



*REPUBLIC PLASTICS, Ltd.*



## 2025-2026 Employee Benefit Guide

**“Working Together for Healthy Well-Being and Financial Security”**

*Announcing...*

## 2025-2026 Benefit Options

Republic Plastics is pleased to provide you with a benefit program designed to help safeguard your financial and health care needs.

This booklet will assist you in making your benefit decisions. It’s not intended as a complete description of provisions of the benefit plans, but as a guide to help you in making the benefit choices that are best for you. Complete copies of the individual plan summaries and booklets are available by contacting Human Resources.



**You may contact Laurie Magnon, Human Resources  
with questions at 830-557-5574 or via email at  
[lmagnon@republicplastics.com](mailto:lmagnon@republicplastics.com).**

# Introduction

## Who is Eligible?

- A full-time employee working 30 hours or more per week.

Coverage is scheduled to begin on the first of the month following 30 days from your date of hire.

## Who are My Eligible Dependents?

For medical you may cover your lawful spouse and dependent children. To be eligible, a child must be less than 26 years of age, regardless of student status. Stepchildren who reside with you and are primarily dependent upon you for support are also eligible subject to these same age limits. A child who is physically or mentally handicapped may be eligible for coverage at any age.

For Supplemental Life coverage you may cover your lawful spouse and dependent children. A dependent child is defined as a natural child, adopted child or stepchild who is under age 26 and unmarried.

## What Happens if I Fail to Enroll?

Newly eligible employees, who do not enroll by the deadline given to them, will be enrolled for only Basic Life/AD&D Insurance.

## Can I Change My Coverage During the Year?

The benefits you choose will remain in effect through the end of the plan year. You can only make a change to your coverage:

- During open enrollment, or
- During the year if you have a qualifying change in family or employment status. Qualifying changes include:
  - A change in your legal marital status,
  - A change in your number of dependents, including:
    - Birth of a child
    - Your legal adoption of a child
    - The legal placement of a child with you for adoption
    - Your dependent child satisfying or ceasing to satisfy eligibility requirements for coverage
    - The death of your dependent child or spouse
  - Your change in employment status or that of your spouse or dependent child

Please keep in mind that the change in coverage you wish to make must be consistent with the change in status. In addition, you must notify Human Resources of the change within 30 days of the change in status.

Online Enrollment

**Don't forget to enroll by the deadline!**

Change Requests

**Don't be late! Make your changes within the allotted timeframe!**

## **HELPFUL DEFINITIONS**

**Calendar Year** – January 1<sup>st</sup> through December 31<sup>st</sup> of each year.

**Coinsurance** – The percentage of eligible charges that the plan pays.

**Copayment (Copay)** – The amount paid by a covered person to a network provider at the time services are rendered. Copayments for covered services are not applied to your deductible.

**Deductible** – The amount you pay each calendar year before the plan begins to pay for certain covered health care expenses.

**Guarantee Issue** – The amount of coverage pre-approved by the Life Insurance Company regardless of health status.

**Medical Emergency** – A sudden, serious, unexpected, and acute onset of an illness or injury where a delay in treatment would cause irreversible deterioration resulting in a threat to the patient's life or body part.

**Network Benefits** – The benefits applicable for the covered services of a network provider.

**Non-Network Benefits** – The benefits applicable for the covered services of a non-network provider.

**Open Enrollment** – The annual period during which existing employees and their dependents are given the opportunity to enroll in or change their current elections.

**Out-of-Pocket Maximum** – The most a covered person can pay in coinsurance in a calendar year for covered health care expenses (excluding reductions for provider contracts and usual and customary guidelines and co-pays).

**Plan Year** – Medical and non-medical plans run May 1<sup>st</sup> through April 30<sup>th</sup>.

**Preferred Provider Organization (PPO)** – A network of health care providers contracted to provide medical services to covered employees and dependents at negotiated rates. You may seek care from either a network or non-network provider, but network care is covered at a higher benefit level and the employee is responsible for a greater portion of the cost when using a non-network provider.

**Usual and Customary Rates** – Non-network health plan expenses are considered for reimbursement at usual and customary (U&C) rates. U&C rates are determined to be the prevailing charge made for a service by a similar provider in the same geographic area. Charges above U&C are not covered by the plan and are the responsibility of the participant.

**Using In-Network /  
Preferred Providers helps  
YOU SAVE MONEY!!**

## 2024-2025 Per Paycheck Deductions – Medical/Dental/Vision

### 2025-2026 Employee Premiums - per check

Medical \$5000 Deductible Plan	0-3 Years		3-7 Years		7+ Years	
	Bi-weekly	Semi-Monthly	Bi-weekly	Semi-Monthly	Bi-weekly	Semi-Monthly
Employee	\$50.77	\$55.00	\$45.69	\$49.50	\$38.08	\$41.25
Employee + Spouse	\$109.15	\$118.25	\$96.46	\$104.50	\$81.23	\$88.00
Employee + Child(ren)	\$99.00	\$107.25	\$86.31	\$93.50	\$73.62	\$79.75
Employee + Family	\$157.38	\$170.50	\$137.08	\$148.50	\$119.31	\$129.25

Medical \$2500 Deductible Plan	0-3 Years		3-7 Years		7+ Years	
	Bi-weekly	Semi-Monthly	Bi-weekly	Semi-Monthly	Bi-weekly	Semi-Monthly
Employee	\$91.38	\$99.00	\$83.77	\$90.75	\$76.15	\$82.50
Employee + Spouse	\$190.38	\$206.25	\$175.15	\$189.75	\$159.92	\$173.25
Employee + Child(ren)	\$172.62	\$187.00	\$157.38	\$170.50	\$144.69	\$156.75
Employee + Family	\$276.69	\$299.75	\$253.85	\$275.00	\$231.00	\$250.25

Sun Life - Dental Plan	Hourly	Salaried
Employee	<b>\$7.84</b>	<b>\$8.49</b>
Employee + Spouse	<b>\$17.48</b>	<b>\$18.94</b>
Employee + Child(ren)	<b>\$24.52</b>	<b>\$26.57</b>
Employee + Family	<b>\$34.17</b>	<b>\$37.02</b>

Sun Life - Vision Plan	Hourly	Salaried
Employee	<b>\$2.88</b>	<b>\$3.13</b>
Employee + Spouse	<b>\$5.53</b>	<b>\$5.99</b>
Employee + Child(ren)	<b>\$5.77</b>	<b>\$6.25</b>
Employee + Family	<b>\$8.33</b>	<b>\$9.03</b>

**MetLife BASIC LIFE & AD&D INSURANCE**

100% Employer Paid

**MetLife VOLUNTARY LIFE & AD&D INSURANCE**

Please see rates listed in Life and AD&D Section

**MetLife SHORT TERM DISABILITY INSURANCE**

Employee Paid - \$0.72/\$10 of Coverage

**MetLife LONG TERM DISABILITY INSURANCE**

Employee Paid - \$0.54/\$100 of Coverage

**LEGAL SHIELD IDENTITY THEFT PROTECTION AND LEGAL SERVICES**

Please see rates listed in Legal Shield Section

**ANSEL (formerly BRELLA) SUPPLEMENTAL MEDICAL COVERAGE**

Please see rates listed in the Ansel Section.

## Medical Benefits – HealthComp

### \$5,000 Deductible Medical Plan

Lifetime Maximum	Unlimited	
Calendar Year Deductible	Multiplan Provider	Other Provider
Individual	\$5,000	\$10,000
Family limit	\$10,000	\$20,000
Coinsurance	80%	60%
Out-of-Pocket Maximum (includes deductible)		
Individual	\$5,600	\$20,000
Family limit	\$11,200	\$40,000
Hospital Services		
Inpatient	80% of allowable amt.	60% after ded.
Outpatient Surgery	80% after ded.	60% after ded.
Primary Care Office Visit	\$35 copay	60% after ded.
Specialist Office Visit	\$45 copay	60% after ded.
Urgent Care Visit	\$55 copay	60% after ded.
Preventive Care Services	100%	60% after ded.
Emergency Room - Accident	\$150 copay; then 80% ded waived	\$150 copay; then 80% ded waived
Skilled Nursing Facility (25 days per cal year)	80% after ded.	60% after ded.
Home Health Care (60 visits per cal year)	80% after ded.	60% after ded.
Mental & Nervous/Substance Abuse		
Hospital Inpatient	80% of allowable amt.	60% after ded.
Outpatient	\$35 Copay	60% after ded.
Prescription Drug Program		
Prescription Drugs Retail (up to 30-day supply)	CVSCaremark	Other Provider
Preferred Generic	\$20	60% after \$20 copay
Preferred Brand	\$40	60% after \$40 copay
Non-Preferred	\$60	60% after \$60 copay
Mail Order Drugs (90-day supply)	CVSCaremark	Other Provider
Preferred Generic	\$60	Not Covered
Preferred Brand	\$120	
Non-Preferred	\$180	

## Medical Benefits – HealthComp

### \$2,500 Deductible Medical Plan

Lifetime Maximum	Unlimited	
Calendar Year Deductible	Multiplan Provider	Other Provider
Individual	\$2,500	\$7,500
Family limit	\$5,000	\$15,000
Coinsurance	90%	70%
Out-of-Pocket Maximum (includes deductible)		
Individual	\$5,000	\$22,500
Family limit	\$10,000	\$45,000
Hospital Services		
Inpatient	90% of allowable amt.	70% after ded.
Outpatient Surgery	90% after ded.	70% after ded.
Primary Care Office Visit	\$25 copay	70% after ded.
Specialist Office Visit	\$40 copay	70% after ded.
Urgent Care Visit	\$50 copay	70% after ded.
Preventive Care Services	100%	70% after ded.
Emergency Room - Accident	\$150 copay; then 90% ded waived	\$150 copay; then 90% ded waived
Skilled Nursing Facility (25 days per cal year)	90% after ded.	70% after ded.
Home Health Care (60 visits per cal year)	90% after ded.	70% after ded.
Mental & Nervous/Substance Abuse		
Hospital Inpatient	90% of allowable amt.	70% after ded.
Outpatient	\$25 Copay	70% after ded.
Prescription Drug Program		
Prescription Drugs Retail (up to 30-day supply)	CVSCaremark	Other Provider
Preferred Generic	\$15	70% after \$15 copay
Preferred Brand	\$35	70% after \$35 copay
Non-Preferred	\$55	70% after \$55 copay
Mail Order Drugs (90-day supply)	CVSCaremark	Other Provider
Preferred Generic	\$45	Not Covered
Preferred Brand	\$105	
Non-Preferred	\$165	

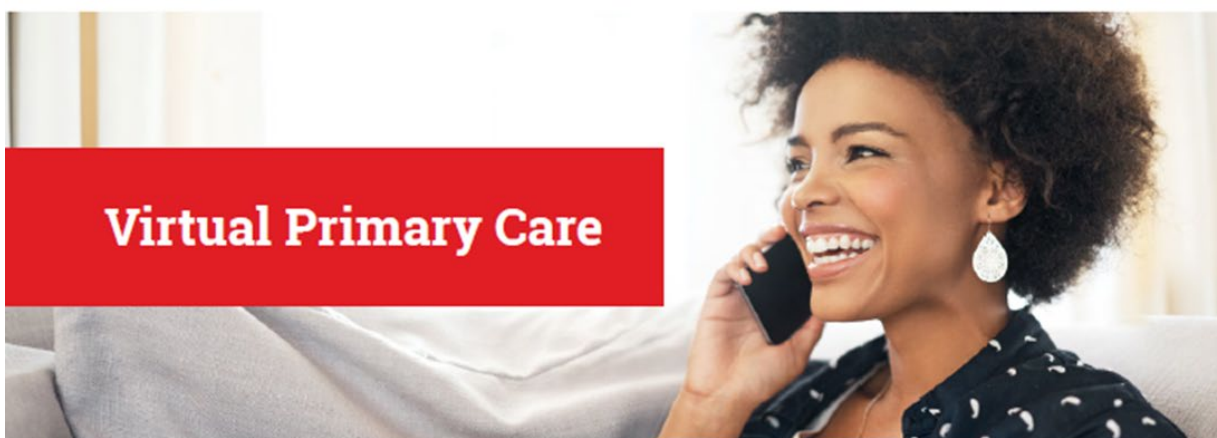


# First Stop Health

Employees who are enrolled in one of our medical plans get access to First Stop Health for telehealth services for themselves and their enrolled dependents. First Stop Health offers free and convenient visits, either online or over the phone, for virtual urgent care, short-term mental health counseling, and virtual primary care. Go to [fshealth.com](https://fshealth.com) and click on "Find My Account" to log-in for the first time.



Care you will love. | (888) 691-7867 | [fshealth.com](https://fshealth.com)



## You will love this Republic Plastics health benefit.

You now have the benefit of personalized, ongoing care from a primary care doctor without leaving the comfort of home!

Use First Stop Health Virtual Primary Care for:

-  **Urgent Care Issues**  
Talk to a doctor in minutes for sinus infection, UTI, cold, flu, rash, headache and more.
-  **Prevention & Wellness**  
Check in on your current health and make a personalized plan to stay healthy and strong.
-  **Mental Healthcare**  
Diagnosis and prescriptions for depression, anxiety and more. You have virtual counseling, too.
-  **Health Management**  
Support managing asthma, diabetes, hypertension, obesity, high cholesterol, smoking, COPD and more.
-  **Referrals, Tests and More**  
Just like at an in-person visit, our doctors can:
  - Order labs, tests and screenings
  - Provide sick notes and documentation
  - Refer you to in-network specialists



### Care on your time.

- On-demand visits for urgent care issues
- Scheduled visits (that start on time!) for primary care



### Free for your family.

- The service is FREE and provided to medically covered employees and their dependents!
- We can treat urgent care issues in those <18. Adults can use FSH for both primary and urgent care.

Get care now.  Download the app  Log in at [fshealth.com](https://fshealth.com)  Call 888-691-7867

# Livongo Chronic Condition Management

Employees who are enrolled in one of our medical plans and who have been diagnosed with Hypertension, Diabetes, and/or Pre-Diabetes can now take advantage of free condition management through Livongo. With Livongo, you get the tools and resources you need to live well and thrive. Benefits include a kit to help you manage your condition and coaching support. Livongo is free with our medical plan, but you must register to participate. To sign up or to learn more, visit the website or call Member Support with your registration code "HEALTHCOMP". After completing your registration, download the mobile app to finish the enrollment process.



## Your path to better health

Get support for conditions with personalized guidance and care plans.



### Diabetes Management

A personalized way to help manage diabetes. Get tools and support to track blood sugar levels and develop healthier lifestyle habits.

#### Program includes:

- A connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

### Diabetes Prevention program

Take your first step toward a healthier tomorrow, and reduce your risk of type 2 diabetes. With the Diabetes Prevention program, you'll get access to a team of expert coaches, a library of online lessons and a smart scale—at no cost to you.

#### Program includes:

- Expert coaches to help with diet, nutrition, activity and more
- A smart scale that syncs to the app and web portal
- An all-in-one app to track weight, activity and food

### Hypertension Management

Take control of your heart health with guidance and a personalized plan. With a smart blood pressure monitor, you can track, get support, set up reminders and message a coach, all in one place.

#### Program includes:

- A connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition and activity
- One-on-one support from expert coaches

Depending on your eligibility, you may see communications for one or more of these programs. Upon enrollment, you'll receive support for the programs that fit your unique needs.

## Enroll beginning May 1

Visit [Go.Livongo.com/HEALTHCOMP/register](https://Go.Livongo.com/HEALTHCOMP/register) or call 800-945-4355 and use registration code: HEALTHCOMP.

Las comunicaciones del programa Livongo están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiere para las comunicaciones provenientes del monitor y del programa. Para inscribirse en español, llame al 800-945-4355 o visite [Go.Livongo.com/HEALTHCOMP](https://Go.Livongo.com/HEALTHCOMP).

Program includes tools and support on your secure Livongo account and mobile app but does not include a phone or tablet. You must have an iPhone or Android smart phone and install the Livongo app to participate in the Livongo program.

This program is offered at no cost to you by your health plan or employer.

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## Supplemental Health Insurance

## Ansel (formerly Brella)

Eligible employees are also eligible to enroll in an Ansel supplemental health insurance plan. Ansel plans pay covered members a lump sum if you are diagnosed with any of 13,000 covered conditions. Ansel 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 Ansel 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 Ansel 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.

<b>MODERATE Condition Benefit</b>	<b>SEVERE Condition Benefit</b>	<b>CATASTROPHIC Condition Benefit</b>
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, pneumonia, dehydration, and kidney stones	Examples: compound fractures, appendicitis, gallstones, pulmonary embolism, and torn ACL	Examples: malignant lung cancer, heart attack, stroke, MS, sepsis, 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), Ansel 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.

<b>BENEFIT CATEGORIES</b>	<b>VALUE PLAN</b>	<b>ENHANCED PLAN</b>	<b>PREMIER PLAN</b>
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, 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.

## Examples of Conditions Covered by Ansel

This list highlights some common covered conditions. Don't see a specific condition you are looking for? Contact Ansel Concierge at (888) 300-5382 or support@joinansel.com.

<b>Bodily Injury</b>	<b>Benefit Category</b>	<b>Cancer (cont)</b>	<b>Benefit Category</b>
Fracture of finger or toe	Moderate	Thyroid cancer	Catastrophic
Fracture of foot	Moderate	Leukemia	Catastrophic
Open or compound fractures	Severe	Hodgkin lymphoma	Catastrophic
Fracture of hip	Severe	Lung cancer	Catastrophic
Fracture of skull	Severe	Stomach/Colorectal cancer	Catastrophic
Torn rotator cuff	Severe	Bladder cancer	Catastrophic
2nd degree burns	Moderate		
3rd degree burns >50% of body	Catastrophic	<b>Skin</b>	
Concussion	Moderate	Basal cell carcinoma of skin	Moderate
Dislocation of shoulder	Moderate	Carcinoma in situ of skin	Moderate
Foreign body in eye, ear, or nose	Moderate	Squamous cell carcinoma of skin	Moderate
Laceration of finger	Moderate	Malignant neoplasms of skin (melanoma)	Severe
Laceration of scalp	Moderate		
Puncture wounds	Moderate	<b>Benign Tumors/Neoplasms</b>	
Torn achilles tendon	Severe	Benign breast tumor	Moderate
Torn ACL (knee)	Severe	Benign internal fatty tumor	Moderate
Torn meniscus (knee)	Severe	Benign neoplasm of bladder	Severe
Loss of limb	Catastrophic	Benign neoplasm of brain	Severe
Anaphylactic shock	Severe	Benign neoplasm of colon	Severe
Poisoning	Moderate	Benign neoplasm of liver	Severe
		Benign neoplasm of thyroid	Severe

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**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; tonsillitis	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

**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

**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

**Digestive System Conditions**

Gastric ulcer (with hemorrhage)	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

## Ansel Per-Check Premiums

Value Plan	Age-banded Premiums					
	18-49		50-59		60+	
	Hourly	Salaried	Hourly	Salaried	Hourly	Salaried
Employee	\$6.13	\$6.65	\$14.10	\$15.27	\$24.16	\$26.18
Employee + Spouse	\$12.27	\$13.30	\$28.19	\$30.54	\$48.33	\$52.36
Employee + Child(ren)	\$11.04	\$11.97	\$25.37	\$27.49	\$43.50	\$47.12
Employee + Family	\$18.41	\$19.94	\$42.29	\$45.81	\$72.49	\$78.53

Enhanced Plan	Age-banded Premiums					
	18-49		50-59		60+	
	Hourly	Salaried	Hourly	Salaried	Hourly	Salaried
Employee	\$11.30	\$12.24	\$26.54	\$28.76	\$45.82	\$49.64
Employee + Spouse	\$22.59	\$24.48	\$53.09	\$57.51	\$91.63	\$99.27
Employee + Child(ren)	\$20.34	\$22.03	\$47.78	\$51.76	\$82.47	\$89.34
Employee + Family	\$33.89	\$36.72	\$79.63	\$86.27	\$137.45	\$148.90

Premier Plan	Age-banded Premiums					
	18-49		50-59		60+	
	Hourly	Salaried	Hourly	Salaried	Hourly	Salaried
Employee	\$23.59	\$25.56	\$56.90	\$61.65	\$99.93	\$108.26
Employee + Spouse	\$47.17	\$51.11	\$113.80	\$123.29	\$199.86	\$216.52
Employee + Child(ren)	\$42.46	\$46.00	\$102.42	\$110.96	\$179.88	\$194.87
Employee + Family	\$70.76	\$76.66	\$170.70	\$184.93	\$299.79	\$324.78

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

Employees do not have to be enrolled in the company's medical plans to elect supplemental medical coverage through Ansel.

*THIS IS A LIMITED BENEFIT POLICY. This coverage is a supplement to health insurance. It is not a substitute for essential health benefits coverage as defined in federal law.*

Dental Benefits	Sun Life	
First You Pay a Calendar Year Deductible of:	MAC Plan	U&C Plan
Individual/Family	\$50/\$150 per family	
<b>Then the Plan Pays:</b>		
Preventive Services		
Oral Exams, Bitewing X-Rays, Full Mouth X-Rays Prophylaxis/Cleaning, Fluoride Treatments	100% (deductible waived)	100% (deductible waived)
Basic Services		
Fillings, Non-surgical extractions	100%	80%
Other Services		
Root canals, Crowns, Endodontic Services, Oral Surgery, Dentures, Bridges	60%	50%
Calendar Year Maximum Benefit	\$1,500	\$1,500
Orthodontics – Lifetime Maximum	\$1,500	\$1,500
Orthodontia (for Children Only)	50%	50%

### Maximum Allowable Coverage Plan (MAC) vs. Usual & Customary Plan (U&C)

The MAC Plan is great if your dental providers are in-network with Sun Life. 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 Sun Life's fee schedule. If your provider charges more than that fee, you will be responsible for 40% of the Sun Life rate PLUS the difference between the Sun Life 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, preventive 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** Sun Life's 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 Sun Life negotiated rate for a tooth extraction is \$1000. If your dental provider is in the Sun Life Dental 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 Sun Life Dental 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 Sun Life rate PLUS the \$500 difference between the Sun Life 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 as follows:

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

### How to determine if your Dental Provider is in Sun Life's Dental Network

- Go to [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist)
  1. Select your plan type - click circle next to **PPO Plan**
  2. Select your network - choose **Sun Life Dental Network** from drop-down box
  3. Set Criteria –
    - Search for closest dentist by zip code **OR**
    - Search for specific dentist by dentist or facility name
- Click **Search dentists** button to see results
  - You do have the option to filter results by gender, specialty, distance, etc.



## Vision Benefits

## Sun Life

BENEFIT	FREQUENCY	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
<b>Exam services</b> WellVision exam*	1 per 12 months	\$10 for exam	Up to \$45
Routine retinal screening		No more than a \$39 copay	N/A
<b>Laser vision correction discount</b>	Once per eye per life-time.	Average 15% off the regular price or 5% off the promotional price.  Discounts only available from contracted facilities.	N/A
<b>Lenses</b>			
Single lined	1 per 12 months	\$10 (lenses and frame)	Up to \$30
Bifocal lined			Up to \$50
Trifocal			Up to \$60
Lenticular			Up to \$100
Necessary contacts			Up to \$210
<b>Lens enhancements</b>			
Standard		No cost	N/A
Premium progressive		\$95-\$105 copay	N/A
Custom progressive		\$150-\$175 copay	N/A
Other		Average savings of 20-25%	N/A
<b>Frames</b>  <i>Includes a wide selection of frames at Walmart*.</i>	1 per 24 months	\$130 for the frame of your choice and 20% off the amount over your allowance  \$70 allowance at Costco**	Up to \$70
<b>Elective contact lenses</b>  <i>Contact lenses are in place of lenses and frame.</i>	1 per 12 months	\$60 for your contact lens exam (fitting and evaluation)  \$130 for contact lenses	Up to \$105
<b>Additional glasses and sunglasses discount</b>	20% off complete pairs of prescription and non-prescription glasses, including sunglasses. Discounts are unlimited for 12 months following exam.		N/A
<b>Coverage with retail providers</b>	*Coverage with retail providers may be different. Check with Costco for VSP member pricing. The Costco allowance is equivalent to the allowance at preferred providers and other retail providers.		

This chart outlines services for Plan 3.

Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP)\*.

#### How to determine if your Vision Provider is in the VSP Network

- Go to [www.vsp.com](http://www.vsp.com)
- Click **Find A Doctor**
- Enter zip code or city and state
- Click **Search** button to view results
  - You have the option to filter results by gender, provider type, distance, etc.

# MetLife Basic Life and AD&D Insurance

Employees eligible are active full-time employees working 30 hours or more per week.

## **Basic Life and AD&D Insurance:**

Republic Plastics pays for and provides \$50,000 of coverage for Basic Life and Accidental Death & Dismemberment (AD&D) Insurance for all full-time employees.

## **Accidental Death & Dismemberment:**

Accidental Death benefits are payable to your beneficiary, in addition to your Life Insurance benefit, if you die within 365 days after a covered accident and the cause of your death can be attributed to the covered accident.



	Basic AD&D Benefit
Loss of Life	100%
Loss of Combination of Hand, Foot, or Sight in One Eye	100%
Loss of Hand, Foot, or Sight in One Eye	50%
Loss of thumb and index finger of same hand	25%

# MetLife / Supplemental Life & AD&D

For You	For Your Spouse	For Your Child(ren)
<i>You must purchase coverage for yourself to purchase coverage for your family.</i>	<i>Spouse coverage amount cannot exceed 100% of the employee coverage amount.</i>	<i>Coverage begins on Day 1.</i>
Amount of Coverage	Amount of Coverage	Amount of Coverage
Increments of \$10,000	Increments of \$5,000	6 months to 26 years: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000 15 Days to 6 Months - \$500 Live Birth to 14 days - \$100
Maximum is \$500,000 or 5 x Salary - whichever is less	Maximum is Lesser of 100% of Employee Amount or \$500,000	Maximum is \$10,000
Guarantee Issue is \$150,000	Guarantee Issue is \$30,000	Guarantee Issue is \$10,000

Employees can elect additional coverage for themselves and their dependents up to the guaranteed issue amount without having to provide Evidence of Insurability if coverage is elected within 30 days of your date of eligibility. Proof of good health is required if you enroll for coverage over the guaranteed issue amount, or if you do not enroll within 30 days from your initial date of eligibility.

## **Supplemental Life Insurance**

If you want a greater level of protection, Supplemental Life Insurance coverage is available to purchase. Life doesn't always bring us what we expect. It helps to know that **financial security** is available for your family...even if you aren't. But not everyone has the same need for protection. That's why Republic Plastics provides you with the opportunity to choose Supplemental Life Insurance for yourself as well as for your family.

\*Please Note: You must enroll in Employee Supplemental Life to enroll in spouse or child Supplemental Life. Spouse Supplemental Life cannot exceed 100% of the Employee Supplemental Life.

**Some things in life are too important to pass up! Elect the appropriate amount of coverage now to protect your family's financial needs.**

## MetLife / Supplemental Life & AD&D

Voluntary Life monthly premiums for you and your spouse are based on the amount of coverage chosen and **the employee's** age.

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 and AD&D monthly premiums are \$0.19 per \$1000 of coverage.

Life and AD&D coverage amounts for all new enrollees must be the same.

For example, if you are 33 and you elect \$150,000 of coverage, your monthly premium would be as follows:

$$\$0.73 * 150 = \$14.70 \text{ per month}$$

# MetLife Disability Insurance

Long-Term Disability & Short-Term Disability provides the protection you need to ensure that your way of life is protected in case of a serious injury or illness. The following is a summary of the LTD & STD disability plans offered through MetLife. Employees eligible are full-time employees working 30 hours or more per week.

MetLife	STD Benefit
Basic Benefit	60% of salary
Maximum Weekly Benefit	\$600
Maximum Benefit Duration	25 weeks
Benefits Begin	8th day
Pre-existing Conditions	3/12

MetLife	LTD Benefit
Basic Benefit	60% of salary
Maximum Monthly Benefit	\$6,000
Elimination Period	180 days
Pre-existing Conditions	3/12

Short Term Disability and Long-Term Disability rates are based on your current pay.

- STD = \$0.72/\$10 of weekly benefit.
- LTD = \$0.54/\$100 of monthly salary.



# LegalShield

## Identity Theft Protection and Pre-paid Legal Services

LegalShield offers both identity theft protection and pre-paid legal services to associates and their family members. LegalShield's identify theft protection benefits help to prevent and resolve issues related to identity theft and, for an additional premium, can include such services as credit monitoring and credit alerts. LegalShield also provides pre-paid legal services which allow employees 24/7 access to licensed attorneys who can provide legal advice and assistance on a variety of legal matters. Associates can elect to purchase either the identify theft benefits, or the pre-paid legal services benefits or a combination of both.

Type of Coverage	Per-check Premium	
	Semi-monthly	Bi-weekly
Identity Theft Shield	\$6.48	\$5.98
Identity Theft Shield + children	\$6.98	\$6.44
Identity Theft Shield Premium	\$12.48	\$11.52
Identity Theft Shield Premium + children	\$12.98	\$11.98
Legal Shield	\$7.88	\$7.27
Legal Shield + Identity Theft Shield	\$12.85	\$11.86
Legal Shield + Identity Theft Shield + children	\$13.35	\$12.32
Legal Shield + Identity Theft Shield Premium	\$17.85	\$16.48
Legal Shield + Identity Theft Shield Premium + children	\$18.35	\$16.94

# Alliant Medicare Solutions

## Medicare Decision Support

### TURNING 65? UNDERSTAND YOUR MEDICARE OPTIONS



**Alliant Medicare Solutions is a no-cost service available to you, your family members, and friends nearing age 65.**

*Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.*

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

Most people become eligible for Medicare at age 65. When that happens, you'll probably have some time-sensitive decisions to make, based on your individual situation.

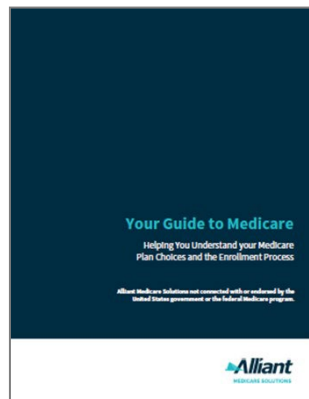
#### Introducing Alliant Medicare Solutions

Medicare can be complicated. Figuring out the rules—not to mention how Medicare works with or compares to your employer-provided medical coverage—can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

#### How does it work?

1. Call Alliant Medicare Solutions at (877) 888-0165 to speak to a licensed insurance agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

Find out more at [alliantmedicareolutions.com](http://alliantmedicareolutions.com) or download these resources:



[tinyurl.com/YourGuideToMedicare](http://tinyurl.com/YourGuideToMedicare)



[www.brainshark.com/alliant/medicare101](http://www.brainshark.com/alliant/medicare101)



[www.brainshark.com/alliant/ss\\_ams](http://www.brainshark.com/alliant/ss_ams)



## Important Contacts

If you have any questions about any of your benefits, below is a list of the plans, the companies who administer them, and their phone numbers and websites:

Plan	Company	Phone Number	Website
Medical	Personify (formerly HealthComp/BAS)	800-843-3831	<a href="http://hconline.healthcomp.com">hconline.healthcomp.com</a>
24/7 Telemedicine & Urgent Care, Virtual Primary Care, Whole Mental Health	First Stop Health	888-691-7867	<a href="http://www.fshealth.com">www.fshealth.com</a>
Dental	Sun Life	800-442-7742	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
Vision	Sun Life	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Basic Life/AD&D, Voluntary Life/AD&D, Short Term Disability & Long Term Disability	MetLife	800-638-6420 (Life/AD&D) 800-300-4296 (Disability)	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
Supplemental Health	Ansel	888-300-5382	<a href="http://www.joinansel.com">www.joinansel.com</a>
Legal & Identity Protection	Legal Shield	800-654-7757 (Legal Shield) 888-494-8519 (Identity Shield)	<a href="http://www.legalshield.com">www.legalshield.com</a>
Medicare Decision Support	Alliant Medicare Solutions	877-888-0165	<a href="http://www.alliantmedicareolutions.com">www.alliantmedicareolutions.com</a>

For additional support or questions regarding your health and welfare benefits, please contact:



[scr-support@alliant.com](mailto:scr-support@alliant.com)

Monday – Thursday 8:00 am – 5:30 pm CST / Friday 8:00 am – 5:00 pm

*This benefit booklet summarizes the provisions of the benefits of choice for Republic Plastics effective May 1, 2023. Complete details of the plan are included in the official plan documents and contracts. If there is a difference between this book and the documents or contracts, then the documents and contracts will govern. Benefits described in this book may be changed at any time and do not represent a contractual obligation on the part of Republic Plastics.*