

A FULL GUIDE TO YOUR

2022–2023 **BENEFITS**

FIELD GUIDE



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Welcome to your Flagger Force 2022/23 Benefits!



Your needs, and those of your family, are unique to you. That's why Flagger Force provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

Some of the benefits we offer are paid for in full by Flagger Force. For others, it is a shared contribution between you and the Company. Other benefits are also available to you at reasonable group rates.

Your benefits are an important part of your total compensation at Flagger Force. Please take the time to review and evaluate all the options available to you and your family.

This guide is not intended to be a complete description of the insurance coverage offered, nor is it a binding contract. Controlling provisions are provided in each benefit plan policy. This guide also serves as a Summary of Material Modifications ("SMM") and includes updates that affect Flagger Force's Summary Plan Descriptions. Please keep this guide with your Summary Plan Descriptions for future reference. If there is any discrepancy between this guide, the Summary Plan Descriptions and the Plan document, the Plan document will control. Flagger Force reserves the right to end, suspend, or amend their plans or the benefits provided thereunder, at any time, for any reason, in whole or in part.

What's New in 2022?

Vision Plan

The vision plan will be enhanced for the new year, increasing the frame and contact lens allowance to \$130 per year.

STD & LTD

The disability policies will be changed to offer a standard benefit. All policies will now pay 60% of your salary rather than the incremental elections that you had before.

Prescription Plan – *Value Plus Formulary*

We are changing to the Value Plus Formulary with Capital Blue Cross.



Your Next Steps

Details on the formulary can be found on Capital Blue Cross's website at www.capbluecross.com. Click on "**Find**" then "**Drugs**". Under the "**Employer covered drug lists**" click on the 2022 formulary (Value Plus) for details.

Eligibility

Who is Eligible?

You are eligible for our benefits if you are:

- An active full-time employee working **30** or more hours per week, measured over a six (6) month period; or

Your dependents are eligible if they are:

- Your legal spouse
- Your child(ren)* up to age 26
- Your disabled child(ren) up to any age (if disabled prior to age 19)*

**Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship.*

When Does Coverage Begin?

New Employees. Flagger Force Field Staff are classified as variable-hour employees. To be considered full time and benefit eligible, an employee must average 30 or more hours worked per week, measured over a six (6) month period. If an employee qualifies, they will be offered the opportunity to join the plan following the six (6) month measurement period. Hours will be averaged each subsequent 6-month period to determine eligibility. Notification of eligibility and enrollment information will be sent to your primary email address on file. Be sure to check your spam/junk folders, too!

Open Enrollment. If you sign up for benefits during open enrollment, your coverage becomes effective September 1.

When Can You Enroll in Benefits?

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

1. It is strongly recommended that you take the time to review the Enrollment Guide to make your election decisions before logging on to submit your elections.

2. Be sure you have dependent information ready, such as full names, dates of birth, and Social Security Numbers that will be required for any dependent coverage elected.

3. Once you have made your decisions and you are ready to submit elections online, go to www.flaggerforce.com/benefits and click "Enroll Now".

- If you cannot remember your Username, contact Employee Services at 717-461-7650, option 5, for assistance.

- If you cannot remember your password, click the "Forgot your password?" link and follow the instructions. Contact the Benefits Specialist if you continue to have trouble at benefits@flaggerforce.com

NOTE: You MUST make an election for EVERY benefit type, even those you choose to waive

4. Once you reach the "Confirm & Submit" section, click "Submit" to finalize your elections. You will be prompted to enter your UKG/Kronos password to complete your enrollment and send your elections to Human Resources. If you fail to click "Accept", your enrollment/changes will not be received/processed by HR. Once you submit your enrollment you will receive a confirmation of your submission via email. You will receive a second email confirmation once your enrollment is approved.

Enrollment

Open Enrollment

Open Enrollment is your once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family.

Changes to medical, dental and vision benefits made during Open Enrollment will go into effect September 1st.



Termination of Coverage

If you, or a covered dependent, no longer meet these eligibility requirements, or if your employment ceases, all benefits will end on the last day of employment.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, dental, and vision coverage.

Life and AD&D coverage will end on the day you become ineligible. Your life coverages are convertible.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

Please Note:

Federal regulations require **Flagger Force** to obtain the following information during enrollment:

- Social Security numbers for you and your dependents covered by the medical plan
- Dates of birth, legally-recognized sex and your relationship to your dependents

Enrollment, *continued*

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through August 31st. If you have a “qualified life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within **30** days of the event. Proof of life events is subject to approval by **Flagger Force**. Changes are effective retroactive to the date of the event. Qualifying life events include, but are not limited to:

- Your marriage
- Your divorce or legal separation
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse or covered child
- Change in you or your spouse’s work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- Your spouse’s Open Enrollment
- A change in your child’s eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- Relocation

Other qualifying events may also apply. Please contact Human Resources.



Benefit Definitions

What is a premium?

A premium (also referred to as a contribution) is the cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck on a pre-tax basis.

What is a deductible?

A deductible is the amount you pay out of your pocket before your insurance pays.

Deductibles run from September 1 - August 31 each year. Once you have met that dollar amount, you have met the requirements for the plan year.

What does a copay pay for?

Copayments, or copays, are pre-set dollar amount you are expected to pay for office visits, procedures or prescription drugs under your insurance plan.

Once the copay has been met, the insurance Company pays all remaining costs.

What does coinsurance mean?

Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible.

When your annual deductible is met, your insurance provider pays for their portion of the full cost of the service and you pay the coinsurance, or remaining percentage.

What counts towards my out-of-pocket maximum?

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including deductibles, copays, and coinsurance) throughout the plan year.

Once you meet the out-of-pocket amount, your insurance provider will cover 100% of remaining medical expenses for the year.



Medical

Flagger Force offers three medical plans through Capital Blue Cross with the following features:

- The Gold PPO, Silver PPO and Consumer Value HDHP Plans include a network of doctors and health care facilities that provide services to plan members at discounted rates. You can go to any doctor you like within the PPO network, including specialists, without a referral. If you go to an out-of-network provider, the plan will pay benefits based on Usual and Customary Rates (UCR) . 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.
- Preventive care is covered at 100% when using an in-network provider.
- Includes prescription drug coverage.
- Deductibles and out-of-pocket maximums accumulate on a plan year which runs September 1– August 31.
- Employees share in the cost of medical/prescription benefits.
- For a comparison of the plans, please refer to the Medical Plans Comparison Chart. Specific benefit levels and limitations can be found in the plan summaries and Summary of Benefits and Coverage (SBC).

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Flagger Force's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at www.healthcare.gov.



Finding In-Network Providers

To search for in-network medical providers, log onto www.capbluecross.com.

Once you are logged in, choose the "Find a Doctor" tool.

Access to Your Healthcare

After you are enrolled in a **Flagger Force** medical plan, log onto www.capbluecross.com and register to access self-service tools and resources to help manage your medical benefits.

Medical Plan Options



Capital Blue Cross

What You Pay - In-Network	<u>Gold PPO Plan</u>	<u>Silver PPO Plan</u>	<u>Consumer Value HDHP</u>
Plan Year Deductible (Individual / Family)	\$3,000 / \$3,000	\$6,000 / \$6,000	\$6,000 / \$6,000
Plan Year Out-of-Pocket Max ¹	\$6,850	\$6,850	\$7,000
Preventive Care	Covered in full	Covered in full	Covered in full
Primary Care Office Visit (In-person and Telehealth)	\$20 copay	\$20 copay	\$20 copay *
Specialty Care Office Visit	\$40 copay	\$40 copay	\$30 copay *
Virtual Care Visit (Must use Capital Blue Cross Virtual Care platform)	Covered in full; Waive deductible	Covered in full; Waive deductible	\$10 copay *
Urgent Care Facility	\$50 copay	\$50 copay	\$50 copay *
Emergency Room Care Copay waived if admitted	\$500 copay then subject to deductible	\$500 copay then subject to deductible	\$500 copay Then subject to deductible
Inpatient Hospital	0%*	0% *	0%*
Outpatient Surgery	0%*	0% *	0%*
<u>Routine Lab</u> Independent Lab	\$30 copay; Waive deductible /	\$30 copay; Waive deductible /	0% *
Hospital System owned Lab	0% *	0% *	0% *
<u>Radiology</u> Independent Radiology	\$75 copay; Waive deductible /	\$75 copay; Waive deductible /	0% *
Hospital System owned Lab	\$75 copay *	\$75 copay *	0% *

* After Deductible

Limitations and maximums may apply. For medical including ER and prescription drug for in network only. Please refer to the plan summaries and Summary of Benefits and Coverage for more information and out of network benefits.

Services incurred out-of-network are covered at a lower benefit schedule and are subject to balance billing above the CBC allowed amount.

¹ Plan Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance

Please see page 10 for Prescription Coverage for this plan.

Prescription Drugs

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through Capital Blue Cross.

Some medications may be subject to prior authorization, quantity limits or step therapy requirements to be approved for coverage. For a list of approved drugs, log onto **www.capbluecross.com** and select "Find" at the top of the page and click "Drugs" from the dropdown menu.

Capital Blue Cross In-Network only	Gold PPO Plan	Silver PPO Plan	Consumer Value HDHP
Retail (31/60/90-day supply)	You Pay Per Script	You Pay Per Script	You Pay Per Script*
Generic copay	\$5	\$5	\$5*
Formulary Brand copay	\$35	\$35	\$35*
Non-Formulary Brand copay	\$70	\$70	\$70*
Mail Order (90-day supply)	You Pay Per Script	You Pay Per Script	You Pay Per Script*
Generic copay	\$10	\$10	\$10*
Formulary Brand copay	\$70	\$70	\$70*
Non-Formulary Brand copay	\$140	\$140	\$140*
Specialty Pharmacy (30-day supply)	You Pay Per Script	You Pay Per Script	You Pay Per Script*
	\$100	\$100	\$100*

*** After Deductible.**

Three Ways to Obtain Prescription Drugs

Retail Pharmacy (up to 30-day supply)

www.capbluecross.com

800-962-2242

- ✓ Locate a participating retail pharmacy
- ✓ View a list of approved drugs

Mail Order (up to 90-day supply) Express Scripts

www.express-scripts.com

888-327-9791

- ✓ Use for maintenance drugs such as medication for high blood pressure, arthritis or diabetes
- ✓ Pay less than retail pharmacy for a 90-day supply
- ✓ No additional cost for delivery

Specialty Pharmacy (31-day supply) Accredo

www.accredo.com

800-803-2523

- ✓ Medications used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis
- ✓ Prescription can only be filled once every 30 days

AleraGroupRX Savings Option

AleraGroupRx - Available only to medical plan enrollees

Flagger Force has made available AleraGroupRx on a voluntary basis to eligible employees and their dependents, a cost saving mail order drug program for brand name maintenance prescriptions administered by CRX International. AleraGroupRx is a voluntary program and does not replace your current prescription benefit plan through Capital Blue Cross.

This program provides eligible members maintenance medications at no out-of-pocket expense. Below are some examples of maintenance medications available through this program.

- Jardiance
- Farxiga
- Trelegy Aer Elipta
- Januvia
- Entresto
- Crestor
- Xarelto
- Breo Elipta
- Eliquis

Please visit 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 phone number (1-866-488-7874) with your questions.

The cost of prescription drugs go up every year. This voluntary program is made available to help you to save out of pocket expenses.

Remember.....this is a voluntary program and does not replace your current prescription benefit plan.



Do you or a covered dependent take a brand-name medication on a regular basis?
 If you're not taking advantage of this program, you're missing out on a significant savings opportunity.
 Why pay more for your medication when you can receive it at no cost?

GETTING STARTED IS EASY

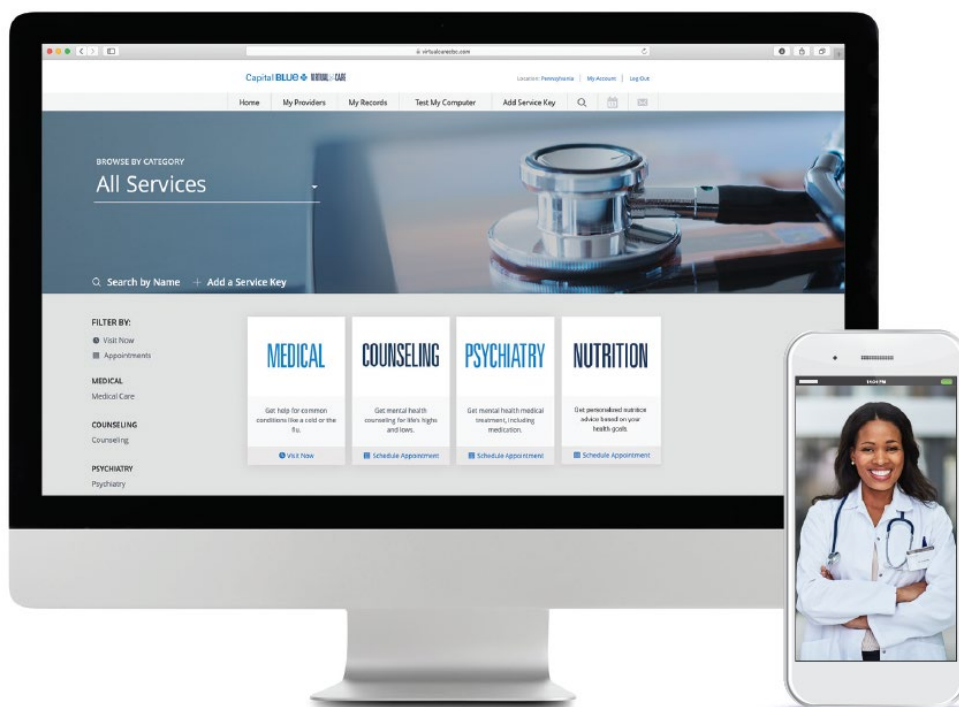
- ▶ To place your first order, complete an enrollment form, available on www.AleraGroupRx.com, including a new prescription for each medication.
Please note that you must have been on the medication for a minimum of 30 days prior to using the AleraGroupRx program.
- ▶ Ask your doctor for a prescription for a 3-month supply with 3 refills.
- ▶ Have your doctor submit your prescription by fax or mail your original prescription to AleraGroupRx.
- ▶ Allow 4 weeks for delivery when ordering new medications.

Send your completed and signed enrollment form
 and original prescriptions:

- ▶ By fax: 1-866-215-7874
**Faxed prescriptions are ONLY accepted if sent directly from your physician's office*
- ▶ By mail: AleraGroupRx, PO Box 44650, Detroit MI 48244-0650

For questions about the AleraGroupRx program, please call the
 toll-free number: 1-866-488-7874

THE DOCTOR WILL SEE YOU NOW. LITERALLY.



See a doctor anytime, anywhere, with Capital BlueCross Virtual Care.

With Capital BlueCross Virtual Care, doctors can diagnose common illnesses and send prescriptions straight to your pharmacy. Capital BlueCross Virtual Care is a covered benefit on most health plans from the Capital BlueCross family of companies*, and it even includes behavioral health services and nutrition counseling.

Why use Capital BlueCross Virtual Care?

- ✓ Convenient and easy
- ✓ Can be less costly than a trip to an urgent care center or emergency room
- ✓ Helpful when:
 - You become sick while traveling within the United States
 - You feel too sick to leave the house
 - You need personalized nutrition advice
 - You need to see a doctor, but can't fit it into your schedule
 - Your doctor's office is closed

Capital BLUE  **VIRTUAL CARE**

Convenient care— everywhere

From your phone, tablet, or computer, make an appointment to meet with a dietitian, or get treatment from a Capital BlueCross Virtual Care doctor or behavioral health specialist within minutes. And be sure to share your visit summary with your Primary Care Physician (PCP).

	Medical	Counseling	Psychiatry	Nutrition Counseling
Doctors and Counselors	Capital BlueCross Virtual Care providers are licensed doctors that have an average of 15 years of experience.	Capital BlueCross Virtual Care counseling services are provided by licensed psychologists and master's level counselors.	Capital BlueCross Virtual Care psychiatry services are provided by board-certified psychiatrists and neurologists, who provide a thorough assessment and follow-up visits for medication management.	Capital BlueCross Virtual Care nutrition counseling services are provided by dietitians certified in telehealth, who provide nutrition advice and diet plans based on personal health needs.
Treatment for conditions, such as:	<ul style="list-style-type: none"> Abdominal pain Bronchitis and other respiratory infections Flu Pink eye Strep throat 	<ul style="list-style-type: none"> Anxiety Bereavement and grief Depression LGBTQ counseling Trauma 	<ul style="list-style-type: none"> Anxiety disorders Anorexia/bulimia Bipolar disorder Obsessive compulsive disorder Post traumatic stress disorder 	<ul style="list-style-type: none"> Diabetes Digestive disorders Food allergies High cholesterol Meal planning Pregnancy diets Weight loss
Availability	24/7 (including weekends and holidays) through the mobile app or website. No appointment necessary.	7 a.m. – 11 p.m. ET, 7 days a week, by appointment only (same day appointment is possible).	Patients can typically get appointments within 14 days, and a psychiatrist will schedule follow-up visits as needed.	Patients can schedule an appointment with their provider of choice. Appointments are available 7 days a week, including evenings. Follow-up appointments are available as necessary.

Two ways to sign up:

1. Download the free Capital BlueCross Virtual Care app



2. Visit virtualcarecbc.com

Learn More

Visit virtualcarecbc.com to learn more about virtual visits.

Questions

Virtual Care and website: Call **833.433.5914**

Health plan benefits: Call the number on your member ID card

Capital BLUE  **VIRTUAL CARE**

virtualcarecbc.com

On behalf of Capital BlueCross, American Well Corp. provides this online healthcare tool. American Well is an independent company.

Healthcare benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

Where to Seek Care

Emergency Care vs. Urgent Care

When you need help in a hurry, you have choices. Of course, when it's a **life-threatening problem, you should call 911 or go straight to the nearest hospital emergency room (ER).**

In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait – sometimes for hours. The ER is also the most expensive option for care.

For non-life-threatening problems, call your doctor, access Capital Blue Virtual Care platform or go to an urgent care center.



Go to Emergency Room

Heart attack or stroke

Chest pain or intense pain

Shortness of breath

Severe abdominal pain

Head injury or other major trauma

Loss of consciousness

Major burns or severe bleeding

One-sided weakness or numbness

Open fractures

Poisoning or suspected overdose

or



Go to Urgent Care

Moderate fever

Colds, cough or flu

Bruises and abrasions

Cuts and minor lacerations

Minor burns and skin irritations

Eye, ear, or skin infections

Sprains or strains

Possible fractures

Urinary tract infections

Respiratory infections

Health Savings Accounts (HSA)

Only available for those enrolled in our Qualified High Deductible Health Plan Option:

Consumer Value HDHP

A Health Savings Account (HSA) is a tax-advantaged savings vehicle available to individuals covered by a High Deductible Health Plan (HDHP). Funds in the account are used to pay for qualified medical, dental and vision expenses.

An HSA is a great way to save for the future. You can set aside money from each paycheck now and save funds to cover healthcare expenses that come up later. Plus, your contributions are free from federal income tax, so you're stretching your healthcare dollars while lowering your taxable take-home pay amount.

HSA funds can only be used for yourself, your legally-recognized spouse and your taxable dependents.



Flagger Force will contribute \$350 to your HSA if you are enrolled in the Consumer Value HDHP approximately one month after enrollment. To receive this benefit, you must elect to contribute \$100 or more to your HSA per year.

Advantages of an HSA

- Balance rolls over each year and accrues interest, so you won't lose your contributions
- Triple tax savings – you do not pay federal tax* on:
 - Contributions to the account
 - Spending on qualified expenses
 - Interest that accrues
- Account is portable, so the funds are yours even if you change medical plans next year or leave Flagger Force in the future
- Use the funds for eligible medical, dental or vision expenses, including coinsurance costs, prescriptions, glasses, orthodontia and more—now or in the future
- Money left in the savings account earns tax-free interest*

*Tax treatment of HSAs for state tax purposes may vary by state.



Health Savings Accounts (HSA) (continued)

Funding and Enrolling in an HSA

You have the option to contribute to your HSA through pre-tax payroll contributions if you enroll in an HSA through **Health Equity**.^{*} You can change the amount you contribute to your HSA at any time during the plan year.

To enroll in an HSA, you must enroll in the Consumer Value HDHP plan. You will receive instructions following enrollment on how to activate your account and establish a login and password. It is important to note that expenses are not eligible for reimbursement until your HSA has been established.

Once your HSA is opened, remember to designate a beneficiary for this account.

^{*} You also can choose to open an HSA through another financial institution; however, you would have to make after-tax contributions, they would not be automatically deducted from your paycheck, and you would need to claim those contributions as a tax deduction when you file your taxes.



Who Can Open an HSA?

You can open an HSA if you:

- Are covered under an HSA-qualified high deductible health plan (HDHP).
- Are not enrolled in Medicare*, TRICARE or TRICARE for Life.
- Cannot be claimed as a dependent on someone else's tax return.
- Have not received Veterans Affairs (VA) benefits within the past 3 months
- You (or your spouse) do not contribute to a Healthcare FSA.

** Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking social security retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.*

Other restrictions and exceptions may also apply. For more information, visit [www.irs.gov/publications/p969/](https://www.irs.gov/publications/p969).

2022 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit for HSAs. All contributions into this bank account cannot exceed the maximum limits listed below. Please contact your banking institution for any additional contribution rules and regulations involving your Health Savings Account.

2022 IRS Annual Contribution Limits**	Single \$3,650	Family \$7,300	Age 55+ Catch-Up Additional \$1,000
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^{**}If your company contributes to your HSA, their contribution counts toward the HSA calendar year IRS contribution limits and reduces the amounts members can contribute to this account. Money used for non-qualified healthcare expenses is subject to income tax, as well as an additional 20% penalty tax if you are younger than 65.



How To Save \$\$\$!

When Using Your Medical and Prescription Plans

Use In-Network Doctors

By using in-network doctors, clinics, hospitals and pharmacies, you pay the lowest cost for care. When you visit out-of-network doctors, our health plan covers less of the cost.

Choose the Right Type of Care

When you need care, know your options. Urgent care centers, online doctor visits or a call to the medical plan nurse line can help save time and money.

Use Your Preventive Care Benefits

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings and immunizations can save you a lot of money in the long run by catching problems early or preventing them altogether.

Use Express Scripts

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home.

Through Express Scripts, you can also save money by getting up to a 90-day supply for less than what you would pay through a retail pharmacy. And because shipping is free, you'll also save on gas money! For more information, visit www.express-scripts.com.

Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.

Search GoodRx for Cheaper Prices

Drug prices sometimes vary significantly between pharmacies. GoodRx collects and compares prices for every FDA approved prescription drug at more than 70,000 pharmacies.

Access GoodRx at www.goodrx.com to find the lowest price pharmacy near you and/or print FREE coupons. You can also get coupons on-the-go through Good Rx's mobile app – just show your phone to the pharmacist*.

Ask Your Pharmacy for the Cash Price

Call and ask your pharmacy for the cash price* of a prescription drug. Sometimes these prices are lower than the prescription drug plan copay.

* If you use GoodRx vs. the Capital Blue Cross pharmacy benefits, or if you pay the lower cash price, the amount you pay will not apply toward your deductible or out-of-pocket maximum.

Dental



Flagger Force offers a dental plan through Capital Blue Cross. Your choice of dentists can determine the cost savings you receive. In-network providers are paid directly by Capital Blue Cross and agree to accept negotiated fees as “payment in full” for services rendered. When you use out-of-network providers, Capital Blue Cross will apply the applicable percentage of the allowed amount and you are responsible for paying the balance of the bill.

In-network coverage is provided when you use Capital Blue Cross providers. To search for in-network providers, go to www.capbluecross.com.

Capital Blue Cross Network	Base PPO Plan Dental PPO Preferred		Buy-Up PPO Plan Dental PPO Preferred	
Calendar Year Maximum*	Plan pays up to \$1,500 / person		Plan pays up to \$1,500 / person	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	You Pay	You Pay	You Pay	You Pay
Calendar Year Deductible* (applies to Basic and Major Services)	\$50 / Person \$150 / Family		\$50 / Person \$150 / Family	
Preventive Services (no deductible)	0%	Balance due over Negotiated fee schedule	0%	Balance due over Negotiated fee schedule
Basic Services (after deductible)	20%	20% plus balance due over Negotiated fee schedule	20%	20% plus balance due over Negotiated fee schedule
Major Services (after deductible)	Not Covered	Not Covered	30%	30% plus balance due over Negotiated fee schedule
Orthodontia (to age 26)	Not Covered	Not Covered	50% up to maximum lifetime benefit of \$1,500/person	

Important Information!

In-Network providers agree to accept Capital’s allowance as payment in full – often less than their normal charge. If you visit an Out-of-Network provider, you are responsible for paying the deductible, coinsurance and the difference between the Out-of-Network provider’s charges and the allowed amount.



Vision



Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The Capital Blue Cross vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use Capital Blue Cross providers. Once you are logged in, choose the **"Find a Doctor"** tool.



Capital Blue Cross 12/10 Plan

Frequency:

Eye Exams: Once every 12 months

Lenses: Once every 12 months

Frames: Once every 12 months

Contacts (instead of lasses) Once every 12 months

	Participating	Non-Participating
Eye Exam	\$10 copay	Up to \$32
Frame (Standard or ANSI Certified Safety Glasses)	\$130 <i>Plus 30% off the retail balance</i>	Up to \$30
Lenses		
Single	0%	Up to \$24
Lined Bifocal	0%	Up to \$36
Lined Trifocal	0%	Up to \$46
Aphakic/Lenticular	0%	Up to \$72
Polycarbonate Standard Lenses (under age 19)	0%	Not Covered
Contacts – instead of glasses		
Elective <i>Disposable, Conventional and Specialty Lenses</i>	\$130 <i>Plus 25% off the retail balance</i>	Up to \$50
Medically Necessary**	0%	Up to \$200

In addition, Capital Blue Cross members can receive a number of lens options, such as progressive lenses and special coatings, at a discounted price. Capital Blue Cross - Vision 12/10 Plus also offers a discount on laser vision correction.

*Discounted amounts may vary and may not be honored at all optical retailers.

*Retail discounts do not apply to Contact Fill.

Life Insurance



Voluntary Life and AD&D

As a new hire, you can purchase Voluntary Life insurance for you, your legal spouse, and dependent children **without providing medical information up to certain guaranteed issue (GI) amounts** (see chart). If you leave the Company, this coverage can be taken with you.

Employee and spouse amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by Guardian.

Benefit amounts reduce at age 70. Please refer to the benefit summary for details.

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. 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.

Voluntary Life / AD&D Amounts Available

Employee	Increments of \$10,000; Maximum benefit of \$500,000 Guaranteed Issue*: \$150,000
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Spouse	Increments of \$5,000 up to 100% of employee coverage; Maximum benefit of \$250,000 Guaranteed Issue*: \$25,000
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Child	Increments of \$5,000 Guaranteed Issue*: \$10,000
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Benefit amounts reduce at age 65. Spousal coverage terminates at age 70.

To enroll in Voluntary Spouse and/or Child Life, you must be enrolled in Voluntary Employee Life.

**Guaranteed issue is the amount of coverage you or your dependents can elect up to without medical questions. Guaranteed issue is only available to newly benefit eligible employees.*



Life Insurance (continued)

Voluntary Life Insurance Rates (per month)

Age	Employee	Spouse
	Cost per \$1,000 of Benefit	Cost per \$1,000 of Benefit
< 30	\$0.078	\$0.078
30 - 34	\$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	

*Please see Guardian enrollment kit for more details on rates and examples



Accident Insurance



Flagger Force offers Accident Insurance through Guardian that can pay a specific dollar amount for on and off the job accidents. 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. You will pay the full cost of your insurance through payroll deductions.

Accident Insurance	
Accident Coverage	On and Off the job
Accidental Death & Dismemberment (AD&D)	Included
Wellness Benefit	\$50 per year benefit for completing certain routine wellness screenings
Accident Emergency Treatment	\$175
Accident Follow-up Doctor visits	\$50 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 & Child(ren)	\$6.62
Family	\$9.05

Disability Insurance



If you were to be out of work due to an injury or illness, could you and your family survive without a paycheck? Disability insurance is essentially “paycheck” insurance, ensuring you will receive a portion of your income if you were out of work due to injury or illness. been exhausted. Short-Term Disability (STD) provides a weekly benefit, while Long-Term Disability (LTD) pays a monthly benefit after STD insurance has

If you enroll in the STD plan, you will pay the entire cost of your coverage through payroll deductions. STD coverage is provided through Guardian.



Short-Term Disability (STD) Insurance

STD benefits become payable when you are unable to work due to an injury or illness unrelated to work. If you remain disabled and meet the plan’s disability requirements, you will continue to receive a percentage of your weekly earnings until the benefit duration has ended.

STD benefits integrate with state mandated disability plans.

Benefit Begins	8th day of your disability
Benefit Amount	Your weekly benefit will be equal to 60% of your weekly salary up to \$1,000 maximum.
Benefit Duration	Up to 13 weeks

Long-Term Disability (LTD) Insurance

LTD insurance offers a monthly benefit to help replace lost income if you experience a disability lasting longer than **90** days. Proof of disability is required.

Benefit Begins	After 90 of qualified disability
Benefit Amount	Your monthly benefit will be equal to 60% of your monthly salary up to \$3,000 maximum.
Benefit Duration	The lesser of 2 years or to age 70

Disability claims for newly covered employees will be denied if you received medical treatment, medical advice, care or services or took prescribed drugs or medicines in the last 3 months prior to the effective date of this coverage and the disability began in the first 12 months after your effective date of coverage.

Cost of Coverage (continued)

Effective September 1, 2022 - August 31, 2023

Voluntary Short Term Disability Rates (per month)

Monthly Premium	
Age	Rate per \$10 of covered benefit
Age < 30	\$0.792
30 - 34	\$1.037
35 - 39	\$0.870
40 - 44	\$0.556
45 - 49	\$0.532
50 - 54	\$0.632
55 - 59	\$0.718
60 - 99	\$1.047

Voluntary Long Term Disability Rates (per month)

Monthly Premium	
Age	Rate per \$100 of covered benefit
Age < 30	\$0.253
30 - 34	\$0.358
35 - 39	\$0.506
40 - 44	\$0.602
45 - 49	\$0.0817
50 - 54	\$1.118
55 - 59	\$1.503
60 - 99	\$1.285



Additional Benefits

Hospital Indemnity

This coverage can offer you a “soft landing” if you’re admitted to the hospital due to a covered accident or injury. You can use the money to help pay for out-of-pocket expenses, such as deductibles, copayments, and other expenses. It’s coverage that can help protect what you’ve worked so hard to build.

There are two plans offered by Flagger Force. You will pay the full cost of your insurance through payroll deductions.

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 lookback 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+	\$18.16	\$11.88
Employee & Spouse		\$34.96	\$22.60
Employee & Children		\$22.08	\$14.34
Family		\$38.88	\$25.05

Additional Benefits (continued)



Employee Assistance Program (EAP)

We understand how challenging it can be to balance your work and personal life, and we are committed to helping you do just that.

Offered through Guardian and Uprise Health can provide you and your family and household members with information and assistance on a wide range of topics and issues including work stress, debt problems, family issues, relationship worries, parenting challenges, anxiety, grief and much more.

Provided at **no cost to you**, counselors are available for support by phone 24 hours a day, seven days a week at **1-800-386-7055**.

To help get you started, the program includes up to three free in-person counseling sessions for you and your household members. Behavioral counselors can help navigate any additional long-term counseling needs.

Online resources are also available by logging onto www.worklife.uprisehealth.com and use Access code: **worklife**.

401(k) Retirement Plan

Flagger Force offers a 401(k) plan administered by PenServ Plan Services. Employees are eligible for the company 401(K) plan after 90 days of consecutive service and are under full time status. You may start to contribute the 1st day of the next quarter after you are eligible. The aspects of the 401(K) plan are subject to change in the future at the Company's discretion.

Cost of Coverage

Effective September 1, 2022 - August 31, 2023

Contributions made from each paycheck toward your medical, dental and vision benefit elections will automatically be **deducted from your gross pay before Federal Income taxes and Social Security taxes** are calculated. Since these contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay, and you will end up paying lower taxes on the same salary.

Voluntary Life/AD&D and other optional benefit costs are taken from your paycheck **after** taxes, and the **benefits paid are not taxable**.

Medical Rates (Per Pay Weekly)

Per Pay (Weekly)	Gold PPO Plan	Silver PPO Plan	Consumer Value HDHP
Employee Only	\$54.32	\$44.15	\$35.97
Employee + Spouse	\$214.04	\$161.96	\$133.29
Employee + Child	\$160.80	\$118.77	\$99.44
Employee + Children	\$160.80	\$118.77	\$99.44
Employee + Family	\$268.36	\$172.76	\$144.93

Dental Rates (Per Pay Weekly)

Per Pay (Weekly)	Base PPO Plan	Buy-Up PPO Plan
Employee Only	\$1.58	\$3.68
Employee + Spouse	\$5.78	\$9.98
Employee + Child	\$4.20	\$8.40
Employee + Children	\$4.20	\$8.40
Employee + Family	\$8.40	\$14.70

Vision Rates (Per Pay Weekly)

Per Pay (Weekly)	Vision 12/10 Plus Plan
Employee Only	\$1.50
Employee + Spouse	\$3.00
Employee + Child	\$2.50
Employee + Children	\$2.50
Employee + Family	\$3.50

Questions, Problems or Concerns

We are providing the contact information below to make certain that you receive the correct coverage under your elected benefits plan. If you require assistance, please have your ID number or Social Security Number available when reaching out to related benefit provider.

If you need an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's website to download an electronic ID card.

If you have a benefit or claim inquiry, please have your ID number, date of service and provider name readily available.

If you require one-on-one assistance, please call the insurance carrier at the phone number listed below.

Important Contact Information

Benefit	Provider	Phone	Website / Email
Medical	Capital Blue Cross	800-962-2242	www.capbluecross.com
Mail Order Rx	Express Scripts	800-345-3806	www.capbluecross.com
HSA Learning Portal	Health Equity	866-346-5800	www.healthequity.com/flaggerforce
Dental	Capital Blue Cross	800-613-2624	www.capbluecross.com
Vision	Capital Blue Cross	800-905-4102	www.capbluecross.com
Life Insurance	Guardian	800-525-4542	www.guardiananytime.com
Disability Insurance	Guardian	800-268-2525	www.guardiananytime.com
Employee Assistance Program (EAP)	Guardian / Uprise Health	800-386-7055	www.worklife.uprisehealth.com Access Code: worklife
Accident Insurance	Guardian	800-541-7846	www.guardiananytime.com
Hospital Indemnity Plan	Guardian	800-268-2525	www.guardiananytime.com
401(k) Plan	PenServ Plan Services	800-849-4001	www.pennserv.com
Flagger Force Contact	Employee Services / HR	717-461-7650 Opt 5	benefits@flaggerforce.com





SEPTEMBER 2022 – AUGUST 2023