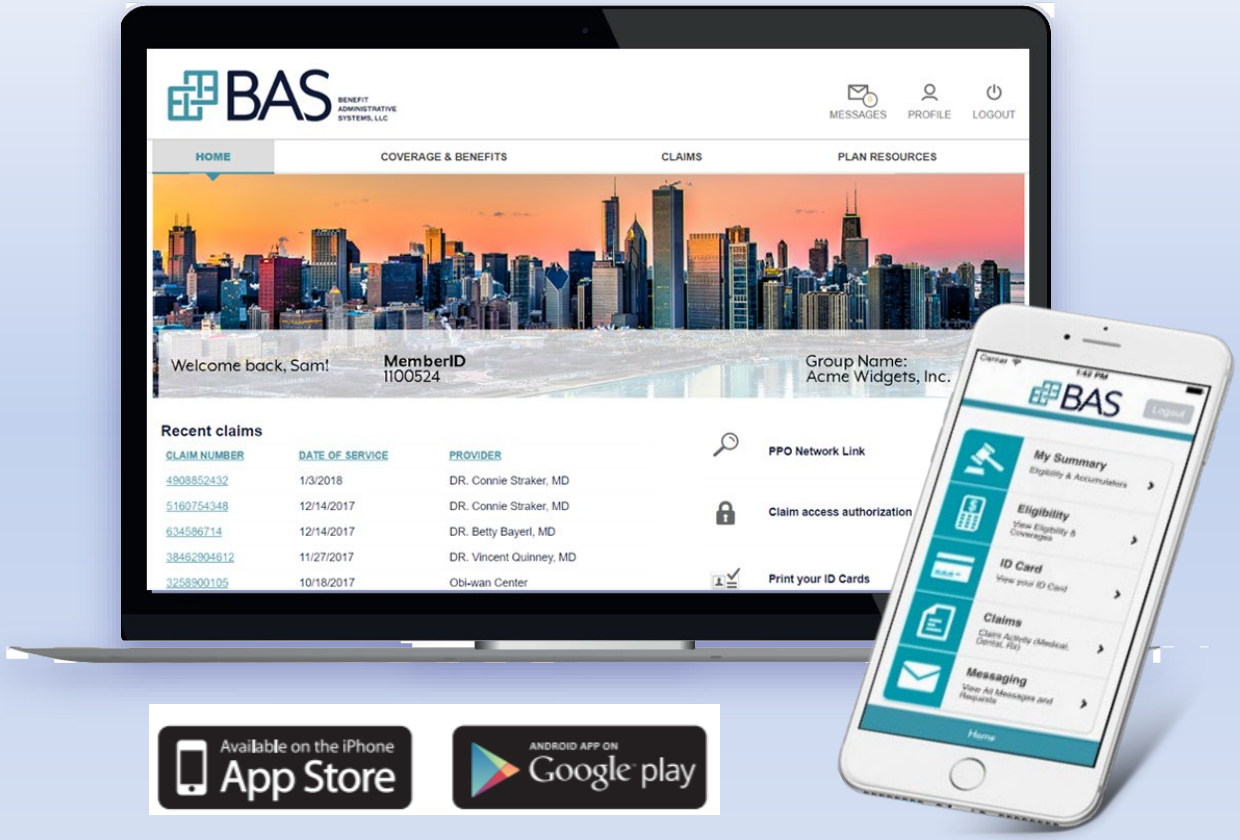
BAS Online Portal and App

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…



Available on the iPhone App Store

ANDROID APP ON Google play

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

Republic Plastics, Ltd.

Dental & Vision

Republic Plastics, Ltd.

MetLife Dental

Benefit Description	MAC	90th Percentile
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	90th Percentile

Republic Plastics, Ltd.

Understanding Dental Out of Network Reimbursement

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.

	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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Understanding Dental Out of Network Reimbursement

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

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		$250,000
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

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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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Brella Supplemental Medical Coverage

Brella

Brella pays you cash if you're diagnosed with any of 13,000+ covered conditions. Use your Brella benefits to cover what your health insurance doesn't— or anything else you need on your road to recovery.

You have coverage across three benefit categories.

1

MODERATE CONDITIONS

6,000+
covered conditions

Injuries or illnesses that likely require a short trip to the ER or urgent care facility.

Examples include dehydration, kidney stones, lacerations, simple fractures.

You'll choose payouts up to $500.

2

SEVERE CONDITIONS

5,600+
covered conditions

Serious conditions that require more intensive medical treatment and attention.

Examples include appendicitis, compound fractures, diverticulitis and pulmonary embolism.

You'll choose payouts up to $2,000.

3

CATASTROPHIC CONDITIONS

1,500+
covered conditions

Dangerous or life-threatening conditions that require immediate medical intervention.

Examples include heart attack, cancer, stroke, and multiple sclerosis.

You'll choose payouts up to $5,000.

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

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Brella

You'll pick a Brella plan that's right for you.

Flexibility

You get to choose the plan that meets your needs and your budget:

Value Plan
Enhanced Plan
Premier Plan

Dependents

Available coverage tiers:

Only You
You and your suppose
You and your child(ren)
You and your full family

Brella Benefits

1. Lump sum cash payouts with no restrictions on how they're used.
2. Coverage is guaranteed issue - no medical questions asked.
3. No pre-existing condition limitations or exclusions.
4. Enrollment in your health insurance plan is not required.
5. No coordination with other insurance plans.
6. Coverage is available if you're sick or injured on/off the job.

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Brella

You have 3 plans to choose from….

Brella pays cash benefits if you're diagnosed with any of 13,000 covered conditions.

How it works—

File a claim if you're diagnosed with a covered condition. If approved, you'll get a benefit payout within 72 hours. Use the funds for anything you need. Choose your benefit amounts when you enroll.

What's Covered

- **6,000 Moderate conditions** like pneumonia, dehydration, concussions, and simple fractures.
- **5,600 Severe conditions** like appendicitis, torn ACL, gallstones, and acute respiratory failure.
- **1,500 Catastrophic conditions** like heart attack, stroke, cancer, MS, and sepsis.

See sample condition page for more conditions Brella covers.

Choose your Brella Select plan—

Value	Benefit amounts
Moderate	$200
Severe	$500
Catastrophic	$1,000

Enhanced	Benefit amounts
Moderate	$300
Severe	$1,000
Catastrophic	$2,000

Premier	Benefit amounts
Moderate	$500
Severe	$2,000
Catastrophic	$5,000

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Brella

Other important information—

Separation Periods

Benefits are payable once per insured within these separation periods:

Moderate: 14 days
Severe: 30 days
Catastrophic: 90 days

Separation periods only apply to conditions within the same benefits category.

Benefit Payouts

Moderate and Severe Benefits
There is no limit to the number of times an insured person may receive a benefit.

Catastrophic Benefits
An insured person may only receive a benefit up to 3 times for the same or related condition during the insured person's lifetime.

Key Details

1. Coverage is 100% voluntary.
2. Premiums will be paid via convenient payroll deduction.
3. If elected, coverage will be effective May 1, 2022.
4. Brella is a supplement to health insurance. It is not a substitute for essential health benefits coverage as defined in federal law.

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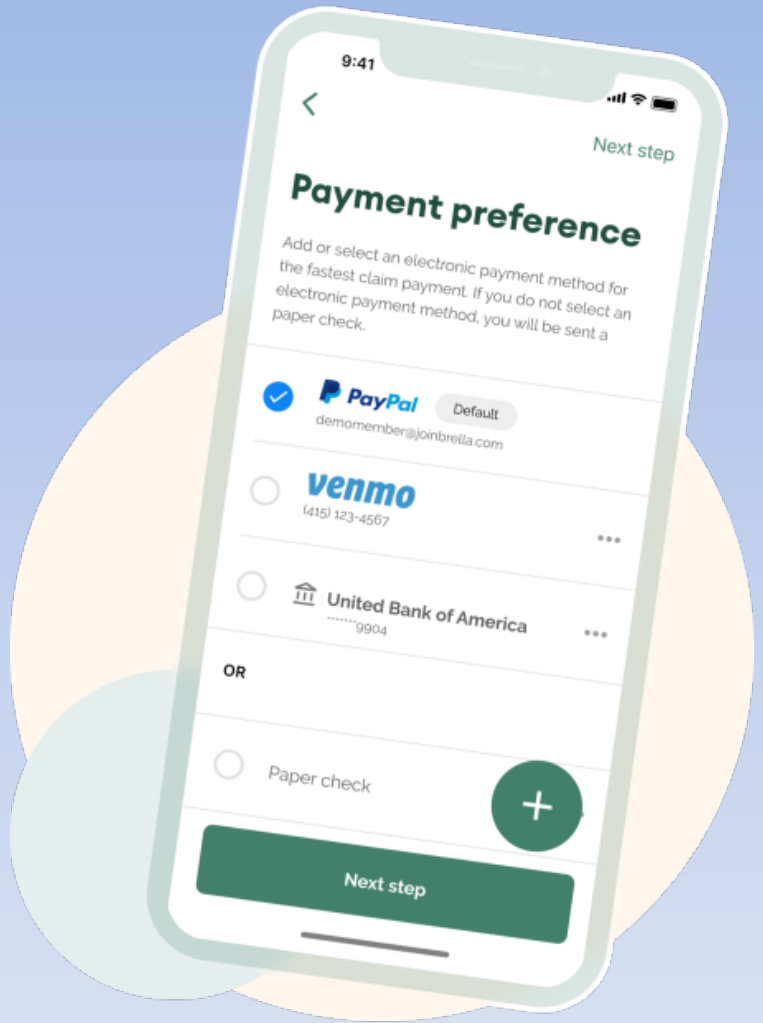
Brella

Using your Brella plan—

Brella is built to be used, so we made it easy to file a claim and get paid quickly—minimizing the financial burden that comes with unexpected medical issues.

- 100% paperless claim submission
- File online via mobile app or web portal
- Tell Brella what happened by answering 4 simple questions
- Upload photos of claim evidence right from your device
- Lump sum payments within 72 hours of completed claim
- Fast, secure payouts by Venmo, PayPal, or direct deposit



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Partial List of Covered Conditions….

Bodily Injury	Benefit Category
Fracture of finger or toe	Moderate
Fracture of foot	Moderate
Open or compound fractures	Severe
Fracture of hip	Severe
Fracture of skull	Severe
Torn rotator cuff	Severe
2nd degree burns	Moderate
3rd degree burns >50% of body	Catastrophic
Concussion	Moderate
Dislocation of shoulder	Moderate
Foreign body in eye, ear, or nose	Moderate
Laceration of finger	Moderate
Laceration of scalp	Moderate
Puncture wounds	Moderate
Torn achilles tendon	Severe
Torn ACL (knee)	Severe
Torn meniscus (knee)	Severe
Loss of limb	Catastrophic
Anaphylactic shock	Severe
Poisoning	Moderate

Cancer (cont)	Benefit Category
Thyroid cancer	Catastrophic
Leukemia	Catastrophic
Hodgkin lymphoma	Catastrophic
Lung cancer	Catastrophic
Stomach/Colorectal cancer	Catastrophic
Bladder cancer	Catastrophic
Skin	
Basal cell carcinoma of skin	Moderate
Carcinoma in situ of skin	Moderate
Squamous cell carcinoma of skin	Moderate
Malignant neoplasms of skin (melanoma)	Severe
Benign Tumors/Neoplasms	
Benign breast tumor	Moderate
Benign internal fatty tumor	Moderate
Benign neoplasm of bladder	Severe
Benign neoplasm of brain	Severe
Benign neoplasm of colon	Severe
Benign neoplasm of liver	Severe
Benign neoplasm of thyroid	Severe

Newborn	
Pre-term newborn (34-35 weeks)	Moderate
Pre-term newborn (32-33 weeks)	Severe
Pre-term newborn (31 weeks or less)	Catastrophic
Low birth weight (less than 1750 grams)	Catastrophic
Spina bifida	Catastrophic
Cleft palate	Severe
Cancer (malignant neoplasms excl. skin)	
Breast cancer	Catastrophic
Prostate cancer	Catastrophic

Digestive System Conditions	
Gastric ulcer (with hemmorhage)	Severe
Appendicitis	Severe
Hernia of diaphragm/intestine	Severe
Gallstones	Severe
Diverticulitis	Severe
Kidney stones	Moderate
End-stage renal failure	Catastrophic
Acute pancreatitis	Severe
Perforation of intestine	Catastrophic
Obstruction of bile duct	Severe

Bone & Connective Tissue	
Stress fractures	Moderate
Pathological fractures	Moderate
Sprain of ACL / MCL (knee)	Moderate
Bacterial & Viral Infections	
Pneumonia	Moderate
Sepsis	Catastrophic
Hepatitis C (viral)	Moderate
Meningitis	Moderate
Bacterial meningitis	Severe
Infection of spinal disc	Severe
Chronic adenoiditis; tonsilitis	Severe
Respiratory	
Acute pulmonary edema	Severe
Acute respiratory failure	Severe
Lung fluid (pleural effusion)	Severe
Pulmonary embolism	Severe
Acute respiratory distress syndrome	Catastrophic
Urinary System	
Acute kidney infection (Acute pyelonephritis)	Moderate
Bladder, ureter, urethra stones	Moderate
Kidney stones	Moderate

Heart	
Ventricular fibrillation	Catastrophic
Heart attack	Catastrophic
Cardiac arrest	Catastrophic
Abdominal aortic aneurysm	Catastrophic
Atrioventricular block	Severe
Unstable angina	Severe
Nervous System	
Migraines (intractable)	Moderate
Alzheimer's	Catastrophic
Parkinson's disease	Catastrophic
Bell's palsy	Moderate
Quadriplegia	Catastrophic
Paraplegia	Catastrophic
ALS (Lou Gehrig's disease)	Catastrophic
Multiple sclerosis	Catastrophic
Brain	
Stroke	Catastrophic
Encephalitis and encephalomyelitis	Moderate
Brain aneurysm	Severe
TIA (mini-stroke)	Severe
Cerebral hemorrhage (acute)	Catastrophic

Questions? Our Concierge team is available to help. Call us at (888) 300-5382.

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Legal Shield

Pre-Paid Legal Services Legal Shield	Identity Theft Protection ID Shield
• 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	• 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:

- ❑ Log in to your UKG account and go to Myself>Benefits and click on the Open Enrollment link
- ❑ Even if you are not making changes, we highly encourage you to go through the UKG open enrollment to ensure your coverages are correct and verify your dependents and beneficiaries
- ❑ You must **SUBMIT** your elections by April 8th, **if you wish to make any changes**.
- ❑ Elections **MUST** be completed by April 8th **in UKG. www.nw17.ultipro.com**
- ❑ Be sure to reach out to the Alliant Benefit Advocate team if you have any benefits questions:
  - Email: scr-support@Alliant.com
  - Phone: (855) 889-3713
  - Hours: Monday - Thursday 8:00 am – 5:30 pm CST
    Friday - 8:00 am – 5:00 pm CST

ID Card:

- ❑ Will be mailed to your address on file.

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Thank You!

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