



2023–24 Benefits Summary

Drug Plastics offers a benefits package that provides health and financial security for you and your family. This is a brief summary of the plans available to you.

Eligibility

As a new hire, you are eligible to enroll in the Drug Plastics Benefits program on the first of the month coinciding with or following your date of hire. If you are hired on the first of the month, you are eligible on that day. You must enroll within 30 days of the date you become eligible. If you do not enroll within 30 days, you will need to wait until August 1, 2024 to enroll, unless you experience a life event.

Our Benefits Package

- **Medical Plans:**
 - PPO (HSA) Green Plan
 - PPO Blue Plan
 - PPO White Plan
- **PPO (HSA) Green Plan:** \$0 premium cost for Employee only coverage
- **Drug Plastics HSA Funding:** \$1,000 for Employee only and \$2,000 for Dependents (PPO (HSA) Green Plan only)
- **Prescription Drug Coverage:** Included with each medical plan option
- **Dental:** Two PPO options to choose from
- **Vision:** Comprehensive PPO Plan
- **Life/AD&D:** 1x your base annualized pay, up to \$150,000. Coverage is free and automatic
- **Optional Employee Life, Spousal Life, and Child Life Insurance:** Buy-up options available
- **Short-Term Disability:** Coverage is free and automatic
- **Voluntary Long-Term Disability:** 50% and 60% options

Decision-Making Tool

Visit ALEX for help understanding your 2023 benefits.

Health Advocate

Our advocacy service can help you find the right doctors, schedule appointments, get cost estimates and help resolve insurance claims.

Call: 866-695-8622

Email: answers@HealthAdvocate.com

Visit: HealthAdvocate.com/members

Benefits Summary

Highmark Medical Plan

You have a choice of three medical plan options. All pay 100% of the cost for preventive care. Take note of which expenses are covered before or after the deductible when evaluating your options.

In-Network Coverage	PPO (HSA) Green Plan	PPO Blue Plan	PPO White Plan
Drug Plastics' Contribution to HSA (Individual/Family)	\$1,000/\$2,000	N/A	N/A
Annual Deductible (Individual/Family)	\$2,000/\$4,000	\$1,300/\$2,600	\$600/\$1,200
Out-of-Pocket Maximum (Includes Deductible)	\$5,000/\$10,000	\$4,000/\$8,000	\$2,500/\$5,000
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Physician Office Visit	20% coinsurance*	\$35 copay	\$20 copay
X-Ray and Lab	20% coinsurance*	20% coinsurance*	10% coinsurance*
Most other services	20% coinsurance*	20% coinsurance*	10% coinsurance*
Retail Pharmacy (up to a 30-day supply)	Subject to the Medical Plan Deductible**		
Generic	\$10 copay	\$15 copay	\$15 copay
Formulary	\$25 copay	\$35 copay	\$35 copay
Non-Formulary	\$45 copay	\$65 copay	\$65 copay
Specialty	\$100 copay	\$100 copay	\$100 copay
Smart90 Program (90-day supply)	Subject to the Medical Plan Deductible**		
Generic	\$20 copay	\$30 copay	\$30 copay
Formulary	\$50 copay	\$70 copay	\$70 copay
Non-Formulary	\$90 copay	\$130 copay	\$130 copay

*After deductible

**Deductible waived for Preventive Medications on the Highmark Preventive Drugs-Premier List

Medical Bi-Weekly (26 Pays) Payroll Contributions

Coverage	PPO (HSA) Green Plan	PPO Blue Plan	PPO White Plan
Employee Only	\$0.00	\$80.07	\$120.79
Employee + Spouse	\$88.90	\$183.59	\$276.98
Employee + Child(ren)	\$72.19	\$147.64	\$222.74
Family	\$97.03	\$201.08	\$303.37

Fidelity Health Savings Account (HSA)

An HSA is a savings account that belongs to you that is paired with the PPO (HSA) Green Plan. It allows you to make tax-free contributions to a savings account to pay for current and future medical expenses for you and your dependents. Drug Plastics also contributes to your HSA: \$1,000 for individual coverage and \$2,000 for dependents. These contributions are pro-rated if you are in the plan for less than 12 months. **Note: You must open a Health Savings Account to receive the company contribution.**

The IRS maximum for 2023 is \$3,850 for individual enrollment and \$7,750 for families. The Drug Plastics contribution counts towards this maximum. If you are age 55 or older, you can contribute an extra \$1,000.

Fidelity Flexible Spending Accounts

Health Care, Limited Purpose and Dependent Care Flexible Spending Accounts allow you to contribute funds on a pretax basis to help pay for medical, dental, vision and/or daycare expenses.

The IRS maximum is \$3,050 for Health Care FSA and \$5,000 (\$2,500 if married and filing jointly) for Dependent Care FSA.

Note: You can enroll in the Limited Purpose FSA if you enroll in the PPO (HSA) Green Plan and use this for dental and vision expenses only. All others can enroll in the Health Care FSA. Anyone can enroll in the Dependent Care FSA.

Benefits Summary

MetLife Dental Plan

Our dental plans pay 100% of the cost for routine checkups and share the cost with you for most dental procedures. We offer two dental plan options through MetLife.

In-Network Coverage	Premium Plan	Standard Plan
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Calendar Year Maximum	\$1,500 per individual	\$1,000 per individual
Orthodontia Lifetime Maximum	\$1,500 maximum per lifetime	Not covered
Class I - Diagnostic (exam & X-rays)	Covered at 100%	Covered at 100%
Class I - Preventative (fluoride treatments, cleaning & sealants)	Covered at 100%	Covered at 100%
Class II - Basic Restorative (fillings, extractions, root canal therapy, periodontics)	Plan pays 80%*	Plan pays 80%*
Class III - Major Restorative (crowns, dentures, bridgework)	Plan pays 50%*	Not covered
Orthodontics (for children up to age 19)	Plan pays 50%	Not covered

*After deductible

Dental Bi-Weekly (26 Pays) Payroll Contributions

Coverage	Premium Plan	Standard Plan
Employee Only	\$10.82	\$4.05
Employee + Spouse	\$20.71	\$7.84
Employee + Child(ren)	\$22.34	\$7.18
Family	\$34.95	\$11.93

VSP Vision Plan

Our vision plan through VSP offers in-network and out-of-network benefits to help you pay for the cost of routine eye exams, glasses and contacts. It pays for one eye exam and a portion of the cost for eyeglasses and frames/or contact lenses once every plan year.

In-Network Coverage	VSP Vision Plan
Exam	\$10 copay
Frames	\$130 allowance
Lenses	\$10 copay
Contact Lenses	\$130 allowance
Safety Glasses (Employees only)	\$20 copay for ProTec Eyewear frames and lenses (single, lined bifocal, lined trifocal)

Payment is made for either frames/lenses or contact lenses within a benefit period, but not for both.

If you see an out-of-network provider, you can submit a claim form for some reimbursement toward your expenses.

Vision Bi-Weekly (26 Pays) Payroll Contributions

Coverage	VSP Vision Plan
Employee Only	\$2.61
Two Party	\$5.19
Family	\$9.66

Benefits Summary

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

• Basic Life and AD&D

Drug Plastics provides Basic Life and AD&D Insurance at **no cost** to all benefit-eligible employees and is 100% company-paid. The benefit is equal to 1x your base annual salary, up to a maximum of \$150,000.

Group Life Insurance reduces to 65% when you reach age 65 and to 50% at age 70.

The cost of coverage for benefits over \$50,000 is considered imputed income which is taxable.

• Voluntary Life and AD&D

You may purchase life and AD&D insurance for yourself up to 7x your base annual salary or \$500,000 (whichever is less) through after-tax payroll deductions.

You can also purchase additional life & AD&D coverage for your spouse and dependent child(ren) if you purchase this voluntary coverage for yourself.

Symetra Disability Insurance

The company also provides disability income benefits as follows:

- **Short-Term Disability:** 66 2/3% of your base salary. Coverage begins on the 15th day of a continuous disability up to a maximum of 26 weeks.
- **Voluntary Long-Term Disability:** 50% to 60% of your base salary, up to \$6,000 per month. Coverage begins after the 180-day elimination period.

Voluntary Benefits

- **Accident Insurance:** Provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have.
- **Critical Illness Insurance:** Provides a lump-sum cash benefit if you are diagnosed with a covered illness.

ComPsych Employee Assistance Program (EAP)

The EAP offers 24/7 confidential counseling and assistance with personal, family and work-related issues for you and your immediate family at **no cost**. Contact your EAP by calling 800-272-7255 or by visiting guidanceresources.com to register. Web ID: **COM589**.

Travel Assistance

Get 24/7 customer service support in over 200 countries. With Travel Assistance, get services such as physician referrals to coordination of medical evacuations.

Identity Theft Program

This program provides you with information to protect yourself and step-by-step coaching to help identify and resolve identity theft, whether you're travelling or at home.

Required Notices

Be sure to visit Kronos Employee Self-Service website to view the following notices Drug Plastics is required to provide:

- **Medicare Part D Notice:** Provides information on Drug Plastics prescription drug coverage being Credible Coverage.
- **CHIP Notice:** Provides information on premium assistance under Medicaid and the Children's Health Insurance Program (CHIP).
- **Marketplace Coverage Options Notice:** Provides information about the Insurance Marketplace.
- **COBRA Notice:** Provides information on COBRA eligibility and details regarding qualifying events.
- **Newborns' Act Disclosure:** Provides information regarding the hospital length of stay in connection with childbirth.
- **Notice of Required Coverage Following Mastectomies:** Provides information regarding coverage under the Women's Health & Cancer Rights Act of 1998.
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed and how you can get access to this information.

View our **2023-24 Benefits Guide** at <https://secure.viewer.zmags.com/publication/c5fa8deb> or scan the QR Code on the right.

