

2021–2022

ANNUAL BENEFITS

OPEN ENROLLMENT | FIELD



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ANNUAL BENEFITS OPEN ENROLLMENT

Flagger Force is pleased to present this overview of our available employee benefits. We offer a variety of benefits to **help you protect your health, your family, and your way of life.**

Your benefits are a valuable part of your compensation package. Please take the time to review this information carefully and keep it handy for future reference. You may also contact the insurance carriers directly with specific coverage questions.

See the “Contacts” section for phone numbers and websites.

NOTE:

This booklet is intended to provide only the highlights of your benefits; see your plan documents for full details. If any conflict ever arises between this booklet and the actual plan document, the terms of the plan document will govern in all cases. Flagger Force reserves the right to change, modify, or terminate the benefit plans at any time. This booklet is not a contract for purposes of employment or payment of benefits.

OPEN ENROLLMENT FOR 2021–2022

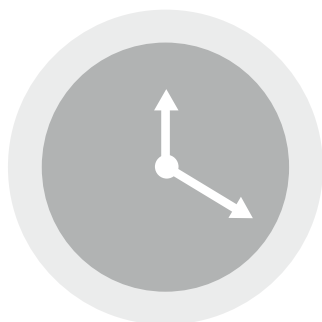
Open Enrollment will begin on **July 16, 2021** and will end on **August 13, 2021** at **5:00 p.m. Eastern Time**. Once Open Enrollment ends, you will not be able to request enrollment/changes until the following year's annual Open Enrollment period. The elections you make during Open Enrollment will become effective on **September 1, 2021** and will remain in force until next year's Open Enrollment period.

REQUESTING CHANGES TO YOUR COVERAGE DURING THE YEAR

Once you enroll for coverage, you may not change or cancel your benefits until the next open enrollment period unless you have a "qualifying event," such as marriage, divorce, birth or adoption of a child, death of a dependent, or certain events that affect your dependent's insurance coverage (for example, your spouse losing his or her job). If you experience a qualifying event, you must contact HR/Benefits to change your coverage within 30 days of the event. If you have questions about your particular situation, call employee services, **717.461.7650, option 5** or send an email to Benefits@FlaggerForce.com.

IMPORTANT NOTE:

If you are currently enrolled in the Medical, HSA, Dental, Vision, Accident Plan, or Hospital Indemnity Plan, **YOU MUST RE-ENROLL** in Kronos/UKG by **August 13, 2021 at 5:00 p.m. Eastern Time**. If you do not re-enroll into these plans, your coverage will not continue past **August 31, 2021**. You are not required to re-enroll in Life/AD&D insurance, Short Term Disability (STD), or Long Term Disability (LTD) as these benefits will continue.



YOU MUST RE-ENROLL.

Open Enrollment will begin on **July 16, 2021** and will end on **August 13, 2021** at 5:00 p.m. Eastern Time.



BENEFITS ELIGIBILITY AT FLAGGER FORCE

For all variable-hour Field employees, Flagger Force follows the eligibility rules established under the Affordable Care Act (ACA) of 2010.

To be considered full time and benefit eligible under the ACA, an employee must average 30 or more hours worked per week, measured over a six (6) month period. If you enroll in any benefit, you must maintain the 30+ hour weekly average to maintain eligibility and coverage.

If you enroll, you may also enroll your eligible, qualified dependents. Generally, your eligible dependents are:

- Your legal spouse, as defined by federal law.
- Your children up to age 26. This includes your natural children, stepchildren, adopted children, and children for whom you are the legal guardian as designated under Court of Law.
- Your mentally or physically disabled children over age 26 (if they depend on you for support). You will be required to provide appropriate documentation of their disability.

NOTE:

Flagger Force reserves the right to request documentation to verify dependent eligibility.

Enrolling non-qualified persons as dependents is a form of insurance fraud.

Reminder: **YOU MUST RE-ENROLL**

If you do not re-enroll into these plans, **your coverage will not continue past August 31, 2021.**

YOU COVER
THE ROADS

WE COVER YOU





HOW TO ENROLL

All enrollments/change requests must be submitted online using the KRONOS Employee Self Service site or the UKG Ready mobile app.

- 1 Review your plan options and make a short list of your selections.
- 2 Be sure to have your dependent information ready such as full names, dates of birth, and Social Security numbers (unless you have already entered these previously).
- 3 Logon to KRONOS (Secure2.EntertimeOnline.com/ta/InpTCS.Login) or the UKG Ready app. Select “My Benefits,” then “Enrollment.” Once there, you will see the “Open Enrollment—Start” link.
- 4 Make your selections for EVERY benefit type, even if you are choosing to waive some options.
- 5 Once you reach the “Confirm Selections” section, click “Save” then “Submit Request” to send your elections to Human Resources. If you fail to click “Submit Request”, your enrollment/changes will not be received by HR. Once you submit your enrollment you will receive a confirmation of your submission by email. You will receive a second email confirmation once your enrollment is approved.

For more detailed instructions on how to enroll/navigate your benefits, [click here](#).

NOTE:

If you do not remember your Username, call employee services, 717.461.7650, option 5, or email Benefits@FlaggerForce.com. If you know your Username, but cannot remember your password, click the “Forgot your password?” link.

WHAT'S NEW FOR 2021-2022

Because of the ongoing increases in healthcare costs, as well as the considerable increase in claims activity in 2020-2021, Flagger Force must make changes to almost all Employee Contribution rates for our medical, dental, and vision plans for the coming year.

- Copays for in-network Specialist office visits will increase from \$30 to \$40. Copays for in-network Emergency Room visits will increase from \$250 to \$500.
- Prescription drug (up to 30-day supply) copays will decrease from \$10 to \$5 for generics (up to 30-day supply). Copays for all other drug types will increase.
- The Health Savings Account (HSA) contribution from Flagger Force will increase from \$350 to \$500. Enrollees must also enroll in the Consumer Value HDHP medical plan to elect the HSA benefit, and must also elect to contribute at least \$100 to their HSA in order to receive the Flagger Force contribution.



“Flagger Force must make changes to almost all Employee Contribution rates for our **medical, dental, and vision plans** for the coming year.”

+ MEDICAL & PRESCRIPTION DRUG PLANS

Flagger Force offers comprehensive medical/drug plan coverage through Capital BlueCross. You have a choice of the following plans:

- Silver PPO Plan
- Gold PPO Plan
- Consumer Value HDHP

(High Deductible Health Plan) with HSA Option

The Silver and Gold PPO plans are traditional PPO plans. A preferred provider organization (PPO) is a network of doctors and health care facilities that provide services to plan members at discounted rates. Typically you will pay only a copay for services (check with the service provider for any specific charges you would be expected to cover). You can go to any doctor you like within the PPO network, including specialists, without a referral. In-network preventive care is covered in full. Virtual Care (telemedicine) is free for online medical visits.

Consumer Value HDHP is a high deductible health plan, meaning that for non-preventive care, you must pay out of pocket to cover medical services and prescription drugs until you satisfy the annual deductible. After the deductible has been satisfied, the plan will cover services and drugs very similarly to the Gold and Silver PPO plans. The same network of doctors and hospitals is available.

In addition, enrolling in this plan makes you eligible for the optional Health Savings Account (HSA) to help pay for your medical expenses and prescription drugs while you are still paying your deductible.

✓ **HSA (HEALTH SAVINGS ACCOUNT) OPTION**

If you elect the Consumer Value HDHP medical plan, you may also elect the HSA. Flagger Force will set up your HSA with HealthEquity (a non-bank health savings trustee, designated by the IRS as a custodian of health savings accounts). An HSA is a savings account that lets you set aside pre-tax dollars (up to \$3,600 for individuals or up to \$7,200 for families) to pay for qualified health care expenses, like your deductible, prescription drug costs, and dental and

vision expenses. You will receive a debit card to use for point-of-sale purchases at doctors, dentists, pharmacies, vision care centers, etc. You are able to fund this account through pre-tax payroll deduction or by making after-tax contributions. The amount you elect to contribute during Open Enrollment is divided into 52 weekly increments that will be deducted from your pay each week between 9/1/2021 – 8/31/2022. Example: If you elect to put \$100 into your HSA, we divide \$100 by 52, which equals \$1.92 per week. This would be your weekly deduction amount.

✓ **FLAGGER FORCE “FREE MONEY” CONTRIBUTION**

Elect to contribute at least \$100 to your HSA through affordable, pre-tax payroll deductions to receive the Flagger Force annual HSA contribution of \$500. The contribution will be deposited to your HSA automatically one month around October 1, 2021. Your employment status and medical plan coverage must be in active status to receive the Flagger Force contribution.

✓ **HSA ADVANTAGES**

The money you contribute to your HSA is exempt from all federal taxes—and it stays this way as long as you spend it on qualified health care expenses. (State income tax may still apply.)

The money in your HSA always belongs to you. Any money you have not spent at the end of the plan year will stay in your account—you do not have to “use it or lose it” during the plan year, as you do with a health care flexible spending account (FSA).

When you retire or leave Flagger Force, you could use the money in your HSA to pay for COBRA coverage, Medicare premiums and out-of-pocket expenses, or long-term care insurance.

If you have questions regarding HSA eligibility or limitations, consult with your financial institution or a tax advisor.



IN-NETWORK VS. OUT-OF-NETWORK

You will see the greatest savings by using only in-network providers, because these providers have agreed to contracted rates with the PPO network.

If you go to an out-of-network provider, the plan will pay benefits based on Usual and Customary Rates (UCR) for a particular health care service in your geographic area. If your out-of-network provider charges more than the amount covered by the plan, you will have to pay all charges over that amount.

NOTE ABOUT LAB/IMAGING SERVICES:

Using a Lab or Imaging Facility that is not owned by a hospital can save significant costs. Ask your doctor for an independent, in-network lab or imaging facility if he/she intends to send you for lab/imaging services. Out-of-network facilities (which are often in the same building as your doctor) that are not independent will charge you their full rate and cost significantly more money out of pocket. You can also find a list of independent, in-network labs and/or imaging facilities at [CapitalBlueCross.com](https://www.CapitalBlueCross.com) or you may call the number on the back of your medical card.

FIELD EMPLOYEE MEDICAL | PLAN DESIGN 2021–2022

The amounts shown in the chart below are the out-of-pocket expenses that you would be responsible for.

ITEM	GOLD PPO	SILVER PPO	HDHP
Deductible	\$3,000	\$6,000	\$6,000
Annual Out-of-Pocket Limit	\$6,850	\$6,850	\$7,000
HSA Contribution by FF	–	–	\$500
PCP Office Copay	\$20	\$20	\$20 AD
Spec Office Copay	\$40	\$40	\$40 AD
Virtual Visit Copay	–	–	\$49 AD
Urgent Care Copay	\$50	\$50	\$50 AD
ER Copay (waived if admitted)	\$500	\$500	\$500 AD
Rx GP (generic preferred)	\$5	\$5	\$5 AD
Rx GNP (generic non-preferred)	\$5	\$5	\$5 AD
Rx BP (brand preferred)	\$35	\$35	\$35 AD
Rx BNP (brand non-preferred)	\$70	\$70	\$70 AD
Rx Specialty (all)	\$100	\$100	\$100 AD
WEEKLY CONTRIBUTIONS			
EE Only	\$50	\$38	\$34
EE+SP	\$197	\$150	\$126
EE+CH	\$148	\$110	\$94
EE+FAM	\$247	\$160	\$137

AD = After Deductible

SUPPLEMENTAL BRAND NAME DRUG PROGRAM

The cost of brand name, prescription maintenance drugs increases every year, and not all of these drugs are available in generic form. To help employees and their covered dependents save money on these maintenance drugs, Flagger Force offers the voluntary AleraGroupRx program to provide brand name maintenance medications at no out-of-pocket expense. Some examples of maintenance medications available through this program are Advair Diskus, Invokana, Spiriva, Januvia, Janumet, Crestor, Xarelto, and many more!

AleraGroupRx is a cost-saving mail order drug program for brand name maintenance prescriptions, administered by CRX International.

This is a voluntary program and does not replace the prescription drug benefit through the Capital BlueCross medical plans.

Visit [AleraGroupRx.com](https://www.aleragrouprx.com) for an enrollment form and Rx formulary which lists all the brand name maintenance drugs available through this voluntary program. If you have any questions regarding the AleraGroupRx program, please contact CRX toll free at **1.866.488.7874** with your questions.

NOTE:

You must be enrolled in a Flagger Force medical plan to be eligible for this program. You may enroll in the AleraGroupRx program at any time.



“This is a voluntary program
and does not replace the
prescription drug benefit
through the Capital BlueCross
medical plans.”



DENTAL PLANS

Flagger Force offers comprehensive dental plan coverage through Capital BlueCross. You have a choice of the following plans:

- BlueCross Dental® Base PPO Plan
- BlueCross Dental® Buy-Up PPO Plan

Under these plans, you are free to visit any licensed dentist you choose, but you can take advantage of discounted rates and reduce your out-of-pocket costs by using in-network providers.

If you visit out-of-network dentist, the plan's benefits will be based on the Negotiated Fee Schedule for a particular dental service in your area. If the dentist charges more than the negotiated fee, you will have to pay the difference. You may ask your dentist for an estimate of charges before receiving services.

DENTAL COVERAGE GRID

PLAN NAME	BASE PPO PLAN	BUY-UP PPO PLAN
	YOU PAY	YOU PAY
Preventive	Covered in Full	Covered in Full
Basic	20% After Deductible	20% After Deductible
Major	Not Covered	30% After Deductible
Orthodontia	Not Covered	50%, \$1,500 Lifetime Max Per Person
Deductible*	\$50/person \$150/family	\$50/person \$150/family
Annual Maximum Benefit*	\$1,500/person	\$1,500/person

*PPO Benefits are for in-network services using Capital BlueCross preferred providers. Services incurred out-of-network are covered at lower coinsurance levels and are subject to balance above the Capital BlueCross allowed amount.

FIELD EMPLOYEE DENTAL | WEEKLY CONTRIBUTIONS

COVERAGE LEVEL	BASE 2021	BUY-UP 2021
EE Only	\$1.50	\$3.50
EE+SP	\$5.50	\$9.50
EE+CH	\$4.00	\$8.00
EE+FAM	\$8.00	\$14.00



VISION PLAN

Flagger Force offers the BlueCross Vision® 12/10 Plus plan through Capital BlueCross for exams and prescription eyewear.

As with the medical and dental plans, this plan allows you to choose between in-network and out-of-network

providers. If you visit an in-network provider, you will receive a higher level of benefits and enjoy greater convenience. If you visit an out-of-network provider, you will pay the entire bill up front, then file a claim with Capital BlueCross for reimbursement up to the allowed amount.

VISION COVERAGE GRID

PLAN NAME	12/10 Plus Plan	
	FREQUENCY	YOU PAY
Eye Exam*	Every 12 Months	\$10 Copay
Lenses*	Every 12 Months	100% Covered
Frames*	Every 12 Months	\$100 Allowance
Contact Lenses*	Every 12 Months	\$100 Allowance

*Benefits illustrated above are for in-network services using Capital BlueCross providers. Services incurred out-of-network are reimbursed directly to the member at lower, specified limits.

FIELD EMPLOYEE DENTAL | WEEKLY CONTRIBUTIONS

COVERAGE LEVEL	12/10 PLUS 2021
EE Only	\$1.50
EE+SP	\$3.00
EE+CH	\$2.50
EE+FAM	\$3.50

LIFE INSURANCE

The average funeral costs nearly \$10,000. The Voluntary Life insurance plan from Guardian Life allows you to purchase protection for you and your family.

NOTE ABOUT THE GUARANTEED ISSUE (GI) AMOUNT:

When you **first become eligible** for the Flagger Force benefits program, you may purchase Voluntary Life insurance coverage up to the Guaranteed Issue (GI) amount of \$150,000 without providing evidence of good health. You will have to submit evidence of good health for any coverage over the GI amount and will not be covered for the higher value until you receive approval from Guardian.

If you enroll in the Voluntary life insurance plan when you **first become eligible**, you may increase your coverage by up to \$50,000 each open enrollment without providing evidence of good health, until you reach the Guaranteed Issue amount.

NOTE ABOUT EVIDENCE OF INSURABILITY (EOI):

If you do not enroll when you are first eligible and later wish to purchase any amount of coverage during open enrollment, you will have to provide evidence of good health called "Evidence of Insurability (EOI)". If your election(s) is subject to EOI, you will be notified via email by the Benefits Specialist within a couple of weeks following submission of your election(s).

VOLUNTARY LIFE INSURANCE RATE TABLE (Per Month)

AGE	EMPLOYEE	SPOUSE
	COST PER \$1,000 OF BENEFIT	COST PER \$1,000 OF BENEFIT
<30	\$0.078	\$0.078
30-40	\$0.093	\$0.093
35-39	\$0.122	\$0.122
40-44	\$0.173	\$0.173
45-49	\$0.277	\$0.277
50-54	\$0.470	\$0.470
55-59	\$0.718	\$0.718
60-64	\$1.118	\$1.118
65-69	\$2.398	\$2.398
70-74	\$4.695	\$4.695
75-79	\$4.695	\$4.695
80 and above	\$4.695	\$4.695
CHILDREN*	\$0.167 for \$5,000 or \$10,000 of Benefit	
VOLUNTARY AD&D	\$0.042 per \$1,000 of Benefit	

*Your spouse rate is based on your age. *Just one premium will cover all your eligible children, no matter how many you have.

How to Calculate Your Voluntary Life Insurance Contribution

- 1 Divide the amount of coverage you want by \$1,000.
- 2 Multiply this amount by the rate in the chart to get your **monthly** cost.

Example: Dan is 38 years old and would like a voluntary life insurance benefit of \$100,000. The rate per \$1,000 of benefit for an employee his age is \$0.122. Here's how Dan would figure his monthly cost:

1 $\$100,000 \div 1,000 = 100$ 2 $100 \times \$0.122 = \$12.20 \text{ per month}^*$

*Multiply this monthly rate by 12 and divide by 52 pay periods to get your cost per pay period.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

The Voluntary AD&D insurance plan from Guardian Life allows you to purchase protection for you and your family in the event of an accidental death. The plan also provides financial coverage in the event of a dismemberment, such as the loss of a body part, loss of hearing, loss of eyesight, etc.

If you have Voluntary Life insurance and also Voluntary AD&D insurance, both insurance benefits would be payable in the event of accidental death.

BENEFICIARY(IES)

In the event of your death, the decision as to who gets your insurance proceeds will be put in the hands of the insurance company and/or the probate court – Don't let this happen. Designate a beneficiary(ies) so your wishes are carried out. This is a simple thing to do and will greatly lessen the burden and stress on your loved ones.

For life insurance purposes, a beneficiary is a person you select to receive a specific percentage of the

proceeds upon your death. Typically, this person would be someone you trust to settle your affairs when you're gone, such as a spouse/partner, child(ren), siblings, or parents.

- Primary Beneficiary(ies) – the person(s) you wish to get the proceeds.
- Contingent Beneficiary(ies) – the person(s) you wish to get proceeds if the Primary Beneficiary(ies) is deceased.

Beneficiaries may be added/selected during the enrollment process in Kronos, under the Life Insurance benefit, AD&D benefit, and even the Accident Plan benefit.

If you forget to add your beneficiary(ies) during this step, you may send a list of your beneficiaries to Benefits@FlaggerForce.com.

NOTE:

The rate for Voluntary AD&D is \$0.042 per \$1,000 of Benefit. For more information, refer to the Voluntary Life Insurance rate table shown on page 13.



“Guardian Life allows you to **purchase protection for you and your family** in the event of an accidental death.”



DISABILITY INSURANCE INCOME PROTECTION

Disability insurance plans are provided by Guardian Life. These plans replace a portion of your income if you become ill or injured, to help you pay your bills until you can get back to work.

SHORT-TERM DISABILITY (STD) INSURANCE:

The STD plan provides a weekly benefit if a non-job-related disability prevents you from working.

Benefits would be payable beginning on the 8th day of continuous disability.

LONG-TERM DISABILITY (LTD) INSURANCE:

The LTD plan provides a monthly benefit if a non-job-related disability prevents you from working. Benefits would be payable beginning on the 91st day of disability.

VOLUNTARY SHORT TERM DISABILITY RATES (PER MONTH)

MONTHLY PREMIUM									
WEEKLY BENEFIT	MINIMUM ANNUAL SALARY REQUIRED	<30	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$100	\$8,667	\$7.92	\$10.37	\$8.70	\$5.56	\$5.32	\$6.32	\$7.18	\$10.47
\$200	\$17,333	\$15.84	\$20.74	\$17.40	\$11.12	\$10.64	\$12.64	\$14.36	\$20.94
\$300	\$26,000	\$23.76	\$31.11	\$26.10	\$16.68	\$15.96	\$18.96	\$21.54	\$31.41
\$400	\$34,667	\$31.68	\$41.48	\$34.80	\$22.24	\$21.28	\$25.28	\$28.72	\$41.88
\$500	\$43,333	\$39.60	\$51.85	\$43.50	\$27.80	\$26.60	\$31.60	\$35.90	\$52.35
\$600	\$52,000	\$47.52	\$62.22	\$52.20	\$33.36	\$31.92	\$37.92	\$43.08	\$62.82
\$700	\$60,667	\$55.44	\$72.59	\$60.90	\$38.93	\$37.24	\$44.24	\$50.26	\$73.29
\$800	\$69,333	\$63.36	\$82.96	\$69.60	\$44.48	\$42.56	\$50.56	\$57.44	\$86.76
\$900	\$78,000	\$71.28	\$93.33	\$78.30	\$50.04	\$47.88	\$56.88	\$64.62	\$94.23
\$1,000	\$89,667	\$79.20	\$103.70	\$87	\$55.60	\$53.20	\$63.20	\$71.80	\$104.70

VOLUNTARY LONG TERM DISABILITY RATES (PER MONTH)

MONTHLY PREMIUM									
WEEKLY BENEFIT	MINIMUM ANNUAL SALARY REQUIRED	<30	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$250	\$5,000	\$0.63	\$0.90	\$1.27	\$1.51	\$2.04	\$2.80	\$3.76	\$3.21
\$500	\$10,000	\$1.27	\$1.79	\$2.53	\$3.01	\$4.09	\$5.59	\$7.52	\$6.43
\$750	\$15,000	\$1.90	\$2.69	\$3.80	\$4.52	\$6.13	\$8.39	\$11.27	\$9.64
\$1,000	\$20,000	\$2.53	\$3.58	\$5.06	\$6.02	\$8.17	\$11.18	\$15.03	\$12.85
\$1,250	\$25,000	\$3.16	\$4.48	\$6.33	\$7.53	\$10.21	\$13.98	\$18.79	\$16.06
\$1,500	\$30,000	\$3.80	\$5.37	\$7.59	\$9.03	\$12.26	\$16.77	\$22.55	\$19.28
\$1,750	\$35,000	\$4.43	\$6.27	\$8.86	\$10.54	\$14.30	\$19.57	\$26.30	\$22.49
\$2,000	\$40,000	\$5.06	\$7.16	\$10.12	\$12.04	\$16.34	\$22.26	\$30.06	\$25.70



HOSPITAL INDEMNITY INSURANCE

This voluntary coverage from Guardian Life will reimburse up to \$2,500 per covered person per year in the event of hospital confinement. Cost varies based

on plan level and tier selected, as well as the employee's age band.

HOSPITAL INDEMNITY INSURANCE

Two Plan Design Options are Available to Choose From:

GROUP HOSPITAL CONFINEMENT INSURANCE			
		PLAN 1 MEDICAL	PLAN 2 MEDICAL
Hospital Confinement Benefit (Maximum of one day per covered person per calendar year)		\$2,500	\$1,500
Hospital/ICU Confinement		\$100 per day to a max of 31 days per year, per insured	
Health Screenings		\$50 per day of screening to a max of 1 day per year, per insured	Not Applicable
Treatment Normal Pregnancy		Hospital Admission benefits are not payable for birth within first 9 months of coverage	
Pre-existing Condition Limitation		3 month look back period, 12 month exclusion period	
TIER OF COVERAGE	AGE BAND	WEEKLY PREMIUM	
Employee	< 50	\$4.70	\$3.62
Employee & Spouse		\$12.20	\$7.51
Employee & Children		\$8.62	\$6.08
Family		\$16.12	\$9.97
Employee	50-59	\$6.40	\$5.11
Employee & Spouse		\$12.26	\$10.18
Employee & Children		\$10.32	\$7.57
Family		\$16.58	\$12.64
Employee	60-64	\$9.99	\$8.41
Employee & Spouse		\$19.12	\$16.35
Employee & Children		\$13.91	\$10.87
Family		\$23.04	\$18.81
Employee	65-69	\$18.16	\$11.88
Employee & Spouse		\$34.96	\$22.60
Employee & Children		\$22.08	\$14.34
Family		\$38.88	\$25.05

Premium is Based on Employee's Age.

NOTE:

It is recommended that employees read the Plan Summary Document on this benefit prior to enrolling.



ACCIDENT INSURANCE

This voluntary coverage from Guardian Life will reimburse specific dollar amounts for accidents, both on and off the job. If you suffer a covered injury, the plan

pays cash benefits that you can use to help with hospital deductibles, doctor visits, emergency room care, and physical therapy.

ACCIDENT INSURANCE BENEFITS	
Accident Coverage	On and Off the Job
Accident Death & Dismemberment	Included
Wellness Benefit	\$50 per Year Benefit for Completing Certain Routine Wellness Screenings
Accident Emergency Treatment	\$175
Accident Follow-up Doctor Visits	\$40 up to 6 Treatments
Hospital Admission	\$1,000
Hospital Confinement	\$225/day – Up to 1 Year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$450/day – Up to 15 Days
Fracture	Schedule Up to \$5,500
COST PER WEEK	
Employee	\$3.98
Employee & Spouse	\$6.41
Employee & Children	\$6.62
Family	\$9.05

NOTE:

It is recommended that employees read the Plan Summary Document on this benefit prior to enrolling.

AVAILABILITY OF PLAN SUMMARY DOCUMENTS

A plan summary document (referred to as a Summary Plan Description/SPD or Summary of Benefits and Coverage/SBC, etc.) is like an “owner’s manual” for each benefit. These detailed documents explain the benefits provided under each plan in detail and how the plan works. It describes what is covered, what is excluded

from coverage, how benefits are calculated and paid, how to submit claims for benefits, etc.

To request a copy of any plan summary document(s), send an email to Benefits@FlaggerForce.com.



“A plan summary document is like an **owner’s manual for each benefit.**”



BENEFIT PLAN CONTACTS

Benefit Plan	Carrier/ Administrator	Group Number	Phone	Website/Email Address
Medical Gold PPO and Silver PPO Plans	Capital BlueCross	00522551	1.800.962.2242	CapBlueCross.com
Consumer Value HDHP	Capital BlueCross	00522551	1.800.962.2242	CapBlueCross.com
Virtual Visits	Capital BlueCross/ Virtual Care	00522551	1.833.433.5914	VirtualCareCbc.com
Pharmacy Benefit Manager	Capital BlueCross/ CVS Caremark National Network	00522551	1.800.962.2242	CapBlueCross.com
Dental PPO Plan	BlueCross Dental*	00522551	1.800.613.2624	CapBlueCross.com
Vision Plan	BlueCross Vision*	00522551	1.800.905.4102	CapBlueCross.com
Health Savings Account	Health Equity	N/A	1.866.346.5800	HealthEquity.com HealthEquity.com/ FlaggerForce
Basic Life and AD&D Insurance	Guardian Life Insurance	00551984	1.800.525.4542	GuardianAnytime.com
Voluntary Life and AD&D Insurance	Guardian Life Insurance	00551984	1.800.525.4542	GuardianAnytime.com
Disability Insurance	Guardian Life Insurance	00551984	1.800.268.2525	GuardianAnytime.com
Employee Assistance Program	Guardian/IBH	N/A	1.800.386.7055	IbhWorkLife.com Username: matters Pwr: wlm70101
Accident Insurance	Guardian Life Insurance	00551984	1.800.541.7846	GuardianAnytime.com
Hospital Indemnity Plan	Guardian Life Insurance	00551984	1.800.268.2525	GuardianAnytime.com
401(k) Plan	PenServ Plan Services	N/A	1.800.849.4001	PenServ.com
Flagger Force Contact	Employee Services/HR	N/A	717.461.7650 Option 5	Benefits@FlaggerForce.com

*BlueCross Dental & BlueCross Vision plans provided by Capital BlueCross.

Most insurance companies now offer free mobile apps to help manage your care on the go. Visit their website for details.



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