



# Employee Benefits

September 1, 2023—August 31, 2024



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Or visit  
[https://www.brainshark.com/  
gallagher/rga2023](https://www.brainshark.com/gallagher/rga2023)



# ENROLL FOR 2023 BENEFITS

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**Rubber & Gasket Company of America** is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week or more. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of medical and dental. RGA provides basic life and accidental death & dismemberment at no cost to you. In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

### BENEFITS OFFERED

- Medical
- Voluntary Dental
- Voluntary Vision
- Life and AD&D
- Voluntary Term Life and AD&D
- Voluntary Short-Term Disability
- Voluntary Long-Term Disability
- Employee Assistance Plan (EAP)
- Voluntary Accident
- Voluntary Hospital Indemnity
- Voluntary Critical Illness

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 36-37 for more details.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

**This handout is for illustrative purposes only. If there is a discrepancy between this handout and the contract, the contract will prevail.**



# ELIGIBILITY INFORMATION

We know the health and well-being of you and your family is important for your peace of mind. That is why it is important to us to provide a comprehensive benefit plan to our employees. We hope you take advantage of enrolling in this valuable benefit for you and your family.

## **OPEN ENROLLMENT / NEWLY ELIGIBLE**

Open Enrollment is during July each year. If you wish to sign up for coverage for either yourself or your eligible dependent (s) or drop coverage for yourself or a dependent—now is the time to do so; otherwise you will have to wait until the next open enrollment period (during July 2024) to enroll, unless you have a qualifying event. If you experience a qualifying event, you must submit a change form to your human resources department within 30 days of the qualifying event. If you are a new hire, you must sign up for coverage within 30 days of your eligibility date.

## **WHO IS ELIGIBLE**

### Employee Eligibility

All full time employees working 30 hours per week or more will be eligible for benefits the first of the month following the 60 day waiting period. In addition, due to Healthcare Reform, full time equivalent employees will be eligible based on the Patient Protection and Affordable Care Act definition and will be eligible for coverage upon meeting the hourly requirement. Once enrolled, the effective date of most changes made will be the 1st of the month following the change. The effective date for any termination will be the last day of the month following the termination.

### Dependent Eligibility

You may also cover your eligible dependents, including:

- \* Your legal spouse
- \* Your natural children, stepchildren, legally adopted children and children under your legal guardianship until their 26th birthday. If your child is no longer eligible, you must notify Rubber & Gasket Co of America by contacting your human resources office.

## **TO ADD A DEPENDENT AFTER YOUR INITIAL ELIGIBILITY PERIOD**

If you decline enrollment for yourself or your dependents because you are covered by another health insurance plan, you are eligible to enroll in this plan if you have a loss of the other insurance coverage. Your completed form must be turned in to the human resources department within 30 days of the loss of coverage. If your form is not received within 30 days, you will not be able to enroll until the next open enrollment period.

Coverage for a new dependent acquired by court or administrative order or marriage will take effect the first of the month following the event date. Coverage for a newborn or adopted newborn will be effective the date of birth. Coverage for a new dependent acquired by legal adoption or placement for adoption will take effect on the date placed for adoption or the date of petition for adoption is filed.

Coverage is effective only if the enrollment form is received within 90 days of the birth, 60 days of the adoption or placement for adoption, or 30 days of the court or administrative order or marriage. If the human resources department does not receive your form within the required time period, you will not be able to enroll until the next open enrollment period.

## **CHANGING YOUR BENEFIT ELECTIONS—Medical / Dental / Vision**

Please remember that since your premium contributions are deducted on a pre-tax basis, according to the IRS regulations, you are “locked in” to your benefit election for the next year unless you have a change in family status. Changes may NOT be made during the year unless there is a change in family status. Some examples of this would include:

- \* Marriage or Divorce
- \* Birth or Adoption of a child
- \* Death of a Dependent
- \* Court or Administrative Order
- \* Loss or Gain of Spouse’s Employment
- \* Legal Guardianship
- \* Loss of a Dependent

You must notify the human resources department about any Qualifying Life Events as soon as possible and before 30 days have passed. You also must provide proof of the event (a marriage license, birth certificate, death certificate, etc.). If you wait longer than 30 days, you will not be allowed to make any coverage changes until the next annual open enrollment, per IRS regulations.

## **CHANGING YOUR BENEFIT ELECTIONS—Basic Life / Voluntary Term Life / Voluntary Short Term Disability / Voluntary Long Term Disability**

If you do not enroll during your initial enrollment period, an evidence of insurability will be required. Coverage will not be effective until approved by USABLE Life.

## **POLICY CERTIFICATE BOOKLET**

If you are a new enrollee, you should receive your booklet at your home. If you do not receive your certificate booklet, it is your responsibility to request a copy from Arkansas BlueCross BlueShield or USABLE Life customer service.





# MEDICAL & PHARMACY

## Administered by Arkansas BlueCross BlueShield

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Medical Plans <small>Brief overview of benefits. For full benefit detail, see your summary of benefits and coverage (SBC).</small>	Lower Deductible Plan	Higher Deductible Plan
	In-Network (HSA Eligible)	In-Network (HSA Eligible)
<b>CALENDAR YEAR DEDUCTIBLE</b>		
<b>Individual Deductible</b> (Self Only)	\$3,000	\$6,650
<b>Family Deductible *</b> (You+1 or more)	\$6,000	\$13,300
<b>Coinsurance</b> (you pay after deductible is met)	0%	0%
<b>CALENDAR YEAR OUT OF POCKET LIMIT</b>		
<b>Individual Out of Pocket Limit</b> (Self Only)	\$3,000	\$6,650
<b>Family Out of Pocket Limit</b> (You+1 or more)	\$6,000	\$13,300

Find an in-network provider at <https://www.arkansasbluecross.com/>

**How does the HRA work with the medical plan?**  
*Learn more on page 6*

### \*FAMILY DEDUCTIBLE—HOW IT WORKS

#### OPTION 1: LOWER DEDUCTIBLE/ HSA-ELIGIBLE

Individual Deductible: \$3,000  
Family Deductible: **\$6,000**

#### OPTION 2: HIGHER DEDUCTIBLE/ HSA-ELIGIBLE

Individual Deductible: \$6,650  
Family Deductible: **\$13,300**

#### Embedded—Applies to both Options

#### How your family deductible works

If you or anyone in your family meets the individual deductible, then your health plan will begin to pay 100% for that person for the calendar year. When the family deductible is met by any combination of family members, the health plan will begin to pay 100% on all family members.

**Example:** Bob and Sue Thompson have one child, Margo. Their family deductible is \$3,000 and the individual deductible is \$1,500.

Sue paid \$1,200 in covered healthcare expenses.

Bob paid \$1,100 in covered healthcare expenses.

Margo paid \$700 in covered healthcare expenses.

None of the Thompson's met the individual deductible. However, their family's total expense \$3,000 (meeting the family deductible) and the health plan will begin paying coinsurance for all family members.



# MEDICAL & PHARMACY / MEDICAL PER PAY PERIOD COST

<b>Medical Plans</b> <small>Brief overview of benefits. For full benefit detail, see your summary of benefits and coverage (SBC).</small>	<b>Lower Deductible Plan</b>	<b>Higher Deductible Plan</b>
	In-Network (HSA Eligible)	In-Network (HSA Eligible)
<b>DOCTORS OFFICE</b>		
Primary Care Office Visit	0% after deductible	0% after deductible
Specialist Office Visit	0% after deductible	0% after deductible
Wellness/Preventive Care (adult, children, immunization)	0%, No Charge	0%, No Charge
Virtual Visits	0% after deductible	0% after deductible
Diagnostic Test (x-ray, bloodwork)	0% after deductible	0% after deductible
Imaging (CT/PET scans, MRIs) <i>Requires Prior Authorization</i>	0% after deductible	0% after deductible
<b>OTHER SERVICES</b>		
Urgent Care	0% after deductible	0% after deductible
Emergency Room	0% after deductible	0% after deductible
Inpatient Hospital	0% after deductible	0% after deductible
Outpatient Surgery	0% after deductible	0% after deductible
Chiropractic Services <sup>1</sup>	0% after deductible (30 visits)	0% after deductible (30 visits)
Physical, Occupational and Speech Therapy Services <sup>1</sup>	0% after deductible (30 visits)	0% after deductible (30 visits)
<b>PRESCRIPTION DRUGS—PARTICIPATING RETAIL PHARMACIES</b>		
Retail (30-day supply) / Mail Order (90-day supply)	More information about prescription drug coverage is available at <a href="https://www.arkansasbluecross.com/">https://www.arkansasbluecross.com/</a>	
Tier 1 / Tier 2 / Tier 3 / Tier 4 <small>*Prior authorization, step therapy or quantity limitations may apply</small>	0% after deductible	0% after deductible
<b>PER PAY PERIOD COST</b>		
	<b>Lower Deductible Plan</b>	<b>Higher Deductible Plan</b>
Employee Only	\$40.01	\$14.63
Employee & Spouse	\$135.41	\$99.01
Employee & Child	\$111.86	\$81.78
Employee & Family	\$188.37	\$137.73

Cost staying the same for 2023



# HEALTH REIMBURSEMENT ARRANGEMENT

## HEALTH REIMBURSEMENT ARRANGEMENT—Administered by Further

The Health Reimbursement Arrangement will work according to the chart below. As an example, if you or your dependent had to have a \$50,000 surgery, this chart will show how much you and your family will pay out of pocket, and how much your employer will pay for your expenses. Once your deductible is met, insurance pays all covered charges for the rest of the calendar year.

### HEALTH REIMBURSEMENT ARRANGEMENT (HRA) – FURTHER September 1<sup>st</sup> – December 31<sup>st</sup> 2023



Medical Plans	Lower Deductible Plan		Higher Deductible Plan	
	<u>Individual</u> (Self only)	<u>Other Coverage</u> (You + 1 or more)	<u>Individual</u> (Self only)	<u>Other Coverage</u> (You + 1 or more)
Tier (who you cover on medical)				
Insurance Deductible	\$3,000	\$6,000	\$6,650	\$13,300
HRA Deductible ( <u>You Pay</u> )	\$1,500	\$2,800	\$3,850	\$7,700
RGA Pays	\$1,500	\$3,200	\$2,800	\$5,600

### HEALTH REIMBURSEMENT ARRANGEMENT (HRA) – FURTHER January 1, 2024—December 31, 2024



Medical Plans	Lower Deductible Plan		Higher Deductible Plan	
	<u>Individual</u> (Self only)	<u>Other Coverage</u> (You + 1 or more)	<u>Individual</u> (Self only)	<u>Other Coverage</u> (You + 1 or more)
Tier (who you cover on medical)				
Insurance Deductible	\$3,000	\$6,000	\$6,650	\$13,300
HRA Deductible ( <u>You Pay</u> )	\$1,600	\$3,000	\$3,850	\$7,700
RGA Pays	\$1,400	\$3,000	\$2,800	\$5,600



# HEALTH REIMBURSEMENT ARRANGEMENT—HOW IT WORKS

## HEALTH REIMBURSEMENT ARRANGEMENT—HOW IT WORKS

1. You have a medical expense and pay for it out-of-pocket

*Ex: doctor visit, prescription, medical procedure*



2. Doctor or Pharmacy sends claim to BCBS



3. BCBS generates (EOB) explanation of benefits and sends to Further every Wednesday



4. Further reviews & sends reimbursement to you via check or by direct deposit if you have this set up. Typically takes 3-5 business days

***You won't receive reimbursement payments until you reach your HRA deductible***

### **IMPORTANT**

Here are some examples of situations where your explanation of benefits (EOB) won't be sent from Arkansas BCBS to Further. In these instances, it's important to take extra steps to make sure you get the reimbursement you're eligible for.

- **Dual insurance:** If you or anyone covered under your insurance has more than one health plan, the EOB won't automatically go to Further. To get reimbursed, you'll need to personally send the EOB to Further after all insurance companies have paid the claim.
- **Claim Adjustment:** If the insurance company needs to make changes to your claim, they won't automatically send the updated EOB to Further. You might have to manually submit the EOB to get reimbursed.
- **Non-covered expense:** If there's a service or charge that your insurance doesn't cover, it won't be sent to Further.



# HEALTH REIMBURSEMENT ARRANGEMENT— HOW IT WORKS WITH YOUR MEDICAL PLAN

## How the HRA works with SELF-ONLY Coverage

HRA Deductibles change 1/1/2024. See page 6 for details

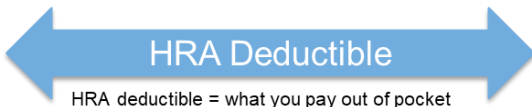
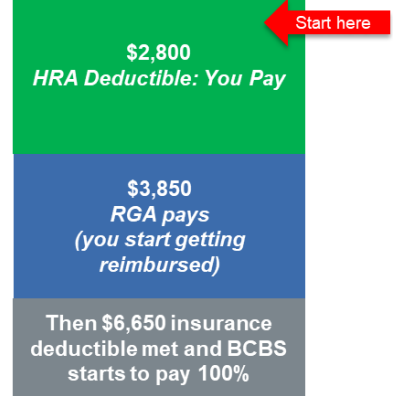
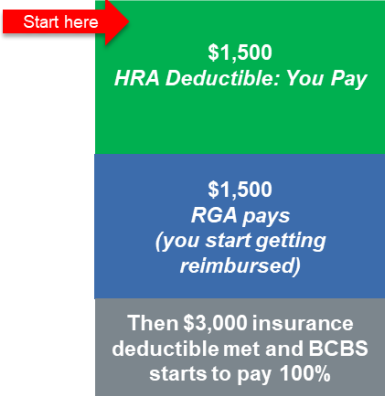
An HRA deductible and an insurance deductible are both amounts you have to pay before your benefits kick in.

The HRA deductible is for the Health Reimbursement Arrangement benefit, while the Insurance Deductible is for your insurance plan.

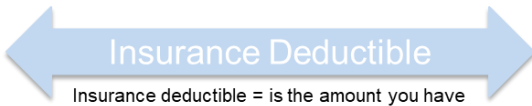
It's important to understand both deductibles so you can use them to get the most out of your healthcare benefits.

**LOWER DEDUCTIBLE PLAN**  
Deductible: \$3,000  
Self-Only Coverage

**HIGHER DEDUCTIBLE PLAN**  
Deductible: \$6,650  
Self-Only Coverage



HRA deductible = what you pay out of pocket before you start getting reimbursed by the Health Reimbursement Arrangement



Insurance deductible = is the amount you have to pay before your insurance company starts paying.

Employee Pays  
RGA Pays

Employee Pays  
RGA Pays

## How the HRA works with OTHER\* Coverage

HRA Deductibles change 1/1/2024. See page 6 for details

An HRA deductible and an insurance deductible are both amounts you have to pay before your benefits kick in.

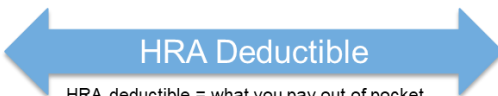
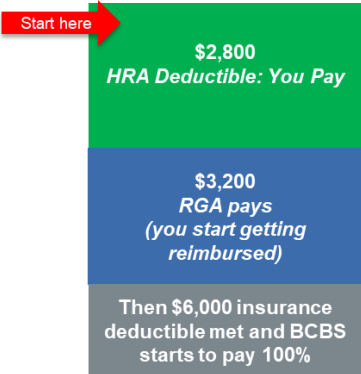
The HRA deductible is for the Health Reimbursement Arrangement benefit, while the Insurance Deductible is for your insurance plan.

It's important to understand both deductibles so you can use them to get the most out of your healthcare benefits.

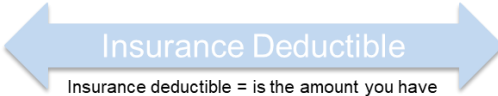
\*Other Coverage = You + 1 or more

**LOWER DEDUCTIBLE PLAN**  
Deductible: \$6,000  
Other Coverage

**HIGHER DEDUCTIBLE PLAN**  
Deductible: \$13,300  
Other Coverage



HRA deductible = what you pay out of pocket before you start getting reimbursed by the Health Reimbursement Arrangement



Insurance deductible = is the amount you have to pay before your insurance company starts paying.

Employee Pays  
RGA Pays

Employee Pays  
RGA Pays





# HEALTH SAVINGS ACCOUNT

## HSA PLAN INFORMATION

### HSA Frequently Asked Questions

- 1. How do I start a HSA?** First, you have to have a qualifying health insurance plan. A qualifying health insurance plan is one that carries a high deductible. Each year what is considered a high-deductible health insurance plan changes, but generally it would be a deductible that is not considered in the normal range for a health insurance plan.
- 2. Who can have a HSA?** The individual must be:
  - A. Covered by high deductible health insurance;
  - B. Not covered under other health insurance;
  - C. Not enrolled in Medicare; and
  - D. Not another person's dependent.
- 3. If I switch jobs, do I lose my money?** No. The health savings account is yours. Whatever money you contribute to your HSA you keep, just as you would in a savings account. Even if you don't use all your HSA money in one given year, the money will just roll-over to the next year for use.
- 4. Do I pay taxes on the money before it is put into my health savings account?** No, the money goes into your HSA account tax-free through employer payroll deductions. When you withdraw your health savings account money to pay for any qualifying expenses, it is withdrawn tax-free.
- 5. Can I have some examples of HSA qualifying expenses?** Here are some examples of HSA qualifying expenses: prescription medicines, eye exams, office visits, chiropractors and laser eye surgery to name a few. There are many more things that you can use your money, you will need to ask for a list of covered expenses.
- 6. What happens if I lose my health insurance?** You cannot contribute additional money to your health savings account. Any money left in your HSA, you can continue to spend on eligible medical expenses on a tax advantaged basis.
- 7. Can I use my HSA money to pay for my health insurance premiums?** Not if you are currently employed. You can use your HSA money to pay for your health insurance premiums while you are collecting federal or state unemployment benefits and you can use your HSA money to pay for COBRA premiums.
- 8. What if I need medical care in another country? Can I use my HSA money there?** Yes, your HSA money can be used for medical expenses anywhere in the world.
- 9. How much can I contribute to my HSA account?** The maximum amount you may contribute to your HSA in 2023 is \$3,850 for individuals and \$7,750 for two or more individuals. In 2024 is \$4,150 for individuals and \$8,300 for two or more individuals. Up to an additional \$1,000 may be deposited if you are age 55 or older.
- 10. Can I withdraw my HSA money if I need to?** Yes, but the withdrawal is subject to federal income tax and is generally subject to a 20% penalty.
- 11. When I die, do I lose my HSA money?** No. You can name a beneficiary to receive your health savings account money.
- 12. How much does it cost to set up a HSA and are there any on-going fees once the account is set up?** Each bank is different and we suggest you contact your bank to see if HSA's are offered and what are the administration fees.



# HEALTH SAVINGS ACCOUNT

## HSA PLAN INFORMATION

### HSA Frequently Asked Questions (con't)

- 13. Can my HSA be used for dependents not covered by the health insurance?** Generally, yes. Qualified medical expenses include unreimbursed medical expenses of the account holder, his or her spouse, or dependents.
- 14. Do I need to keep any records when I use my HSA?** Although some financial institutions track the use of the HSA for you, it's a good idea to keep your own records. When you use your HSA, you should track all your expenditures. It is your responsibility to track the use of your HSA account and you may be required to show proof of your expenditures to the IRS.
- 15. What if I don't use all of the money in the HSA account by the end of the year? Will I lose it?** No. The balance of the account rolls every year, so you can continue to build on your funds.
- 16. Can I deposit additional money into my HSA account without going through payroll?** Yes, you can make deposits on your own, but you will not have the advantage of a pre-tax deposit. It will be up to you to claim it on your tax return.
- 17. Where can I open an HSA?** Banks, credit unions, and other financial institutions offer HSA accounts. Your HSA may also earn interest or be eligible to invest in mutual funds. Be sure and ask question when opening your HSA. Only accounts opened through Simmons Bank will be payroll deducted.

### You want to enroll in HSA Plan --- now what do you do?

- Step 1** – Enroll in the Arkansas BlueCross BlueShield plan in the online enrollment system.
- Step 2** –Open a Health Savings Account (HSA). See Kim Eaton for Simmons Bank forms.
- Step 3** – Decide how much you want deferred into your HSA account from each payroll.
- Step 4** – Return your HSA account information to Kim Eaton and mark on the form how much you want contributed to your HSA each pay period.

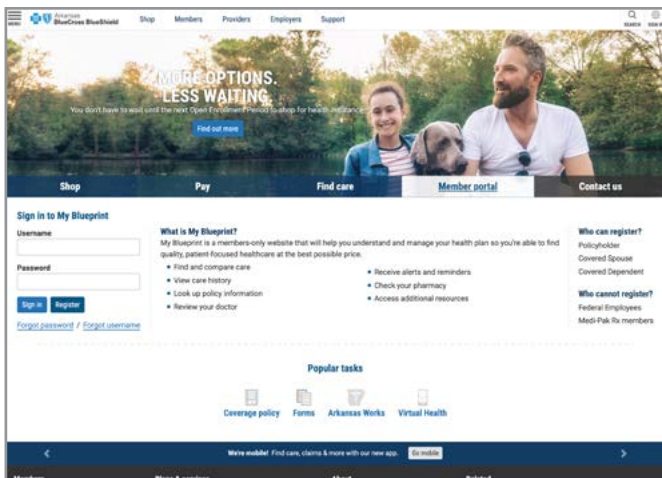
## My Blueprint

Arkansas Blue Cross and Blue Shield members have access to health plan information 24 hours a day, seven days a week with My Blueprint member portal.



### With My Blueprint, you can:

- View, print, email, fax or order a replacement ID card
- Review claims status and history
- Check your deductible
- Find a doctor or hospital
- Estimate your treatment costs
- View your personal health record
- Review a recent doctor visit



### How to register for My Blueprint

- Go to [arkansasbluecross.com](http://arkansasbluecross.com)
- Select the "Member portal" tab then select the "Register" button.
- Follow the instructions. All you need is your:
  - Member ID or the last four digits of your Social Security number
  - Name
  - Date of birth

And anyone covered on your health plan can set up a My Blueprint account.

### Already registered?

If you're already a My Blueprint user, simply go to [arkansasbluecross.com](http://arkansasbluecross.com) and enter your username and password to sign in and access your account.



### No ID Card? No Problem!

With My Blueprint Mobile, you can view, print, email, or fax your ID card while in your doctor's office. You can also access many more My Blueprint features.



**Arkansas BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association



blueprint

# Virtual Health

## Set up access to online medical help

You need healthcare 24/7 — not just when it's convenient. Virtual health (powered by MDLIVE) gives you access to medical help for nonemergency conditions on your smartphone or computer.

### Get started!

1. Go to [MyVirtualHealth.com](https://MyVirtualHealth.com)
2. Go to **Member sign in**
  - Sign in or register for your My Blueprint account.
3. **Activate your virtual health account**
  - In My Blueprint, select **Virtual Health** from the top menu, select **Visit MDLIVE**, and follow the prompts to activate your account.  
(Note: You'll skip this step in the future and be sent directly to MDLIVE.)
  - Establish your account profile and those of your dependents if applicable. You will need member ID numbers to complete this step.
4. **Choose a doctor**
  - Choose from a large network of state-licensed, board-certified doctors (including pediatricians).

**VIRTUAL HEALTH**

**Member sign in**

Username

Password

[Sign in](#) [Forgot](#)

**With Virtual Health, the doctor is always on-call.**

With a click, connect with experienced physicians and pediatricians from your smart device or computer. Virtual Health (powered by MDLIVE) gives you peace-of-mind around the clock if you're a senior, parent, or just busy and on-the-go. Virtual healthcare is not new, but some of the reasons it's a great choice are.

[Learn more](#)

**10 mins**

**We have a cure for the waiting room.**

Avoid crowds, the wait, and the germs. Turn your own device into a virtual doctor's office. With wait times of 10 minutes or less, Virtual Health fits around your schedule and at your hand.

**24/7 access**

**Talk to a physician from home or on the go.**

Virtual Health, powered by MDLIVE connects patients with expert medical help on your smartphone or computer when you can't see your primary care doctor.

**15 years**

**Experienced physicians for your virtual experience.**

All physicians are board-certified and have an average of 15 years of experience and are state-licensed, board-certified physicians and pediatricians.

**Virtual Health is perfect for these nonemergency medical conditions:**

Allergies	Insect bites
Common cold	Nausea
Constipation	Pink eye
Cough	Rash



## 5. Start your virtual health visit

You may be required to have your first call be a video call (like FaceTime or Skype).

- Choose to see the next available physician (usually within 10 minutes) or schedule an appointment at a specific time, with a specific physician.
- You will need to provide some details about your past history and medical problem(s):

Reason(s) for visit

Medicines you currently take

Payment Information



## What can be treated

- Allergies
- Common cold
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Flu
- Headache
- Insect bites
- Nausea
- Pink eye
- Rash
- Respiratory problems
- Sore throat
- Urinary problems
- Vomiting
- More

**We recommend setting up your account now.** That way, when you need to speak with a doctor you can just sign in and get the help you need. The details of your call are confidential and secure. For emergencies (like broken bones, excessive bleeding, dangerously high fever, symptoms of heart attack or stroke, etc.) get to the nearest emergency room. But for many common conditions, Virtual Health is your healthcare solution. Anytime, anywhere.

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MDLIVE is a separate company that provides telehealth services for members of Arkansas Blue Cross and Blue Shield.

Virtual Health currently is available to all fully insured health plans but not available to all health plans. Members with an active medical plan whose coverage includes Virtual Health should be able to successfully register via the link within My Blueprint. Your benefit summary will indicate if Virtual Health is available to you. Notably, it is not available to members who have limited duration plans, Medicare Prescription Drug and Medicare Supplement plans, plans covering employees of FEP, Arkansas State and Public Schools or Baptist Health.





# VOLUNTARY DENTAL BENEFITS

## Administered by Arkansas BlueCross BlueShield

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the RGA dental benefit plan.

SERVICES	IN-NETWORK—YOU PAY	OUT-OF-NETWORK—YOU PAY
<b>Annual Deductible</b> (Waived for Preventive Services)	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit
<b>Annual Benefit Maximum</b>	\$1,000 per person	\$1,000 per person
<b>Preventive Dental Services</b> Exams Radiographic Images (X-rays) Fluoride Treatment Prophylaxis (cleaning) Sealants	0%	10%
<b>Basic Dental Services</b> Fillings Extractions (simple) Non-Surgical Periodontics Endodontics (root canals) Oral Surgery Anesthesia	20% after deductible	30% after deductible
<b>Major Dental Services</b> Surgical Periodontics Inlays, Onlays, Crowns Partials and Dentures Implants	50% after deductible	60% after deductible
<b>Dependent Age Limits</b>	26 years old	
<b>Orthodontia Services</b> Orthodontia Age Limit—None	50% to \$1,000 lifetime maximum	60% to \$1,000 lifetime maximum
<b>TO FIND A DENTIST ANYWHERE IN THE UNITED STATES, GO TO <a href="http://ARKANSASBLUECROSS.COM">ARKANSASBLUECROSS.COM</a> AND SELECT "FIND A DOCTOR" CHOOSE DENTAL BLUE NETWORK AND ENTER SEARCH CRITERIA</b>		

Cost staying the same for 2023

ARKANSAS BLUECROSS BLUESHIELD DENTAL (PER PAY PERIOD)	
Employee Only	\$3.79
Employee & Spouse	\$7.98
Employee & Child	\$9.00
Employee & Family	\$13.30

# Dental Xtra



A unique program that helps improve your overall health



Dental health has a significant, direct impact on our overall health. Through Arkansas Blue Cross and Blue Shield’s Dental Xtra program, our dental and medical plans work together to help you live healthier.

Dental Xtra provides additional benefits to members with eligible medical conditions that can reduce the severity of these conditions and lower the medical costs associated with them.\* Once enrolled, we’ll send you reminders to use these valuable benefits.

## Valuable benefits at no extra cost

Dental Xtra provides additional dental services at no extra cost when you visit an in-network provider. There are no waiting periods and program services don't count toward your annual maximum.

You’re automatically enrolled if you have Arkansas Blue Cross medical and dental plans and an eligible medical condition (see table below). If you’re pregnant or have only an Arkansas Blue Cross dental plan, you can easily self-enroll at [arkbluecross.com/dental-xtra](http://arkbluecross.com/dental-xtra).



### If you've been diagnosed with:

- COPD
- Coronary artery disease
- Diabetes
- End-stage renal disease
- Metabolic syndrome
- Pregnancy
- Stroke

- Oral, head and neck cancers
- Sjögren’s syndrome

### You'll receive:

**2** additional cleanings or periodontal maintenance visits, plus:

**Periodontal scaling covered 100%**

**2** additional cleanings or periodontal maintenance visits, plus:

**Cancer screenings 2x per year**  
**Fluoride treatments 4x per year**



\*Borah, BJ., Brotman, SG., Dholakia, R., Dvoroznak, S., Jansen, MT., Murphy, EA., Naessens, JM. (2022, March) "Association Between Preventive Dental Care and Healthcare Cost for Enrollees With Diabetes or Coronary Artery Disease: 5-Year Experience." Compendium 2022:43(3):130-139.



# VOLUNTARY VISION BENEFITS

## Administered by Arkansas BlueCross BlueShield

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages like glaucoma, cataracts and vision issues related to diabetes. Protection for the eyes should be a major concern to everyone.

	VSP Network	Out-of-Network
Eye Exam — once every 12 months	\$10 copay	Up to \$45
Lenses — once every 12 months		
Single Vision Lenses	\$20 copay	Up to \$30
Lined Bifocal Lenses	\$20 copay	Up to \$50
Lined Trifocal Lenses	\$20 copay	Up to \$65
Lenticular Lenses	\$20 copay	Up to \$100
Frames— once every 24 months	\$150 allowance <sup>1, 2, 3</sup> , 20% off any amount exceeding allowance <sup>3</sup> Get an extra \$20 to spend on featured frame brands like Anne Klein, bebe, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more!	Up to \$70
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames		
Elective Contacts	\$150 allowance, 15% off contact lens exam; copay not exceed \$60 <sup>3</sup>	Up to \$105
Necessary Contacts	Covered in full for members who have specific conditions for which contact lenses provide better visual correction	Up to \$210
<b>Find an in-network eye doctor by visiting <a href="https://arkansasbluecross.com/findcare">arkansasbluecross.com/findcare</a></b>		
<b>No ID card required</b> – just tell your provider you have Arkansas Blue Cross Vision through VSP®.		

<sup>1</sup> Less any applicable copay.

<sup>2</sup> Based on applicable laws; benefits may vary by location.

<sup>3</sup> Frame allowance at Walmart is \$70.

**Cost staying the same for 2023**

ARKANSAS BLUECROSS BLUESHIELD VISION (PER PAY PERIOD)	
Tier	
Employee Only	\$4.15
Employee & Spouse	\$7.69
Employee & Child	\$8.32
Employee & Family	\$11.85



# BASIC TERM LIFE AND AD&D INSURANCE

## BASIC TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### Insured by US Able Life

Life insurance provides financial security for the people who depend on you. This product pays a lump sum benefit in the event of a death or accidental loss of limb, sight, or hearing as the result of a covered loss while employed by Rubber & Gasket Company of America. The company provides basic life and accidental death and dismemberment insurance of \$15,000 at no cost to eligible full time employees.

BENEFITS	
Basic Term Life Benefit Amount  <i>Your beneficiaries receive this benefit if you pass away</i>	Pays a benefit of \$15,000 without evidence of insurability
Age Reductions  <i>Amount your benefits reduce when you reach a certain age</i>	Benefits reduce, based on your age, to 65% at age 65, and to 50% at age 70, and then terminate when you are no longer eligible or your retirement, whichever occurs first
Accidental Death & Dismemberment (AD&D) Benefit Amount	ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) is payable, if within 365 days of a covered accident, you suffer loss of life or dismemberment. AD&D provides protection for losses occurring on or off the job.

### *BASIC TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT ALSO INCLUDES THE FOLLOWING:*

- Accelerated Benefit
- Extended Life Insurance Benefit (Waiver of Premium)
- Coma Benefit
- Exposure & Disappearance Benefit
- Repatriation Benefit
- Safety Equipment Benefit
- Total Loss of Use Benefit
- Travel Assistance
- Dignity Planner
- \*Employee Assistance Program (EAP) - 3 Visit Plan
  - \*Offered through our partnership with New Directions Behavioral Health

*This benefit is 100% paid for by RGA for all full time active employees*



# VOLUNTARY TERM LIFE AND AD&D INSURANCE

## VOLUNTARY TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT Insured by USable Life

You may purchase life insurance in addition to the company-provided coverage. You may also purchase life insurance for your dependents if you purchase additional coverage for yourself. You select the benefit amounts to suit your specific

BENEFITS PAYABLE			
	Employee Life Benefits	Spouse Life Benefits	Child Life Benefits
<b>Voluntary Term Life</b>	You may purchase benefits in increments of \$25,000	You may purchase benefits in \$5,000 increments	\$10,000; Birth to 6 months: \$1,000
Minimum Benefit	\$25,000	\$5,000	\$10,000
Maximum Benefit	5 times annual salary not to exceed \$500,000	\$200,000 (not to exceed 100% of employee's amount)	\$10,000
Proof of Good Health REMEMBER: complete a Statement of Health form if applying for coverage over the amounts to the right for <u>both</u> you and your spouse. If you are enrolling as a late entrant, a Statement of Health form is required for any amount.	Proof of good health is required for life insurance amounts greater than:  If you are under age 70: \$150,000; age 70+: \$0	Proof of good health is required for life insurance amounts greater than:  If your spouse is under age 70: \$30,000; age 70+: \$0	Not Applicable
Age Reductions	Benefits reduce, based on your age, to 65% at age 65, and to 50% at age 70, and then terminate when you are no longer eligible or your retirement, whichever occurs first.		Not Applicable

**VOLUNTARY GROUP TERM LIFE ALSO INCLUDES THE FOLLOWING:**

- Accelerated Benefit • Dignity Planner • Portability • Extended Life Insurance Benefit (Waiver of Premium)

During Open Enrollment, you can increase Voluntary Life amounts for yourself and spouse up to the Guarantee Issue without completing Evidence of Insurability (EOI).

	Employee Life Benefits	Spouse Life Benefits	Child Life Benefits
<b>Voluntary Accidental Death &amp; Dismemberment</b> coverage allows you to purchase benefits to provide protection in the event of an unexpected loss of accidental death or dismemberment. Protection is issued on a 24-hour basis for you and your eligible family members and covers you as the result of a covered accident anywhere in the world.	You may purchase benefits in increments of \$25,000;  Minimum Benefit: \$25,000  Maximum Benefit: 5 times annual salary not to exceed \$500,000	You may purchase benefits in \$5,000 increments; Minimum Benefit: \$5,000 Maximum Benefit: \$200,000 (can't exceed 100% of EE's amount)	\$10,000; Birth to 6 months: \$1,000
Age Reductions	Benefits reduce, based on your age, to 65% at age 65, and to 50% at age 70, and then terminate when you are no longer eligible or your retirement, whichever occurs first.		Not Applicable

**VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT ALSO INCLUDES THE FOLLOWING:**

- Coma Benefit
- Exposure & Disappearance Benefit
- Repatriation Benefit
- Safety Equipment Benefit
- Total Loss of Use Benefit





# VOLUNTARY TERM LIFE AND AD&D INSURANCE

Voluntary Life and Voluntary AD&D have separate costs. Add both together for your total monthly cost if you are electing both

## MONTHLY COST—Voluntary Term Life

Applying for coverage over **Guaranteed Issue** will **require evidence of medical insurability**

Employee's Guaranteed Issue is \$150,000 through age 69.

Spouse's Guaranteed Issue is \$30,000 through age 69.  
**Spouse Premiums are determined by Spouse's age**

VGTL PREMIUMS FOR CHILD

\$10,000

\$1.50

**Increments highlighted in grey are for spouse only, and the maximum benefit for the spouse is \$200,000**

VADD RATE FOR EMPLOYEE, SPOUSE, & CHILD PER \$1,000

\$0.03

Benefit Units	Voluntary Term Life (GTL)										
	UNDER 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$0.30	\$0.30	\$0.43	\$0.51	\$0.94	\$1.62	\$2.64	\$4.72	\$6.17	\$15.09	\$26.23
\$10,000	\$0.60	\$0.60	\$0.85	\$1.02	\$1.87	\$3.23	\$5.27	\$9.44	\$12.33	\$30.18	\$52.45
\$15,000	\$0.90	\$0.90	\$1.28	\$1.53	\$2.81	\$4.85	\$7.91	\$14.16	\$18.50	\$45.27	\$78.68
\$20,000	\$1.20	\$1.20	\$1.70	\$2.04	\$3.74	\$6.46	\$10.54	\$18.88	\$24.66	\$60.36	\$104.90
\$25,000	\$1.50	\$1.50	\$2.13	\$2.55	\$4.68	\$8.08	\$13.18	\$23.60	\$30.83	\$75.45	\$131.13
\$30,000	\$1.80	\$1.80	\$2.55	\$3.06	\$5.61	\$9.69	\$15.81	\$28.32	\$36.99	\$90.54	\$157.35
\$35,000	\$2.10	\$2.10	\$2.98	\$3.57	\$6.55	\$11.31	\$18.45	\$33.04	\$43.16	\$105.63	\$183.58
\$40,000	\$2.40	\$2.40	\$3.40	\$4.08	\$7.48	\$12.92	\$21.08	\$37.76	\$49.32	\$120.72	\$209.80
\$45,000	\$2.70	\$2.70	\$3.83	\$4.59	\$8.42	\$14.54	\$23.72	\$42.48	\$55.49	\$135.81	\$236.03
\$50,000	\$3.00	\$3.00	\$4.25	\$5.10	\$9.35	\$16.15	\$26.35	\$47.20	\$61.65	\$150.90	\$262.25
\$55,000	\$3.30	\$3.30	\$4.68	\$5.61	\$10.29	\$17.77	\$28.99	\$51.92	\$67.82	\$165.99	\$288.48
\$60,000	\$3.60	\$3.60	\$5.10	\$6.12	\$11.22	\$19.38	\$31.62	\$56.64	\$73.98	\$181.08	\$314.70
\$65,000	\$3.90	\$3.90	\$5.53	\$6.63	\$12.16	\$21.00	\$34.26	\$61.36	\$80.15	\$196.17	\$340.93
\$70,000	\$4.20	\$4.20	\$5.95	\$7.14	\$13.09	\$22.61	\$36.89	\$66.08	\$86.31	\$211.26	\$367.15
\$75,000	\$4.50	\$4.50	\$6.38	\$7.65	\$14.03	\$24.23	\$39.53	\$70.80	\$92.48	\$226.35	\$393.38
\$80,000	\$4.80	\$4.80	\$6.80	\$8.16	\$14.96	\$25.84	\$42.16	\$75.52	\$98.64	\$241.44	\$419.60
\$85,000	\$5.10	\$5.10	\$7.23	\$8.67	\$15.90	\$27.46	\$44.80	\$80.24	\$104.81	\$256.53	\$445.83
\$90,000	\$5.40	\$5.40	\$7.65	\$9.18	\$16.83	\$29.07	\$47.43	\$84.96	\$110.97	\$271.62	\$472.05
\$95,000	\$5.70	\$5.70	\$8.08	\$9.69	\$17.77	\$30.69	\$50.07	\$89.68	\$117.14	\$286.71	\$498.28
\$100,000	\$6.00	\$6.00	\$8.50	\$10.20	\$18.70	\$32.30	\$52.70	\$94.40	\$123.30	\$301.80	\$524.50
\$105,000	\$6.30	\$6.30	\$8.93	\$10.71	\$19.64	\$33.92	\$55.34	\$99.12	\$129.47	\$316.89	\$550.73
\$110,000	\$6.60	\$6.60	\$9.35	\$11.22	\$20.57	\$35.53	\$57.97	\$103.84	\$135.63	\$331.98	\$576.95
\$115,000	\$6.90	\$6.90	\$9.78	\$11.73	\$21.51	\$37.15	\$60.61	\$108.56	\$141.80	\$347.07	\$603.18
\$120,000	\$7.20	\$7.20	\$10.20	\$12.24	\$22.44	\$38.76	\$63.24	\$113.28	\$147.96	\$362.16	\$629.40
\$125,000	\$7.50	\$7.50	\$10.63	\$12.75	\$23.38	\$40.38	\$65.88	\$118.00	\$154.13	\$377.25	\$655.63
\$130,000	\$7.80	\$7.80	\$11.05	\$13.26	\$24.31	\$41.99	\$68.51	\$122.72	\$160.29	\$392.34	\$681.85
\$135,000	\$8.10	\$8.10	\$11.48	\$13.77	\$25.25	\$43.61	\$71.15	\$127.44	\$166.46	\$407.43	\$708.08
\$140,000	\$8.40	\$8.40	\$11.90	\$14.28	\$26.18	\$45.22	\$73.78	\$132.16	\$172.62	\$422.52	\$734.30
\$145,000	\$8.70	\$8.70	\$12.33	\$14.79	\$27.12	\$46.84	\$76.42	\$136.88	\$178.79	\$437.61	\$760.53
\$150,000	\$9.00	\$9.00	\$12.75	\$15.30	\$28.05	\$48.45	\$79.05	\$141.60	\$184.95	\$452.70	\$786.75

During Open Enrollment, you can increase Voluntary Life amounts for yourself and spouse up to the Guarantee Issue without completing Evidence of Insurability (EOI).



# VOLUNTARY TERM LIFE AND AD&D INSURANCE

Voluntary Life and Voluntary AD&D have separate costs. Add both together for your total monthly cost if you are electing both

MONTHLY COST—Voluntary Term Life											
Applying for coverage over <b>Guaranteed Issue</b> will require evidence of medical insurability											
Employee's Guaranteed Issue is \$150,000 through age 69.											
Spouse's Guaranteed Issue is \$30,000 through age 69. <b>Spouse Premiums are determined by Spouse's age</b>							VGTL PREMIUMS FOR CHILD	\$10,000	\$1.50		
<b>Increments highlighted in grey are for spouse only, and the maximum benefit for the spouse is \$200,000</b>							VADD RATE FOR EMPLOYEE, SPOUSE, & CHILD PER \$1,000			\$0.03	
Benefit Units	Voluntary Term Life (GTL)										
	UNDER 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$155,000	\$9.30	\$9.30	\$13.18	\$15.81	\$28.99	\$50.07	\$81.69	\$146.32	\$191.12	\$467.79	\$812.98
\$160,000	\$9.60	\$9.60	\$13.60	\$16.32	\$29.92	\$51.68	\$84.32	\$151.04	\$197.28	\$482.88	\$839.20
\$165,000	\$9.90	\$9.90	\$14.03	\$16.83	\$30.86	\$53.30	\$86.96	\$155.76	\$203.45	\$497.97	\$865.43
\$170,000	\$10.20	\$10.20	\$14.45	\$17.34	\$31.79	\$54.91	\$89.59	\$160.48	\$209.61	\$513.06	\$891.65
\$175,000	\$10.50	\$10.50	\$14.88	\$17.85	\$32.73	\$56.53	\$92.23	\$165.20	\$215.78	\$528.15	\$917.88
\$180,000	\$10.80	\$10.80	\$15.30	\$18.36	\$33.66	\$58.14	\$94.86	\$169.92	\$221.94	\$543.24	\$944.10
\$185,000	\$11.10	\$11.10	\$15.73	\$18.87	\$34.60	\$59.76	\$97.50	\$174.64	\$228.11	\$558.33	\$970.33
\$190,000	\$11.40	\$11.40	\$16.15	\$19.38	\$35.53	\$61.37	\$100.13	\$179.36	\$234.27	\$573.42	\$996.55
\$195,000	\$11.70	\$11.70	\$16.58	\$19.89	\$36.47	\$62.99	\$102.77	\$184.08	\$240.44	\$588.51	\$1,022.78
\$200,000	\$12.00	\$12.00	\$17.00	\$20.40	\$37.40	\$64.60	\$105.40	\$188.80	\$246.60	\$603.60	\$1,049.00
\$225,000	\$13.50	\$13.50	\$19.13	\$22.95	\$42.08	\$72.68	\$118.58	\$212.40	\$277.43	\$679.05	\$1,180.13
\$250,000	\$15.00	\$15.00	\$21.25	\$25.50	\$46.75	\$80.75	\$131.75	\$236.00	\$308.25	\$754.50	\$1,311.25
\$275,000	\$16.50	\$16.50	\$23.38	\$28.05	\$51.43	\$88.83	\$144.93	\$259.60	\$339.08	\$829.95	\$1,442.38
\$300,000	\$18.00	\$18.00	\$25.50	\$30.60	\$56.10	\$96.90	\$158.10	\$283.20	\$369.90	\$905.40	\$1,573.50
\$325,000	\$19.50	\$19.50	\$27.63	\$33.15	\$60.78	\$104.98	\$171.28	\$306.80	\$400.73	\$980.85	\$1,704.63
\$350,000	\$21.00	\$21.00	\$29.75	\$35.70	\$65.45	\$113.05	\$184.45	\$330.40	\$431.55	\$1,056.30	\$1,835.75
\$375,000	\$22.50	\$22.50	\$31.88	\$38.25	\$70.13	\$121.13	\$197.63	\$354.00	\$462.38	\$1,131.75	\$1,966.88
\$400,000	\$24.00	\$24.00	\$34.00	\$40.80	\$74.80	\$129.20	\$210.80	\$377.60	\$493.20	\$1,207.20	\$2,098.00
\$425,000	\$25.50	\$25.50	\$36.13	\$43.35	\$79.48	\$137.28	\$223.98	\$401.20	\$524.03	\$1,282.65	\$2,229.13
\$450,000	\$27.00	\$27.00	\$38.25	\$45.90	\$84.15	\$145.35	\$237.15	\$424.80	\$554.85	\$1,358.10	\$2,360.25
\$475,000	\$28.50	\$28.50	\$40.38	\$48.45	\$88.83	\$153.43	\$250.33	\$448.40	\$585.68	\$1,433.55	\$2,491.38
\$500,000	\$30.00	\$30.00	\$42.50	\$51.00	\$93.50	\$161.50	\$263.50	\$472.00	\$616.50	\$1,509.00	\$2,622.50

## HOW TO CALCULATE YOUR MONTHLY VOLUNTARY AD&D COST

How much premium costs depends on your benefit amount

USE THIS FORMULA TO CALCULATE YOUR MONTHLY ESTIMATED PREMIUM PAYMENT:

### VOLUNTARY AD&D

Requested Voluntary AD&D amount: \$ \_\_\_\_\_  
 \_\_\_\_\_ ÷ 1,000 X \$0.03 = **Estimated**  
 monthly cost: \$ \_\_\_\_\_

### Example

Age 30; rate is \$0.03. Requested AD&D amount is \$100,000

**Employee's estimated monthly deduction:**  
 \$100,000 ÷ 1,000 = 100 x 0.03 = \$3.00 / month

During Open Enrollment, you can increase Voluntary Life amounts for yourself and spouse up to the Guarantee Issue without completing Evidence of Insurability (EOI).



# VOLUNATRY SHORT TERM DISABILITY INSURANCE

This benefit is designed to provide partial income replacement should you become disabled as the result of sickness or injury. USABLE Life will pay the weekly benefit if you become disabled while insured and are under the regular care of a physician due to sickness or injury; including pregnancy or complications of pregnancy.

STD benefit maximum increasing from \$500 to \$1,000

## VOLUNTARY SHORT TERM DISABILITY—USABLE LIFE

Amount of Coverage	You may purchase a benefit of up to <b>60% of your Basic Weekly Earnings</b> in units of \$10 from a minimum of \$100 to a <b>maximum of \$1,000 per week</b> , less offsets for other income. ( <i>Benefit does not reduce and terminates when you are no longer eligible or your retirement, whichever occurs first.</i> )
When Benefits Begin	Benefits begin on the <b>8th day</b> of a covered disability resulting from an accident, and on the <b>8th day</b> of a covered disability resulting from sickness
How Long Benefits Last	Up to a <b>maximum of 13 weeks</b> for any one covered disability
Proof of Good Health	Timely entrants: Not required Late entrants: Statement of Health form is required

**VOLUNTARY SHORT TERM DISABILITY ALSO INCLUDES THE FOLLOWING:**

- Recurrent Disability
- Return to Work Incentive
- Waiver of Premium Benefit

MONTHLY COST			MONTHLY COST		
ANNUAL EARNINGS	BENEFIT UNITS	PREMIUM	ANNUAL EARNINGS	BENEFIT UNITS	PREMIUM
UP TO \$9,533.32	<b>\$100</b>	\$5.70	\$26,866.67 - \$27,733.32	<b>\$310</b>	\$17.67
\$9,533.33 - \$10,399.99	<b>\$110</b>	\$6.27	\$27,733.33 - \$28,599.99	<b>\$320</b>	\$18.24
\$10,400.00 - \$11,266.66	<b>\$120</b>	\$6.84	\$28,600.00 - \$29,466.66	<b>\$330</b>	\$18.81
\$11,266.67 - \$12,133.32	<b>\$130</b>	\$7.41	\$29,466.67 - \$30,333.32	<b>\$340</b>	\$19.38
\$12,133.33 - \$12,999.99	<b>\$140</b>	\$7.98	\$30,333.33 - \$31,199.99	<b>\$350</b>	\$19.95
\$13,000.00 - \$13,866.66	<b>\$150</b>	\$8.55	\$31,200.00 - \$32,066.66	<b>\$360</b>	\$20.52
\$13,866.67 - \$14,733.32	<b>\$160</b>	\$9.12	\$32,066.67 - \$32,933.32	<b>\$370</b>	\$21.09
\$14,733.33 - \$15,599.99	<b>\$170</b>	\$9.69	\$32,933.33 - \$33,799.99	<b>\$380</b>	\$21.66
\$15,600.00 - \$16,466.66	<b>\$180</b>	\$10.26	\$33,800.00 - \$34,666.66	<b>\$390</b>	\$22.23
\$16,466.67 - \$17,333.32	<b>\$190</b>	\$10.83	\$34,666.67 - \$35,533.32	<b>\$400</b>	\$22.80
\$17,333.33 - \$18,199.99	<b>\$200</b>	\$11.40	\$35,533.33 - \$36,399.99	<b>\$410</b>	\$23.37
\$18,200.00 - \$19,066.66	<b>\$210</b>	\$11.97	\$36,400.00 - \$37,266.66	<b>\$420</b>	\$23.94
\$19,066.67 - \$19,933.32	<b>\$220</b>	\$12.54	\$37,266.67 - \$38,133.32	<b>\$430</b>	\$24.51
\$19,933.33 - \$20,799.99	<b>\$230</b>	\$13.11	\$38,133.33 - \$38,999.99	<b>\$440</b>	\$25.08
\$20,800.00 - \$21,666.66	<b>\$240</b>	\$13.68	\$39,000.00 - \$39,866.66	<b>\$450</b>	\$25.65
\$21,666.67 - \$22,533.32	<b>\$250</b>	\$14.25	\$39,866.67 - \$40,733.32	<b>\$460</b>	\$26.22
\$22,533.33 - \$23,399.99	<b>\$260</b>	\$14.82	\$40,733.33 - \$41,599.99	<b>\$470</b>	\$26.79
\$23,400.00 - \$24,266.66	<b>\$270</b>	\$15.39	\$41,600.00 - \$42,466.66	<b>\$480</b>	\$27.36
\$24,266.67 - \$25,133.32	<b>\$280</b>	\$15.96	\$42,466.67 - \$43,333.32	<b>\$490</b>	\$27.93
\$25,133.33 - \$25,999.99	<b>\$290</b>	\$16.53	\$43,333.33 & OVER	<b>\$500</b>	\$28.50
\$26,000.00 - \$26,866.66	<b>\$300</b>	\$17.10			



# VOLUNATRY LONG TERM DISABILITY INSURANCE

This benefit is designed to provide partial income replacement for you should you become disabled as the result of a covered sickness or injury.

LTD benefits will begin on the 91st day (beginning 9/1/2023)

## Voluntary LONG term disability—USABLE LIFE

Amount of Coverage	You may purchase a benefit of <b>60% of your Basic Monthly Earnings</b> to a <b>maximum of \$6,000 per month</b> , less offsets for other income.
When Benefits Begin	Benefits begin on the <b>91<sup>st</sup> day</b> of a covered disability
How Long Benefits Last	Benefits are payable for 2 years if you are disabled from your own occupation, or to your Social Security Normal Retirement Age (SSNRA) if you are disabled from any occupation.
Pre-Existing Conditions	This plan will not cover any disability which is caused or contributed to by, or results from a pre-existing condition for which treatment was received during the <b>3 month period immediately preceding the effective date of coverage</b> , and which <b>begins in the first 12 months after the effective date of coverage</b> .

### VOLUNTARY LONG TERM DISABILITY ALSO INCLUDES THE FOLLOWING:

- Return to Work Incentive
- Survivor Benefit
- Managed Rehabilitation Benefit
- Child Care Benefit
- Waiver of Premium Benefit

### PREMIUMS BASED ON 12 PAYROLL DEDUCTIONS PER YEAR

Benefit is 60% of Basic Monthly Earnings to a maximum of \$6,000

#### MONTHLY RATES PER \$100 MONTHLY PAYROLL:

UNDER 25	\$0.120	35-39	\$0.350	50-54	\$0.900	65	\$0.258
25-29	\$0.150	40-44	\$0.510	55-59	\$0.990	70+	\$0.258
30-34	\$0.180	45-49	\$0.650	60-64	\$0.750		

#### STEP 1 - CALCULATE BENEFIT

ANNUAL SALARY ÷ 12 = MONTHLY SALARY	60% x MONTHLY SALARY = MONTHLY BENEFIT	DOES THE MONTHLY BENEFIT EXCEED \$6,000?	IF NO, ENTER CALCULATED MONTHLY BENEFIT. IF YES, ENTER MAX MONTHLY BENEFIT \$6,000.
EXAMPLE: \$30,000.00 ÷ 12 = \$2,500.00	60% x \$2,500.00 = \$1,500.00	NO	\$1,500.00

1 ANNUAL SALARY ÷ 12 = \$ <input type="text"/>	2 60% x MONTHLY SALARY = \$ <input type="text"/>	3 DOES THE MONTHLY BENEFIT EXCEED \$6,000? <input type="text"/>	4 IF NO, ENTER MONTHLY BENEFIT FROM BOX 2. IF YES, ENTER MAX MONTHLY BENEFIT (\$6,000) <input type="text"/>
MONTHLY SALARY	MONTHLY BENEFIT	YES or NO	YOUR MONTHLY BENEFIT

#### STEP 2 - CALCULATE COST

Find your rate above: \$

DIVIDE YOUR MONTHLY BENEFIT AMOUNT (STEP 1, BOX 4) BY \$100	DIVIDE BY 60%	MULTIPLY BY YOUR RATE TO FIND YOUR MONTHLY PREMIUM
\$1,500.00 ÷ 100 = \$15.00	\$15.00 ÷ 60% = \$25.00	\$25.00 X \$0.120 = \$3.00

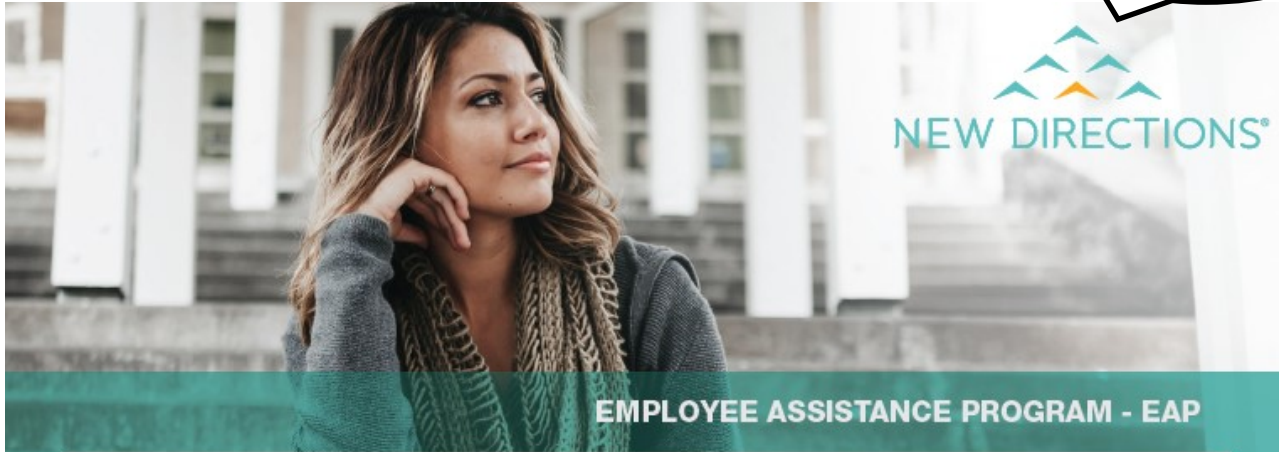
1 MTHLY BENEFIT ÷ 100 = \$ <input type="text"/>	2 DIVIDE BY 60% \$ <input type="text"/>	3 MULTIPLY BY RATE \$ <input type="text"/>
		MONTHLY COST





# EMPLOYEE ASSISTANCE PLAN (EAP)

This program is available to you and your dependents at no cost 24/7, even on holidays



## EMPLOYEE ASSISTANCE PROGRAM - EAP

### When life's a little much, reach out and get in touch.

Let's be real: life can be tough. When your responsibilities start to feel overwhelming and showing up each day with a smile on your face seems difficult, it's important to reach out for help. You can lean on your free and confidential Employee Assistance Program (EAP) for support.

#### We've got your back.

A free benefit from your workplace, the EAP can help you or anyone in your household:

- Be more present and productive at work
- Receive support when you don't feel like yourself
- Get help with responsibilities that are distracting or stressful
- Grow personal and career skills
- Be a caring, loving friend or family member
- Receive care after a traumatic event or diagnosis
- Make healthy lifestyle choices
- Improve and inspire daily life

#### We're here for you, always.

Life happens, regardless of the day or time. That's why we make ourselves available 24/7, even on holidays. So whenever you need to reach out, we're here for you.

#### SERVICES

- ☑ Counseling
- ☑ Consultation on
  - Finances
  - Legal needs
  - Managing employees
  - Life
- ☑ Crisis support
- ☑ Coaching
- ☑ Adult and child care resources
- ☑ Personal and professional training
- ☑ Digital behavioral health tools



**Support Line**  
Call anytime  
800-624-5544



**Mobile app**  
Search for New  
Directions EAP



**Web**  
Visit [ndbh.com](http://ndbh.com)  
for resources

**ndbh.com**  
**800-624-5544**

**Services are free and your employer will not know you reached out.**  
Flip this sheet over to see some common reasons people use EAP.





# EMPLOYEE ASSISTANCE PLAN (EAP)

This program is available to you and your dependents at no cost 24/7, even on holidays

“The EAP has been beneficial in so many ways I don’t know how I would have gotten through without it.”

### Check out our app.

Search for New Directions EAP in your app store.



## Whatever life throws your way, we’re here to help.

Stress, relationships, work and money. These are the most common reasons people reach out to the EAP every year. But no matter what issues you’re facing, the EAP is the perfect first step for you or your family members to:

### Reduce stress

Some stress can be a good thing, but too much can be debilitating and unhealthy. Counseling, assessments, coaching, apps, meditation practices, online tools and more can help you improve areas that need work.

### Handle a life curve ball

Divorce, adoption, losing a loved one, career changes and moving can all interrupt one’s daily life. Counseling, thousands of online tools, coaching and consultations can help you adjust.

### Cope after crisis

Mentally processing and coping after a traumatic event generally takes time and expert care. Counseling, education sheets and communication can help when a crisis occurs.

### Support and improve relationships

Raising kids, living with others or improving friendships can take guidance and investment. Counseling, videos, tip sheets and advice make this easier. Referrals to credible daycares, assisted living facilities, dog walkers, physicians, etc. can also help.

### Focus at work

We all experience feeling a lack of productivity and engagement at work sometimes. Trainings, advice and custom behavioral strategies can help you become more focused.

### Lead others

If you supervise people at work, it’s likely you handle difficult things like performance issues, troubled employees, HR law and hard conversations. Dedicated consultants can provide guidance so you can do your job and have less stress.

### Navigate the legal system

Handling a landlord, large purchase, estate or even an infraction can be easier with the help of a legal expert and thousands of online templates to put into action.

### Reduce debt

Money worries can be minimized with custom action plans developed with a financial expert to save, reduce debt or afford a life desired.

### Live a healthy life

Changing behaviors to quit smoking, lose weight, manage a disease or exercise more can be more manageable when broken into baby steps. Coaching, videos, counseling and digital tools can help you start living healthy.

Take the first step and call today.

ndbh.com  
800-624-5544



# VOLUNTARY ACCIDENT PLAN



## Trustmark Accident – Group

Coverage for when life takes a tumble

- **Accidents happen.** And the sudden **out-of-pocket costs** associated with them can be pricey.
- **Trustmark Accident insurance helps by paying cash directly to you,** for covered accidents and the services to help treat them.
- These benefits are paid **regardless of other coverage** you have, and there are no restrictions on how you may use the money.
- Your benefits can help **pay for what health insurance might not,** like copays and deductibles, and can also help with your everyday bills.
- Includes a **Wellness Benefit** that pays you just for taking steps to help yourself stay well, including for **routine physicals.**

Trustmark Accident provides **24-hour coverage,** for accidents that occur **at work or outside of work.** You can also get affordable coverage for your **entire family,** including active kids! And acceptance is automatic: **no health questions** to answer.

Trustmark Accident insurance pays benefits for a **wide array of covered injuries and services,** including but not limited to:

### Initial Care

- Hospital admissions and stays
- Ambulance transport
- Emergency room visits
- X-rays and diagnostic tests
- Initial doctor’s office visit
- Surgeries
- Lodging and transportation

### Injuries

- Fractures (broken bones)
- Dislocations
- Lacerations
- Burns
- Concussions
- Tendon/ligament injuries
- Eye injuries
- Emergency dental

### Follow-Up Care

- Follow-up visits
- Physical therapy
- Appliances (e.g.: crutches or knee scooter)
- Prosthetics and artificial limbs

You can file a claim for your Wellness benefits 24/7 at **TrustmarkVB.com.**

A complete schedule of benefits and benefit amount will be included with your policy.

*This is a brief description of benefits under forms AO 620 C and AO 620 C MET, underwritten by Trustmark Insurance Company, Lake Forest IL. This accident-only coverage pays limited benefits and does not pay for loss from disease or sickness. Benefits, definitions, exclusions and limitations (including elimination periods) may vary by state. Your certificate will contain complete details. Trustmark® is a registered trademark of Trustmark Insurance Company.*

## VOLUNTARY ACCIDENT—MONTHLY COST

Employee Only	\$12.57
Employee + spouse	\$19.85
Employee + child(ren)	\$24.53
Employee + family	\$33.91



# VOLUNTARY HOSPITAL INDEMNITY PLAN

## Trustmark Hospital StayPay® - Group

Keeping things balanced when you get knocked off your feet.

- Hospital stays can be **incredibly expensive**. And your medical insurance may **not pay for everything**.
- **Trustmark Hospital StayPay®** pays **cash directly to you** when you end up in the hospital due to a covered accident/sickness, or covered maternity, or for mental wellness or addiction recovery.
- It's a **companion for your health insurance**: pairing them up helps give you **better protection** against big hospital bills.
- You can use the money for **whatever you need**, so you can worry less about your bills and focus on **recovering**.

You can also get affordable coverage for your **entire family**, including your kids. And acceptance is automatic: **no health questions** to answer.

Here's how your base benefits work:

**\$1,000** – Paid in a lump sum when you're first admitted to the hospital.

**\$100** – Paid for each day your stay continues after the first day.

**\$100** – Additional payment for days in the ICU.

You easily file online claims 24/7 at **TrustmarkVB.com**

*This is a brief description of benefits under forms HII 520 C and HII 520 C MET, underwritten by Trustmark Insurance Company, Lake Forest IL. This hospital indemnity coverage pays limited benefits due to a covered accident or covered sickness. Benefits, definitions, exclusions and limitations (including pre-existing conditions) may vary by state. Your certificate will contain complete details. Trustmark® and Trustmark Hospital StayPay® are registered trademarks of Trustmark Insurance Company.*

VOLUNTARY HOSPITAL INDEMNITY—MONTHLY COST	
Employee Only	\$14.12
Employee + spouse	\$31.16
Employee + child(ren)	\$22.15
Employee + family	\$40.88



# VOLUNTARY CRITICAL ILLNESS PLAN

## Trustmark Critical HealthEvents® - Group

Providing a financial cushion so you can focus on getting well

- A **critical illness can be expensive**, and your medical insurance may not pay for everything. You may have **unexpected costs** – like travel, help around the home, or out-of-network care.
- **Trustmark Critical HealthEvents helps by paying cash directly to you** when you are diagnosed with a covered critical illness.
- You can even get partial benefits for **earlier identification** of critical illness, so you can get treatment before the illness gets worse.
- Your benefit also **fully replenishes** each year, with no lifetime maximum on payouts.
- With Critical HealthEvents, you can **rest easier**, knowing that if a critical illness happens, you can **focus on what matters**: your health.
- Includes a **Wellness Benefit** that pays you just for taking steps to help yourself stay well, including for **routine physicals**.

### Covered conditions include:

- **Cancer**, at various stages
- **Coronary artery disease (heart attack)** and certain early identification
- **Cerebral vascular disease (stroke)** and certain early identification

Plus, the **Specified Illness Benefit** also makes you eligible for a benefit once per covered person for each of:

- **10% benefit:** Complications of diabetes – hospitalization for hyperglycemia, dehydration; Stem cell/bone marrow transplant; Acute respiratory distress syndrome; Coma; Epilepsy; Rheumatoid arthritis; Type 1 diabetes
- **50% benefit:** Central nervous conditions, such as lupus, sarcoidosis, encephalitis; Neurologic diseases, such as Huntington’s disease, multiple sclerosis, Parkinson’s disease; Dementia, such as Alzheimer’s disease
- **100% benefit:** Permanent blindness; Complications of diabetes – lower limb amputation; Irreversible loss of hearing; Occupational HIV; Paralysis; Lou Gehrig’s disease (ALS)

A complete schedule of benefits will be included with your policy.

*This is a brief description of benefits under forms CII 820 and CII 820 C MEI underwritten by Trustmark Insurance Company, Lake Forest IL. This coverage pays a limited, lump-sum benefit for specified diseases only. Benefits, definitions, exclusions and limitations (including pre-existing conditions) may vary by state. Your certificate will contain complete details. Trustmark® and Trustmark Critical HealthEvents® are registered trademarks of Trustmark Insurance Company.*





# VOLUNTARY CRITICAL ILLNESS PLAN—COST

<b>MONTHLY COST</b>					
<b>*Non-Tobacco Rates*</b>					
<b><u>Employee - Only</u></b>	<b><u>\$10,000</u></b>	<b><u>\$15,000</u></b>	<b><u>\$20,000</u></b>	<b><u>\$25,000</u></b>	<b><u>\$30,000</u></b>
< 36	\$5.31	\$7.01	\$8.71	\$10.41	\$12.11
36 - 40	\$7.91	\$10.91	\$13.91	\$16.91	\$19.91
41 - 45	\$11.51	\$16.31	\$21.11	\$25.91	\$30.71
46 - 50	\$17.41	\$25.16	\$32.91	\$40.66	\$48.41
51 - 55	\$26.41	\$38.66	\$50.91	\$63.16	\$75.41
56 - 60	\$38.21	\$56.36	\$74.51	\$92.66	\$110.81
61 - 65	\$54.61	\$80.96	\$107.31	\$133.66	\$160.01
66 - 70	\$76.01	\$113.06	\$150.11	\$187.16	\$224.21
71 - 75	\$107.71	\$160.61	\$213.51	\$266.41	\$319.31
> 75	\$148.11	\$221.21	\$294.31	\$367.41	\$440.51
<b><u>Employee + Spouse</u></b>	<b><u>\$10,000</u></b>	<b><u>\$15,000</u></b>	<b><u>\$20,000</u></b>	<b><u>\$25,000</u></b>	<b><u>\$30,000</u></b>
< 36	\$9.16	\$11.76	\$14.36	\$16.96	\$19.56
36 - 40	\$13.16	\$17.76	\$22.36	\$26.96	\$31.56
41 - 45	\$18.46	\$25.71	\$32.96	\$40.21	\$47.46
46 - 50	\$26.96	\$38.46	\$49.96	\$61.46	\$72.96
51 - 55	\$39.46	\$57.21	\$74.96	\$92.71	\$110.46
56 - 60	\$55.86	\$81.81	\$107.76	\$133.71	\$159.66
61 - 65	\$78.86	\$116.31	\$153.76	\$191.21	\$228.66
66 - 70	\$109.76	\$162.66	\$215.56	\$268.46	\$321.36
71 - 75	\$156.16	\$232.26	\$308.36	\$384.46	\$460.56
> 75	\$217.16	\$323.76	\$430.36	\$536.96	\$643.56
<b><u>Employee + Child(ren)</u></b>	<b><u>\$10,000</u></b>	<b><u>\$15,000</u></b>	<b><u>\$20,000</u></b>	<b><u>\$25,000</u></b>	<b><u>\$30,000</u></b>
< 36	\$9.01	\$11.56	\$14.11	\$16.66	\$19.21
36 - 40	\$11.61	\$15.46	\$19.31	\$23.16	\$27.01
41 - 45	\$15.21	\$20.86	\$26.51	\$32.16	\$37.81
46 - 50	\$21.11	\$29.71	\$38.31	\$46.91	\$55.51
51 - 55	\$30.11	\$43.21	\$56.31	\$69.41	\$82.51
56 - 60	\$41.91	\$60.91	\$79.91	\$98.91	\$117.91
61 - 65	\$58.41	\$85.66	\$112.91	\$140.16	\$167.41
66 - 70	\$79.71	\$117.61	\$155.51	\$193.41	\$231.31
71 - 75	\$111.51	\$165.31	\$219.11	\$272.91	\$326.71
> 75	\$151.81	\$225.76	\$299.71	\$373.66	\$447.61
<b><u>Family</u></b>	<b><u>\$10,000</u></b>	<b><u>\$15,000</u></b>	<b><u>\$20,000</u></b>	<b><u>\$25,000</u></b>	<b><u>\$30,000</u></b>
< 36	\$13.86	\$17.56	\$21.26	\$24.96	\$28.66
36 - 40	\$17.76	\$23.41	\$29.06	\$34.71	\$40.36
41 - 45	\$23.16	\$31.51	\$39.86	\$48.21	\$56.56
46 - 50	\$31.66	\$44.26	\$56.86	\$69.46	\$82.06
51 - 55	\$44.06	\$62.86	\$81.66	\$100.46	\$119.26
56 - 60	\$60.56	\$87.61	\$114.66	\$141.71	\$168.76
61 - 65	\$83.56	\$122.11	\$160.66	\$199.21	\$237.76
66 - 70	\$114.36	\$168.31	\$222.26	\$276.21	\$330.16
71 - 75	\$160.76	\$237.91	\$315.06	\$392.21	\$469.36
> 75	\$221.86	\$329.56	\$437.26	\$544.96	\$652.66





# VOLUNTARY CRITICAL ILLNESS PLAN—COST

<b>MONTHLY COST</b>					
<b>*Tobacco Rates*</b>					
<b><u>Employee-Only</u></b>	<b><u>\$10,000</u></b>	<b><u>\$15,000</u></b>	<b><u>\$20,000</u></b>	<b><u>\$25,000</u></b>	<b><u>\$30,000</u></b>
< 36	\$6.01	\$8.06	\$10.11	\$12.16	\$14.21
36 - 40	\$10.41	\$14.66	\$18.91	\$23.16	\$27.41
41 - 45	\$17.31	\$25.01	\$32.71	\$40.41	\$48.11
46 - 50	\$29.51	\$43.31	\$57.11	\$70.91	\$84.71
51 - 55	\$48.41	\$71.66	\$94.91	\$118.16	\$141.41
56 - 60	\$74.31	\$110.51	\$146.71	\$182.91	\$219.11
61 - 65	\$112.41	\$167.66	\$222.91	\$278.16	\$333.41
66 - 70	\$161.51	\$241.31	\$321.11	\$400.91	\$480.71
71 - 75	\$218.51	\$326.81	\$435.11	\$543.41	\$651.71
> 75	\$267.61	\$400.46	\$533.31	\$666.16	\$799.01
<b><u>Employee + Spouse</u></b>	<b><u>\$10,000</u></b>	<b><u>\$15,000</u></b>	<b><u>\$20,000</u></b>	<b><u>\$25,000</u></b>	<b><u>\$30,000</u></b>
< 36	\$10.16	\$13.26	\$16.36	\$19.46	\$22.56
36 - 40	\$16.66	\$23.01	\$29.36	\$35.71	\$42.06
41 - 45	\$26.46	\$37.71	\$48.96	\$60.21	\$71.46
46 - 50	\$43.56	\$63.36	\$83.16	\$102.96	\$122.76
51 - 55	\$69.86	\$102.81	\$135.76	\$168.71	\$201.66
56 - 60	\$105.76	\$156.66	\$207.56	\$258.46	\$309.36
61 - 65	\$158.76	\$236.16	\$313.56	\$390.96	\$468.36
66 - 70	\$228.86	\$341.31	\$453.76	\$566.21	\$678.66
71 - 75	\$309.86	\$462.81	\$615.76	\$768.71	\$921.66
> 75	\$382.46	\$571.71	\$760.96	\$950.21	\$1,139.46
<b><u>Employee + Child(ren)</u></b>	<b><u>\$10,000</u></b>	<b><u>\$15,000</u></b>	<b><u>\$20,000</u></b>	<b><u>\$25,000</u></b>	<b><u>\$30,000</u></b>
< 36	\$9.71	\$12.61	\$15.51	\$18.41	\$21.31
36 - 40	\$14.11	\$19.21	\$24.31	\$29.41	\$34.51
41 - 45	\$21.01	\$29.56	\$38.11	\$46.66	\$55.21
46 - 50	\$33.21	\$47.86	\$62.51	\$77.16	\$91.81
51 - 55	\$52.11	\$76.21	\$100.31	\$124.41	\$148.51
56 - 60	\$78.01	\$115.06	\$152.11	\$189.16	\$226.21
61 - 65	\$116.11	\$172.21	\$228.31	\$284.41	\$340.51
66 - 70	\$165.21	\$245.86	\$326.51	\$407.16	\$487.81
71 - 75	\$222.21	\$331.36	\$440.51	\$549.66	\$658.81
> 75	\$271.31	\$405.01	\$538.71	\$672.41	\$806.11
<b><u>Family</u></b>	<b><u>\$10,000</u></b>	<b><u>\$15,000</u></b>	<b><u>\$20,000</u></b>	<b><u>\$25,000</u></b>	<b><u>\$30,000</u></b>
< 36	\$14.86	\$19.06	\$23.26	\$27.46	\$31.66
36 - 40	\$21.26	\$28.66	\$36.06	\$43.46	\$50.86
41 - 45	\$31.06	\$43.36	\$55.66	\$67.96	\$80.26
46 - 50	\$48.26	\$69.16	\$90.06	\$110.96	\$131.86
51 - 55	\$74.56	\$108.61	\$142.66	\$176.71	\$210.76
56 - 60	\$110.46	\$162.46	\$214.46	\$266.46	\$318.46
61 - 65	\$163.46	\$241.96	\$320.46	\$398.96	\$477.46
66 - 70	\$233.46	\$346.96	\$460.46	\$573.96	\$687.46
71 - 75	\$314.56	\$468.61	\$622.66	\$776.71	\$930.76
> 75	\$387.06	\$577.36	\$767.66	\$957.96	\$1,148.26



# EMPLOYEE NOTICES

## **PATIENT PROTECTIONS DISCLOSURE**

The Rubber & Gasket Company of America Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Arkansas BlueCross BlueShield designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Arkansas BlueCross BlueShield at 501.378.2010 / 1.800.238.8379 or <https://www.arkansasbluecross.com/>. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Arkansas BlueCross BlueShield or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Arkansas BlueCross BlueShield at 501.378.2010 / 1.800.238.8379 or <https://www.arkansasbluecross.com/>.

## **WOMEN'S HEALTH & CANCER RIGHTS ACT**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: OPTION 1: LOWER DEDUCTIBLE (Individual: 0% coinsurance and \$3,000 deductible; Family: 0% coinsurance and \$6,000 deductible)

Plan 2: OPTION 2: HIGHER DEDUCTIBLE (Individual: 0% coinsurance and \$6,650 deductible; Family: 0% coinsurance and \$13,300 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 501.537.3569 or [Keaton@rgausa.com](mailto:Keaton@rgausa.com).

## **HIPAA SPECIAL ENROLLMENT RIGHTS**

### **Rubber & Gasket Company of America Health Plan Notice of Your HIPAA Special Enrollment Rights**

Our records show that you are eligible to participate in the Rubber & Gasket Company of America Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction). A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program** – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Kimberlee (Kim) Eaton - HR Manager at 501.537.3569 or [Keaton@rgausa.com](mailto:Keaton@rgausa.com).

### **Important Warning**

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

## **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



# EMPLOYEE NOTICES

## **COBRA GENERAL NOTICE—\*\* CONTINUATION COVERAGE RIGHTS UNDER COBRA\*\***

### **Introduction**

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### **What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage required to pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Kimberlee (Kim) Eaton.**

### **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.



# EMPLOYEE NOTICES

## **COBRA GENERAL NOTICE—CONTINUED**

***There are also ways in which this 18-month period of COBRA continuation coverage can be extended:***

### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov/](http://www.healthcare.gov/).

### **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit

[www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

### **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan contact information**

**Rubber & Gasket Company of America**  
**Kimberlee (Kim) Eaton - HR Manager**  
**3905 E. Progress St**  
**North Little Rock, Arkansas 72114-5240**  
**United States**  
**501.537.3569**

<sup>1</sup><https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.



# EMPLOYEE NOTICES

## **PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

ALABAMA - Medicaid	ALASKA - Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIP.com">CustomerService@MyAKHIP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS - Medicaid	CALIFORNIA - Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO - Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA - Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
GEORGIA - Medicaid	INDIANA - Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584





# EMPLOYEE NOTICES

<p align="center"><b>IOWA - Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>          Medicaid Phone: 1-800-338-8366          Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>          Hawki Phone: 1-800-257-8563          HIPP Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>          HIPP Phone: 1-888-346-9562</p>	<p align="center"><b>KANSAS - Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>          Phone: 1-800-792-4884          HIPP Phone: 1-800-766-9012</p>
<p align="center"><b>KENTUCKY - Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>          Phone: 1-855-459-6328          Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>          KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>          Phone: 1-877-524-4718          Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p align="center"><b>LOUISIANA - Medicaid</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>          Phone: 1-888-342-6207 (Medicaid hotline) or          1-855-618-5488 (LaHIPP)</p>
<p align="center"><b>MAINE - Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>          Phone: 1-800-442-6003          TTY: Maine relay 711          Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>          Phone: 1-800-977-6740          TTY: Maine relay 711</p>	<p align="center"><b>MASSACHUSETTS - Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>          Phone: 1-800-862-4840          TTY: (617) 886-8102</p>
<p align="center"><b>MINNESOTA - Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>          Phone: 1-800-657-3739</p>	<p align="center"><b>MISSOURI - Medicaid</b></p> <p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>          Phone: 573-751-2005</p>
<p align="center"><b>MONTANA - Medicaid</b></p> <p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>          Phone: 1-800-694-3084          Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a></p>	<p align="center"><b>NEBRASKA - Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>          Phone: 1-855-632-7633          Lincoln: 402-473-7000          Omaha: 402-595-1178</p>
<p align="center"><b>NEVADA - Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a>          Medicaid Phone: 1-800-992-0900</p>	<p align="center"><b>NEW HAMPSHIRE - Medicaid</b></p> <p>Website:  <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>          Phone: 603-271-5218          Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p align="center"><b>NEW JERSEY - Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>          Medicaid Phone: 609-631-2392          CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>          CHIP Phone: 1-800-701-0710</p>	<p align="center"><b>NEW YORK - Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>          Phone: 1-800-541-2831</p>
<p align="center"><b>NORTH CAROLINA - Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>          Phone: 919-855-4100</p>	<p align="center"><b>NORTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>          Phone: 1-844-854-4825</p>



# EMPLOYEE NOTICES

<b>OKLAHOMA - Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>OREGON - Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA - Medicaid and CHIP</b> Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	<b>RHODE ISLAND - Medicaid and CHIP</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
<b>SOUTH CAROLINA - Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	<b>SOUTH DAKOTA - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS - Medicaid</b> Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	<b>UTAH - Medicaid and CHIP</b> Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT - Medicaid</b> Website: <a href="http://www.vermont.gov/health/hipp">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	<b>VIRGINIA - Medicaid and CHIP</b> Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON - Medicaid</b> Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	<b>WEST VIRGINIA - Medicaid and CHIP</b> Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN - Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	<b>WYOMING - Medicaid</b> Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

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OMB Control Number 1210-0137 (expires 1/31/2026)



# EMPLOYEE NOTICES

## **NOTICE OF CREDITABLE COVERAGE**

### **Important Notice from Rubber & Gasket Company of America About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Rubber & Gasket Company of America and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Rubber & Gasket Company of America has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### **What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your Rubber & Gasket Company of America coverage will not be affected. You can keep this coverage if you elect Part D. This plan will not coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your Rubber & Gasket Company of America coverage, be aware that you and your dependents will be able to get this coverage back during the Open Enrollment Period provided by the plan or during a special enrollment event.

#### **When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Rubber & Gasket Company of America and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### **For More Information About This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Rubber & Gasket Company of America changes. You also may request a copy of this notice at any time.



# EMPLOYEE NOTICES

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

**Date:** September 01, 2023  
**Name of Entity/Sender:** Rubber & Gasket Company of America  
**Contact—Position/Office:** Kimberlee (Kim) Eaton - HR Manager  
**Office Address:** 3905 E Progress St  
North Little Rock, Arkansas 72114-5240  
United States  
**Phone Number:** 501.537.3569



# CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, your local human resources department or the Benefit Advocate Center.

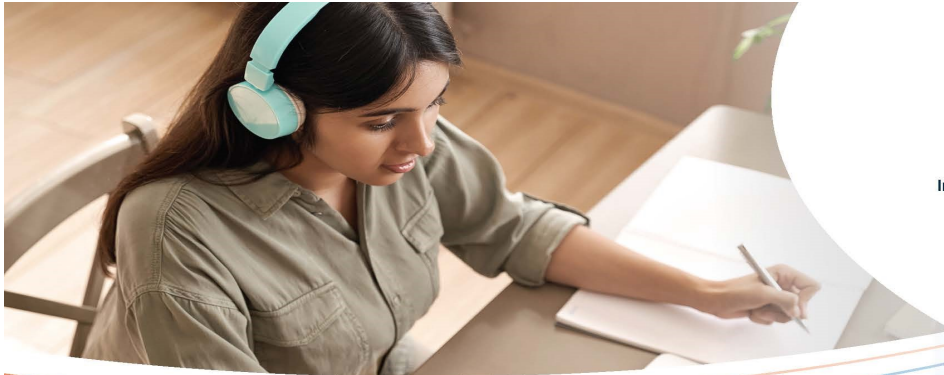
BENEFIT	PHONE	WEBSITE/EMAIL
<b><u>Arkansas BlueCross BlueShield</u></b>		
Medical	501.378.2010 / 1.800.238.8379	<a href="https://www.arkansasbluecross.com/">https://www.arkansasbluecross.com/</a>
<b><u>Arkansas BlueCross BlueShield</u></b>		
Voluntary Dental	1.888.223.4999	<a href="https://www.arkansasbluecross.com/">https://www.arkansasbluecross.com/</a>
<b><u>Arkansas BlueCross BlueShield</u></b>		
Voluntary Vision	1.800.877.7195	<a href="https://www.arkansasbluecross.com/">https://www.arkansasbluecross.com/</a>
<b><u>USable Life</u></b>		
Life and AD&D	1.800.370.5856	<a href="http://www.usablelife.com">www.usablelife.com</a>
Voluntary Term Life and AD&D	1.800.370.5856	<a href="http://www.usablelife.com">www.usablelife.com</a>
Voluntary Short Term Disability	1.800.370.5856	<a href="http://www.usablelife.com">www.usablelife.com</a>
Voluntary Long Term Disability	1.800.370.5856	<a href="http://www.usablelife.com">www.usablelife.com</a>
<b><u>New Directions (through USable)</u></b>		
Employee Assistance Program	800.624.5544	<a href="https://www.ndbh.com/">https://www.ndbh.com/</a>
<b><u>Trustmark</u></b>		
Accident / Critical Illness / Hospital Indemnity	800.918.8877	<a href="http://www.TrustmarkVB.com">www.TrustmarkVB.com</a>
<b><u>Rubber &amp; Gasket Co of America</u></b>		
Kimberlee (Kim) Eaton HR Manager	501.537.3569	<a href="mailto:Keaton@rgausa.com">Keaton@rgausa.com</a>
<b><u>Benefit Advocate Center (BAC)</u></b> —Call to talk about your benefits. BAC can help with finding a specialist, claims and benefit questions, etc.		
Benefit Advocate Center	833.516.4349	<a href="mailto:bac.rubbergasketadvocates@ajg.com">bac.rubbergasketadvocates@ajg.com</a>





# BENEFIT ADVOCATE TEAM

Call to talk about your benefits. BAC can help with finding a specialist, claims and benefit questions, etc.



Insurance | Risk Management | Consulting

## Ask Your Advocate Team

Put our team to work to maximize your healthcare benefits.

Gallagher is ready to help you get the most from your benefit program by providing support from an advocate at no cost to you. Get assistance with:

- 1 Explanation of benefits**  
Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?
- 2 Prescription challenges**  
Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help with an authorization for a medication?
- 3 Benefits questions**  
Are you unsure if the insurance company will pay for a certain procedure?
- 4 Claim issues**  
Did you receive a bill from a doctor but don't know why?
- 5 Difficult situations**  
Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

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### Connect with Us

**Rubber & Gasket Company of America**

Phone: 833.516.4349

Email:

[bac.rubbergasketadvocates@ajg.com](mailto:bac.rubbergasketadvocates@ajg.com)

### Hours of operation

Monday – Friday

7 a.m. – 8 p.m. Central Time



**SCAN THIS QR CODE** to learn more about your benefits!

Or visit  
<https://www.brainshark.com/gallagher/rga2023>

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

*This benefit summary prepared by*



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