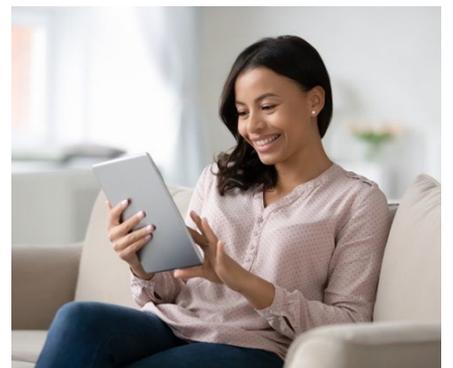


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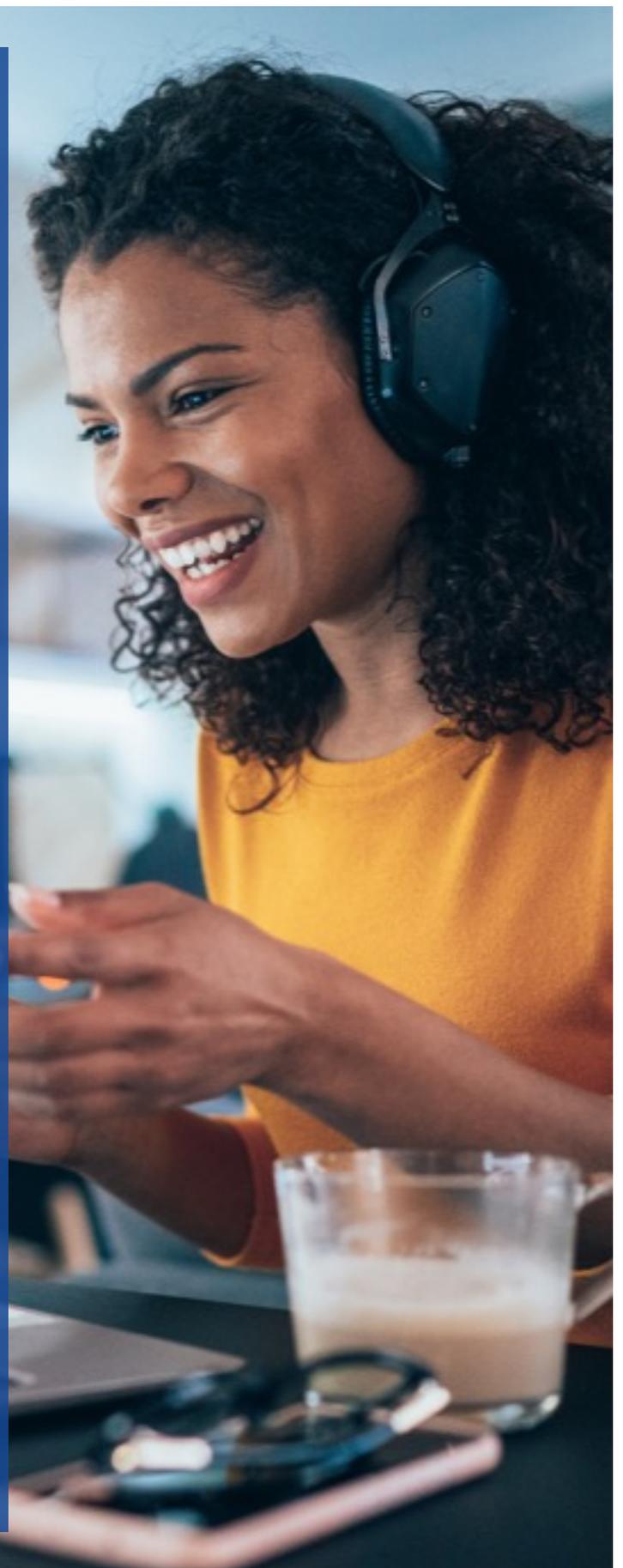
## EMPLOYEE BENEFITS GUIDE

Effective 8/1/2021-7/31/2022



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# Welcome to your 2021-2022 Benefits!



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

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

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

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

# Benefits Overview



## Company Paid Benefits

- Basic Life/AD&D – UNUM
- Employee Assistance Program – UNUM

## Benefit Options Requiring Employee Contributions

- Medical (Plan Options) – Cigna
  - OAP \$5k 70/50
  - OAP \$1.5k 70/50
  - OAP HSA \$3k 80/60
  - ✓ Plans include prescription drug coverage
- Dental – Cigna
- Vision – Cigna
- Voluntary Life and AD&D – UNUM
- Voluntary Short-Term Disability – UNUM
- Voluntary Long-Term Disability – UNUM
- Flexible Spending Accounts (FSA) – 24HourFlex
  - General Purpose Healthcare FSA (not available for those enrolled in the OAP HSA \$3,000 plan who open an HSA)
  - Limited Purpose Healthcare FSA (for those enrolled in the OAP HSA \$3,000 plan)
  - Dependent Care FSA

# Eligibility

## Who is Eligible?

**You** are eligible for RE/ARSM's benefits if you are:

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

**Your dependents** are eligible if they are:

- Your legal spouse or domestic partner
- Your and/or your domestic partner's child(ren)\* up to age 26
- Your disabled child(ren) up to any age (if disabled prior to age 19)\*

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

## About Domestic Partner Coverage

To enroll your same-sex or opposite-sex domestic partner and his or her dependents for coverage, you will be required to submit:

- Proof of domestic partnership
- Appropriate declaration forms

Under federal law, RE/ARSM's contribution toward the cost of healthcare coverage for your domestic partner and his or her dependents is considered taxable income to you.

Domestic partner premiums will be deducted on a post-tax basis. You may wish to consult with a tax adviser for more information.

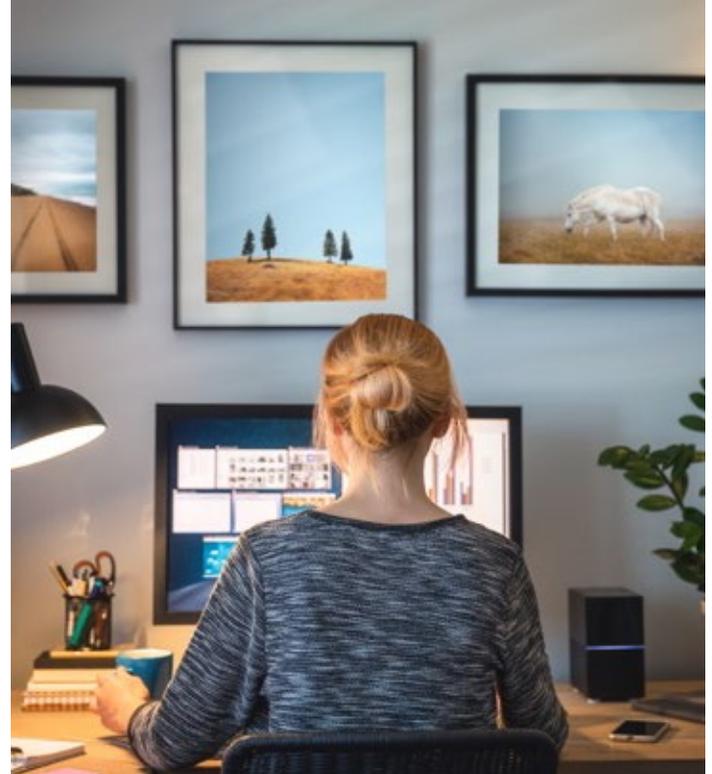
## Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your medical, dental, vision, and Health Care FSA coverage will end on the last day of the month in which you become ineligible.

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

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

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



# Enrollment

## When Can I Enroll in Benefits?

You can enroll for benefits:

- Within **30** days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

## When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the **first of the month following 60 days of active employment.**

## How Do I Enroll in Benefits?

You must actively enroll in all benefits that require employee contributions. You will be automatically enrolled in all Company paid benefits.

### RE Employees:

To enroll (or make changes) to your benefits, you must log onto **Paycor** at <https://www.paycor.com>. Due to IRS regulations, you must re-enroll in FSA elections each year, otherwise all current benefits enrollments will automatically roll over into the new plan year.

### ARSM Employees:

To enroll in your new benefits, you must complete the applicable enrollment forms and submit them to Maria Reyes. If you do not complete an enrollment form, you will not be enrolled in benefits.

### Please Note:

Federal regulations require RE/ARSM to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents

## Open Enrollment

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

Changes to medical, HSA, FSA, dental and vision benefits made during Open Enrollment will go into effect August 1<sup>st</sup>.

## Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through 7/31/2022. If you have a "qualified life event," you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within **30** days of the event. Proof of life events is subject to approval by RE/ARSM. Changes are effective retroactive to the date of the event.

Qualifying life events include, but are not limited to:

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

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

# Medical Plans

RE/ARSM offers 3 medical plans through **Cigna** with the following features:

- Option to receive care from in-network or out-of-network providers higher benefits are paid when using in-network **Open Access Plus** providers.
- Preventive care is covered at 100% when using an in-network provider.
- Includes prescription drug coverage.
- Cigna provides access to two telehealth services as part of your medical plan – Amwell and MDLIVE
- Deductibles and out-of-pocket maximums accumulate on a plan year which runs **January 1 – December 31**.
- If you enroll in the **OAP HSA \$3k** plan, you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs .
- For covered services related to mental health and substance use disorder, you have access to the Cigna Behavioral Health network of providers.
- 24/7/365 support Live customer service is always available. Just call the toll-free number on the back of your Cigna ID card.
- For a comparison of the plans, please refer to the Medical Plans Comparison Chart. Specific benefit levels and limitations can be found in the plan summaries and Summary of Benefits and Coverage (SBC).



## Finding In-Network Providers

To search for in-network medical providers, log onto [www.cigna.com](http://www.cigna.com). Next, click on Find a Doctor and then select Employer or School when prompted. Enter search criteria and then select the *Open Access Plus, OA Plus, Choice Fund OA Plus Network*.

## Access to Your Healthcare

After you are enrolled in a RE/ARSM medical plan, log onto [www.mycigna.com](http://www.mycigna.com) and register to access self-service tools and resources to help manage your medical benefits.

## A Note About Health Care Reform

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

Additional information is available at [www.healthcare.gov](http://www.healthcare.gov).

# Medical Plan Options



Cigna	OAP \$5k 70/50	OAP \$1.5k 70/50	OAP HSA \$3k 80/60
<b><u>In-Network</u></b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
Calendar Year Deductible (Individual / Family)	\$5,000 / \$10,000	\$1,500 / \$4,500	\$3,000 / \$6,000
Coinsurance	30%	30%	20%
Calendar Year Out-of-Pocket Max <sup>1</sup> (Individual / Family)	\$7,000 / \$14,000	\$4,500 / \$9,000	\$6,000 / \$12,000
Preventive Care	No Charge	No Charge	No Charge
Primary Care Office Visit	\$30 copay	\$30 copay	20% after deductible
Specialty Care Office Visit	\$60 copay	\$60 copay	20% after deductible
Telemedicine Visit (must use Amwell and MDLIVE doctors)	\$30 copay	\$30 copay	20% after deductible
Urgent Care Facility	\$60 copay	\$60 copay	20% after deductible
Emergency Room Care	\$400 copay	\$300 copay	20% after deductible
Inpatient Hospital	30% after deductible	30% after deductible	20% after deductible
Outpatient Surgery	30% after deductible	30% after deductible	20% after deductible
Routine Radiology / Lab	No Charge	No Charge	20% after deductible
Advanced Radiology (MRI, MRA, CAT, PET Scan)	30% after deductible	30% after deductible	20% after deductible
<b><u>Out-of-Network</u></b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
Calendar Year Deductible (Individual / Family)	\$15,000 / \$30,000	\$4,500 / \$13,500	\$10,000 / \$20,000
Coinsurance	50%	50%	40%
Calendar Year Out-of-Pocket Max <sup>1</sup> (Individual / Family)	\$21,000 / \$42,000	\$13,500 / \$27,000	\$15,000 / \$30,000

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for more information.

<sup>1</sup> Plan Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance

# Prescription Drugs

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through **Cigna**.

Some medications may be subject to prior authorization, quantity limits or step therapy requirements to be approved for coverage. For a list of approved drugs, log onto [www.Cigna.com/druglist](http://www.Cigna.com/druglist) and select **Cigna Advantage 3 Tier**.

Cigna	OAP \$5k 70/50	OAP \$1.5k 70/50	OAP HSA \$3k 80/60
<b>Retail (up to 30-day supply)</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
Tier 1 – Typically Generics	\$15 copay	\$15 copay	\$10 copay
Tier 2 – Typically Preferred Brands	\$50 copay	\$50 copay	\$30 copay
Tier 3 – Typically Non-Preferred Brands	\$70 copay	\$70 copay	\$60 copay
<b>Mail Order (up to 90-day supply)</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
Tier 1 / Tier 2 / Tier 3 copays	\$45 / \$150 / \$210	\$30 / \$100 / \$140	\$30 / \$90 / \$180

*\* Please note, any retail or mail order copays listed for the HSA-qualified plan(s) apply only after the medical plan deductible is met. The deductible will not apply to certain medications classified as preventive in accordance with the approved prescription drug list.*

## Three Ways to Obtain Prescription Drugs

1

**Retail Pharmacy**  
(up to 30-day supply)

[www.mycigna.com](http://www.mycigna.com)

Call the toll-free number on  
your Cigna ID card

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

2

**Cigna Express Scripts**  
(up to 90-day supply)

[www.mycigna.com](http://www.mycigna.com)

866-494-2111

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

3

**Accredo**  
(30-day supply)

<https://patient.accredo.com>

877-826-7657

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

# Where to Seek Care

## MDLIVE

Each medical plan includes **MDLIVE** visits, which provides 24-7-365 access to board-certified primary care doctors and pediatricians by secure video chat or phone. **For an illness or injury that is not an emergency**, MDLIVE's telemedicine program offers a **convenient, cost-effective alternative** to hospital emergency rooms and urgent care clinics.

**MDLIVE** is not intended to replace your relationship with your doctor, but rather provides access to healthcare when reaching the doctor is difficult or inconvenient.

Doctors in the **MDLIVE Network** can diagnose, recommend treatment and write short-term prescriptions for minor, non-life-threatening conditions including, but not limited to:

- Acne
- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu Symptoms
- Ear Infections
- Headaches/Migraines
- Insect Bites
- Sinus Infections
- Nausea/Stomach Aches
- Pink Eye
- Skin Infections
- Sore Throat
- Upper Respiratory Infections

## Cigna Behavioral Health

You can also access licensed mental health providers through **Cigna Behavioral Health** for confidential counseling seven days a week to help with depression, anxiety, stress, family difficulties and more. Behavioral health telemedicine appointments must be scheduled.

## How to Use MDLIVE

1. Download the **myCigna** app, login to your myCigna account at [www.mycigna.com](http://www.mycigna.com) or call **888-726-3171**
2. Register and complete your account profile, including a brief medical history, for you and your enrolled family members.
3. Video chat or talk with a doctor from home, work or when traveling.



You can register for and access **MDLIVE** services via the **myCigna** app and at [MDLIVEforCigna.com](http://MDLIVEforCigna.com)

The cost for a **MDLIVE** visit can be found on the Medical Plans Comparison Chart.

## Benefits of Telemedicine Visits

- Less time away from work
- Phone or video chat
- No travel expenses or time
- Less interference with child or elder care responsibilities
- No exposure to other potentially contagious patients
- Appointments typically in an hour or less

# Where to Seek Care (continued)

## Emergency Care vs. Urgent Care

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

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

For non-life-threatening problems, call your doctor, access **MDLIVE** telemedicine services or go to an urgent care center.



### Go to Emergency Room

Heart attack or stroke

Chest pain or intense pain

Shortness of breath

Severe abdominal pain

Head injury or other major trauma

Loss of consciousness

Major burns or severe bleeding

One-sided weakness or numbness

Open fractures

Poisoning or suspected overdose

or



### Go to Urgent Care

Moderate fever

Colds, cough or flu

Bruises and abrasions

Cuts and minor lacerations

Minor burns and skin irritations

Eye, ear, or skin infections

Sprains or strains

Possible fractures

Urinary tract infections

Respiratory infections

# Health Savings Account (HSA)

*Only available for those enrolled in the OAP HSA \$3k medical plan*

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

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

HSA funds can only be used for yourself, your spouse and your taxable dependents. Expenses for domestic partners and/or other dependents who do not qualify as tax dependents are not reimbursable under the HSA.



## Advantages of an HSA

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

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

# Health Savings Account (HSA)

## (continued)

### Funding and Enrolling in an HSA

You have the option to contribute to your HSA through pre-tax payroll contributions

You can change the amount you contribute to your HSA at any time during the plan year.

To enroll in an HSA, you must also enroll in the **OAP HSA \$3k 80/60** medical plan. You will need to open an HSA Account at a financial institution of your choice.

You will receive instructions following enrollment on how to activate your account and establish a login and password. It is important to note that expenses are not eligible for reimbursement until your HSA has been established.

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

You will need to provide Human Resources with your HSA account # and routing # or enter these items into your Paycor Account.

### Who Can Open an HSA?

You can contribute to an HSA if you:

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

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

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

## 2021 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit for HSAs.

	2021 IRS Contribution Limit	2022 IRS Contribution Limit	HSA Catch-Up Contributions (age 55+)
Employee Only	\$3,600	\$3,650	\$1,000
Employee + Dependents	\$7,200	\$7,300	\$1,000

\* If you are age 55 or older, you may contribute an additional \$1,000 in catchup contributions.

**IMPORTANT!** If you use your HSA funds for non-qualified expenses, the purchase amount will be subject to tax, plus a 20% penalty if you are younger than age 65. To view a list of qualified expenses, visit [www.hsastore.com](http://www.hsastore.com)



# Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSA) allow you to set money aside for certain eligible expenses and draw from it throughout the year to pay for those expenses. The money is set aside pre-tax, reducing your taxable income. Two types of FSAs are available:

- Health Care
- Dependent Care

Money cannot be transferred between the accounts (i.e., you cannot use money from your Health Care FSA to pay for dependent care expenses and vice versa).

## Health Care FSA

*Not available to HSA plan participants*

This FSA allows you to submit eligible **medical, dental and vision** expenses for reimbursement. You can deposit up to **\$2,750** to the Health Care FSA for the **2021** calendar year.

### Health Care FSA Roll Over

If you enroll in a Health Care FSA, you have the option to carry forward up to **\$550** to the following plan year. These funds will not count against your future FSA election plan contribution limit. **Any unused balances in excess of \$550 at the end of 2021 will be forfeited.**

## Dependent Care FSA

*Available to all benefit eligible employees*

Dependent Care FSAs are used to pay for the costs of dependent care that enable you to work. This care may be for a child under the age of 14 and for older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and who live with you for more than half the year. Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare. For the **2021** calendar year, you can deposit up to **\$5,000** to a Dependent Care FSA (\$2,500 if you are married and filing separately).

## How the FSA Works

As a new hire (and again during Open Enrollment), you select the amount of money you wish to deposit into the Health Care (or Limited Purpose Health Care) Account and/or the Dependent Care Account for the entire plan year. The plan year for the FSA benefit is **August 1 to July 31**. The total amount is then equally divided by the number of pay periods remaining in that year and that amount is deducted from each paycheck. The money is set aside in your FSA account(s).

As you incur eligible expenses, you file a simple claim form (along with copies of your receipts) and are reimbursed for such expenses from the account. Employees who enroll in the Health Care (or Limited Purpose Health Care) FSA will receive an FSA debit card to pay for qualified purchases, eliminating the need to submit a paper claim and wait for reimbursement.

The FSA plans are administered by **24HourFlex**. To register and log into your FSA account(s), go to <https://24hourflex.com/>

# How To Save \$\$\$!

## When Using Your Medical and Prescription Plans

### Use In-Network Doctors

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

### Choose the Right Type of Care

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

### Use Your Preventive Care Benefits

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

### Use Express Scripts Pharmacy

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

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

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



### Ask Your Doctor for Generic Drugs

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

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

### Search GoodRx for Cheaper Prices

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

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

### Ask Your Pharmacy for the Cash Price

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

# Dental



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

In-network coverage is provided when you use Cigna DPPO Network providers. To search for in-network providers, go to [www.cigna.com](http://www.cigna.com) and click on **Find a Doctor, Dentist, or Facility**.

Cigna	Total Cigna DPPO Dental Plan	
	In-Network	Out-of-Network
Calendar Year Maximum * (plan pays)	Up to \$1,000	
	You Pay	You Pay
Calendar Year Deductible * (applies to Basic and Major Services)	\$50 Individual / \$150 Family	
Preventive Services (no deductible)	0%	0%
Basic Services (after deductible)	20%	20%
Major Services (after deductible)	50%	50%
Orthodontia (to age 19)	50%	50%
Orthodontia Lifetime Maximum (per person)	\$1,000	\$1,000

\* Plan deductibles and maximums accumulate on a **calendar year** January 1 – December 31. These amounts reset on January 1 of each year.

## Important Information!

If you enroll in one RE/ARSM’s medical plans, you will be automatically enrolled in dental with the same coverage.



# Vision

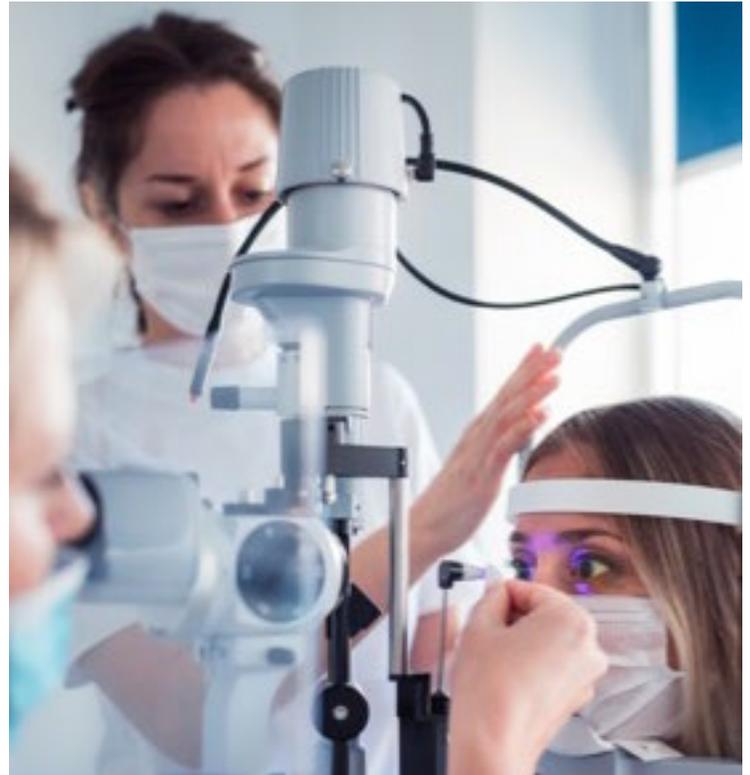


Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The **Cigna** vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use **Cigna Vision Network** providers. To search for providers, log onto [www.mycigna.com](http://www.mycigna.com), "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory

## Important Information!

**If you enroll in one RE/ARSM's medical plans, you will be automatically enrolled in vision with the same coverage.**



Cigna	Frequency	In-Network	Out-of-Network
		You Pay	Plan Allowance / Reimbursement
Eye Exam	Once every 12 months	\$20 copay	Up to \$45
Prescription Glasses	Once every 12 months	\$20 copay	N/A
Frame	Once every 24 months	Amount over \$130	Up to \$71
Lenses (Single vision, lined bifocal, lined trifocal)	Once every 12 months	Included in Prescription Glasses	Up to \$40 / \$65 / \$75
Progressive Lenses (Standard)	Once every 12 months	Included in Prescription Glasses	Up to \$75
Contacts—instead of glasses	Once every 12 months	Amount over \$130	Up to \$105

Healthy Rewards - Vision Network Savings Program: When you see a Cigna Vision Network Eye Care Professional\*, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details

# Life Insurance

## Basic Life/AD&D

Having appropriate life insurance coverage is a critical part of planning for your family's current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, cost of childcare, debt repayment and children's education expenses.

**RE/ARSM** provides Basic Life insurance coverage of **\$5,000**. This coverage includes an Accidental Death and Dismemberment (AD&D) provision that also pays **\$5,000** in the event of accidental death and certain other conditions. Basic Life and AD&D insurance is administered by **UNUM** and is paid for by **RE/ARSM**. You are automatically enrolled in these benefits.

## Voluntary Life

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

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

Benefit amounts reduce at age 65. Please refer to the benefit summary for details.

If you elect not to enroll at your initial new hire enrollment, you will still be able to purchase coverage in the future. However, ALL amounts elected will be subject to the EOI requirements provision. At that time, if your evidence of insurability is not satisfactory to **UNUM**, you will not have Voluntary Life coverage.

## Voluntary AD&D

Employees can also elect to purchase Employee, Spouse and Dependent Child Voluntary AD&D coverage in increments and maximums equal to the Voluntary Life benefits. Employees pay the full cost of Voluntary Life and Voluntary AD&D insurance on an after-tax basis.

### Voluntary Life/AD&D Amounts Available

Employee	Increments of \$10,000 up to \$500,000 but no greater than 5 times your salary. <b>Guarantee Issue*: \$110,000</b>
Spouse/ Domestic Partner	Increments of \$5,000 up to \$500,000 but cannot exceed employee's election. <b>Guarantee Issue*: \$15,000</b>
Child (to age 26)	Increments of \$2,000 up to \$10,000 One policy covers all of your children until their 19th birthday or until their 26th birthday if they are full-time students.

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

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



# Disability Insurance

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

**RE/ARSM** offers Voluntary STD and LTD insurance at group rates to you. Administered by **UNUM**, you may elect these benefits at your initial new hire enrollment or annually during Open Enrollment.



## Short-Term Disability (STD) Insurance

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

STD benefits integrate with state mandated disability plans.

Benefit Begins	1 <sup>st</sup> day of accident or 8 <sup>th</sup> day for illness
Benefit Amount	60% of your weekly salary to <b>\$1,000 per week</b>
Benefit Duration	Up to <b>13 weeks</b>

## Long-Term Disability (LTD) Insurance

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

Benefit Begins	After <b>90 days</b> of qualified disability
Benefit Amount	<b>60%</b> of basic monthly earnings to <b>\$5,000 per month</b>
Benefit Duration	Social Security Normal Retirement Age ( <b>SSNRA</b> )

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

# Additional Benefits



## Employee Assistance Program (EAP)

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

Offered through **UNUM**, the **EAP and Work/Life Balance services** can provide you and your family and household members with information and assistance on a wide range of topics and issues including work stress, debt problems, family issues, relationship worries, parenting challenges, anxiety, grief and much more.

Provided at **no cost to you**, counselors are available for support by phone 24 hours a day, seven days a week at 800-854-1446.

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

Online resources are also available by logging onto [www.unum.com/lifebalance](http://www.unum.com/lifebalance)

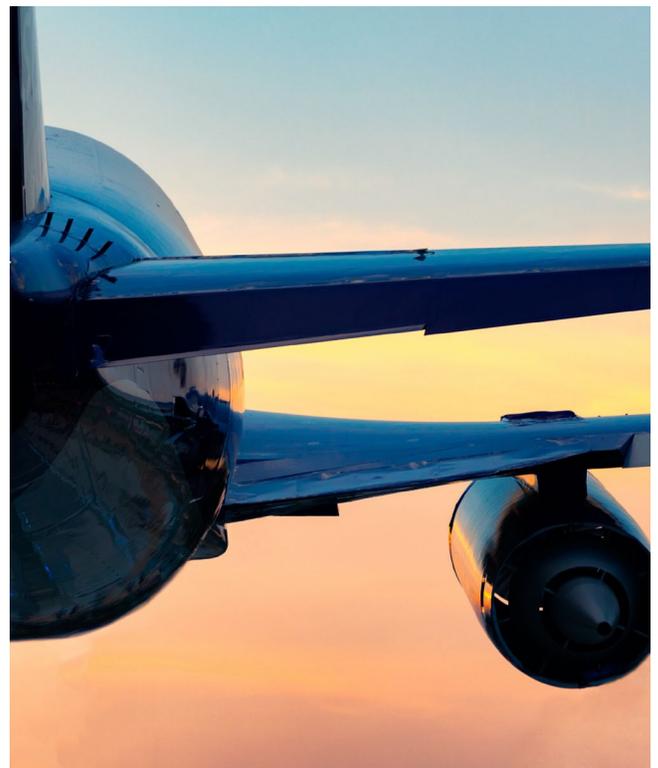
## Worldwide Travel Assistance

Whenever you travel 100 miles or more from home, to another country of just another city, be sure to pack your worldwide travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies, and other unexpected travel destinations.

Add the number to your cell phone contacts and, so it's always close at hand. Just one call connects you and your family to medical and other important services 24 hours a day.

**Travel Assistance** is administered by **UNUM** through **Assist America, Inc.** and the cost is paid in full by RE/ARSM.


**Download and activate the app today from the Apple App Store or Google Play.**  
 Reference Number:  
**01-AA-UN-762490**



# Cost of Coverage *Effective 8/1/2021-7/31/2022*

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

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

## Medical, Dental and Vision Premiums are Bundled (Per Pay)

Reconstruction Experts			
Per Pay (24 Pays)	Medical OAP \$5k 70/50	Medical OAP \$1.5k 70/50	Medical OAP HSA \$3k
Employee Only	\$42.50	\$97.50	\$37.50
Employee + Spouse	\$265.00	\$375.00	\$237.50
Employee + Child(ren)	\$235.00	\$352.50	\$212.50
Employee + Family	\$425.00	\$557.50	\$387.50

Advanced Roofing and Sheet Metal			
Per Pay (52 Pays)	Medical OAP \$5k 70/50	Medical OAP \$1.5k 70/50	Medical OAP HSA \$3k
Employee Only	\$19.62	\$45.00	\$17.31
Employee + Spouse	\$122.31	\$173.08	\$109.62
Employee + Child(ren)	\$108.46	\$162.69	\$98.08
Employee + Family	\$196.15	\$257.31	\$178.85

\* For information regarding domestic partner (DP) costs and tax implications, please contact Human Resources.

# Cost of Coverage *Effective 8/1/2021-7/31/2022*

## Voluntary Life Rates (Per Pay)

Reconstruction Experts (24 pay periods)		
Employee Age	Employee Rate (per \$1,000)	Spouse Rate (per \$1,000)
< 24	\$0.045	\$0.045
25 – 29	\$0.047	\$0.047
30 – 34	\$0.060	\$0.060
35 – 39	\$0.087	\$0.087
40 – 44	\$0.132	\$0.132
45 – 49	\$0.208	\$0.208
50 – 54	\$0.308	\$0.308
55 – 59	\$0.446	\$0.446
60 – 64	\$0.582	\$0.582
65 – 69	\$0.822	\$0.822
70 – 74	\$1.556	\$1.556
75+	\$4.807	\$4.807
Child(ren)	\$0.170 (per \$1,000)	

Advanced Roofing and Sheet Metal (52 pay periods)		
Employee Age	Employee Rate (per \$1,000)	Spouse Rate (per \$1,000)
< 24	\$0.021	\$0.021
25 – 29	\$0.021	\$0.021
30 – 34	\$0.027	\$0.027
35 – 39	\$0.040	\$0.040
40 – 44	\$0.061	\$0.061
45 – 49	\$0.096	\$0.096
50 – 54	\$0.142	\$0.142
55 – 59	\$0.206	\$0.206
60 – 64	\$0.268	\$0.268
65 – 69	\$0.379	\$0.379
70 +	\$0.718	\$0.718
75+	\$2.219	\$2.219
Child(ren)	\$0.078 (per \$1,000)	

## Vol. AD&D Rates (Per Pay)

Reconstruction Experts	
Per Pay (24 Pays)	Rate (per \$1,000)
Employee	\$0.030
Spouse	\$0.030
Child(ren)	\$0.030

Advanced Roofing and Sheet Metal	
Per Pay (52 Pays)	Rate (per \$1,000)
Employee	\$0.014
Spouse	\$0.014
Child(ren)	\$0.014

# Cost of Coverage *Effective 8/1/2021-7/31/2022*

## Voluntary Short-Term Disability Rates (Per Pay)

Reconstruction Experts (24 pay periods)	
Employee Age	Employee Rate (per \$10)
15 - 24	\$0.255
25 - 29	\$0.270
30 - 34	\$0.255
35 - 39	\$0.220
40 - 44	\$0.235
45 - 49	\$0.240
50 - 54	\$0.285
55 - 59	\$0.405
60 - 64	\$0.495
65+	\$0.530

Advanced Roofing and Sheet Metal (52 pay periods)	
Employee Age	Employee Rate (per \$10)
15 - 24	\$0.118
25 - 29	\$0.125
30 - 34	\$0.118
35 - 39	\$0.102
40 - 44	\$0.108
45 - 49	\$0.111
50 - 54	\$0.132
55 - 59	\$0.187
60 - 64	\$0.228
65+	\$0.245

## Voluntary Long-Term Disability Rates (Per Pay)

Reconstruction Experts (24 pay periods)	
Employee Age	Employee Rate (per \$100)
15 - 24	\$0.070
25 - 29	\$0.090
30 - 34	\$0.165
35 - 39	\$0.270
40 - 44	\$0.465
45 - 49	\$0.655
50 - 54	\$0.875
55 - 59	\$1.020
60 - 64	\$0.710
65+	\$0.560

Advanced Roofing and Sheet Metal (52 pay periods)	
Employee Age	Employee Rate (per \$100)
15 - 24	\$0.032
25 - 29	\$0.042
30 - 34	\$0.076
35 - 39	\$0.125
40 - 44	\$0.215
45 - 49	\$0.302
50 - 54	\$0.404
55 - 59	\$0.471
60 - 64	\$0.328
65 - 69	\$0.258
70+	\$0.032

# Resources/Contact Information

Benefit	Provider	Phone	Website / Email	Group/Policy #
Medical	Cigna Network: Open Access Plus	1-800-997-1654	<a href="http://www.cigna.com">www.cigna.com</a> <a href="http://www.mycigna.com">www.mycigna.com</a>	626431
Cigna Home Delivery Rx	Cigna	1(800)835-3784 Press 3	<a href="http://www.mycigna.com">www.mycigna.com</a>	626431
Dental	Cigna Network: Total Cigna DPPO	1-800-244-6224	<a href="http://www.cigna.com">www.cigna.com</a> <a href="http://www.mycigna.com">www.mycigna.com</a>	626431
Vision	Cigna Network: Cigna Vision Network	1-877-478-7557	<a href="https://cigna.vsp.com/signon.html">https://cigna.vsp.com/signon.html</a>	626431
Flexible Spending Accounts (FSA)	24HourFlex	1-800-651-4855	<a href="http://www.24HOURFLEX.com">www.24HOURFLEX.com</a>	Reconstruction Experts
Life and Disability	UNUM	1-866-679-3054	<a href="http://www.unum.com">www.unum.com</a>	417549
Employee Assistance Program (EAP)	UNUM	1-800-854-1446	<a href="https://lifebalance.lifeworks.com/">https://lifebalance.lifeworks.com/</a>	417549
Travel Assistance Program	UNUM	1-800-872-1414	<a href="mailto:medservices@assistamerica.com">medservices@assistamerica.com</a>	417549
Human Resources	Cindie Meehan	303-615-2631	<a href="mailto:cindie.meehan@reconexp.com">cindie.meehan@reconexp.com</a>	N/A
Payroll	Maria Reyes	239-939-4412	<a href="mailto:maria.reyes@reconexp.com">maria.reyes@reconexp.com</a>	N/A
GCG Financial	Wendy Brady	847-457-3082	<a href="mailto:wendy.brady@gcgfinancial.com">wendy.brady@gcgfinancial.com</a>	N/A
GCG Financial	Kaitlin Bradbury	303-220-3232	<a href="mailto:kaitlin.bradbury@gcgfinancial.com">kaitlin.bradbury@gcgfinancial.com</a>	N/A

# Benefit Definitions

## What is a premium?

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

## What is a deductible?

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

Deductibles typically run from **January – December** each year. Once you have met that dollar amount, you have met the requirements for the plan year.

## What does a copay pay for?

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

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

## What does coinsurance mean?

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

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

## What counts towards my out-of-pocket maximum?

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

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

