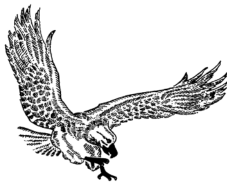


REPUBLIC PLASTICS, Ltd.

2022 Open Enrollment Has Begun!

The Republic Plastics and American Film & Printing Open Enrollment period begins on March 25, 2022! Open Enrollment is your opportunity to make changes to your benefits elections. The Open Enrollment period will run from **March 25** through **April 8.** 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 **May 1st.** All associates must go online and complete Open Enrollment through their UKG account before April 8.

Even if you are not making changes to your benefit elections, we need you to go into UKG and: a) verify that your enrollments are correct; and b) add or update your beneficiary information for the $15,000 company provided life insurance. If you do not change anything, your current elections will carry over to the new plan year.

Most of our benefit offerings have not changed substantively for the 2022-2023 plan year. You can view a detailed summary of the 2022-2023 offerings by clicking here, 2022-2023 RP and AFP Benefit Guide. We've also made a short summary available here, 2022-2023 RP and AFP Benefits Short Summary. Finally, you can view a presentation that details the benefit offerings and how to make the best use of our medical benefits by clicking here, 2022-2023 RP and AFP Benefits Presentation. These guides are also available on the intranet by going to the RP intranet Home Page and clicking on **Insurance Documents** > **aa Enrollment Documents**. You can also find links to these guides when you do your Open Enrollment in the UKG.

We *are* offering a new Supplemental Medical Plan that will replace the GAP plan, which only paid part of the deductible for a limited number of procedures and involved a complex and difficult claim submission process. The new plan, Brella, is a supplemental health insurance that pays a lump sum if you are diagnosed with any of 13,000+ covered conditions. Brella pays cash benefits to help with health care expenses not covered by your major medical insurance, or anything else you need on your road to recovery. The Brella plans also feature easy claim submission via their mobile app or online portal and fast processing of claims with payouts usually occurring within 72 hours of approval.

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

Summary of Benefits Changes for 2022-2023

Medical

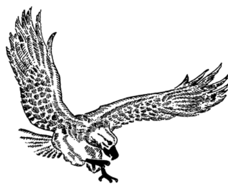
- We have been able to maintain flat premiums without increase for several years but, due to increased medical costs, we will need to increase total monthly premiums by 24%. The Company is only passing on a 14% increase to employees. See Appendix A for the new monthly premiums and the per-check amounts.

Supplemental Medical

- Brella will replace GAP for supplemental medical coverage. See Appendix B for more information and age-based premiums.

Other benefits

- All other benefits will remain unchanged.



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Appendix A – New Medical Premiums

Medical $5000 Deductible Plan	Monthly Premium Amount						
		0-3 Years		3-7 Years		7+ Years	
	Monthly Premium Amount	Employee Monthly Contr.	Company Contr.	Employee Monthly Contr.	Company Contr.	Employee Monthly Contr.	Company Contr.
Employee	$524.24	$122.37	$401.87	$110.13	$414.11	$97.90	$426.34
Employee + Spouse	$1,100.29	$276.87	$823.42	$249.18	$851.11	$221.49	$878.80
Employee + Child(ren)	$995.49	$249.33	$746.16	$224.40	$771.09	$199.47	$796.02
Employee + Family	$1,597.65	$354.88	$1,242.77	$319.39	$1,278.26	$283.90	$1,313.75

Medical $2500 Deductible Plan		0-3 Years		3-7 Years		7+ Years	
	Monthly Premium Amount	Employee Monthly Contr.	Company Contr.	Employee Monthly Contr.	Company Contr.	Employee Monthly Contr.	Company Contr.
Employee	$611.89	$225.37	$386.52	$202.83	$409.06	$180.29	$431.60
Employee + Spouse	$1,284.26	$495.48	$788.78	$445.93	$838.33	$396.38	$887.88
Employee + Child(ren)	$1,161.95	$449.08	$712.87	$404.17	$757.78	$359.26	$802.69
Employee + Family	$1,864.76	$669.48	$1,195.28	$602.53	$1,262.23	$535.58	$1,329.18

Medical $5000 Deductible Plan	Per Check Emp Portions					
	0-3 Years		3-7 Years		7+ Years	
	Hourly	Salaried	Hourly	Salaried	Hourly	Salaried
Employee	$56.48	$61.19	$50.83	$55.07	$45.18	$48.95
Employee + Spouse	$127.79	$138.44	$115.01	$124.59	$102.23	$110.75
Employee + Child(ren)	$115.08	$124.67	$103.57	$112.20	$92.06	$99.74
Employee + Family	$163.79	$177.44	$147.41	$159.70	$131.03	$141.95

Medical $2500 Deductible Plan	0-3 Years		3-7 Years		7+ Years	
	Hourly	Salaried	Hourly	Salaried	Hourly	Salaried
Employee	$104.02	$112.69	$93.61	$101.42	$83.21	$90.15
Employee + Spouse	$228.68	$247.74	$205.81	$222.97	$182.94	$198.19
Employee + Child(ren)	$207.27	$224.54	$186.54	$202.09	$165.81	$179.63
Employee + Family	$308.99	$334.74	$278.09	$301.27	$247.19	$267.79

Appendix B – Brella Supplemental Medical

Employees who enroll in one of the company's medical plans are also eligible to enroll in a Brella supplemental health insurance plan. Brella plans pay covered members a lump sum if you are diagnosed with any of 13,000 covered conditions. Brella pays cash benefits to help with health care expenses not covered by your major medical insurance, or anything else you need on your road to recovery.

How does Brella Work?

Injuries and illnesses come in different shapes and sizes. Some conditions are less serious than others, while some are dangerous or life-threatening. That's why Brella was designed as a single plan with three benefit categories that cover a broad spectrum. Covered conditions fall into one of these categories. Each one has a set payout, and all three categories are included in your plan.

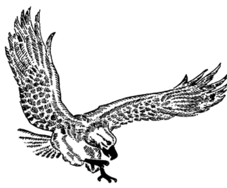
MODERATE Condition Benefit	SEVERE Condition Benefit	CATASTROPHIC Condition Benefit
Injuries or illnesses that likely require short visit to the ER or urgent care	Serious conditions that require more intensive medical treatment and attention.	Life-threatening conditions that require immediate medical intervention
Examples: simple fractures, lacerations, dehydration, and kidney stones	Examples: compound fractures, appendicitis, pulmonary embolism, and torn ACL	Examples: malignant lung cancer, heart attack, stroke, and major organ failure

Coverage Options

You may choose one of the pre-configured plans listed below – Value, Enhanced, or Premier. If you or an insured dependent is diagnosed with a covered condition, the payout will equal the amount you elected for the benefit category in which the covered condition falls. For example, if you select the Enhanced Plan, and you have a torn ACL (Severe Condition), Brella will pay a $1,000 benefit that you can spend on out-of-pocket medical costs, pharmacy co-pays, or any costs you need to pay.

BENEFIT CATEGORIES	VALUE PLAN	ENHANCED PLAN	PREMIER PLAN
Moderate Conditions	$200	$300	$500
Severe Conditions	$500	$1,000	$2,000
Catastrophic Conditions	$1,000	$2,000	$5,000

Enrollment is guaranteed. You do not need to answer any medical questions. If you enroll in the plan at your first opportunity – as a new hire or during the 2022 open enrollment – benefits will be available as soon as coverage begins. If you elect coverage any time after your initial opportunity to enroll, there will be a 60-day waiting period and no benefits are payable during the 60-day waiting period.



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Value Plan	Age-banded Premiums					
	18-49		50-59		60+	
	Hourly	Salaried	Hourly	Salaried	Hourly	Salaried
Employee	$4.49	$4.86	$11.24	$12.18	$18.45	$19.98
Employee + Spouse	$8.97	$9.72	$22.48	$24.35	$36.90	$39.97
Employee + Child(ren)	$8.07	$8.75	$20.23	$21.92	$33.21	$35.97
Employee + Family	$13.46	$14.58	$33.72	$36.53	$55.34	$59.95

Enhanced Plan	Age-banded Premiums					
	18-49		50-59		60+	
	Hourly	Salaried	Hourly	Salaried	Hourly	Salaried
Employee	$8.21	$8.90	$21.08	$22.84	$34.85	$37.75
Employee + Spouse	$16.43	$17.80	$42.17	$45.68	$69.70	$75.51
Employee + Child(ren)	$14.78	$16.02	$37.95	$41.11	$62.73	$67.96
Employee + Family	$24.64	$26.69	$63.25	$68.52	$104.55	$113.26

Premier Plan	Age-banded Premiums					
	18-49		50-59		60+	
	Hourly	Salaried	Hourly	Salaried	Hourly	Salaried
Employee	$17.05	$18.48	$45.34	$49.12	$76.18	$82.53
Employee + Spouse	$34.11	$36.95	$90.68	$98.24	$152.36	$165.06
Employee + Child(ren)	$30.70	$33.26	$81.61	$88.42	$137.13	$148.55
Employee + Family	$51.16	$55.43	$137.13	$147.36	$228.54	$247.59

Premiums are based on the employee’s age at the time of enrollment and increase at beginning of the plan year after the employee reaches a new age group.

Appendix C – Dental Coverage Explainer – MAC Plan vs U&C Plan

The Company offers two options for dental coverage – 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 for those more extensive services, however, the MAC plan only pays 60% *of the rate allowed by the network fee schedule*. If your provider charges more than that fee, you will be responsible for 40% of the network rate PLUS the difference between the network 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** the network 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 network rate for a tooth extraction is $1000. If your dental provider is in the network, your out-of-pocket 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 dental network, and that their 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 network rate PLUS the $500 difference between the network 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	• Benefits are based on the dental 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

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

How to determine if your Dental Provider is in Network

- Go to www.metlife.com
- Click on Find a Dentist
- Click on PDP Plus (as the network)
- Enter city, state or zip code to search
- Results appear
    - You do have the option to filter results by gender, specialty, distance, etc