

Republic Plastics, Ltd.

makers of private label foam tableware



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

It's Open Enrollment, which means it's time to give your benefits some special attention. Watch this presentation to find out about your benefit plans for the coming plan year. The information about benefits also applies to new hires who are enrolling for the first time at any point during the year. At any point during the presentation, feel free to pause the video and review the details at your own pace.

Welcome to the 2025-2026 Benefits Plan Year

New Hire eligibility and Open Enrollment are the only times you can make benefit elections, unless you have a qualifying event.

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

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

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

Dependent Eligibility

Eligible dependents include:

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



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When you first enroll in benefits as a new hire, you can elect to enroll in any of our benefit offerings. Current employees can make changes to their benefit elections during the annual open enrollment which is typically held in the spring of each year. Between these enrollment periods, you are only allowed to make changes if you have a qualifying event in your life, like changing your marital status or adding a new child to your family. You have 30 days from the event date to report changes. Contact Human Resources if you have questions.

Here's a review of who's eligible to enroll in our plans – you, your spouse, and/or your dependent children. You can cover your adult children up to age 26 on your medical plan, regardless of their school, employment, or marital status.

Key People

- **Republic Plastics Team – 830-557-5574**
 - Jason Schroeder, CFO, ext 1903
 - Robbie Chance, Director of HR, ext 1918
 - Laurie Magnon, Senior HR Manager, ext 1908
- **Personify Health (formerly HealthComp/BAS)**
 - Customer Service Team
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
- **Alliant/Consultant**
 - Benefit Advocate Team
855.889.3713
scr-support@alliant.com
 - Assists with general questions
 - Can help guide you to the right resource
 - Help with enrollment and eligibility questions



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The contacts shown here can help you access benefits information and resources. In addition to the Republic Plastics team, you can contact Personify Health or the Alliant Benefit Advocate team. Personify Health can help you find low cost medical providers and facilities, schedule surgeries or advanced imaging, and resolve medical claim or billing issues. Alliant Benefit Advocates are benefits experts who are familiar with your benefit plans. They can assist with general questions and guide you to right resource.

Benefit Offerings

- Personify Health (formerly HealthComp/BAS) - Medical
 - \$5000 Deductible and \$2500 Deductible Plans
 - First Stop Health - Virtual Urgent Care, Enhanced Virtual Primary Care, Whole Mental Health
 - **Enhancements on 5/1/2025!**
 - Enhanced Virtual Primary Care
 - Whole Mental Health
 - Livongo Chronic Condition Management
- Ansel (formerly Brella) - Supplemental Insurance
- Sun Life - Dental
- Sun Life - Vision
- MetLife - Group Term Life & AD&D
- MetLife - Voluntary Life & AD&D
 - Employee, Spouse, and/or Children
- MetLife - STD/LTD
- Legal Shield - Identity Protection and/or Legal Services



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Each year we carefully review the benefits offered. We are pleased to announce that all current benefit vendors will remain the same for the coming year. We are also enhancing the First Stop Health benefit. This presentation will provide a refresher of the plans that are offered and explain how to use them.

What's Staying the Same for 2025?

Medical Carrier

- Personify Health (formerly HealthComp/BAS) is our Health Plan Administrator
 - 800.843.3831
- Fairos is our negotiator and claims repricer



Medical Preferred Provider Group

- PHCS Network



Prescription Drug Network

- CVSCaremark



Livongo

- Chronic Condition Management



Supplemental Health

- Ansel (formerly Brella)



Dental & Vision

- Sun Life



Life/AD&D and Disability

- MetLife



Legal and ID Theft

- LegalShield/ID Shield



Our benefit offerings will largely remain the same for the coming year, but there will be some minor changes.

What's New or Changing for 2025?

Rate Changes

- Medical rates remain below 2022 levels
 - Cost are increasing
- Rates have also slightly increased for Ansel, SunLife Dental, and MetLife Short and Long Term Disability

First Stop Health Enhancements

- Enhanced Primary Care, Urgent Care & Whole Mental Health



Multiplan/PHCS Corporate Name Change to Claritev

- **No changes** to your ID card, network name, or logo at this time
- Multiplan.com URL will redirect to Claritev.com (site will include note about the corporate name change)
- Additional information will be distributed if/when ID cards, network name, or logos are updated

New Benefits Begin May 1st, 2025



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So, what's changing for 2025? Our medical rates will see a slight increase, though remaining lower than 2022. We are adding a Whole Mental Health option to First Stop Health Benefits. PHCS is also in the process of a company name change to Claritev. This won't have any effect on you as the Multiplan name will still be valid.

New Medical Rates

- Medical Premium**

- Thanks to everyone's continued smart and effective use of their medical choices, we have been able to keep premiums below what they were in the 2022-2023 plan year

2025-2026 Premiums							
Medical \$5000 Deductible Plan	Monthly Premium Amount	0-3 Years		3-7 Years		7+ Years	
		Employee Monthly Contr.	Company Contr.	Employee Monthly Contr.	Company Contr.	Employee Monthly Contr.	Company Contr.
Employee	\$561.81	\$110.00	\$451.81	\$99.00	\$462.81	\$82.50	\$479.31
Employee + Spouse	\$1,179.14	\$236.50	\$942.64	\$209.00	\$970.14	\$176.00	\$1,003.14
Employee + Child(ren)	\$1,066.83	\$214.50	\$852.33	\$187.00	\$879.83	\$159.50	\$907.33
Employee + Family	\$1,712.14	\$341.00	\$1,371.14	\$297.00	\$1,415.14	\$258.50	\$1,453.64

2025-2026 Premiums							
Medical \$2500 Deductible Plan	Monthly Premium Amount	0-3 Years		3-7 Years		7+ Years	
		Employee Monthly Contr.	Company Contr.	Employee Monthly Contr.	Company Contr.	Employee Monthly Contr.	Company Contr.
Employee	\$655.74	\$198.00	\$457.74	\$181.50	\$474.24	\$165.00	\$490.74
Employee + Spouse	\$1,376.29	\$412.50	\$963.79	\$379.50	\$996.79	\$346.50	\$1,029.79
Employee + Child(ren)	\$1,245.21	\$374.00	\$871.21	\$341.00	\$904.21	\$313.50	\$931.71
Employee + Family	\$1,998.39	\$599.50	\$1,398.89	\$550.00	\$1,448.39	\$500.50	\$1,497.89

Although rising costs have led to a small 10% increase, thanks to everyone's continued smart and effective use of their medical choices, we have been able to keep premiums below what they were in the 2022-2023 plan year.

Medical



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Healthcare benefits make it easier and less expensive to get the care you need to maintain good health. Let's look at the benefits we provide.



Medical Coverage

Republic Plastics medical coverage is provided by Personify Health (formerly HealthComp/BAS).

Claims and verification of coverage administered by Personify Health.

	\$2,500 Plan	\$5,000 Plan
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum (OOPM)		
Individual	\$5,000	\$5,600
Family	\$10,000	\$11,200
Co-Insurance	90%	80%
	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	\$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

This table gives you a high-level comparison of the in-network medical coverage provided by each of our plans.

We continue to offer the \$2,500 deductible plan and the \$5,000 deductible plans. Since there are no plan design changes, this is just a summary of your benefits.

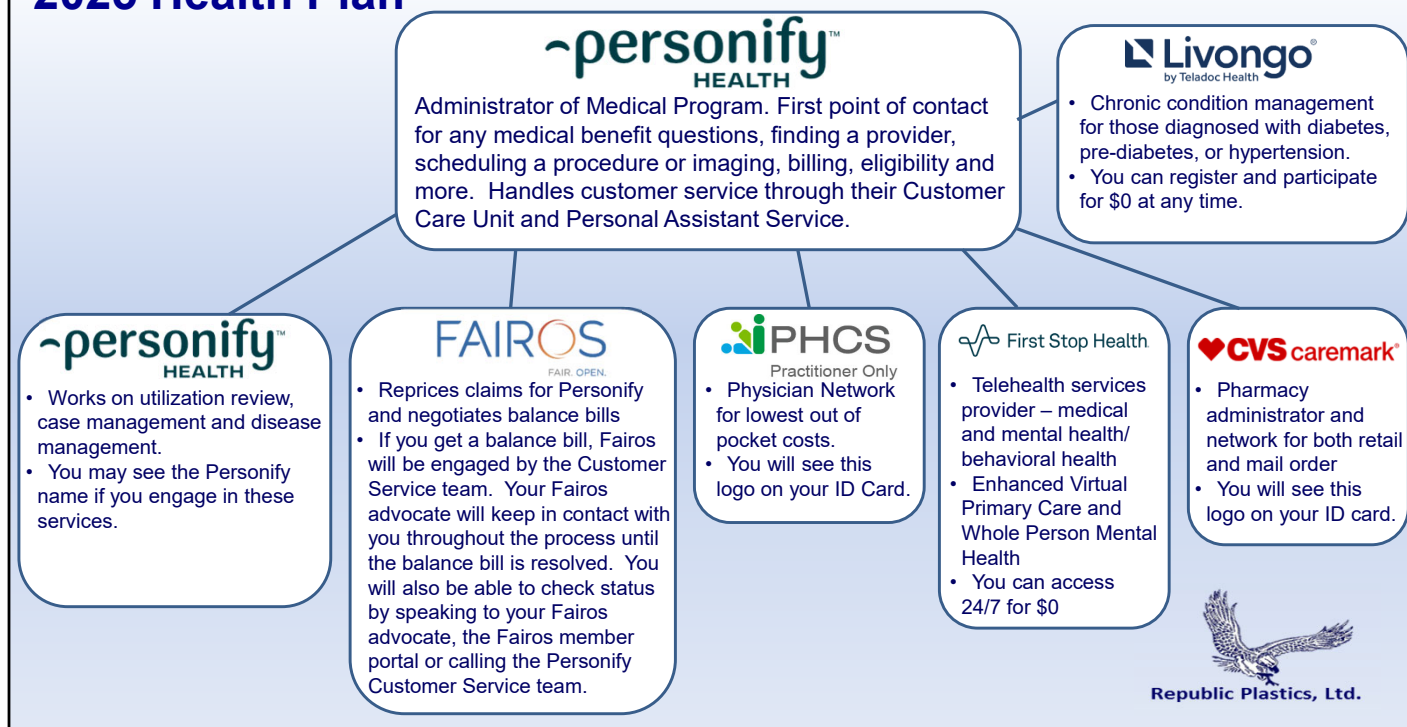
The deductible is the amount you have to pay before the plan starts covering part of the costs. Co-insurance is the percentage the plan pays once your deductible is met. Your out-of-pocket expenses are capped at the out-of-pocket maximum. The out-of-pocket maximum includes deductibles, any cost share and copays. Once you reach the out-of-pocket maximum the plan pays 100% of all covered services.

The individual deductible is per person. No one person will have to pay more than the individual deductible for themselves. If you have a family, deductible expenses are capped at the family deductible. The same applies to the out-of-pocket maximum. No one person will have to pay more than the individual out-of-pocket maximum for themselves. If you have a family, out-of-pocket expenses are capped at the family out-of-pocket maximum.

Preventive care is covered at no cost to you. Certain services like primary care office visits, specialist office visits, urgent care and prescriptions just have copays. For these services you just pay the copay and do not have to pay toward the deductible. For ER visits you pay a copay and a portion of the cost. For services like surgeries or diagnostic tests you pay the deductible and then a percentage of the cost.

The medical plan includes many programs you can use to save money. These programs include no cost enhanced primary care, virtual urgent care and whole mental health through First Stop Health, no cost outpatient lab testing through QuestSelect, and no cost MRI, CT and PET scans through US Imaging.

2025 Health Plan



This flow chart shows your medical plan vendors and what each one does. At the very top is Personify Health. Personify Health administers the medical plan. Contact them first if you have medical benefit questions, are looking for a provider, need help scheduling appointments or imaging, or if you have billing questions. Personify Health also works on utilization review, case management and disease management and you could see the Personify Health name if you use these services. FairoS is the claims repricer and negotiates balance bills. If you get a balance bill, you will contact the Personify Health customer service team. Personify Health will then engage FairoS, and FairoS will work behind the scenes to negotiate the claim. PHCS is the physician network. You will have the lowest cost using a physician in the PHCS network. First Stop Health is the telemedicine vendor. Through First Stop Health you have 24/7 access to enhanced virtual urgent care, **primary care**, and whole mental health services for free. CVS caremark administers the retail and mail order prescription drug benefit. Livongo can help those diagnosed with diabetes, pre-diabetes or hypertension manage their condition. Livongo is free to use, but will require you to take some simple steps to register. We will go into more details on the coming slides.

Medical ID Card - Front

Customer Service Phone Number

Member: 800-843-3831
Provider: 800-523-0582
hconline.healthcomp.com

Republic Plastics

personify HEALTH

Plan and Claims Administrator

Member
Employer: Republic Plastics, LTD
Group #: 117568
Member: JOHN SAMPLE
Member ID: SMPL0001

Group Number

Employee Name*

Member ID Number

Medical Plan
PHCS
Practitioner Only
To Locate a Provider:
www.multiplan.com
866-930-7427

Physician Network

Physician Copays, Deductibles & Out-of-Pocket Maximum
Copay(s): PCP \$25/Specialist \$40
Deductible: IND \$2500/FAM \$5000
Out of Pocket: IND \$5000/FAM \$10000

Pharmacy Plan
RxBIN: 004336
RxGRP: RX21AS
RxPCN: ADV

Pharmacy Network and Billing Information

CVS caremark®
www.caremark.com
Pharmacy Help Desk: 800-364-6331
RX Customer Care: 855-271-6597

Pharmacy Copays

Other Services
QuestSelect™
Formerly Lab Card®
QuestSelect.com (800) 646-7788

QuestSelect / LabCard Program Logo and Phone Number

Retail Copay(s): Gen \$15/Preferred \$35/Brand \$55

**ID Cards will show Employee name only*

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Here is a sample of the front of your ID card.

- The top contains the Personify Health logo and main customer service phone number.
- The middle left has your company logo, company name, and your medical plan group number. Your name and medical plan ID number are listed below. The bottom left contains the Quest Select lab program logo and contact information.
- The right side contains the PHCS physician network logo. It also list medical plan information such as copays, deductibles and out-of-pocket.
- The bottom right shows your prescription drug benefit information. You will see the CVS caremark logo along with the CVS caremark billing information, contact phone number and pharmacy copays.

Please note that the ID card shows the employee name only. Family members will not be listed on your card.

Medical ID Card - Back

The diagram shows the back of a Medical ID Card with four main sections and several callout boxes:

- Medical Claims Submission:** EDI: Payor ID 36149; Mail: Personify Health, PO Box 2920, Milwaukee, WI 53201-2920; Providers: 800-523-0582.
- Eligibility Verification:** For verification of eligibility, claim status and quotation of benefits: 24/7 Health Portal: www.MyCareHC.com/provider; 24/7 IVR with Fax Capabilities: 708-647-3401; Provider Call Unit: 800-523-0582. Note: This card is for identification purposes only and is not a guarantee of benefits.
- Facility Claims Submission:** EDI: Payor ID 36149; Mail: Personify Health, PO Box 2920, Milwaukee, WI 53201-2920; Providers: 800-523-0582. Includes logos for FAIROS (Fair Open Access) and POWERED BY OCCUNET.
- Utilization:**
 - Utilization Review Hospital Pre-Admissions/Admission Cert.** Services such as inpatient admission, outpatient surgery, etc. may require precertification. Refer to your plan booklet for services requiring precertification. **Please call 877-284-0102 for precertification.**
 - Utilization of In-Network Providers** It is your responsibility to verify each provider's participation in the network on the date you obtain services. Failure to do so may result in a reduction of benefits.
 - Non-Medicare members:** MRI, CT & PET should be scheduled through US Imaging: 1-877-874-6385 or usimagingnetwork.com. EDI: 50383.

Callout boxes provide additional context:

- Physicians/Providers Submit Claims Here** (points to Medical Claims Submission)
- Phone Number for Physicians/Providers to Call with Questions** (points to Providers 800-523-0582 in Medical Claims Submission)
- Facilities Submit Claims Here** (points to Facility Claims Submission)
- Facility Claims Administrator and Claims Repricer** (points to Facility Claims Submission)
- Provider Platform can be used to Verify Eligibility** (points to Eligibility Verification)
- Pre-Authorization Information** (points to Utilization Review section)
- Contact Info for US Imaging Program (MRI, CT and PET Scans)** (points to Non-Medicare members section)
- PHCS Providers will be Lowest Cost to You** (points to Utilization of In-Network Providers section)

Logo: Republic Plastics, Ltd. (with eagle icon)

Here is a sample of the back of your ID card.

- The top left tells your physician where to send claims and also includes a phone number for physicians to contact if they have questions.
- The bottom left tells facilities where to submit claims and also includes a phone number for the facility to contact if they have questions. It includes the logo for Fairos, the facility claims repricer.
- The top right tells your provider where they can access benefits and eligibility information.
- Things like hospitalizations and surgeries may require pre-authorization. The bottom right of the card gives information on utilization review and pre-certification. You or your provider can call to begin the process.
- Underneath that information you will see a notification to use network providers for the lowest cost. The physician network is PHCS.
- The bottom right provides contact information for US Imaging which can be used for MRI's, CT and PET scans.

How to use your ID Card at the provider

1. Show the receptionist at your Provider your Personify Health 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 Personify Health, I understand you are 'out-of-network.'"* (show them the information for physicians on the upper left corner on the back of your ID card)
 - If the reception desk asks you who Personify Health is: *"Personify Health administers the claims for my plan."*
3. If the front desk still has additional questions, ask them to call Personify Health at the number on the back of your ID card.
4. You can also call Personify Health at **1.800.843.3831** and tell the Personify Health rep that you need some assistance with a provider who does not understand how to submit claims.

Remember: If you receive any cost related correspondence from provider or facility, call Personify Health @ **1.800.843.3831**.



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When you are at a provider, especially if they are not a PHCS provider, office staff may be unfamiliar with our plan. This is an overview of the best way to use your card.

Initially, simply show the receptionist at your provider's office your Personify Health ID Card. The majority of the time, the provider will accept this and you will not need to do anything else.

If the reception desk asks you what network you are in tell them *I have the PHCS network."*

If the reception desk tells you they are not in the PHCS network tell them, point them to the information on the upper left corner on the back of the card, and say, *"Please go ahead and file the claim with Personify, I understand you are 'out-of-network.'"*

If the reception desk asks you who Personify Health is tell them *"Personify Health administers the claims for my plan."*

If the front desk still has questions, ask them to call Personify Health at the number on the back of your ID card.

You can also call Personify Health at 800.843.3831 and tell the Personify Health rep that you need some assistance with a provider who does not understand how to submit claims.

Personify Health (formerly HealthComp/BAS) Provides Concierge-type User Experience

Customer Service



Your first point of contact for general day to day assistance (call [800.843.3831](tel:800.843.3831)), 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
- Assistance when provider and/or their billing/claims employees are unfamiliar with Personify or Multiplan PCHS
- 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
- Contact HR at HR@republicplastics.com for help in getting this set up

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 Personify Health @ [800.843.3831](tel:800.843.3831) 7am-8pm CST



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Personify Health provides our members with concierge-type customer service to help you with benefit questions, assist you in locating healthcare providers, and help your provider if they have questions about your insurance. They can also help you schedule appointments, get upfront pricing, explain your bill, and help with claims. Note that the customer service team cannot help with diagnosing a condition or tell you what kind of doctor you should see – use First Stop Health for that! If you have catastrophic illness such as the ones listed here, we can also get you set up with Personify's Personal Assistant Service to help coordinate care.

Personify Health Online Portal and App

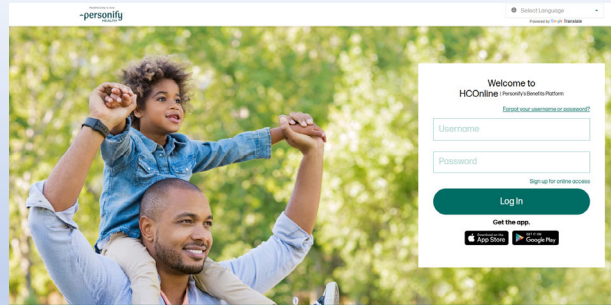
You have access to the Personify Health member portal, and mobile app where you can:

- 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...



Personify is available on the web and also through our mobile app. To download the app, search for "HCOOnline-HealthComp" in the Apple App Store or Google Play.

HCOOnline.HealthComp.com



Scan the code to download the app!



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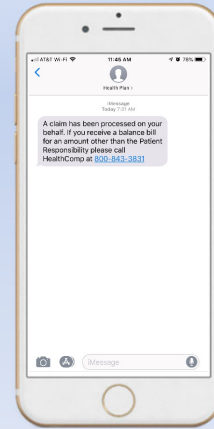
For detailed information on your plan, be sure to register for the web portal and download the mobile app shown here.

Mobile Outreach Program

Personify Health has a special Mobile Outreach Program 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 Personify Health at **800.843.3831**.

Members receive:

- **Email:** 5 days after a facility claim is paid, Personify's code-driven payer system will deliver an email to the member.
- **Call:** A member of Personify's 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, Personify's code-driven payer system will deliver a text message to the member's mobile phone.



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Personify Health has a special Mobile Outreach Program that connects with members who have recently had services performed in a hospital setting. They will contact you via email, phone and text as shown on this slide. 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 Personify Health.

How you can help us help you



Call Personify Health (formerly HealthComp/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 Personify with any questions!

800.843.3831

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



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We need you to take the following steps when you use your medical benefits:

When you go to the doctor or facility, if they do not understand your insurance plan or have questions, call Personify Health and they can help you explain it to them.

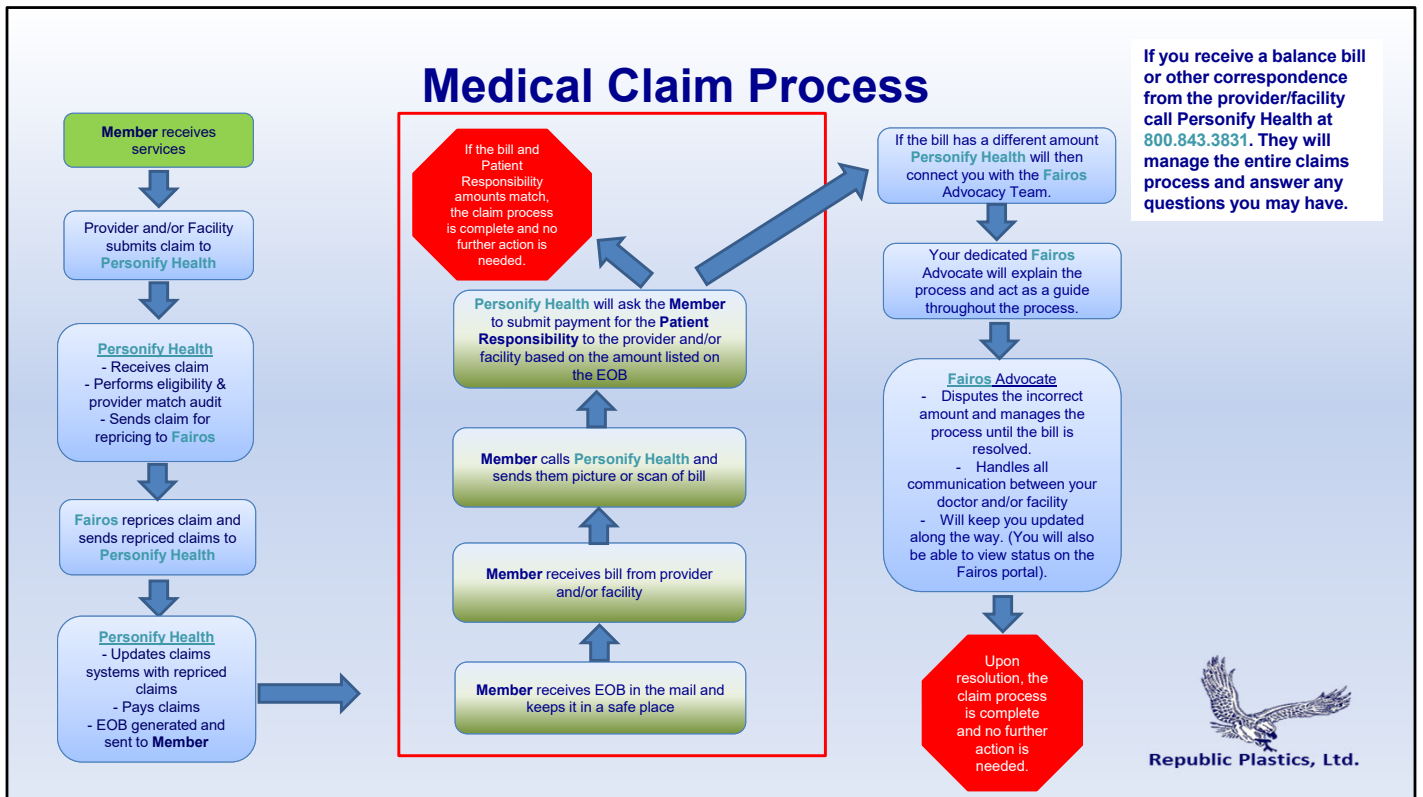
After you go to the doctor or have a medical procedure, be sure to open any mail you receive. Watch for bills from your provider and your Explanation of Benefits statement from Personify Health.

Compare any bills you receive from your provider to the Explanation of Benefits statement from Personify Health.

If the amount your provider bills you does not match the amount your Explanation of Benefits statement says you owe, call Personify Health right away.

If you receive a bill from your provider but do not receive an Explanation of Benefits statement from Personify Health shortly after, call Personify Health right away.

Send any cost related correspondence to Personify Health every time.



This chart illustrates the medical claims process. Once you receive services, your provider or the facility submit a claim to Personify Health. Personify Health receives the claim and runs it through their systems. Then they send it to Fairos for repricing. After Fairos reprices the claim, Personify Health updates their claims system, pays the claim and generates an Explanation of Benefits or “EOB”. The EOB shows the Patient Responsibility. The Patient Responsibility is the amount you owe to the provider or facility.

While this is happening, you also receive a bill in the mail from your provider or facility. You keep the bill in a safe place until you get the EOB from Personify Health. You review both and have questions. You call Personify Health and send them a picture or scanned copy of the bill. Personify Health instructs you to pay the Patient Responsibility on the EOB. If the Patient Responsibility matches the amount on the bill, no further action is needed. If the Patient Responsibility does not match the amount on the bill then Personify Health connects you with Fairos. You will get a dedicated Fairos Advocate who will explain the process and next steps. Your Fairos Advocate will dispute the amount and manage the process until it is resolved. The Fairos Advocate will communicate with you, your doctor, the facility and anyone else invoiced. You will get updates from the Fairos Advocate and you can also check status on the Fairos portal or app. Once the claim is resolved, no further action is needed.

EOBs and Balance Billing Important Terms to Understand

Explanation of Benefits (EOB)

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

Balance Billing

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



There are two terms that are important to understand:

The first term is Explanation of Benefits (or EOB).

- Any time Personify Health receives a medical claim, they will process the claim and issue an Explanation of Benefits (or EOB). The EOB shows how that medical service was covered. It will also show how much you owe to the provider.

The second term you need to know is Balance Billing.

- If the provider does not agree with the amount the insurance plan paid, the provider will send you a bill you for the difference in cost. This is called a "Balance Bill." If this happens, contact Personify Health immediately.

EOBs and Balance Billing

Explanation of Benefits (EOB)

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

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

Only pay provider/facility bills if the amount due is the same as the **Patient Responsibility** from the Personify Health EOB. If they do not match, call Personify at 800.843.3831.

Explanation of Benefits Says Patient Responsibility:

\$102.00

Any correspondence from a provider or facility should be sent to Personify Health – every time! Call them at 800.843.3831.

-personify
HEALTH

How to read your Explanation of Benefits (EOB)

Explanation of Benefits

A. Annuity Provider: Annuity Provider
B. Provider: Personify Health
C. Claim #: 210-00000100
D. Group: 440-7001-1001-100
E. Patient: Mark Proctor
F. Your plan paid: \$330.00
G. Your Responsibility: \$102.00

Service Details	Covered by Your Plan				Paid by other insurance	M. Not Covered	N. For Your Deductible	O. Co-pay / Co-insurance	P. Total	Reason Codes	Service Code
	I. Total Charge	J. Plan Rate	K. Plan Paid	L. Paid to other insurance							
Date: 10/01/2018 - 10/05/2018 Specialist Consultation	\$275.00	\$275.00	\$260.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$275.00	53	420
Date: 10/05/2018 - 10/05/2018 Physician X-ray/ab Service	\$200.00	\$200.00	\$18.00	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	\$200.00	53	411
Totals:	\$475.00	\$475.00	\$278.00	\$0.00	\$0.00	\$20.00	\$0.00	\$0.00	\$498.00		

U. Payment Distribution: Identifies the name of the payee, payment amount, and check number of each payment that Personify issues for health services listed in the EOB.

M. Not Covered: The amount that was not covered by your health plan.

N. For Your Deductible: This is the portion of the amount that you owe that will count towards your deductible. Your deductible is the amount that you must pay each year for covered services before your plan starts paying benefits.

O. Co-pay / Co-insurance:

- Co-pay:** This is a set amount that you must pay for certain covered services (such as office visits or prescriptions). You may have already paid for your co-pay at the provider's office.
- Co-insurance:** This is a percentage of covered expenses that you must pay after you meet your deductible.

P. Total: Total amount that is owed for the service received.

Q. Reason Code: Personify Health code for charges that were not covered or that require further explanation.

R. Service Codes: Personify Health code for the health service that was received.

S. Reason Code Description: Descriptions of the Reason Codes from section Q.

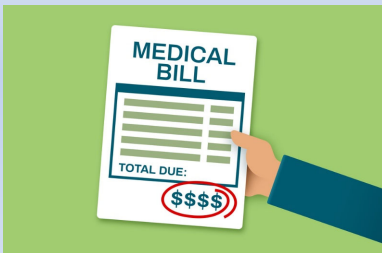
T. Messages: Additional information related to this EOB (as needed.)

Here is a sample Explanation of Benefits statement. Personify Health will issue an EOB any time they receive a claim. EOB's will be mailed to you at home. They are also available on the Personify Health portal and mobile app. The EOB shows your Patient Responsibility. This is what you owe. Compare any bills you receive from your provider to the EOB from Personify Health. Only pay the provider if the billed amount matches the Patient Responsibility amount shown on the EOB. If the amount the provider bills does not match the Patient Responsibility on the EOB, contact Personify Health right away – every time!

EOBs and Balance Billing

Balance Bill

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



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

Any cost related correspondence from a provider or facility should be sent to Personify Health – every time! Call them at 800.843.3831.



Bills you receive will never say “balance bill” on them. You have to compare the bill from your provider to the EOB from Personify Health to determine if it is a balance bill or not. Each provider’s bill will look different. A bill will typically include the provider’s logo and the provider’s contact information. The bill will state an amount to pay. Before you pay any provider or facility bill, compare the Patient Responsibility on the Personify Health EOB to the bill.

- If the amounts match, pay the provider or facility bill.
- If the amounts don’t match, call Personify Health right away every time.
- If you are not sure or if the bill is confusing, call Personify Health right away every time.

EOBs and Balance Billing

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

- You only need to pay your share of the cost (deductible, co-payment, co-insurance) of eligible expenses as indicated on the Explanation of Benefits (EOB) as Patient Responsibility. Once this is paid to your provider, you do not owe them any more money.
- Call Personify Health @ **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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You only owe your provider your share of the cost for any eligible expenses. Any time Personify Health receives a claim they will issue an EOB that shows your Patient Responsibility. Call Personify Health right away every time if the amount your provider bills you does not match the Patient Responsibility on the EOB. As a reminder, balance bills are not EOB's. They are typically sent by your provider. A balance bill is a bill where the amount your provider says you owe is more than what your EOB shows as your Patient Responsibility. A balance bill will never say "balance bill" on it.

EOBs and Balance Billing



Balance Bill Process

- Call Personify Health @ **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.
- Personify Health 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 Personify Health 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.
- Your dedicated Fairos Advocate will keep you updated along the way. You will know their name and have direct access to them via phone & email. Additionally, you will be able to access updates on the easy to use Fairos portal.



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What happens when you receive a bill from your provider and determine it is more than the Patient Responsibility listed on your EOB from Personify Health? You call Personify Health for assistance. Personify Health connects you with the Fairos Advocacy team and a dedicated Fairos Advocate. The Fairos Advocate explains each step in the process. Fairos then disputes the amount that is not correct and manages the process until it is resolved. Fairos communicates with you, your provider, the facility and anyone else who is involved. The Fairos Advocate keeps you update-to-date on any progress. You have their name, phone and email address so you can follow up. You also access updates on the Fairos portal.

Please note that it is important to call Personify Health as soon as you receive a balance bill to protect your rights under Fair Credit Billing Laws. It is also okay to pay the provider or facility up to the Patient Responsibility amount on the EOB.

What should you do if you get a bill from your medical provider that doesn't match your EOB?



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Answers (C is the correct answer):

- A) Ignore it
- B) Try to negotiate with the provider for a lower amount
- C) Call Personify
- D) Throw it in the trash

First Stop Health Virtual Care

Get personalized, ongoing care from a primary care doctor without leaving the comfort of home! Use First Stop Health Virtual Care for:

- **Urgent Care Issues – All Ages**
Talk to a doctor in minutes for a sinus infection, UTI, cold, flu, rash, headache and more.
- **Enhanced Virtual Primary Care – Adults over Age 18**
 - **Prevention & Wellness**
Check in on your current health and make a personalized plan to stay healthy and strong.
 - **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:
 - Write and send prescriptions to your preferred pharmacy
 - Order labs, tests and screenings
 - Provide sick notes and documentation
 - Refer you to in-network specialists
- **Whole Person Mental Healthcare - Those over Age 13**
Diagnosis and prescriptions for depression, anxiety and more. You have virtual coaching and counseling, too.



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!



Republic Plastics, Ltd.

One of the best parts of our medical plan is that we offer you and your family access to free virtual health care through First Stop Health. This lets you take advantage of a virtual visit via phone or video to talk with a doctor about many common health issues such as colds, allergies, skin conditions, and even issues such as stress, anxiety, depression, grief and more. Many of our employees have utilized First Stop Health and found it to be extremely easy, convenient, and satisfying.



Download the app
For iOS and Android



Mobile App & fshealth.com

- Request a visit
- Listen to past visits
- View doctor instructions
- Download sick note
- Update information
- Contact FSH for help
- Rate your visit
- Add family members



Just call! (888) 691-7867

Speak to an intake specialist

For urgent issues, doctors call back in minutes



Republic Plastics, Ltd.

You can access First Stop Health services through the web portal, on the mobile app, or via phone.

Claiming your account



Online: Go to fshealth.com and click on "Login" and then "Claim My Account" to log-in for the first time. Returning users click "Login" and then enter email and password.



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

Set Up Your Account

Visit the First Stop Health website at fshealth.com, click "Login" and then "Claim My Account."

Request A Consultation

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


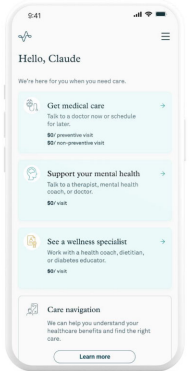


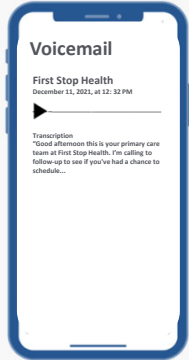
Provide Medical History

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



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Here are the steps to claim your account and access services.

<p>47 y/o Female <i>Patient</i></p>  <p>Initial Engagement</p> <ul style="list-style-type: none"> ▪ Hypertension ▪ Anxiety & Stress ▪ No PCP 	 <p>Scheduled Appt: 2 Days</p> <ul style="list-style-type: none"> ▪ Provider Choice ▪ Nurse Intake ▪ Medical Record Gathering 	<p>Rachelle Hippen, MD <i>Virtual Primary Care Doctor</i></p>  <p>35 Minute Visit</p> <ul style="list-style-type: none"> ▪ Discussion of Dx ▪ Review of Rx ▪ Gaps in Care Identified 	 <p>Nurse Follow-Up</p> <ul style="list-style-type: none"> ▪ Referrals & Instructions ▪ Equipment ▪ Patient Education 	 <p>Adherence Check</p> <ul style="list-style-type: none"> ▪ Scheduled for Mammogram ▪ F/U with Dr. Hippen
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First Stop Health includes Enhanced Virtual Primary Care, which has a number of advantages over an in-person primary care physician. If you go to the doctor in person, you have to drive to the appointment. Once you get there you check in and fill out forms. Often the doctor is running late and may only be able to spend a few minutes with you. Afterwards, follow up can be inconsistent or is left completely to you. With First Stop Health Enhanced Virtual Primary Care, you don't have to drive anywhere. You schedule a time that is convenient for you and meet at that scheduled time. The First Stop Health Primary Care Physician is able to spend as much time as you need to thoroughly go through your specific health needs and answer questions you have. They also have follow-up protocols in place to make sure you are continuing to manage your conditions appropriately.

This slide illustrates one person's virtual primary care experience. A 47 year-old female initially contacted First Stop Health for hypertension, anxiety and stress. She did not have a Primary Care Physician. Using the First Stop Health app, she selected Dr. Hippen as her Primary Care Physician and scheduled an appointment for 2 days later. A nurse from First Stop Health reached out before the appointment to gather additional information. She then had a 35 minute virtual visit with Dr. Hippen where they discussed her hypertension, anxiety and stress, reviewed her prescriptions and identified gaps in care. After the appointment she was sent referrals and instructions, a blood pressure monitor, and prompted to schedule a follow up visit with Dr. Hippen. A few days later First Stop Health called and left a voicemail reminding her to make sure she scheduled her follow up appointment.

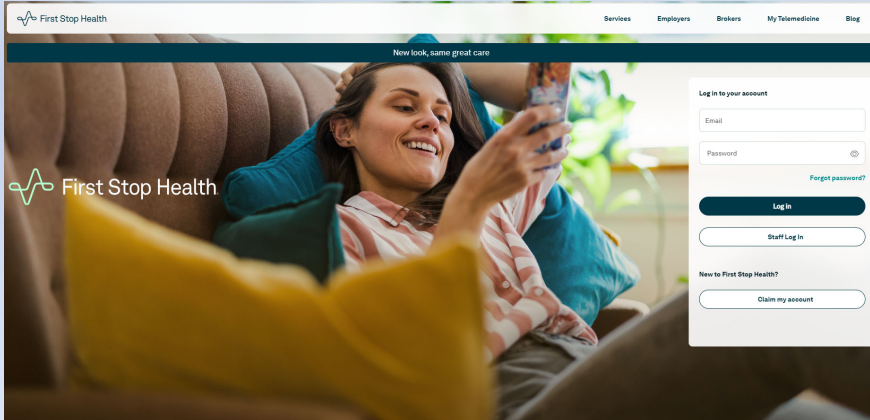
Example: Enhanced Primary Care



You moved recently and don't have a Primary Care Doctor but want to get a few things checked out.

Since First Stop Health is free and you can access virtual primary care from anywhere, you decide to set up a Virtual Primary Care Visit through First Stop Health.

You can use the mobile app or call, but you decide to use the online web portal. You open the recommended web browser (Google Chrome) and go to fshealth.com.



You click on "Login" and then "Claim My Account" because you are logging in for the first time.

You set up your account with credentials like:

- Last 4 Digits of SSN
- Name
- Date of Birth



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Here's another real world example of how First Stop Health Primary Care works. You moved recently and don't have a Primary Care Doctor, but you want to get a few things checked out. Since First Stop Health is free and you can access virtual primary care from anywhere, you decide to set up an Enhanced Virtual Primary Care visit through First Stop Health. You can use the mobile app or call, but you decide to use the online web portal. You open the recommended web browser (Google Chrome) and go to fshealth.com. You click on "Login" and then "Claim My Account" because you are logging in for the first time. You set up your account with credentials like the last four digits of your social security number, your name and your date of birth.

Example: Enhanced Virtual Primary Care First Stop Health

After you have set up your account, you log-in and take the following steps:

1. Select Primary Care
2. Select member
3. Confirm contact info & phone or video
4. Select preferred doctor & schedule visit
5. Care team calls to gather pre-visit info
6. At time of appointment, an SMS/email with a link to secure video exam room is sent to you.



(If you had requested a phone visit, your doctor would have called the phone number you provided.)



After you have set up your account, you log-in and select “Primary Care.” Then you select yourself as the member. You confirm your contact information and specify whether you want your appointment to be over the phone or via video call. Then you select your preferred doctor and schedule the visit. Before your doctor visit, the First Stop Health care team calls to gather pre-visit information and medical history. In this case you selected a video call, so at the time of appointment, an SMS/email with a link to secure video exam room is sent to you. If you had requested a phone visit, your doctor would have called the phone number you provided.

Whole Person Mental Health starts May 1st!



24/7 patient intake and crisis support.

Current benefit: Short-Term Counseling

- Solution-focused and most cases consist of 2-3 visits

Starting May 1st: Short & Long-Term Counseling

- Solution-focused therapy modeled after CBT via phone, app, or web
- Intake counselors call within minutes, appointments with therapist in <3 days (on avg.)
- Same provider each visit, chosen based on personal & clinical need
- Available in English & Spanish
- No pre-defined limits on the number of visits
- No cost for those enrolled in medical!

- Parenting stress
- Depression
- Relationships
- Work stress
- Substance use
- Anxiety
- Grief



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In addition to urgent care and access to a primary care physician, First Stop Health also offers options for mental health care. You can have a video or phone appointment with a mental health provider from any location, at any time.

Starting this year, we are expanding First Stop Health mental health services. In addition to the Short-Term Counseling that is currently included, First Stop Health will now provide access to Long-Term Counseling as well.

Whole Person Mental Health First Stop Health

- Proactive steering & coordination within existing FSH solutions and external providers (i.e. current psychiatrist relationships or when in-person care is needed).
- Broader team of doctors, coaches, counselors and nurses will provide a full suite of care.
- Longer term, relationship-based model that will support any clinical indication except active psychosis and in-patient drug rehab.
- Medication management of non-controlled psychotropics (i.e., SSRIs or SNRIs). Prescribing of generics is prioritized.
- Short-term and long-term therapy from licensed psychologists and LCSWs based in cognitive behavioral science.
- Support from licensed therapists to work through both diagnostic and therapeutic areas of mental health concerns.



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Whole Person Mental Health features a broad team of doctors, coaches, counselors and nurses that can provide a full suite of mental health care including short-and long-term solution-focused therapy and medication management. It also includes coaching for members who are not ready for therapy but want to talk about job coaching, vision planning, wellness, and other mental health and physical health goals.

You can use First Stop Health for which of the following?



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Answers (D is the correct answer):

- A) To receive care for short term urgent needs, such as the flu
- B) To receive long term, consistent care with a Primary Care Physician
- C) To establish a relationship with a long term mental health provider
- D) All of the above

If you need a prescription filled

- 1. If you need a one-time prescription:** Your doctor will ask which pharmacy to send the prescription to. You can use any pharmacy, but you can use the CVS app, website or call to find a CVS network pharmacy. Go to the pharmacy and pay the applicable cost*.
- 2. If you have a recurring prescription that you take on a regular basis** (for example, high blood pressure or cholesterol medication): Have a 90-day supply mailed directly to your home. To sign up for the **CVS Caremark Mail Service Pharmacy** have your prescription bottle in hand and go online to caremark.com/mailexpress or call **855.271.6597**.
- 3. If you have a specialty prescription:** CVS will reach out to your doctor for any information they need. Certain specialty medications are eligible for PrudentRx, a program that assists members by helping them enroll in manufacturer copay assistance programs. Enrolled members who get copay card for their specialty medication (if applicable), will have a \$0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Copay Program. The pharmacist will see a message that the drug is eligible for the PrudentRx program. CVS will warm transfer from pharmacy to PrudentRx so the member can sign up. You can also reach out to PrudentRx at 1-800-578-4403.

*Certain medications require Prior Authorization (PA). See next slide.



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Another important part of our medical plan is our prescription drug program, which is administered by CVS Caremark. CVS Caremark manages things through its own network – but you do not have to use CVS branded, brick-and-mortar pharmacy, though it can sometimes make things easier and more streamlined.

If you need a one-time prescription, your doctor will ask which pharmacy to send the prescription to. You can use any pharmacy, but you can use the CVS app, website or call to find a CVS network pharmacy. Go to the pharmacy and pay the applicable cost.

If you have a recurring prescription that you take on a regular basis (for example, high blood pressure or cholesterol medication), you can have a 90-day supply mailed directly to your home. To sign up for the CVS Caremark Mail Service Pharmacy have your prescription bottle in hand and go to caremark.com/mailexpress online or call 855-271-6597.

If you have a specialty prescription CVS will reach out to your doctor for any information they need. Certain specialty medications are eligible for PrudentRx, a program that assists members by enrolling them in manufacturer copay assistance programs that can reduce the member's out of pocket costs up to 100%.

Use the CVS Caremark 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

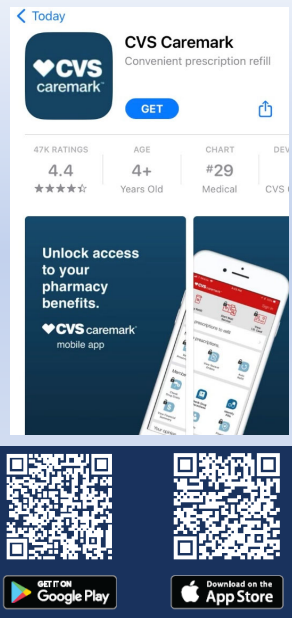
Transfer a current Rx, or submit a new one with a picture of the label (or written Rx).

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.



One of the easiest ways to make the best of our CVS Caremark pharmacy plan is to download and use the CVS Caremark app. You can use the app to set up mail order, check drug costs and coverage, find in-network pharmacies, keep track of your prescription drug spending, transfer prescriptions, and set up reminders and notifications.

If you need a prescription filled

- Access the drug formulary list online at Caremark.com, on the Caremark mobile app, or by calling **855.271.6597**.
- **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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If your doctor prescribes medication, don't forget to check your health plan's drug formulary. A drug formulary is a list of prescription drugs covered by your medical plan. It can help you make informed decisions about your medication options and identify the lowest-cost selection. The formulary can be found on the Caremark website, on the mobile app, or by calling 855-271-6597. Most prescription drug formularies separate the medications they cover into categories. Generic drugs are usually the lowest-cost option. Always ask your doctor whether a generic drug is available to treat your condition. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug counterparts.

CVS Caremark Cost Saver powered by GoodRx

- Compares plan's drug price to GoodRx price behind the scenes, and automatically gives you the lowest price at the pharmacy
- **No action is required!**



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As a reminder, the CVS Caremark Cost Saver program is included in your prescription drug plan to ensure you get the best available price for generic medications. It automatically compares the plan's drug price to the GoodRx price behind the scenes and gives you the lowest cost at the pharmacy. This happens automatically. No action is required!

Getting the most bang for your buck with our medical plan options



Republic Plastics, Ltd.

Knowing the best ways to use your healthcare coverage can help you improve your health and reduce your expenses. Here are some tips and resources to find the right care for the best value.

No Cost and Lowest Cost Member Services

- **First Stop Health: Enhanced Primary Care, Virtual Urgent Care, Whole Person Mental Health:** Appointments with a First Stop Health doctor over the phone, through the mobile app or online are covered 100% by the plan – no cost to you.
- **QuestSelect (formerly Lab Card):** If you schedule your outpatient lab testing through the QuestSelect (formerly 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 outside of your patient responsibility – this is your lowest cost option to see a doctor.



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Our plan offers a number of special features and programs that can help you get the most effective care in ways that reduce your out-of-pocket expenses.

- Using First Stop Health for enhanced virtual primary care, urgent care, and whole person mental health care is more convenient for you and it is 100% free.
- Any lab work that your doctor orders can be completed for zero cost to you. Just take your lab order to any Quest Diagnostics location
- Likewise MRIs, CTs, and/or PET scans can all be scheduled through US Imaging and it will be completely free for you. Simply call the the US Imaging number on your ID card
- Finally, if you need to go to the doctor, use medical providers that are part of the PHCS network whenever you can. Those providers are already familiar with how are plan works, they provide the most cost effective care, and they won't balance bill you

QuestSelect (formerly Lab Card)

Save money on outpatient lab work

If you need lab work done

The **QuestSelect** Program (formerly Lab Card), 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 QuestSelect is used!**
- **High Quality Facilities Near You:** Nationwide network for convenient specimen collection options.

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

For information on QuestSelect visit
QuestSelect.com or call
Personify @ 1.800.843.3831



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When you are in your physician's office and they order lab testing, your doctor will often direct you to their lab or a lab in their facility. Let your doctor know that you can save money using a Quest Diagnostics or LabCorp lab and/or ask them for the lab order so you can take it to a Quest Diagnostics or LabCorp facility. The Quest Diagnostics or LabCorp lab will collect the samples and send the test results to your physician. This program is for outpatient lab work only.

US Imaging



Save money on MRI, CT, and PET scans. If you need an MRI, CT or PET scan

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

- **Save Money:** You can save hundreds (or even thousands) 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 1.877.874.6385 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 **1.877.874.6385**.

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



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US Imaging is a program provided for advanced radiology procedures including MRI, CT and PET scans at no cost. All employees and dependents enrolled in the medical plan are automatically eligible for the US Imaging program. As soon as your doctor recommends an MRI, PET or CT scan, either you or your doctor can call US Imaging to start the process. US Imaging will schedule the testing at a facility near you within 24-48 hours and provide you with the details. Keep in mind this is for imaging that you can plan for. It is not intended for emergency situations.

KNOW WHERE TO GO

Type	Appropriate for	Access	Cost
First Stop Health Telemedicine/Online Visit Virtual Primary Care 	Enhanced Primary Care, Urgent Care and Whole Mental Health – includes preventive and routine medical care, treatment for minor illnesses and conditions (colds, allergy, rash), mental health issues	24/7	FREE
Office visit 	Preventive and routine medical care (illness, injuries, physical and mental health)	Office Hours	\$\$
Urgent care, Walk-in clinic 	Non-life-threatening conditions requiring prompt attention (cuts, sprains, flu)	Vary, up to 24/7	\$\$\$
Emergency room 	Life-threatening conditions requiring immediate medical expertise (heart attack, stroke, difficulty breathing)	24/7	\$\$\$\$



Where you get medical care can have a significant effect on the outcome of your visit and the cost to you. Don't let time or finances prevent you from getting care for health issues that need attention. Take advantage of a video visit to talk with a doctor about many common health issues such as colds, allergies, skin conditions, and even issues such as stress, anxiety, depression, grief and more.

For routine, non-emergency care

- Use First Stop Health's Enhanced Primary Care option! It is free to you, visits can be scheduled on your time, and you can meet with your PCP from anywhere.
- If you want to see an in-person primary care physician, call Personify Health @ **1.800.843.3831** to help you find a provider in your area that is already part of the PHCS network.
- **If you receive a balance bill or other correspondence from your in-person doctor call Personify Health 1.800.843.3831.**



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For most people, First Stop Health's Enhanced Primary Care solution is going to be the best option for routine, preventive and/or non-emergency care. First Stop Health is more convenient for you and it is completely free. First Stop Health providers can diagnose conditions, order lab work through Quest Diagnostics, write prescriptions, make referrals to specialists, etc.

If you want to see an in-person doctor, you can always do that as well. To make this as smooth as possible, call Personify Health to help you find a provider in your area that is already part of the PHCS network.

If you need to go to the doctor

- You can use any physician you want
 - **PHCS Practitioner Only** is your PPO Network, but there is no need for reduced “Out of Network” benefits and you’re not required to find a provider on a list. However, if you do use a PHCS provider, it will eliminate any balance billing potential.
- All you pay is the copay at time of service
- **Call Personify Health (formerly HealthComp/BAS) @ 800.843.3831 to find a provider, if you or your provider has questions, or if your physician sends you an invoice or balance bill**
 - **If you have any questions or paperwork about costs or bills, contact Personify Health and/or HR. DO NOT IGNORE BILLS FROM YOUR PROVIDER.**
- **How do I locate a primary care doctor or specialist?**
 - Call Personify Health
 - Use the Personify Health Member Portal or Mobile app
 - Go to: www.multiplan.com
 - Click on Find a doctor or facility
 - Select Network: **PHCS > Practitioner Only**
 - Search by name, specialty, and/or location



You can use any physician you want. PHCS Practitioner Only is your PPO Network, but there is no need for reduced “Out of Network” benefits and you’re not required to find a provider on a list. However, if you do use a PHCS provider, it will eliminate any balance billing potential.

All you pay is the copay at the time of service.

Call Personify Health to find a provider, if you or your provider has questions, or if your physician sends you an invoice or balance bill.

If you have any questions or paperwork about costs or bills, contact Personify Health and/or HR. Do not ignore bills from your provider.

You can locate a primary care doctor or specialist by calling Personify Health, using the Personify Health member portal or mobile app, or by utilizing the provider search tool at multiplan.com.

If you need a non-emergency procedure or treatment

- Call Personify Health @ **1.800.843.3831** before you schedule any non-emergency surgery, in/out patient or major medical treatments.
- Speak to Personify Health 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 Personify Health 1.800.843.3831.**



Republic Plastics, Ltd.

Call Personify Health before you schedule any non-emergency surgery, inpatient or outpatient services, or major medical treatments. Personify Health can determine if there is a pre-negotiated or contracted facility in your area. Afterward, if you receive a balance bill or other correspondence from the facility then call Personify Health right away.

If you need Urgent Care

If your situation is not urgent or if you do not need a face-to-face visit, use First Stop Health! Open 24 hours a day / 7 days a week at [1-888-691-7867](tel:1-888-691-7867).

When Accessing Urgent Care Services During Personify 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 then 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 Personify Health at 800-523-0582 (M-F 7:30am – 4:30pm CST)
 - If the facility is not willing to call Personify Health, please call Personify Health at 800-843-3831 and request assistance with your urgent care visit.

When Accessing Urgent Care Services Outside Personify 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 Personify Health 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.



Republic Plastics, Ltd.

If your situation is not urgent or if you do not need a face-to-face visit, use First Stop Health! It is available 24 hours a day / 7 days a week and it's FREE!

When Accessing Urgent Care Services During Personify Hours

Step 1: Verify if Urgent Care Facility is in-network (see the MultiPlan/PHCS listing on the Republic Plastics website).

Step 2: Provide your insurance information to the facility.

Step 3: If the physician you see during your visit is in-network then 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 Personify Health at 800-523-0582 (M-F 7:30am – 4:30pm CST)

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

When Accessing Urgent Care Services Outside Personify Hours of Operation:

Step 1: Verify if Urgent Care Facility is in-network (see MultiPlan/PHCS listing on the Republic Plastics website).

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 Personify Health 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.

If you need emergency care

- In a life-threatening situation (heart attack, stroke, difficulty breathing), get care right away!
- Call Personify Health @ **1.800.843.3831** and they will help you find a PHCS provider or another provider in your area.
- Give the facility your insurance card. If you receive a balance bill or other correspondence from the facility call Personify Health @ **1.800.843.3831**.



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If you need emergency care, get care right away. If possible, call Personify Health and they will help you find a PHCS provider or another provider in your area. If that's not possible, give the facility your ID card and get the treatment you need. Afterward, if you receive a balance bill or other correspondence from the facility then call Personify Health right away.

Example: In-Person Primary Care Doctor recommends labs

- You want to see a physician in-person.
- You can use any physician you want.
 - **PHCS Practitioner Only** is your PPO Network. You can see any provider you wish. However, if you do not use a PHCS provider, you may be balance billed.
- **To find a PHCS doctor:**
 - You either call Personify Health at 800-523-0582 (M-F 7:30am – 4:30pm CST) OR
 - You use the Personify Health Member Portal or Mobile app
 - Go to: www.multiplan.com
 - Click on Find a doctor or facility
 - Select Network: **PHCS > Practitioner Only**
 - Search by name, specialty, and/or location
- You contact the provider to schedule an appointment.
 - The doctor's office asks for your insurance information. You give them your group number, member ID number, phone number for Personify Health from your ID card.
- You present your ID card to the receptionist at the time of your visit. All you pay is the copay at time of service.



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In this example, you don't have a Primary Care Doctor, but you want to get a few things checked out and you want to see someone in person. You know you can use any physician you want, but also know that if you use a PHCS physician you will not receive a balance bill. You know you can call Personify Health during business hours, but it is late in the evening and so you use the member portal or mobile app to find a physician in the Practitioner Only network. You contact the doctor the next day to schedule your appointment and given them your group number, member ID number and the phone number for Personify Health. When you go to the appointment you give your ID card to the receptionist and pay your copay.

Example: In-Person Primary Care Doctor recommends labs

You are in your doctor's office for a visit and your doctor orders diagnostic lab tests. Your doctor tells you to go to the lab they have downstairs. However, you know you have the QuestSelect (formerly Lab Card) benefit.

Since lab tests are free if you use QuestSelect (formerly Lab Card), you tell your doctor you want to get the lab tests done at Quest Diagnostics or Lab Corp.

You get the lab test order from your doctor.

- You find a Quest Diagnostics or Lab Corp facility at [QuestSelect.com](https://www.questselect.com) or by calling Personify Health @ 1.800.843.3831.
- The facility performs your lab tests and sends the results to your doctor.
- Your doctor reviews and provides your lab results to you.

*Applies to outpatient lab work only



Republic Plastics, Ltd.

You go to your in-person appointment and your doctor orders diagnostic lab tests. Your doctor tells you to go to the lab they have downstairs. However, you know you have the QuestSelect (formerly Lab Card) benefit. Lab tests are free if you use QuestSelect (formerly Lab Card), so you tell your doctor you want to get the lab tests done at Quest Diagnostics or Lab Corp. You get the lab test order from your doctor and then find a Quest Diagnostics or Lab Corp facility at [QuestSelect.com](https://www.questselect.com) or by calling Personify Health. The facility performs your lab tests and sends the results to your doctor. After your doctor reviews the results, they reach out to you and provide you with details.

Example: Sprained Ankle on Saturday

You are playing basketball on Saturday afternoon with your children. One of your children falls and you suspect they have sprained their ankle.

Since First Stop Health is free and you can access virtual urgent care from your phone or computer:

- You contact First Stop Health via phone, mobile app, or website and see a physician within 30 minutes or less on most occasions.
- The doctor asks you questions about your child's injury and gives you steps to take.
 - The doctor recommends treatment at home and give you instructions to follow.
 - The doctor tells you to look for signs that things are not improving or are getting worse, and says you will need to take your child to an Urgent Care facility if those things occur.
 - The doctor also determines that a medication is appropriate. They prescribe a generic medication and send it directly to your pharmacy. You pay your \$20 generic prescription drug copay at the pharmacy.

You try home treatment but things get worse, so you follow your doctor's instructions and take your child to an Urgent Care facility.

- You have saved the MultiPlan/PHCS Urgent Care Facility list that is located at www.republicplastics.com under the **Employee Portal** button where you can easily access it from home. You go to a provider on that list.
 - The reception desk asks you what network you are in, and you say "I have the PHCS network."
 - The receptionist confirms they are in-network with PHCS, and charges you the \$55 Urgent Care Copay.



Republic Plastics, Ltd.

Here is one example of how you use your plan. You are playing basketball on Saturday afternoon with your children. One of your children falls and you suspect they have sprained their ankle.

Since First Stop Health is free and you can access virtual urgent care from your phone or computer:

- You contact First Stop Health via phone, mobile app, or website and see a physician.
- The doctor asks you questions about your child's injury and gives you steps to take.
 - The doctor recommends treatment at home and give you instructions to follow.
 - The doctor tells you to look for signs that things are not improving or are getting worse, and says you will need to take your child to an Urgent Care facility if those things occur.
 - The doctor also determines that a medication is appropriate. They prescribe a generic medication and send it directly to your pharmacy. You pay your \$20 generic prescription drug copay at the pharmacy.

You try home treatment but things get worse, so you follow your doctor's instructions and take your child to an Urgent Care facility.

- You have saved the MultiPlan/PHCS Urgent Care Facility list that is located at www.republicplastics.com under the **Employee Portal** button where you can easily access it from home. You go to a provider on that list.
 - The reception desk asks you what network you are in, and you say "I have the PHCS network."
 - The receptionist confirms they are in-network with PHCS, and charges you the \$55 Urgent Care Copay.

Example: Cut Finger on Sunday

You are making dinner and cut your finger. You are unsure if the cut is deep enough to require stitches.

Part I

Since First Stop Health is free and you can access virtual urgent care from your phone or computer:

- You contact First Stop Health via phone, mobile app, or website and see a physician within 30 minutes or less on most occasions.
- Your doctor instructs you to go to an Urgent Care Facility because they think you need stitches.
 - You have saved the MultiPlan/PHCS Urgent Care Facility list that is located at www.republicplastics.com under the **Employee Portal** button where you can easily access it from home. You go to a provider on that list.
 - When you get to the facility you provide your insurance card to the receptionist.
 - The receptionist asks you what network you are in, and you say "I have the PHCS network."
 - The receptionist tells you that they are **not** in the PHCS network (even though you looked at the list before coming).
 - You say: "Please go ahead and file the claim with Personify Health, I understand you are 'out-of-network.'"
 - The reception desk asks you who Personify Health is and you say: "Personify Health administers the claims for my plan."
 - The receptionist says they won't submit the claim to Personify Health.
 - You pay the cost of the Urgent Care visit and get treated.
 - You get a detailed bill so you can call Personify Health during normal business hours to request assistance with getting the Urgent Care charge reversed.



Republic Plastics, Ltd.

Here is another example of how you use your plan. You are making dinner and cut your finger. You are unsure if the cut is deep enough to require stitches.

Since First Stop Health is free and you can access virtual urgent care from your phone or computer:

- You contact First Stop Health via phone, mobile app, or website and see a physician.
- Your doctor instructs you to go to an Urgent Care Facility because they think you need stitches.
 - You have saved the MultiPlan/PHCS Urgent Care Facility list that is located at www.republicplastics.com under the **Employee Portal** button where you can easily access it from home. You go to a provider on that list.
 - When you get to the facility you provide your insurance card to the receptionist.
 - The receptionist asks you what network you are in, and you say "I have the PHCS network."
 - The receptionist tells you that they are **not** in the PHCS network (even though you looked at the list before coming).
 - You say: "Please go ahead and file the claim with Personify Health, I understand you are 'out-of-network.'"
 - The reception desk asks you who Personify Health is and you say: "Personify Health administers the claims for my plan."
 - The receptionist says they won't submit the claim to Personify Health.
 - You pay the cost of the Urgent Care visit and get treated.
 - You get a detailed bill so you can call Personify Health during normal business hours to request assistance with getting the Urgent Care charge reversed.

Example: Cut Finger on Sunday

Part 2

- **On Monday**, you call Personify Health at 800-843-3831.
 - You provide Personify Health the name, address, and contact information of the Urgent Care Facility. You also send them a copy of the bill.
 - Personify Health indicates they will reach out to the provider directly to discuss a remedy.
 - Personify Health also says they will get back to you after they have been able to get in touch with the provider.
- Personify Health reaches out to your provider.
- 2 days later, the provider gets back to Personify Health and confirms they are in-network.
- Approximately 24-48 hours after hearing back from the provider, Personify Health contacts you to let you know that they were able to confirm the provider was indeed in-network.
 - You reach out to the Urgent Care Facility to get reimbursement for the difference between what the in-network benefit was and what they charged you.

OR

- Personify Health reaches out to your provider.
- 2 days later, the provider gets back to Personify Health and indicates they are not in-network.
- Personify Health reaches out to Fairos; Fairos tries to work out an agreement with the provider.
- After many discussions with the provider over the next week, Fairos lets you know that they still can't come to a resolution with the provider.
 - You submit a claim form to get reimbursement for your out-of-pocket costs you paid.

Important! Timeframes above are examples only. The timing of resolution for your specific situation will depend on a variety of factors including how long the provider takes to respond back.



Republic Plastics, Ltd.

- On Monday, you call Personify Health.
 - You provide Personify Health the name, address, and contact information of the Urgent Care Facility. You also send them a copy of the bill.
 - Personify Health indicates they will reach out to the provider directly to discuss a remedy.
 - Personify Health also says they will get back to you after they have been able to get in touch with the provider.
- Personify Health reaches out to your provider.
- 2 days later, the provider gets back to Personify Health and confirms they are in-network.
- Approximately 24-48 hours after hearing back from the provider, Personify Health contacts you to let you know that they were able to confirm the provider was indeed in-network.
 - You reach out to the Urgent Care Facility to get reimbursement for the difference between what the in-network benefit was and what they charged you.

OR

- Personify Health reaches out to your provider.
- 2 days later, the provider gets back to Personify Health and indicates they are not in-network.
- Personify Health reaches out to Fairos; Fairos tries to work out an agreement with the provider.
- After many discussions with the provider over the next week, Fairos lets you know that they still can't come to a resolution with the provider.
 - You submit a claim form to get reimbursement for your out-of-pocket costs you paid.

It is important to note that the timeframes above are examples only. The timing of resolution for your specific situation will depend on a variety of factors including how long the provider takes to respond back.

Example: MRI

You are in your doctor's office for a visit and your doctor orders an MRI. Your doctor tells you to go to the facility they refer you to. However, you know you have the US Imaging benefit.

Since MRI, CT & PET scans are free if you use US Imaging, you tell your doctor you want to get your imaging done at a US Imaging facility.

- You or your doctor call US Imaging at **877-874-6385** to schedule the appointment.
- US Imaging schedules you at a facility close to you within 24-48 hours and takes care of all the details.

*Applies to non-emergency advanced imaging



Republic Plastics, Ltd.

Here is one more example of how to use your plan. You are in your doctor's office for a visit and your doctor orders an MRI. Your doctor tells you to go to the facility they refer you to. However, you know you have the US Imaging benefit. Since MRI, CT & PET scans are free if you use US Imaging, you tell your doctor you want to get your imaging done at a US Imaging facility. You or your doctor call US Imaging to schedule the appointment. US Imaging schedules you at a facility close to you within 24-48 hours and takes care of all the details.

Your doctor wants you get an MRI. How do you reduce your out-of-pocket cost for the procedure?



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Answers (A is the correct answer):

- A) Call the US Imaging number on your card
- B) Go to the provider identified by your doctor without calling US Imaging
- C) Find an imaging provider via Google
- D) Download an MRI app on your phone

Steps to Take Now

- **Save the MultiPlan/PHCS listing of Urgent Care facilities somewhere you can easily access it while you are at work or at home.** The lists are located at www.republicplastics.com under the **Employee Portal** button.
- **Register for First Stop Health, Personify Health, and CVS portals**
- **Download the mobile apps for First Stop Health, Personify Health, and CVS**



Republic Plastics, Ltd.

Open enrollment is a good time to take additional steps (if you haven't already) so your plan is easy to use when you need it. First, save the MultiPlan/PHCS listing of Urgent Care facilities somewhere you can easily access it while you are at work or at home. The lists are located at www.republicplastics.com under the Employee Portal button. Next, be sure to register for First Stop Health, Personify Health, and CVS portals. Then download the mobile apps for First Stop Health, Personify Health, and CVS.

Chronic Condition Management



Republic Plastics, Ltd.

Livongo Chronic Condition Management is offered at no cost to employees with diabetes, pre-diabetes or hypertension who are covered by one of the company's medical plans.

You must self-register to participate

Livongo

Livongo[®]
by Teladoc Health

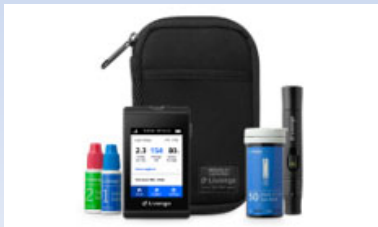
Get support for conditions with personalized guidance and care plans

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



Being diagnosed with a chronic condition like diabetes, pre-diabetes or hypertension can be overwhelming, but managing it doesn't have to be. Livongo is chronic condition management made simple. 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 "PERSONIFY". After completing your registration, download the mobile app to finish the enrollment process.

You must self-register to participate

Livongo



Self-register for the program if you are enrolled in a Republic Plastics medical plan and have been diagnosed with Diabetes, Pre-Diabetes or Hypertension:

- Visit Go.Livongo.com/PERSONIFY/register or call 800-945-4355
 - Use registration code: PERSONIFY
- You must self-register to participate
- You can self-register at any time during the year



Republic Plastics, Ltd.

You can self-register if you are diagnosed with pre-diabetes, diabetes or hypertension. You can register at any time.

Once you register you will be sent a kit to help you manage your condition. You will be able to connect virtually via the app when it's convenient for you to help you manage your health condition.

Supplemental Medical



Republic Plastics, Ltd.

Supplemental medical complements your health insurance and provides a lump-sum, tax-free benefit if you were to suffer from a covered condition. It is not a replacement for health insurance. This benefit is optional. If you elect it, you will pay the full cost through payroll deductions.



Pick an Ansel (formerly Brella) plan that's right for you.

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

Ansel supplemental health insurance 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, multiple sclerosis, and sepsis.

Choose your Ansel 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



Republic Plastics, Ltd.

Ansel (formerly Brella), is a supplemental medical plan that can help you pay costs arising out of unexpected medical issues by putting cash directly in your pocket (or bank account) when those issues arise. either the Value plan, Enhanced plan or Premier plan. Refer to the plan documents for more details.

Put simply, Ansel makes a lump sum claims payment based on applicable diagnostic codes for any one of over 13,000 covered conditions.

Once you receive the claims payment, you can use it for anything you need – to pay a copay, a prescription, or a medical device (such as an ankle brace). You can even use it for something as simple as groceries.

Sample Covered Conditions



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.

Bodily Injury	Benefit Category	Cancer (cont)	Benefit Category	Bone & Connective Tissue		Heart	
Fracture of finger or toe	Moderate	Thyroid cancer	Catastrophic	Stress fractures	Moderate	Ventricular fibrillation	Catastrophic
Fracture of foot	Moderate	Leukemia	Catastrophic	Pathological fractures	Moderate	Heart attack	Catastrophic
Open or compound fractures	Severe	Hodgkin lymphoma	Catastrophic	Sprain of ACL / MCL (knee)	Moderate	Cardiac arrest	Catastrophic
Fracture of hip	Severe	Lung cancer	Catastrophic	Bacterial & Viral Infections		Abdominal aortic aneurysm	Catastrophic
Fracture of skull	Severe	Stomach/Colorectal cancer	Catastrophic	Pneumonia	Moderate	Atrioventricular block	Severe
Torn rotator cuff	Severe	Bladder cancer	Catastrophic	Sepsis	Catastrophic	Unstable angina	Severe
2nd degree burns	Moderate			Hepatitis C (viral)	Moderate		
3rd degree burns >50% of body	Catastrophic	Skin		Meningitis	Moderate	Nervous System	
Concussion	Moderate	Basal cell carcinoma of skin	Moderate	Bacterial meningitis	Severe	Migraines (intractable)	Moderate
Dislocation of shoulder	Moderate	Carcinoma in situ of skin	Moderate	Infection of spinal disc	Severe	Alzheimer's	Catastrophic
Foreign body in eye, ear, or nose	Moderate	Squamous cell carcinoma of skin	Moderate	Lung fluid (pleural effusion)	Severe	Parkinson's disease	Catastrophic
Laceration of finger	Moderate	Malignant neoplasms of skin (melanoma)	Severe			Bell's palsy	Moderate
Laceration of scalp	Moderate			Respiratory		Quadriplegia	Catastrophic
Puncture wounds	Moderate	Benign Tumors/Neoplasms		Acute pulmonary edema	Severe	Paraplegia	Catastrophic
Torn achilles tendon	Severe	Benign breast tumor	Moderate	Acute respiratory failure	Severe	ALS (Lou Gehrig's disease)	Catastrophic
Torn ACL (knee)	Severe	Benign internal fatty tumor	Moderate	Lung fluid (pleural effusion)	Severe	Multiple sclerosis	Catastrophic
Torn meniscus (knee)	Severe	Benign neoplasm of bladder	Severe	Pulmonary embolism	Severe		
Loss of limb	Catastrophic	Benign neoplasm of brain	Severe	Acute respiratory distress syndrome	Catastrophic	Brain	
Anaphylactic shock	Severe	Benign neoplasm of colon	Severe			Stroke	Catastrophic
Poisoning	Moderate	Benign neoplasm of liver	Severe	Urinary System		Encephalitis and encephalomyelitis	Moderate
		Benign neoplasm of thyroid	Severe	Acute kidney infection (Acute pyelonephritis)	Moderate	Brain aneurysm	Severe
				Bladder, ureter, urethra stones	Moderate	TIA (mini-stroke)	Severe
				Kidney stones	Moderate	Cerebral hemorrhage (acute)	Catastrophic
				Newborn			
				Pre-term newborn (34-35 weeks)	Moderate	Digestive System Conditions	
				Pre-term newborn (32-33 weeks)	Severe	Gastric ulcer (with hemorrhage)	Severe
				Pre-term newborn (31 weeks or less)	Catastrophic	Appendicitis	Severe
				Low birth weight (less than 1750 grams)	Catastrophic	Hernia of diaphragm/intestine	Severe
				Spina bifida	Catastrophic	Gallstones	Severe
				Cleft palate	Severe	Diverticulitis	Severe
						Kidney stones	Moderate
				Cancer (malignant neoplasms excl. skin)		End-stage renal failure	Catastrophic
				Breast cancer	Catastrophic	Acute pancreatitis	Severe
				Prostate cancer	Catastrophic	Perforation of intestine	Catastrophic
						Obstruction of bile duct	Severe

This lists shows some common covered conditions. If you don't see a specific condition on this list, contact the phone number or email address shown here.

Using Ansel (formerly Brella) —

ansel.

If you are enrolled in a Republic Plastics medical plan

Ansel is being notified when a medical claim for a covered diagnosis is filed with Personify. Ansel will pay the benefit automatically.

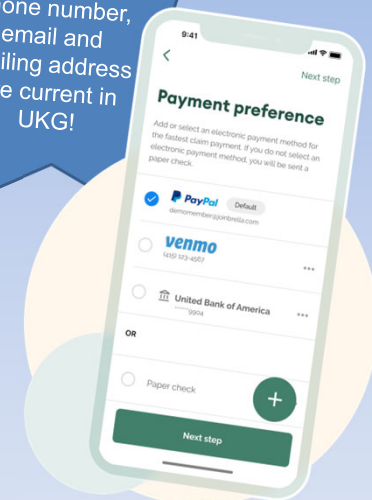
The Ansel team will reach out to you to advise you of the forthcoming benefit payment (allowing you the opportunity to input an electronic payment method on your member portal, if you wish).

The Ansel team will attempt to call, as long as your phone number is on file. If they are unable to connect with you OR they do not have your phone number, they will follow up with an email. They allow 2 days for a response (and to give you time to set up an electronic payment method).

After 2 days, if they cannot reach you and/or no electronic method has been established, you will be mailed a check.

- Phone calls will come from 888-300-5382
- Emails will come from support@joinansel.com

Be sure your phone number, email and mailing address are current in UKG!



If you are enrolled in the medical plan, Ansel is notified when a medical claim for a covered condition is filed and will pay out the benefit automatically.

The Ansel team will reach out to you to advise you of the forthcoming benefit payment (allowing you the opportunity to input an electronic payment method on your member portal, if you wish).

The Ansel team will attempt to call, as long as your phone number is on file. If they are unable to connect with you OR they do not have your phone number, they will follow up with an email. They allow 2 days for a response (and to give you time to set up an electronic payment method).

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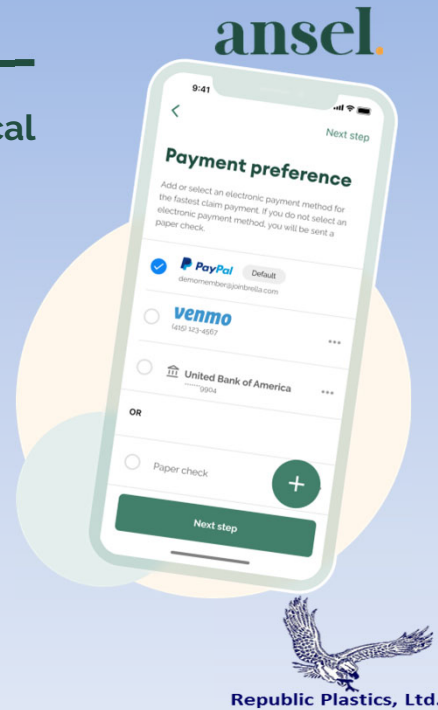
- Phone calls will come from 888-300-5382
- Emails will come from support@joinansel.com

Using Ansel (formerly Brella) —

If you are not enrolled in a Republic Plastics medical plan

If you enrolled in Ansel but are not enrolled in the Personify medical plan, you will need to file your claim via the mobile app or web portal. The process is 100% paperless:

- Visit joinansel.com/members to register for an online account and set a password
- Download the Ansel app and log-in
- Tell Ansel what happened by answering 4 simple questions
- Upload photos of claim evidence right from your device
- Receive lump sum payment within 72 hours
- Select fast, secure payouts by Venmo, PayPal, or direct deposit



If you are not enrolled in a Republic Plastics medical plan, all you need to do is follow the instructions listed here and file a claim on the mobile app. You can use the money you receive under the plan however you see fit, like paying for medical bills, childcare, or for regular living expenses like groceries-you decide!

Example showing how Ansel (formerly Brella) works*



Marcus is a 38 year-old dad of three. He chose the Enhanced Plan to cover his active family.

Marcus' Enhanced Plan

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



Marcus tore his ACL and got a \$1,000 Severe benefit.

In January, Marcus hurt his knee playing soccer and filed a claim in his Ansel app. He received Severe benefit payout because his diagnosis, Torn ACL, is a covered Severe condition in his Ansel policy.



His daughter got a \$300 Moderate benefit.

A few months later, his daughter caught a bad stomach flu. She was diagnosed with Dehydration, a covered Moderate condition in Marcus's Ansel policy. He filed a claim and received a Moderate benefit payout 72 hours later.



Marcus used the funds for bills and extra expenses.

Since Ansel benefits can be used for anything, Marcus used some of the money to pay medical bills he owed toward his deductible, and the rest helped cover extra groceries to help his daughter recover.



*Fictional example for illustrative purposes only.

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Here's an example showing how coverage with Ansel (formerly Brella) works. Marcus is a 38 year old father of three. He enrolled in the Enhanced Plan with family coverage. In January, Marcus tore his ACL. This diagnosis was in the Severe category, so Marcus received a lump sum of \$1,000. A few months later, his daughter was diagnosed with dehydration. This diagnosis was in the Moderate category, so Marcus received \$300. Marcus used some of the money he received to pay the medical bills he owed. He then used the rest of the money to cover extra groceries to help his daughter recover.

Ansel (formerly Brella)

ansel.

- Ansel is designed to cover sudden financial strain that might come with health issues.
- Ansel **doesn't** cover everything.
 - Ansel *doesn't* cover mild conditions that you would typically treat at home or with a primary care physician because they don't usually break the bank.
 - Ansel also *doesn't* cover chronic, mental health or maternity conditions because these types of conditions usually give us time to plan for upcoming expenses.
 - Examples of conditions that are not covered include diabetes, asthma, hypertension, sleep apnea, rheumatoid arthritis, gout, atrial fibrillation, epilepsy, fibromyalgia and COPD.
- To verify if a certain condition is covered, contact Ansel Concierge at (888) 300-5382 or support@joinansel.com.

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



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Keep in mind that Ansel is designed to cover sudden financial strain that might come with health issues. Ansel *doesn't* cover everything. It doesn't cover mild conditions typically treated at home or through your primary care physician. It doesn't cover chronic illness, mental health or maternity because these types of conditions usually give us time to plan for upcoming expenses. To verify if a condition is covered, contact Ansel's concierge team.

Other important information—

ansel.

If you did not enroll when you were initially eligible, you may enroll at annual enrollment. However, benefits will not be payable until you have been enrolled on the plan for 60 days.

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 lifetime 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. Your premium depends on your age, benefit amounts and who you choose to cover.
3. Ansel 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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If you did not enroll when you were initially eligible, you may enroll at annual enrollment. However, benefits will not be payable until you have been enrolled on the plan for 60 days. There are also some additional limitations shown here. The cost of coverage depends on your age, the benefit amounts and which dependents you choose to cover.

Dental



Republic Plastics, Ltd.

Dental insurance provides preventive care to make sure your teeth and gums are in good shape, as well as services for repairing teeth and treating gum disease.

Sun Life Dental
Dental Network: Sun Life Dental Network



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

This table gives you a high-level comparison of the in-network dental coverage provided by each of our plans.

Dental Plans Explained

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, 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** Sun Life's rate.



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How do you know which dental plan is right for you?

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, 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** Sun Life's rate.

Your preferred dentist is in network with SunLife.
Which dental plan would likely be best for you?



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Answers (B is the correct answer):

- A) Usual & Customary Plan
- B) MAC Plan
- C) The Las Vegas Plan
- D) Pliers

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 Sun Life negotiated rate for a tooth extraction is \$1000. If your dental provider is in the Sun Life 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.

	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 Sun Life 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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Here's an example of the difference between the plans.

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 network, your cost under each plan would be \$400 under the MAC Plan and \$500 under the U&C Plan.

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How to Find a Dental Network Provider

- Go to 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 menu
 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 can filter results by gender, specialty, distance, etc.



Republic Plastics, Ltd.

You can use any dentist, but you will receive the highest level of benefits in-network. The Sun Life Dental Network is an extensive, nationwide provider network. Here are instructions for finding a network provider. You can search for providers by zip code or by name. You can filter results in a variety of different ways.

Sample Dental ID Card



Group ID Number **Issued to** Republic Plastics, Ltd
959976

PRINT MEMBER NAME

Insurance products are underwritten by Sun Life Assurance Company
of Canada (Wellesley Hills, MA).

Sun Life Dental Network®

(Includes Aetna Dental® Administrators)

To locate a dentist in your area – visit www.sunlife.com/findadentist.
Input your Group ID and hit search.

Dental Coverage: Benefits are subject to group provisions including
deductibles, coinsurance and coordination of benefits. This card is
NOT a guarantee of payment. Please call to verify benefits. If services
are to exceed \$500, please submit a pre-determination.

For Benefit and Claim Information:

Sun Life
P.O. Box 2940, Clinton, IA 52733

Electronic Claims: Payor 70408
(800) 442-7742

Register for the Sun Life member portal at sunlife.com/account or
download the Sun Life Dental Mobile App to access your dental ID
card.

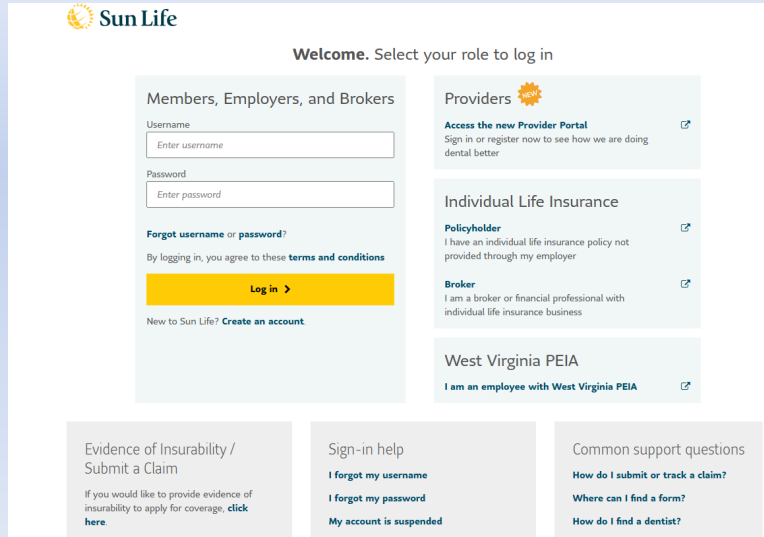


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Here is a sample of the Sun Life dental ID card. Dental ID cards are digital and accessible
online through the member portal or through the Sun Life Dental Mobile App.

Sun Life Member Portal

Register for the Sun Life member portal to access your dental benefits and view your dental ID card at sunlife.com/account.

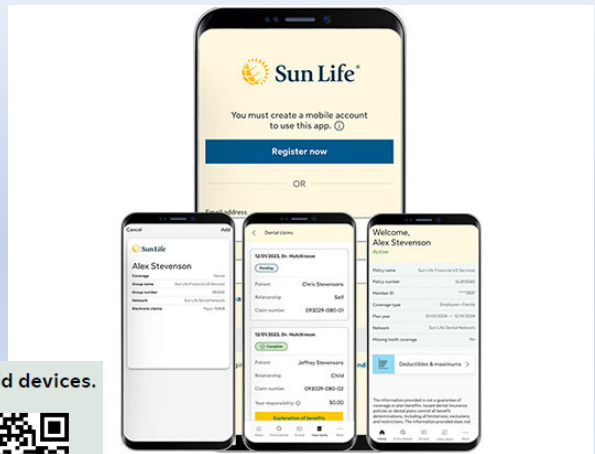


Register for the Sun Life member portal to access your dental benefits, dental claims and dental ID card anytime from anywhere.

Sun Life Dental App

Download the new Sun Life mobile app.

- Access Your Dental ID Card
- Find In-Network Dentists
- Check Claims Status
- View Dental Benefits



Available for iOS and Android devices.



Download from the App store



Download from Google Play



Republic Plastics, Ltd.

Download the new Sun Life dental app to access your dental benefits, dental claims and dental ID card anytime from anywhere.

Vision



Republic Plastics, Ltd.

Vision coverage helps with the cost of eyeglasses or contacts, and covers annual checkups to ensure your eyes are in good health.

Sun Life Vision Vision Network: VSP



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	\$70 plan allowance towards frames

Here's a summary of vision plan benefits. Benefit limitations will apply when you use out-of-network providers. If you enroll in this plan, be sure to visit the plan's website for a list of in-network doctors and eyewear providers, as well as other services and discounts you can get through the plan.

How to Find a VSP Vision Provider

- Go to www.vsp.com
 1. Click **Find a Doctor**
 2. Enter zip code or city and state
- Click **Search** button to see results
 - . You can filter results by gender, provider type, distance, etc.

To use your vision plan, simply make an appointment with your VSP provider and let the office know you are a VSP® member.


If you do not use a VSP provider, you will most likely have to pay up front when you get services and submit a claim for reimbursement up to the out-of-network amounts.



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You can use any vision provider, but you will receive the highest level of benefits in-network. The VSP network is an extensive, nationwide provider network. Here are instructions for finding a network provider. If you go to an in-network provider, your benefits will be applied automatically. If you use an out-of-network provider, you will have to pay up front and submit a claim for reimbursement up to the out-of-network amounts.

Vision ID Card



Using your vision plan

1. Review your plan information
2. Choose a VSP® doctor online 24 hours a day, or call us at our toll-free number
3. Make an appointment and let the office know you are a VSP® member

That's it! Your doctor will take care of the rest.


Doctor's name: _____

Office number: _____


Visit vsp.com
Answers anytime, anywhere

- Choose a VSP® doctor
- View your personal eyecare coverage
- Find the latest eye health information
- Try out Eyewear Advisor to find lenses that are right for you
- Learn about special discounts and promotions

www.vsp.com
or 800-877-7195



Insurance products are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01. In New York, insurance products are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01.
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GVISPC-6195b



You can register at www.vsp.com to access your vision ID card and vision benefits information.



Here is a sample of the Sun Life vision ID card. Vision ID cards are digital and accessible online through the VSP website.

Life/AD&D & Disability



Republic Plastics, Ltd.

If something happened to you, would your family be financially secure? Would you be able to pay your bills if you couldn't work due to an illness or injury? Life and disability insurance can fill a number of financial gaps.

Life/AD&D



Benefit Description	Employer Paid	Voluntary
Employee Benefit	\$50,000	Increments of \$10,000
Maximum Benefit	\$50,000	Lesser of \$500,000 or 7 x Annual Salary
Guarantee Issue*	\$50,000	\$150,000
Spouse Benefit	N/A	Increments of \$5,000
Maximum Benefit		Lesser of \$500,000 or 100% of Employee Amount
Guarantee Issue*		\$30,000
Child Benefit		Age 6 Months to 26 Years: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000 Live birth to 14 days: \$100 & 15 days to 6 months: \$500
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

Voluntary Life and AD&D benefit amounts must be the same



Republic Plastics, Ltd.

The Company pays for a basic, \$50,000 Basic Life & AD&D plan for all eligible employees. The life insurance benefit pays your beneficiary if something happens to you. The AD&D coverage pays a benefit in the event of your accidental death or injury.

Voluntary coverage is also available if you would like additional coverage above what the company pays for.

Don't forget to designate a beneficiary, the person or persons who would receive the benefit. You can update your designation at any time should circumstances change.

Disability



	Volunteer Employee-Paid Short Term Disability (STD)	Voluntary Employee-Paid 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)



Short-term disability replaces a portion of your income if you temporarily can't work due to an issue such as surgery and recovery, illness, disability, or pregnancy issues and childbirth. The plan replaces a portion of your weekly earnings up to a maximum benefit amount. Your benefits, which are shown here, begin after a short waiting period. Your benefit may be reduced by income from other sources such as sick pay, workers' compensation, or other disability insurance. Refer to your benefits materials for additional information.

Long-term disability replaces a portion of your income if you're unable to work due to a disability lasting a longer period of time. The plan pays a percentage of your monthly earnings up to a maximum benefit amount. Benefits begin after a waiting period. Take a moment to review this coverage. Your benefit may be reduced by any state, federal or private disability benefits you receive while disabled. Refer to your benefits materials for more details.

Legal Shield



Republic Plastics, Ltd.

Now we'll look at the Legal and ID Theft coverage. These are optional benefits. If you choose to enroll, you pay the entire cost of the coverage through payroll deduction.

Legal Shield



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



Republic Plastics, Ltd.

Do you have an attorney on retainer? Most people don't, so our legal program offers you access to legal advice and representation. Whether you need assistance reviewing a rental agreement, fighting a traffic ticket, creating a will, buying a house or navigating an IRS audit, legal coverage offers reputable attorney assistance for you and your family.

Identity theft is serious. Victims can spend hundreds or even thousands of dollars and weeks of their own time to repair the damage done to their good names and credit records. Identity theft protection monitors for signs that an identity thief may be using your personal information (such as credit cards, bank accounts, or your Social Security Number) and, if a breach occurs, Legal Shield helps you deal with the effects.

Alliant Medicare Solutions



Republic Plastics, Ltd.

Are you or anyone you know nearing age 65? Alliant Medicare Solutions is a free resource that can help you, your family, and your friends.

Alliant Medicare Solutions

Turning 65? Understand your Medicare Options

Choosing a Medicare plan – and understanding how it can affect your employer-provided medical coverage – can be confusing. That's why we provide resources to help you understand the different parts of Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

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

How does it work?

1. You call Alliant Medicare Solutions at (877) 888-0165 and speak to a Licensed Insurance Agent (*Alliant Medicare Solutions is managed by Insuractive*).
2. You discuss with Alliant Medicare Solutions your existing insurance coverage and which Medicare plans might work the best for you.
3. You enroll by having Alliant Medicare Solutions help you enroll immediately or email policy materials for you to review and enroll at a later date.

Find out more at alliantmedicareolutions.com or call (877) 888-0165.



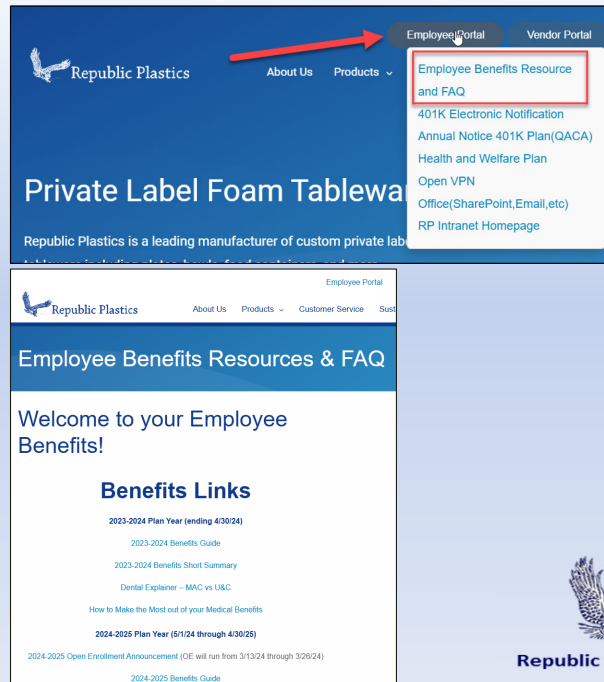
Republic Plastics, Ltd.

Choosing a Medicare plan-and understanding how it can affect your employer-provided medical coverage-can be confusing. That's why we are offering Alliant Medicare Solutions. Alliant Medicare Solutions can help you understand how Medicare works. what plans are available to you, and what might work best for you, whether you're retiring or continuing to work after age 65. Call Alliant Medicare Solutions to speak to a licensed agent, or visit alliantmedicareolutions.com for more information.

Resources

UPDATE SCREEN SHOT

- Go to www.republicplastics.com and float your cursor over the Employee Portal button and click on Employee Benefits Resources and FAQs
- Find basic information about our plans, including:
 - Listing of Urgent Care centers that accept Multiplan PHCS
 - The 2025-2026 Benefits Guide and Short Summary
 - The 2025-2026 Dental Coverage Explainer illustrating the difference between the MAC and U&C plans
- You can also email us directly at HR@republicplastics.com



You can find out general information about our employee benefits by going to www.republicplastics.com, floating your cursor over the Employee Portal button, and clicking on the Employee Resources and FAQs link. This will take you to our Employee Resources page where you can find all kinds of useful information about our benefit plans including the 2025-2026 Benefits Guide and Short Summary (these are also available through UKG when you do your enrollment).

You can also email us directly at HR@republicplastics.com

What Are My Next Steps?

Enrollment:

- ❑ Log in to your UKG account at ukg.republicplastics.com and go to Myself>Benefits and click on the Open Enrollment link
- ❑ You must complete Benefits Enrollment via a web browser. It cannot be done via the UKG app.
- ❑ If you are logging in from a computer, simply go to ukg.republicplastics.com and enter your user name and password (contact HR if you need help with this).
- ❑ If you are accessing from a web browser on a mobile device, you will still go to ukg.republicplastics.com, but you will need to click on the View Desktop Version link before you log in.




Republic Plastics, Ltd.

You don't have to log on to our benefits enrollment system unless you are making new elections or changing your benefits. If you don't log on, your current benefits will carry over.

What Are My Next Steps?

Enrollment:

- Even if you are not making changes, we need 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 March 19th, **if you wish to make any changes**
- Be sure to reach out to Human Resources and/or 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 Cards:

- If you are currently enrolled in medical, your existing ID card will still be valid for the 2025-2026 plan year and you will *not* be sent a new card. You can access your card on the Personify portal/app.
- If you are new to medical, a medical ID card will be mailed to your address on file.
- Dental and vision cards are available on the Sun Life portal.



Republic Plastics, Ltd.

Once the current enrollment period has ended, your benefit choices will be in place for the plan year, and you won't be able to make changes unless you have a qualifying life event such as a change in marital status or a new child in your family. Be sure to consider your options carefully during this enrollment opportunity, and complete your enrollment by the deadline so you won't miss out on any coverage you want or need for the coming plan year.