



Benefit Enrollment Guide

2024-2025



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A Message from Human Resources

At Atlantic Packaging, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Atlantic Packaging offers health, dental, vision, life and disability plans as well as accident, critical illness, hospital indemnity, and identity theft. This Benefit Summary Guide will give you information on your health & welfare benefit options for the 2024-2025 plan year. Please read this information carefully. For full details about our plans, please refer to the summary plan descriptions.

This document contains a very general description of the benefits to which you may be entitled as an employee of Atlantic Packaging. This general explanation is not intended to provide you with all the details of these benefits. Your rights can be determined only by referring to the full text of the official plan documents, which are available for your examination by request to the HR Department. If any of the information contained in this document is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases. This document is not intended to be a Summary Plan Description.

Please note that nothing contained in the benefit plans described in this document shall be held or construed to create a promise of employment or future benefits, or a binding contract between the company and its employees or their dependents, for benefits or for any other purpose. All employees shall remain subject to discharge or discipline to the same extent as if these plans had not been put into effect and are also free to resign at any time. Benefits are for eligible employees only – part-time employees or employees of third-party staffing agencies are not eligible for employee benefits.

Eligibility

Eligible Employees:

You may enroll in the Atlantic Packaging Employee Benefits Program if you are a regular, full-time employee working at least 30 hours per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are, too. In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship.

When Coverage Begins:

Newly hired employees and dependents will be eligible for Atlantic Packaging's benefits programs the first of the month following 60 days of continuous service. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status change event.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

New Hires are eligible for benefits 1st of the month following 60 days of continuous service



Benefits Website

Please visit Atlantic's HR benefits website at <https://atlanticpkg.hrbenefits.net/> to learn more about our benefits, wellness program, and ways to enroll for benefits. There are also links to plan documents, benefits summaries, and more!

Medical Insurance



Atlantic Packaging offers medical coverage administered through our Third-Party Administrator, Health Plans, Inc. The chart below provides a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

	Health Plans, Inc. (TPA) Medical Plan Benefits
Annual Deductible	
Individual	\$500
Family	\$1,000
Coinsurance	20%
Maximum Out-of-Pocket*	
Individual	\$2,500
Family	\$5,000
Physician Office Visit	
Primary Care	\$25 copay
Specialty Care	\$50 copay
Teladoc	\$0 copay
Preventive Care	
Adult Periodic Exams	100% Covered
Well-Child Care	100% Covered
Diagnostic Services	
X-ray and Lab Tests	20% after deductible
Complex Radiology	20% after deductible
Urgent Care Facility	\$50 copay
Emergency Room Facility Charges	\$250 copay for first visit, then 20% after deductible for subsequent visits
Inpatient Facility Charges	20% after Deductible
Outpatient Facility and Surgical Charges	20% after deductible
Mental Health	
Inpatient	20% after deductible
Outpatient	\$25 copay
Substance Abuse	
Inpatient	20% after deductible
Outpatient	\$25 copay
Other Services	
Chiropractic	\$50 Copay (30 visits combined with other outpatient therapies per plan year)
Acupuncture	\$50 Copay

Prescription Coverage

Our prescription benefits are provided by OptumRx and administered by RxBenefits, Inc. There are more than 64,000 pharmacies in your pharmacy network. You may access a copy of the most recent preferred drug list and formulary exclusions at www.optumrx.com or by contacting RxBenefits at 1-800-334-8134.



Retail Pharmacy (30 Day Supply)	
Generic (Tier 1)	\$10 copay
Preferred (Tier 2)	30% to \$100
Non-Preferred (Tier 3)	50% to \$250
Retail Pharmacy (90 Day Supply)	
Generic (Tier 1)	\$30 copay
Preferred (Tier 2)	30% to \$300
Non-Preferred (Tier 3)	50% to \$750
Mail Order Pharmacy (90 Day Supply)	
Generic (Tier 1)	\$20 copay
Preferred (Tier 2)	30% to \$200
Non-Preferred (Tier 3)	50% to \$500
Specialty Medications (30 Day Supply)	
Specialty medications must be ordered through Briova Rx at 1-800-850-9122 and are limited to a 30 day supply	50% to \$250

Employee Contributions

Weekly Employee Contributions				
	Less Than 5 Years Service		More Than 5 Years Service	
	Standard Rate	Wellness Rate*	Standard Rate	Wellness Rate*
Employee	\$50.30	\$41.75	\$40.02	\$18.41
Employee & Spouse	\$138.90	\$106.95	\$113.97	\$78.64
Employee & Child(ren)	\$106.72	\$78.97	\$87.31	\$57.62
Employee & Family	\$226.23	\$178.72	\$205.65	\$156.30
Monthly Employee Contributions				
	Less Than 5 Years Service		More Than 5 Years Service	
	Standard Rate	Wellness Rate*	Standard Rate	Wellness Rate*
Employee	\$217.98	\$180.92	\$173.43	\$79.78
Employee & Spouse	\$601.88	\$463.44	\$493.87	\$340.77
Employee & Child(ren)	\$462.45	\$342.21	\$378.33	\$249.70
Employee & Family	\$980.34	\$774.47	\$891.17	\$677.29

*Wellness premiums are based on program participation

Pathways Concierge Member Advocacy

HPI's Concierge Care program, Pathways, helps you navigate the complexities of healthcare. Pathways works for **you** and coordinates **your care needs** with doctors, caregivers and pharmacists.

We've got you covered when it comes to your health care.



Online or over the phone, we're here for you.

Call HPI's Pathways Concierge service if you ever need help. We can answer questions like:

- What benefits do I have?
- Will my provider take my insurance?
- How can I find a new doctor in my PPO network?
- What if my provider asks me to pay up front?
- What hospitals or facilities can I visit?
- What do I do if I get a bill?

Call the number located on your member ID card – Monday–Friday, 8am–8pm (ET)

After hours, log in to **My Plan**, your secure member portal at: hpiTPA.com

Know where to go when you need medical care.

There are two important things to know about your plan:

1. You can visit any hospital or facility that accepts Reference-Based Pricing (RBP).
2. You can see doctors and providers who are in your Preferred Provider Organization (PPO) network (or accept RBP if they're not in the PPO).

What you should do before you get care*:



Before your appointments: Make sure your providers participate in your PPO network. If they don't, you'll still be covered, but check to see if they accept the RBP process for the best cost.



Before you schedule a procedure or service at a hospital or facility: Have your provider call to precertify your services, then check to see if it is an RBP-friendly provider.

How to do it:

- Call **Pathways Concierge**, or
- Log in to your **My Plan** account and click the link(s) under **My Provider Network(s)**.

RBP in a nutshell.

RBP is a payment process that works by reimbursing hospitals, facilities, and some physicians based on the value and quality of care. Your plan and your provider agree to a price based on Medicare costs, plus a percentage. Before you schedule a procedure or service at a hospital or facility, check to see if it's RBP-friendly and pre-certify your services to avoid being balance-billed.

Your member ID card has important contact and plan information for you and your providers:



Sample ID card back

Pathways Concierge



Call the number located on your member ID card | Monday–Friday, 8am–8pm (ET)



hpiTPA.com

**If you are having a medical emergency, call 911 or go to your nearest emergency room*



Contact: 888-296-7179 | hpiTPA.com

How to Read an Explanation of Benefits (EOB)

If you receive a bill that says you owe more than your EOB, this is a balance bill. Balance bills need to be sent to the Pathways Concierge, along with your EOB. They work directly with the Patient Advocacy Center (PAC) at HST to resolve your balance bill. Continue to send in any bills you receive after you send in the initial bill. If you feel you are not receiving the appropriate level of attention from our partners, reach out to Eryn Johnson at Erynt@atlanticpkg.com or 910-398-6174.

SAMPLE EOB

hpi. | Health Plans, Inc.

Your Employer Name
PO Box 5199
Westborough, MA 01551

Forwarding Service Requested

MARY A. DOE
123 MAIN STREET
UNIT 21
ANYTOWN, MA 01090

Explanation of Benefits

PLEASE KEEP A COPY FOR YOUR RECORDS

THIS IS NOT A BILL

Customer Service

For more information, visit healthplansinc.com or call Customer Service at XXX-XXX-XXXX

Group Name: YOUR EMPLOYER PLAN NAME
Group Code: XXX-201
Process Date: 02/27/2016
Patient: JOHN W. DOE

Patient: JOHN W. DOE Provider: ABC MRI DIAGNOSTICS, LLC
Claim #: 216268W6200 Member: MARY A. DOE

Treatment Dates	Procedure Code	Charge Amount	Not Covered	Reason Code	Allowable Amount	Deductible Amount	Co-pay Amount	Paid At	Payment Amount
02/03-02/03/2016	70543	\$1700.00	\$0.00	HP	\$1472.85	\$558.15	\$0.00	80%	\$823.23
Column Totals		\$1700.00	\$0.00		\$1472.85	\$558.15	\$0.00		\$823.23
*Patient's Responsibility		\$649.02				Other Insurance Credits or Adjustments		\$0.00	
						*Coinsurance Total		\$91.47	
						Total Payment Amount		\$823.23	

Reason Code/Description

HP YOUR NETWORK DISCOUNT APPLIED

2016 Year-to-Date Plan Accumulators

Accumulator Description	Satisfied to Date	Maximum
JOHN W. DOE Individual In-Network Deductible	\$750.00	\$750.00
JOHN W. DOE Individual In-Network Out of Pocket	\$541.47	\$2250.00
JOHN W. DOE Individual Out-of-Network Deductible	\$0.00	\$1250.00
JOHN W. DOE Individual Out-of-Network Out of Pocket	\$0.00	\$3000.00
Family In-Network Deductible	\$1500.00	\$1500.00
Family In-Network Out of Pocket	\$1972.05	\$4500.00
Family Out-of-Network Deductible	\$0.00	\$2000.00
Family Out-of-Network Out of Pocket	\$0.00	\$6000.00

Messages

You are entitled to appeal any denial or partial denial of a claim. See the back of this page for information about your appeal rights.
SPANISH (Español): Para obtener asistencia en Español, llame al 866-613-5366.

Comments

PER NETWORK AGREEMENT, THERE IS NO MEMBER RESPONSIBILITY FOR PRICING DISCOUNTS.

Atlantic Packaging's Wellness Initiatives

At Atlantic, we care about your health and well-being. Whether your goal is to have more energy, lose weight, manage stress, or improve your diet, Atlantic Packaging's Wellness program can help you. We consider Wellness to be a vital part of our overall benefits program.



We want to continue to empower all of you to take strides towards living a healthier life. One of the main areas that is important to focus on is preventive care. Think about preventive care like taking care of your car. You don't know what is going on until you look under the hood and each year you need to change the oil, rotate the tires, and fill it with gas in order for it to run well and last a long time. Your body is no different.

We believe that the best healthcare is preventive healthcare. It is important that everyone in the Atlantic family have a healthcare provider who can establish a baseline for your health and be there to help identify early signs of cancer, chronic disease and even depression or anxiety. Therefore, we will continue our Wellness Incentive Program that allows you to earn a discount on your medical premium by completing these 4 preventive activities by Aug. 31, 2025:

1. Complete a Biometric Screening
 - Onsite biometric screenings will be held at most branches in October 2024.
 - If you do not complete your biometric screening at an onsite screening event, your doctor can complete your screening during your annual physical.
2. Complete an Annual Physical*
 - This can be done in the Carter Wellness Center for Tabor City Employees or with your own Primary Care Doctor
3. Complete One Preventive Age/Gender Indicated Health Exam, Dental Cleaning, or Eye Exam*
 - These following activities qualify as a preventive exam:
 - Mammograms
 - Colonoscopies
 - Well-woman
 - Prostate Exam
 - Dental Exam/ Screening
 - Prev Skin Check
 - Vision (Eye) Exam
4. Complete One Health Coaching or Behavioral Health Appointment
 - These appointments can be made in the Marathon Health portal with your health coach or Tiffany, our dedicated Behavioral Health Specialist.

Employees will be required to meet the program requirements during the 2024-2025 plan year to receive the wellness insurance premium discount next year, 2025-2026. However, if you miss the Aug 31st deadline, we will adjust your premium to the wellness plan once you complete all 4 requirements within the plan year. For more information about our Wellness Incentive Program and all of our wellness initiatives, visit our wellness website at <https://atlanticpkg.hrbenefits.net/wellness>.

*The Annual physical and preventive exam must be verified with a form that is sent to Marathon Health. To get a copy of these forms, visit Atlantic's HR website at <https://atlanticpkg.hrbenefits.net/wellness>.

Telemedicine



Teladoc is an innovative service available to any employee who is enrolled in Atlantic Packaging's medical plan, and their covered dependents. Teladoc provides 24/7 access to qualified doctors and pediatricians through the convenience of phone or video consult at no cost to you!

Teladoc is not intended to replace your primary care physician but is a convenient option for quality non-emergency care. The Teladoc doctors can treat many conditions, including:

- Cold & Flu Symptoms
- Bronchitis
- Respiratory Infection
- Poison Ivy
- Ear Infection
- Allergies
- Urinary Tract Infection
- Sinus Problems
- Pink Eye
- And More!

After you 'visit' with Teladoc, they will be happy to provide information about your consult to your primary care physician, if you consent.

General medical, dermatology, and nutrition consultations are all covered at \$0 for members enrolled in Atlantic's medical plan.

You can request a consult by calling 1-855-835-2362, via their website at www.teladoc.com or by downloading the Teladoc mobile app.



Dental Insurance



Atlantic Packaging offers a dental program through Delta Dental. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details. While the coverage is the same in- and out-of-network, you will pay less out of pocket if you visit an in-network provider with Delta Dental. Visit www.deltadentalnc.com to find a dentist in their network.



	Delta Dental	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Covered Person	\$1,500	\$1,500
Diagnostic & Preventive* - oral examination, cleaning, all x-rays, topical application of fluoride solution for dependent children up to age 19, space maintainers, sealants for children up to age 16	100%	100%
Basic – extractions, fillings, oral surgery, lab services required for procedures, general anesthesia, endodontic and periodontal care	80%	80%
Major – crowns, inlays/onlays, bridges, dentures, implants	50%	50%
Orthodontia (covered dependent children up to age 19)		
Benefit Percentage	50%	50%
Lifetime Maximum	\$1,000	\$1,000

*Preventive Incentive – Diagnostic and Preventive Services do not count toward the annual maximum

Employee Contributions	Monthly	Weekly
Employee	\$31.23	\$7.21
Employee & Spouse	\$69.29	\$15.99
Employee & Child(ren)	\$66.87	\$15.43
Employee & Family	\$121.78	\$28.10

Vision Insurance



Atlantic Packaging provides employees and their eligible dependents the option to purchase vision insurance through Superior Vision. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Superior Vision	
Copay	
Routine Exams (Annual)	\$10
Vision Materials	
Materials Copay	\$25
Lenses	Benefit varies by type of lens. Covered every 12 months
Contacts <i>Covered in lieu of frames.</i> Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered \$150 every 12 months
Frames	Covered at \$150 every 12 months

Employee Contributions	Monthly	Weekly
Employee	\$6.90	\$1.59
Employee & Spouse	\$13.11	\$3.03
Employee & Child(ren)	\$13.80	\$3.18
Employee & Family	\$20.18	\$4.66



Basic Life and Accidental Death & Dismemberment (AD&D) Insurance



Atlantic Packaging provides Basic Life and AD&D benefits to eligible employees at no cost to the employee. The life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Voya Financial	
Employee Basic Life & AD&D	
Benefit Maximum	\$50,000
Guaranteed Issue	\$50,000



Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance



Voya Financial	
Employee Supplemental Life & AD&D	
Benefit Increments	\$1,000
Benefit Maximum	\$500,000
Guaranteed Issue	Lesser of 2x annual earnings or \$350,000
Spouse Supplemental Life & AD&D	
Benefit Increments	\$1,000
Benefit Maximum	50% of Employee election or \$250,000
Guaranteed Issue	\$50,000
Dependent Supplemental Life & AD&D	
Benefit Maximum	\$10,000
Guaranteed Issue	\$10,000

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

You may purchase additional life and AD&D insurance with Voya Financial if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

All eligible employees have the option to purchase \$1,000 increments to a maximum of \$500,000. As a new hire, you can elect up to the lesser of 2x your annual earnings or \$350,000 without providing evidence of insurability. The AD&D benefit must match the life benefit.

Employees can also elect life & AD&D insurance coverage on their spouse and dependents up to age 26. All eligible employees have the option to purchase \$1,000 increments to the lesser of 50% of the employee life election or \$250,000 on their spouse. As a new hire, you can elect \$50,000 for your spouse without providing evidence of insurability. The AD&D benefit must match the life benefit.

Supplemental life and AD&D coverage for your dependents under the age of 26 can be selected for \$10,000. The cost to insure your children is \$2.90 per month or \$0.67 per week. This cost is the same regardless of how many children you have.

You must elect coverage on yourself in order to elect coverage for your spouse and dependents.

Below is a chart of age banded rates per \$1,000 of coverage for the employee and spouse life. The premium for supplemental spouse life insurance will be based on the employee's age.

Supplemental Life & Accidental Death and Dismemberment (AD&D)		
Rates per \$1,000		
Age	Weekly Rate	Monthly Rate
<30	\$0.0138	\$0.06
30-34	\$0.0138	\$0.06
35-39	\$0.0254	\$0.11
40-44	\$0.0277	\$0.12
45-49	\$0.0369	\$0.16
50-54	\$0.0369	\$0.16
55-59	\$0.1038	\$0.45
60-64	\$0.1338	\$0.58
65-69	\$0.2538	\$1.10
70+	\$0.4084	\$1.77

Note: if your child is also an employee of Atlantic, then your child is not eligible for coverage as a dependent. If both parents are employees of Atlantic, only one parent may cover the child(ren) under the dependent life benefit.

During open enrollment for the 2024-2025 plan year, current enrollees are eligible to increase the employee supplemental life benefit by up to \$40,000 without Evidence of Insurability. Late entrants must provide EOI for any coverage elected. Current enrollees are eligible to increase the spouse supplemental life insurance benefit by up to \$10,000 without Evidence of Insurability. Late entrants must provide EOI for any coverage elected.

Outside of annual enrollment, EOI is required for any increase in coverage.

Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Beneficiary

Remember to keep your beneficiary updated for both the basic and supplemental life insurance, which can be done anytime throughout the year. If you are married and living in a community property state, your insurance carrier may require that you designate your spouse (or in some cases a registered domestic partner) for at least 50% of the benefit unless you have a waiver notice on file from your spouse. Consult your legal or tax advisor for further guidance on this issue. The beneficiary can be different between the basic and supplemental life insurance.

Voluntary Disability



As an employee of Atlantic Packaging, you may choose to enroll in the Short-Term Disability and/or Long-Term Disability Plan. The Disability Plans provide financial protection for you by paying a portion of your income while you are disabled from an accident or illness. The amount you receive is based on the salary you earned before your disability began. **During open enrollment for the 2024-2025 plan year, eligible employees can elect STD without providing evidence of insurability. If you waived coverage when you were first eligible and are enrolling in LTD for the first time, evidence of insurability will be required.**

Short-Term Disability Insurance

This benefit covers 60% of your weekly base salary up to \$1,200/week. The benefit begins after 7 days of injury or illness and lasts up to 12 weeks. Please see the summary plan description for complete plan details.

Short-Term Disability Premium Calculation Example:

Let's assume an annual base salary of \$30,000 for a 35-year-old employee as of 10/1.

1. $\$30,000 / 52 \text{ weeks} = \576.92 weekly salary
 2. $\$576.92 * .60 = \346.15 weekly benefit
- Note: if your weekly benefit is more than the \$1,200 weekly benefit maximum, use \$1,200 to continue the calculations in step 3.
3. $\$346.15 / 10$ (rate calculated based on \$10 of weekly benefit) = \$34.62
 4. $\$34.62 \times \0.0669 (age 35 weekly rate per chart) = \$2.32 cost per week

Short Term Disability		
Rates per \$10 of Weekly Benefit		
Age	Weekly Rate	Monthly Rate
≤29	\$0.0738	\$0.32
30-39	\$0.0669	\$0.29
40-44	\$0.0692	\$0.30
45-49	\$0.0761	\$0.33
50-54	\$0.0923	\$0.40
55-59	\$0.1269	\$0.55
60+	\$0.1454	\$0.63

Long-Term Disability Insurance

Long-term disability insurance provides income protection in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$5,000. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Long Term Disability Premium Calculation Example:

Let's assume an annual base salary of \$30,000 for a 35-year-old employee as of 10/1.

1. $\$30,000 / 12 \text{ months} = \$2,500$ monthly salary
- Note: if your monthly salary is more than \$8,333, please use \$8,333 to continue the calculations in step 2.
2. $\$2,500 / 100$ (rate calculated based on \$100 of monthly benefit) = \$25
 3. $\$25 \times \0.0715 (age 35 weekly rate per chart) = \$1.79 cost per week

Long Term Disability		
Rates per \$100 of Monthly Salary		
Age	Weekly Rate	Monthly Rate
<25	\$0.0300	\$0.13
25-29	\$0.0346	\$0.15
30-34	\$0.0484	\$0.21
35-39	\$0.0715	\$0.31
40-44	\$0.0992	\$0.43
45-49	\$0.1569	\$0.68
50-54	\$0.2215	\$0.96
55-59	\$0.2792	\$1.21
60+	\$0.2792	\$1.21



Additional Voluntary Benefits



As a benefit eligible employee with Atlantic Packaging, you can purchase voluntary accident, critical illness, and hospital indemnity insurance through Voya Financial.

Accident Insurance	<p>Accident insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs on or after your effective date. The benefit amount depends on the type of injury and care received. Features include:</p> <ul style="list-style-type: none">• Guaranteed Issue: no medical questions or tests are required• Flexible: you can use the benefit payments for any purpose you like• Portable: if you leave your current employer or retire, you can take your coverage with you.• Includes a \$75 wellness benefit for completing a health screening test
Critical Illness Insurance	<p>Critical illness insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Coverage is available for yourself and your eligible dependents. Features include:</p> <ul style="list-style-type: none">• Guaranteed Issue: no medical questions or tests are required• Flexible: you can use the benefit payments for any purpose you like• Portable: if you leave your current employer or retire, you can take your coverage with you.• Includes a \$75 wellness benefit for completing a health screening test
Hospital Indemnity Insurance	<p>Hospital indemnity insurance provides a fixed daily benefit payment if you have a covered stay in a hospital, critical care unit, or rehabilitation facility beginning on or after your coverage effective date. Features include:</p> <ul style="list-style-type: none">• Guaranteed Issue: no medical questions or tests are required• Flexible: you can use the benefit payments for any purpose you like• Portable: if you leave your current employer or retire, you can take your coverage with you.• Includes a \$75 wellness benefit for completing a health screening test



Allstate Identity Protection Plan



Since so much of our daily life is now spent online, it's more important than ever to stay connected. But more sharing online means more of your personal data may be at risk. In fact, 1 in 6 Americans were impacted by an identity crime in 2020.

Identity theft can happen to anyone. That's why Atlantic offers Allstate Identity Protection as a benefit. So, you can be prepared and help protect your identity and finances from a growing range of threats.

Atlantic offers two plan options with Allstate. With Allstate Identity Protection Pro+ Cyber, you get the same benefits of the Pro+ plan plus protection for your electronic devices.

Allstate Identity Protection Pro+

- Allstate Digital Footprint[®], our proprietary privacy tool, shows where your data lives online and how it might be exposed
- Comprehensive identity and financial monitoring, such as high-risk transaction and financial account monitoring and more
- Identity Health Status gives you at-a-glance insight into your risk
- Allstate Security Pro[®] delivers updates and education on scams relevant to you
- Social media account takeover monitoring
- Robocall blocker[‡]
- Ad blocker[‡]
- Family digital safety tools[‡] with screen time management, location tracking, and web filtering^Δ
- Auto-on tri-bureau credit monitoring^{*} with annual reporting and credit score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- Dark web monitoring
- Full-service U.S.-based restoration support available 24/7
- Up to \$1 million reimbursement for identity theft expenses & stolen funds[†], includes coverage for:
 - 401(k)/HSA fraud
 - deceased family member fraud^Δ
 - home title fraud
 - professional fraud expense reimbursement

Allstate Identity Protection Pro+ Cyber All the features of Pro+, and also:

- Cyber protection tools for up to 5 enrolled devices, including:
 - Anti-virus protection
 - Safe browsing
 - Missing and stolen device tools (Android and Windows)
 - Safe Pay (Windows, macOS)
 - Webcam protection (Windows)
 - Firewall (Windows)
 - Anti-tracker (Windows, macOS, iOS)
 - Phishing protection (Windows, Android, iOS)
 - Android smart watch protection
 - File Shredder (Windows)
- Premium VPN with 4000+ servers to stay safe without slowing down
- Military-standard encrypted password manager
- Family digital safety tools[‡] expand to monitor 30+ apps and websites for signs of danger such as cyberbullying^Δ
- Extended reimbursement coverage for identity theft expenses and stolen funds[†] includes personal ransomware[§] expense reimbursement
- With a family plan, extend reimbursement coverage[†] up to \$2 million

§ Does not cover cyber ransom payments to hackers

Δ Only available with a family plan.

* Level of automatic monitoring dependent on enrollment method and information shared with Allstate Identity Protection

‡ Some features require additional activation. Privacy management features cover up to five email addresses in a family plan. Robocall blocker and ad blocker can only be used by primary subscriber, even in a family plan. Cyber and family digital safety features are managed through the primary subscriber's account in family plans.

† Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Product may be updated or modified. Certain features require additional activation.

Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

AIP_OE_SUBSCRIBEROVERVIEW_MULTIPRODUCT+_042023

Employee Contributions	Pro+		Pro+ Cyber	
	Monthly	Weekly	Monthly	Weekly
Employee	\$7.95	\$1.83	\$9.95	\$2.30
Employee & Family	\$13.95	\$3.22	\$17.95	\$4.14

Employee Assistance Program

Confidential Emotional Support



Our highly trained clinicians will listen to your concerns and quickly refer you to in-person counseling and other resources for:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Online Support



GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

**24/7 Support,
Resources &
Information**

**Contact Your
GuidanceResources® Program**

Call: 877.533.2363

TDD: 800.697.0353

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: My5848i

Holidays

Atlantic Packaging provides two (2) paid holidays during your 90-day orientation period, all holidays paid thereafter (10 per the below schedule)

- New Year's Day
- Good Friday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving (2 days)
- Christmas (2 days)



Paid Time Off (PTO)

Paid time off benefits are intended to provide employees with an annual rest and change of activities in order to promote optimal physical and mental well-being. All employees are encouraged to take their full accrued vacation time each year.

After an 18-month phase-in, each full-time employee will receive 15 days of PTO (includes vacation, sick, and personal leave) with an additional 5 days awarded after 15 years of service.



Maternity Leave Policy

Maternity leave under this policy is paid leave to be used with the birth of an employee's child. Full-time employees with at least one full year of service as of the date of the birth are eligible.

Eligible employees may take up to eight (8) weeks of maternity leave. The maternity leave varies based on delivery type and integration with Short Term Disability coverage (if applicable):

Normal Vaginal Delivery

- Week 1 – 100% of base pay using employee PTO
- Weeks 2-6 – 100% of base pay with Short Term Disability paying 60% and Atlantic paying 40%
- Weeks 7-8 – 100% of base pay from Atlantic

C-Section Delivery:

- Week 1 – 100% of base pay using employee PTO
- Weeks 2-8 – 100% of base pay with Short Term Disability paying 60% and Atlantic paying 40%

If employee does not have Short Term Disability Coverage:

- Week 1 – 100% of base pay using employee PTO
- Weeks 2-8 – 100% of base pay from Atlantic

Cafeteria Plan Benefits: Insurance benefits will continue to be provided during maternity leave

Requirements of Obtaining Paid Leave: The employee must provide their supervisor with at least sixty (60) days written notice of pending maternity leave.

Integration with FMLA: FMLA will run concurrently with maternity leave. In the event the employee requires more than eight (8) weeks of leave for the birth, four (4) weeks of unpaid FMLA will remain available. See Policy IV-8 for FMLA details.



Retirement Plan

Atlantic Packaging offers employees the option to contribute to a 401K plan. You can contribute up to 100% per pay period immediately. The company matches 30% on the first 6% deferred and is 100% vested immediately. An array of diversified investment options is available. Employees are eligible for match on next entry date following one (1) year of service as a full-time employee. Entry dates are January 1st and July 1st. Two deferral options available – Traditional 401K (pre-tax) and Roth (post-tax).

New hires have 30 days from their date of hire to make a deferral election before being AUTO ENROLLED at 6%. To make your deferral elections, log onto the Principal website at www.principal.com or call 800-986-3343 to speak with customer support.



Additional Benefits

EMPLOYEE DISCOUNT MARKETPLACE - LIFEMART

LifeMart is an online discount marketplace where you can save money on all types of products and services such as flowers, computers, theme park tickets, and much more. It is a one-stop shopping resource with hundreds of discount partners and thousands of discount offers. To access LifeMart, go to: discountmember.lifecare.com and enter the registration code: USI.



DIRECT DEPOSIT OF PAYROLL

Employees must have a checking or savings account for your payroll check to be direct deposited. This is mandatory unless in the state of Michigan.



Contact Information

Atlantic Packaging is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-0835 or via e-mail at BRCSouth@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Carrier Customer Service

Additional information regarding benefit plans can be found below. Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

BENEFIT	CARRIER	PHONE NUMBER	WEBSITE/EMAIL
Medical Concierge	Pathways	1-888-296-7179	hpiTPA.com
Prescriptions	OptumRx	1-800-334-8134	www.optumrx.com
Telemedicine	Teladoc	1-800-835-2362	www.teladoc.com
Wellness Program	Marathon Health	https://my.marathon-health.com/sign_in	
Dental PPO	Delta Dental	1-800-662-8856	www.deltadentalinc.com
Vision	Superior Vision	1-800-507-3800	www.superiorvision.com
Life and AD&D	Voya Financial	1-888-238-4840	https://presents.voya.com/EBRC/Home/AtlanticCorporation
Voluntary Life			
Short Term Disability (STD)	Voya Financial	1-888-464-3652	www.voya.absenceresources.com If first time utilizing the website, register with your 4-digit employee #
Long Term Disability (LTD)			
FMLA			
EAP	Guidance Resources	1-877-533-2363	https://guidanceresources.com Web ID: My5848i
Critical Illness	Voya Financial	1-877-236-7564	https://presents.voya.com/EBRC/Home/AtlanticCorporation
Hospitalization Only			
Accident			
401(k)	Principal	1-800-986-3343	www.principal.com
Atlantic HR Team Contacts			
HR Benefits Website	https://atlanticpkg.hrbenefits.net		
Eryn Johnson	Wilmington	910-398-6174	erynt@atlanticpkg.com
Lynn Vann	Wilmington	910-398-6135	lynnv@atlanticpkg.com
Renee Windham	Tabor City	910-343-0624	reneew@atlanticpkg.com
Robby Daniels	Tabor City	910-653-7450	robbyd@atlanticpkg.com
Becca Schusler	Wellness Director	704-909-5731	beccas@atlanticpkg.com

This brochure summarizes the benefit plans that are available to Atlantic Packaging eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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 this plan. Therefore, the following deductibles and coinsurance apply: \$500 deductible and 20% coinsurance to a \$2,500 out-of-pocket max.

NEWBORNS ACT DISCLOSURE - FEDERAL

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 the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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).

In addition, 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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact person listed at the end of this summary.

NOTICE REGARDING WELLNESS PROGRAMS

Atlantic Packaging's wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for lipid and glucose measurements. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive a lower premium on the medical plan. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the lower medical premium.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as meeting with Marathon Health. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Atlantic Packaging may use aggregate information it collects to design a program based on identified health risks in the workplace, Atlantic's wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information is Marathon Health in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 910-398-6174.

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator’s office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan’s annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called “fiduciaries” of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory

or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Eryn Johnson
910-398-6174
erynt@atlanticpkg.com

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests

- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective October 1, 2024
- Contact Human Resources at 910-398-6174

Important Notice from Atlantic Packaging 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 Atlantic Packaging 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. Atlantic Packaging has determined that the prescription drug coverage offered by the Atlantic Packaging 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 current Atlantic Packaging medical plan coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Atlantic Packaging medical plan coverage, be aware that you and your dependents will only be able to get this coverage back during open enrollment or in the case of a special enrollment opportunity.

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 Atlantic Packaging 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 Atlantic Packaging changes. You also may request a copy of this notice at any time.

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
- 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, 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:	October 1, 2024
Name of Entity/Sender:	Atlantic Packaging
Contact--Position/Office:	Human Resources
Address:	806 North 23 rd Street, Wilmington, NC 28405
Phone Number:	910-398-6174

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.

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 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 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: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 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
1-866-444-EBSA (3272)

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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


Summary of Benefits & Coverage (SBC)

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
 Atlantic Packaging: \$500 Plan

Coverage Period: Beginning on 10/01/2024
 Coverage for: Employees & Dependents | Plan Type: Indemnity

! The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-888-296-7179. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider or other underlined terms see the Glossary. You may view the Glossary at healthcare.gov/sbc-glossary or call 1-888-296-7179 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Single Plan: \$500 employee Family Plan: \$500 person/\$1,000 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive services and physician office visits are some of the services covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at healthcare.gov/coverage/preventive-care-benefits .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Single Plan: \$2,500 employee Family Plan: \$2,500 person/\$5,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit is met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Not Applicable	This plan does not use a provider network. You can receive covered services from any provider.
Do you need a referral to see a specialist?	No.	You may see a specialist you choose without a referral.

 All <u>copayment</u> and <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies.			
Common Medical Event	Services You May Need	Physician and Facility-Based Services	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 copay/visit; deductible waived	You may have to pay for services that aren't preventive. Ask your provider if services are preventive. Then check what plan will pay.
	Specialist visit	\$50 copay/visit; deductible waived	
	Preventive care/screening/immunizations	No charge; deductible waived	
If you have a test	Diagnostic test (X-rays, Blood Work) @ Freestanding Facility @ All Other Providers	No charge; deductible waived 20% coinsurance	Preauthorization required for Imaging
	Imaging (CT/PET scans, MRIs)	20% coinsurance	
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at http://TPA.com	Generic drugs--- Retail (30 days) Retail*(90 days) Mail Order (90 days)	\$10 copay/prescription \$30 copay/prescription \$20 copay/prescription	Deductible waived. *maintenance drugs only Certain prescription drugs are subject to Step Therapy. You may be required to use a different prescription drug or pharmaceutical product(s) first.
	Preferred brand drugs--- Retail (30 days) Retail*(90 days)/Mail Order (90 days)	30% coinsurance \$100 max 30% coinsurance \$200 max	
	Non-preferred brand drugs--- Retail (30 days) Retail*(90 days)/Mail Order (90 days)	50% coinsurance \$250 max 50% coinsurance \$500 max	
	Specialty drugs--- Retail/Mail Order (30 days)	50% coinsurance \$250 max	
	Facility fee (Ambulatory Surgical Center, etc.) Physician/surgeon fees	20% coinsurance	
If you have outpatient surgery	Emergency room care All Subsequent Visits/yr	\$250 copay/visit; deductible waived 20% coinsurance	Preauthorization required Copay waived if admitted
	Emergency medical transportation	20% coinsurance	
	Urgent care	\$50 copay/visit; deductible waived	
If you need immediate medical attention	Facility fee (e.g., hospital room) Physician/surgeon fees	20% coinsurance	Preauthorization required
	Outpatient services--- Intensive outpatient treatment	\$25 copay/visit; deductible waived No charge; deductible waived	
If you have a hospital stay	Inpatient services	20% coinsurance	Preauthorization required for Intensive outpatient treatment & Inpatient services
	Office visits--- Prenatal Care Postnatal Care	No charge; deductible waived 20% coinsurance 20% coinsurance 20% coinsurance	
If you need mental health, behavioral health, substance abuse services	Childbirth/delivery professional services	20% coinsurance	Maternity care may include tests & services described in the SBC (i.e. ultrasound). Requires prenotification prior to delivery and preauthorization for stays over 48 hrs (normal delivery) or 96 hrs (caesarean)
	Childbirth/delivery facility services	20% coinsurance	
Preauthorization required for all hospital admissions & Facility-Based Services provided at a hospital, surgical center, outpatient facility or dialysis center			



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	Physician and Facility-Based Services	Limitations, Exceptions, & Other Important Information
If you need help recovering or have other special health needs	Home health care	20% coinsurance	Preauthorization required.
	Rehabilitation services— Inpatient	20% coinsurance	Preauthorization required for Inpatient, 30 visits/yr combined for Occupational, Physical therapies & Chiropractic services.
	Outpatient	\$50 copay/visit; deductible waived	Preauthorization required after 13 visits each for Occupational, Physical & Speech therapies
	Habilitation services— Early Intervention Developmental Delay	20% coinsurance 20% coinsurance	To age 3 Preauthorization & visit limits based on services provided
	Skilled nursing care	20% coinsurance	60 days/yr. Preauthorization required
	Durable medical equipment	20% coinsurance	Preauthorization required for insulin pumps/supplies, equipment over \$2,500, Out-of-Network providers
If your child needs dental or eye care	Hospice services	20% coinsurance	Preauthorization required
	Children's eye exam	No charge; deductible waived	1 exam/yr
	Children's glasses	Not covered	n/a
	Children's dental check-up	Not covered	n/a

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic surgery
- Non-emergency care when traveling outside U.S.
- Weight loss programs
- Dental care (routine child & adult)
- Private duty nursing
- Routine foot care

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture
- Hearing aids (1 aid/ear/3 yrs)
- Bariatric Surgery
- Chiropractic care (30 visits/yr with Physical & Occupational therapies)
- Infertility treatment (\$25,000/lifetime for medical & \$10,000/lifetime for Rx)
- Routine eye care (adult-1 exam/yr)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is the U.S. Department of Labor, Employee Benefits Security Administration, at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, you can contact the plan at 1-888-296-7179. You may also contact the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-296-7179

Portuguese (Português): De assistência em Português, ligue 1-888-296-7179

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-888-296-7179

_____ To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$500
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other no charge

This EXAMPLE event includes services like:
 Specialist office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (ultrasounds and blood work)
 Specialist visit (anesthesia)

Total Example Cost \$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$500
Copayments	\$10
Coinsurance	\$1,600
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$2,170

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$500
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
 Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$500
Copayments	\$600
Coinsurance	\$60
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,180

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$500
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other copayment \$50

This EXAMPLE event includes services like:
 Emergency room care (including medical supplies)
 Diagnostic test (x-ray)
 Durable medical equipment (crutches)
 Rehabilitation services (physical therapy)

Total Example Cost \$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$500
Copayments	\$600
Coinsurance	\$100
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,200



This brochure summarizes the benefit plans that are available to Atlantic Packaging eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.