



Office Employee Benefits Guide

Effective September 1, 2024 – August 31, 2025



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Welcome

To our Valued Employees of Flagger Force,

We are pleased to present this overview of your employee benefits! Flagger Force offers a variety of benefits to help you protect your health, your family, and your way of life. As a valued employee, we want you to have the best benefits possible which is why we've carefully reviewed our benefits to ensure affordability, quality, and ease of use for the 2024 – 2025 benefit year.

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.

Kind regards,



Karen Parody, vice president of human resources



Eligibility

Who is Eligible?

- An active full-time employee working 30 or more hours per week

Your dependents are eligible if they are:

- Your legal spouse
- Your child(ren)* up to age 26 and your disabled children 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

Annual Open Enrollment

This is a once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. Changes will go into effect September 1.

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through the end of the plan year. If you have a “qualifying 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. Please contact Human Resources for guidance on the supporting documentation needed to verify a qualified life event during the benefit year. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

Qualified Life Event

Change in Marital Status	Change in Dependents	Change in Employment
<ul style="list-style-type: none">• Marriage• Divorce• Death of your spouse	<ul style="list-style-type: none">• Birth, adoption, or placement for adoption of an eligible child (Retroactive to the date of the event)• Death of your covered dependent• Gain or loss of Medicare or Medicaid during the year	<ul style="list-style-type: none">• Change in your or your spouse’s status that affects benefits eligibility• Your spouse’s Open Enrollment differs from yours• Relocation if the move impacts eligibility for the plan

Your Coverage

When Does Coverage Begin?

New Employees: Flagger Force Office Employee coverage becomes effective on the first of the month following 30 days.

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

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

How Do I Enroll?

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

1. **Review:** It is strongly recommended that you review the Enrollment Guide before logging on to make your election decisions.
2. **Prepare:** Have full names, dates of birth, and Social Security Numbers handy for enrolling in any dependent coverage.
3. **Submit Online:** Once you have made your decisions, navigate to:
<https://secure2.entertimeonline.com/ta/InpTCS.login>
and click “Enroll Now”.
4. **Confirm & Submit:**
 - In the “Finish Up” section, click “Submit” to finalize your elections.
 - Enter your UKG password* to finalize your enrollment.
 - Important: Click “Accept” to ensure Benefits receives/processes your enrollment/changes.
5. **Confirmation:** You will receive a confirmation of your submission via email. You will receive a second email once your enrollment is approved.

*If you cannot remember your password, click the “Forgot your password?” link and follow the instructions. Contact human resources at humanresources@flaggerforce.com if you continue to have trouble.





How a Health Plan Works

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.

Copays

A copay is a fixed amount you pay for a health care service and does not count toward your deductible but does count toward your annual out-of-pocket maximum.

Coinsurance

Once you've met your deductible, you and the plan share the cost of care, called coinsurance. For example, you pay 20% for services and the plan will pay 80% of the cost until you have reached your out-of-pocket maximum.

Deductible Amount

The amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.

Evidence of Insurability (EOI)

EOI is an application process through which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage. EOI may be required for life and/or disability insurance elections.

Out of Pocket Maximums

The most you will pay each year for eligible network services including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the plan year.

Medical Overview

We offer 3 medical plans through Capital Blue Cross with the following features:

- A network of doctors and healthcare facilities that provide services to plan members at discounted rates. You can go to any doctor you like within a 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.
- Deductibles and out-of-pocket maximums accumulate September 1st through August 31st
- Preventive care is covered at 100% when using an in-network provider
- Includes prescription drug coverage
- If you enroll in the Consumer Value HDHP plan, you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs (refer to the HSA section for more information)
- Please refer to the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) as well as the carrier contracts for information regarding specific benefit levels, exclusions, and limitations for all policies
- For a comparison of the plans, refer to the medical plan comparison chart on the following page.

After you receive your ID card from Capital Blue Cross, register to access self-service tools and resources to help manage your medical benefits. You need your ID and Group # to register. You may also search for in-network providers using the same link:

Log onto capbluecross.com

Network: PPO



Plan Options			
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 / 0% *	\$30 copay; Waive deductible / 0% *	0% *
Hospital System owned Lab	0% *	0% *	0% *
<u>Radiology</u> Independent Radiology	\$75 copay; Waive deductible / \$75 copay *	\$75 copay; Waive deductible / \$75 copay *	0% *
Hospital System owned Lab	\$75 copay *	\$75 copay *	0% *
<u>OUT-OF-NETWORK</u>			
Deductible (Individual/Family)	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000
Coinsurance	Professional 50% after deductible; Facility 50% before deductible	Professional 50% after deductible; Facility 50% before deductible	50% coinsurance
Plan Year Out-of-pocket Max	\$20,000	\$20,000	\$20,000

* 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

Cost of Coverage

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Contributions for your medical, dental, and vision benefits are automatically deducted from your gross pay before Federal Income and Social Security taxes are calculated. This pre-tax deduction lowers your taxable income, resulting in lower overall taxes on the same salary.

Medical Rates (Per Pay Weekly)

	Gold PPO Plan	Silver PPO Plan	Consumer Value HDHP
Employee Only	\$64.40	\$54.35	\$42.53
Employee + Spouse	\$140.05	\$108.36	\$97.19
Employee + Child(ren)	\$105.14	\$84.45	\$72.13
Employee + Family	\$174.97	\$150.19	\$122.24

Dental Rates (Per Pay Weekly)

	Base PPO Plan	Buy-Up PPO Plan
Employee Only	\$1.64	\$4.37
Employee + Spouse	\$3.83	\$8.20
Employee + Child(ren)	\$3.28	\$7.10
Employee + Family	\$4.92	\$10.92

Vision Rates (Per Pay Weekly)

Employee Only	\$1.03
Employee + Spouse	\$2.98
Employee + Child(ren)	\$2.98
Employee + Family	\$2.98

100% Employer Paid Benefits

Benefit	BHS EAP
Employee Assistance Program	No Cost To You and Your Loved Ones

Prescription Drugs

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

If you take a maintenance medication, you can save money by enrolling in mail order RX. Ask your doctor if it is appropriate to use a generic drug rather than a brand name. Some medications may be subject to prior authorization, quantity limits or step therapy requirements to be approved for coverage.

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

<div>Retail Pharmacy (up to 30-day supply)</div> <div>www.capbluecross.com</div> <div>800-962-2242</div> <div><ul style="list-style-type: none">✓ Locate a participating retail pharmacy✓ View a list of approved drugs</div>	<div>Mail Order (up to 90-day supply) Express Scripts</div> <div>www.express-scripts.com</div> <div>888-327-9791</div> <div><ul style="list-style-type: none">✓ 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</div>	<div>Specialty Pharmacy (31-day supply) Accredo</div> <div>www.accredo.com</div> <div>800-803-2523</div> <div><ul style="list-style-type: none">✓ Medications used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis✓ Prescription can only be filled once every 30 days</div>
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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.

CRX International

A voluntary program that brings **no-cost** brand-name medications to your door, delivered from certified pharmacies in Canada, the UK, and Australia.

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.



The doctor will see you now. Literally.

See a doctor anytime, anywhere, with Capital Blue Cross VirtualCare.

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

Why use Capital Blue Cross VirtualCare?

- ✓ 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.

*Virtual visits may not be covered under all benefit plans. Refer to your Certificate of Coverage for benefit details. Copays and deductibles may apply.

Convenient care — everywhere.

From your phone, tablet, or computer, make an appointment to meet with a dietitian, or get treatment from a Capital Blue Cross VirtualCare 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 Blue Cross VirtualCare providers are licensed doctors that have an average of 15 years of experience.	Capital Blue Cross VirtualCare counseling services are provided by licensed psychologists and master's level counselors.	Capital Blue Cross VirtualCare psychiatry services are provided by board-certified psychiatrists and neurologists, who provide a thorough assessment and follow-up visits for medication management.	Capital Blue Cross VirtualCare 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 Blue Cross VirtualCare app
2. Visit VirtualCareCBC.com

Learn More

Visit VirtualCareCBC.com to learn more about virtual visits.

Questions

VirtualCare and website: Call [833.433.5914](tel:833.433.5914).

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

VirtualCareCBC.com



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

Healthcare benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross 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



Go to Urgent Care

or

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

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 Account (HSA)*

If you elect the Consumer Value HDHP (a qualified high deductible plan) and you are not enrolled in disqualifying coverage elsewhere, you are eligible to contribute to a Health Savings Account through HealthEquity. You can set aside tax-free money from each paycheck now and save funds to cover qualified healthcare expenses that come up later.

If you enroll in the Consumer Value HDHP and contribute at least \$100 annually to your HSA, Flagger Force will contribute \$500 to your HSA, prorated over 12 months of active employment.

How does an HSA work?

Confirm amount to be deducted from each paycheck. Activate your account through HealthEquity. Use your HSA debit card to pay for qualifying expenses.

To view eligible purchases with your HSA account, please visit hsastore.com.

Advantages

- Balance rolls over each year
- Contributions are tax-free
- Account belongs to you; any money in the account is yours – no vesting

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

Limitations

- Can not be enrolled in Medicare or Tricare
- Can not be claimed as a dependent on someone’s tax return
- Can not be receiving Veterans Affairs (VA) benefits, or within the past 3 months
- Can not be contributing towards a Healthcare FSA

Distributions

- Money must be in the account to spend
- Use funds for any taxable dependents
- 20% tax penalty applied if you are under age 65 and use the funds for non-eligible expenses
- At age 65, monies can be used for non-eligible health expenses with no penalty; normal income tax will apply
 - You can also pay for Medicare Part B premiums with your HSA funds

Enrollment Tiers	2024 Maximum Contribution Allowed
Employee Only	\$4,150
Employee + Dependent(s)	\$8,300
Employee 55+ Over	Additional \$1,000 per year as catch-up

Dental (PPO)

Dental insurance is offered through Capital Blue Cross. Your choice of dentists can determine the cost savings you receive.

You will pay less for in-network services. For out-of-network providers, Capital Blue Cross will pay claims based on reasonable and customary (R&C) charges. You are responsible for paying the balance of the bill.



Please refer to plan summary for out-of-network benefits, subject to balance billing, and limitations.

To search for in-network providers, go to capbluecross.com.

Important: In-Network providers agree to accept Capital’s allowance as payment in full. 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.

	Basic PPO Plan	Buy-Up PPO Plan
Benefit Maximum Per Person		
Calendar Year Annual Max	Plan pays up to \$1,500 / person	
Orthodontia Lifetime Max	Not Covered	50% up to maximum lifetime benefit
Deductible (applies only to Basic & Major Services)		
Individual	\$50	\$50
Family	\$150	\$150
Benefit		
	You Pay	You Pay
Preventive Services	0%	0%
Basic Services	20%	20%
Major Services	Not Covered	30%
Orthodontia (to age 26)	Not Covered	50% up to a lifetime max of \$1,500/person

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. Refer to plan summary for out-of-network benefits and limitations. To search for in-network providers, go to capbluecross.com.



Here is what you'll pay in-network:

Capital Blue Cross	12/10 Plan	
Based on Last Date of Service	In-Network	
Eye Exam <i>Once every 12 months</i>	\$10 copay	<p>Plan pays \$130 toward cost PLUS 30% off retail balance toward the purchase of ANSI Certified Safety Glasses for Employees.</p> <p>In addition, Capital Blue Cross members can receive lens options (progressive/special coatings) at a discount.</p> <p>Capital Blue Cross – Vision Plan also offers a discount on laser vision correction.</p>
Lenses Single, Lined Bifocal, Lined Trifocal, Aphakic/Lenticular, Polycarbonate Standard (under age 19) <i>Once every 12 months</i>	0%	
Frame <i>Once every 12 months</i>	Plan pays up to \$130 plus 30% off the retail balance	
Contacts <i>Instead of glasses, Once every 12 months</i>	Plan pays up to \$130 plus 25% off the retail balance	
Medically Necessary	You pay 0%	

Life and AD&D Insurance

Appropriate life insurance coverage is essential for your family's financial needs, offering salary replacement, mortgage protection, childcare costs, debt repayment, and education expenses.

Flagger Force provides Basic Life insurance coverage of 1 times your annual base pay up to \$100,000, which includes an Accidental Death and Dismemberment (AD&D) provision paying up to \$100,000 in the event of accidental death and certain other conditions. This automatic benefit is administered by UnitedHealthcare and is provided by Flagger Force at no cost to you.

According to federal law, only the first \$50,000 of employer-paid life insurance is not taxable. Premium paid by Flagger Force for coverage levels over \$50,000 will be taxable to you and will be included on your year-end W-2 statement.

What is Life Insurance?

- A lump sum payment distributed to beneficiaries upon death of the insured or insureds
- Reassurance that your loved ones would be financially secure if you passed away unexpectedly
- Ability to assist with funeral costs – the average funeral cost is \$10,000



Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

Voluntary Life and AD&D

You can purchase Voluntary Life Insurance and Accidental Death & Dismemberment (AD&D) through UnitedHealthcare for you, your legal spouse, and your dependent children. Please refer to the benefit summary for details.

Voluntary Life and AD&D	
Employee	\$10,000 increments up to \$500,000 Guaranteed issue*: \$150,000
Spouse (up to age 65**)	\$5,000 increments up to 50% of employee coverage; Max \$250,000 Guaranteed issue*: \$25,000
Child (up to age 26)	\$5,000 increments Guaranteed issue*: \$10,000

Employee and spouse amounts applied for over the GI as a new hire will require you to provide EOI (evidence of insurability) for review and approval by UnitedHealthcare. Medical review is completed via the enrollment site.

When you enroll in Voluntary Life Insurance, you also enroll in an equivalent amount of Voluntary Accidental Death and Dismemberment. These policies and rates are bundled together.

**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.*

***Benefits are reduced based on the following schedule: 65% at age 65, 40% at age 70, 25% at age 75, and 15% at age 80.*



Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

Supplemental Health Benefits

Flagger Force offers additional voluntary benefit plans. These plans are not medical insurance and do not replace your medical coverage, but rather pay cash directly to you in addition to any benefits you receive from your health plan.

Accident Insurance

Pays a cash benefit when you or your covered family members suffer injuries sustained in an accident – on or off the job.

- \$50 cash benefit for completing health screenings.
- Accidental Death & Dismemberment Benefit
- Accident emergency treatment and follow-up visits
- Hospital Admission, Emergency Care and Ambulance
- Hospital ICU Admission
- Burns, fractures, tears, concussion

What Can I Do with the Money I Receive?

- Cover cost of copays, deductibles, and coinsurance
- Reimburse yourself for transportation and lodging costs
- Help with childcare and other domestic expenses
- Assist with home health care cost
- Make up for lost wages
- Pay everyday expenses, such as rent, utilities, and groceries

Hospital Indemnity Insurance

Cash benefit to assist you with out-of-pocket costs of hospitalization not covered by your major medical insurance. There are two plans offered by Flagger Force.

	Plan 1 Medical	Plan 2 Medical
Hospital Confinement Benefit (Max of one day per covered person/calendar year)	\$2,500	\$1,500
Hospital / ICU Confinement	\$100 per day to a max of 59 days per year, per insured	
Health Screenings	\$50 per day of screening to a max of 1 day/ year/ insured	\$50 per day of screening to a max of 1 day/ year/ insured
Treatment Normal Pregnancy	Not payable for birth within first 9 months of coverage	
Pre-Existing Condition Limitation	3-month lookback period, 12-month exclusion period	

Disability

UnitedHealthcare administers our Disability insurance benefit plans for any full-time employee who chooses to enroll. You will pay the full cost of this benefit with post-tax payroll deductions, therefore your benefit while out on Disability will not be taxed.

Short-Term Disability

Short-Term Disability (STD) benefits are payable when you are unable to work due to an injury or illness unrelated to work.

When do the benefits start?

8th day of accident or illness

(Benefit duration is reduced by the initial disability waiting period (before benefits begin))

How much would the benefit pay?

60% of your weekly salary up to \$1,000 per week

Are there any pre-existing exclusions?*

3 prior / 12 exclusion

How long will the benefit pay?

Up to 13 weeks

Long-Term Disability

Long-Term Disability (LTD) benefits are provided as income protection in the event you become disabled for an extended period. Proof of disability is required.

When do the benefits start?

After 90 days of qualified disability

(This plan will begin to pay after the Short-Term Disability benefits end if elected.)

How much would the benefit pay?

60% of basic monthly earnings up to \$3,000 per month

Are there any pre-existing exclusions?*

3 prior / 12 exclusion

How long will the benefit pay?

The lesser of 2 years or to age 70.

*STD & LTD Disability claims for newly covered employees will be denied if you received medical treatment, medical advice, care, or services or took prescribed medications in the 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.

STD benefits integrate with state-mandated disability plans. Maternity claims fall under this policy.

401(k) Retirement Savings Plan *

Flagger Force offers a 401(k) plan administered by PennServ Plan Services. Employees are eligible for the company 401(k) plan after 90 days of consecutive services and are under full-time status. You may start to contribute on the 1st day of the next quarter after you are eligible. All employees without an existing salary reduction agreement in effect will be automatically enrolled in the 401(k) Plan, and a deferral rate of 1% of qualifying W2 wages will be applied each pay period. Employees have the ability to enter a deferral rate of their choice at any time.

The company will match participants' deferrals at 50% of the first 6% of eligible compensation.

The aspects of the 401(k) plan are subject to change in the future at the Company's discretion.

IRS Elective Deferral Limit	2024
Maximum Deferral Limit	\$23,000
Catch Up Contributions (Ages 50+)	\$7,500

Tax Benefits of a 401(k)

Making contributions to the 401(k) plan offers tax benefits. If you make pre-tax contributions to the 401(k) Plan, you will lower your taxes today.

The money you contribute, and any earnings will not be subject to income taxes until you withdraw it, likely in retirement.

You can withdraw your contributions and any earnings tax-free once you have had the account for at least five years and have reached age 59½.



401(k) Advisor Contact Information:

Northeast Financial Group

nefg@nefginc.com

570-688-9898

Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

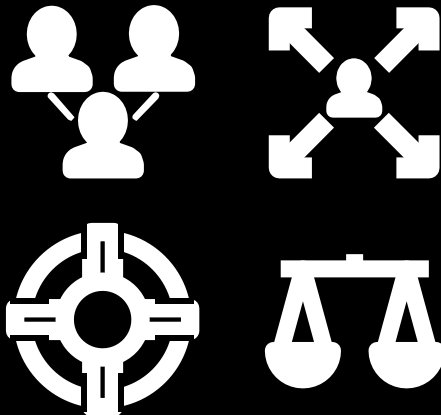
FREE, CONFIDENTIAL, IN-THE-MOMENT HELP

Employee Assistance is a Safe Call

You and **your household members** can use our Employee Assistance program, provided by BHS, for FREE, CONFIDENTIAL, IN-THE-MOMENT SUPPORT to help you directly or connect you to appropriate resources.

Up to 3 face-to-face counseling sessions, per issue, **FREE of charge.**

- **Family and Relationships**
- **Work**
- **Money**
- **Grief**
- **Legal Services**
- **Identity Theft Recovery**
- **Anxiety and Depression**
- **Health**
- **Everyday Life**

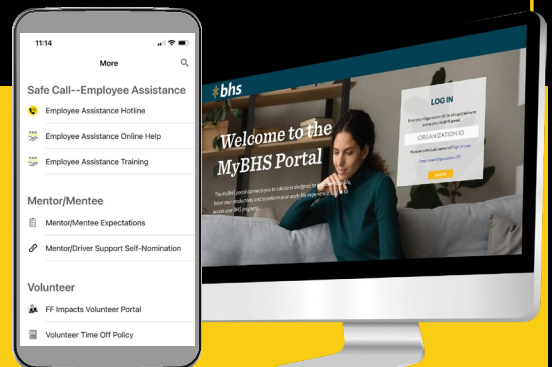


Use the BHS customer portal for more than 500,000 resources:

Portal.BHSONline.com
ID: FLAGGERFORCE

Visit the ITZ More tab:

SAFE CALL EMPLOYEE ASSISTANCE



Call or text, 24-hours a day, 7-days a week:

800.327.2251



ALERA GROUP 

SAVINGS SIMPLE & SAFE

SIGN UP TODAY

Here are just a few of the medications available on the CRX International formulary:

- OTEZLA
- BIKTARVY
- TRELEGY
- JARDIANCE
- BREO ELLIPTA
- ELIQUIS
- JANUVIA
- RYBELSUS

Medications FREE to your door!

CRX International is a voluntary international mail-order prescription program that is available to eligible employees and dependents of Flagger Force who are enrolled in a qualified medical plan.

Brand name medications, in the original factory-sealed manufacturer's packaging, are delivered DIRECTLY TO YOUR DOOR from certified pharmacies in Canada, the United Kingdom, and Australia. YOU PAY NOTHING thanks to the savings CRX brings to your plan.

Getting started is super easy!

1. Check to see if a medication is offered. Call **1-866-488-7874** and speak with a CRX representative or view the complete formulary and print enrollment material at www.crxintl.com (WebID: **ALERA**).
2. Ask your doctor for a prescription for a 3-month supply, with 3 refills.
3. Submit documentation (completed enrollment form, prescription, and a copy of your photo ID).
4. Sit back and relax...medication will be mailed directly to your home within 4 weeks!

- ✓ \$0 Copay
- ✓ 400+ FREE Brand Name Medications
- ✓ Easy, convenient refills
- ✓ Refills only, no "new to you" meds
- ✓ No additional costs

For More Information:



1-866-488-7874

www.crxintl.com

WebID: ALERA

Contact Information

To ensure you receive the correct coverage, please have your ID number or Social Security Number available when contacting your benefits provider. For ID cards, contact your insurance carrier or download an electronic version from their website. For benefit or claim inquiries, have your ID number, date of service, and provider name ready. For one-on-one assistance, call the insurance carrier at the number listed below.

Benefit	Partner	Contact Info
Accident Insurance/Hospital Indemnity Group #372248	UnitedHealthcare	800.539.0038
Dental Group #00522551	Capital Blue Cross	capbluecross.com 800.613.2624
Disability Group #372248	UnitedHealthcare	888.299.2070
Employee Assistance Program (EAP)	BHS	portal.bhsonline.com ID: FLAGGERFORCE 800.327.2251
Health Savings Account (HSA)	HealthEquity	Healthequity.com/flaggerforce 866.346.5800
Life Group #372248	UnitedHealthcare	888.299.2070
Medical Group #00522551	Capital Blue Cross	capbluecross.com 800.962.2242
Rx - Retail	Prime Therapeutics	Capbluecross.com 800.962.2242
Rx – Mail Order	Express Scripts	833.715.0946 express-scripts.com/rx
Rx – Specialty	Accredo	833.721.1626 accredo.com
Vision Group #00522551	Capital Blue Cross	capbluecross.com 800.905.4102
401(k) Plan	PenServ Plan Services, Inc	penserv.team10@penserv.com 800.849.4001, option 5
401(k) Advisor	Northeast Financial Group	nefg@nefginc.com 570.688.9898
Flagger Force Contact	Benefits	benefits@flaggerforce.com 717.482.8837



Benefits Effective September 1, 2024 – August 31, 2025

(*) **DISCLAIMER:** This document has been prepared by Alera Group, Inc. (collectively with its parent, subsidiaries and affiliates, "Alera Group") to provide an overview of your employer's benefits program. Alera Group, its directors, officers, managers, employees, representatives and affiliates, make no representation or warranty, express or implied, as to the accuracy or completeness of the information contained herein regarding those lines of coverage for which Alera Group is not the exclusive broker of record. This document is not a contract and confers no contractual rights between you and Alera Group. The terms of your benefits are governed by the legal plan documents and insurance contracts ("Plan Documents") between your employer and one or more insurance carriers. This document is not a certificate of coverage, and the benefit descriptions in this document are not a guarantee of current or future claim coverage, nor does it replace or amend the underlying Plan Documents. If there is any difference between the benefit descriptions in this document and the Plan Documents, the terms of the Plan Documents will control. Your employer reserves the right to change, discontinue or terminate the benefit plans at any time.