



Postle Aluminum Co.

2022 Benefit Guide



Dear Valued Employee,

We are happy to provide you with this Benefit Guide to summarize your employee benefits for the January 1 - December 31, 2022 plan year.

Postle recognizes that benefits are an important part of your life as an employee. Our benefits program will help you choose what works best for your needs and your budget.

But this document is not just an enrollment guide; it is a resource for you and your family to use throughout the year. Inside you will find a summary of each benefit plan and helpful tips you may have not known about in the past. This guide is designed to break down the insurance rates to help you make an informed decision regarding the selection and management of the services and benefits provided to you as an employee of Postle.



IMPORTANT NOTICE TO EMPLOYEES:



This Benefit Guide provides a general description of the various benefits available to you through the Postle Employee Benefits Program. The details of these plans and policies are contained in the official plan and policy documents.

This guide is meant only to cover the major points of each plan or policy, for illustrative purposes only. It does not contain all of the facts regarding coverage, limitations, or exclusions that are contained in the policy documents. In the event of a conflict between the information in this guide and the formal policy documents, the formal documents will govern.

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ELIGIBILITY

FOR YOU

All full time employees working an average of 30 hours per week are eligible to enroll in benefits.

For specific details, please refer to the plan documents.

New full time employees' benefits for all lines of coverage will begin on the 1st of the month following 60 days of full time employment. Benefits end on the last day worked.

FOR YOUR FAMILY

Legislation regulates eligibility requirements for dependent coverage on Medical insurance plans. It is important for everyone to understand what constitutes eligibility and what the implications could be for not following the eligibility guidelines.



Examples of Eligible Dependents includes:

- Legal Spouse
- Dependent children

Healthcare reform legislation restricts a plan or issuer from denying coverage for a child under age 26 based on any of the following factors:

- Financial dependence on the employee
- Residency with the employee
- Student status
- Marital status
- Employment status

SPECIAL EVENT COVERAGE

When you first enroll, and/or if you change coverage mid-year due to a qualifying event, you may be asked to provide the applicable documents from the following list:

Spouse Verification Documentation:

Marriage Certificate

Child Verification Documentation:

Birth Certificate, court document awarding custody or requiring coverage

You can provide these documents to your HR department.



ENROLLMENT

When can I apply for my Benefits?

- During your initial new hire eligibility period
- During the annual open enrollment period
- Within 30 days of a qualified life event



MID-YEAR ENROLLMENT CHANGES – Section 125 Cafeteria Plan

Employees receive the tax benefits of a Section 125 Cafeteria Plan. This plan allows you to pay for your employee benefits on a pre-tax basis to be deducted from your paycheck.

When you elect to pay for these authorized benefits pre-tax, you save because you are paying less in taxes. You do not pay Federal Income or Social Security taxes on these designated benefit dollars. Therefore, you lower your taxable income. This will allow you to take home more of your paycheck, decreasing the net cost of the benefit you are purchasing.



IRS regulations state that benefit choices cannot be changed in the middle of a plan year unless you experience a qualifying life event.

Changes must be reported within 30 days of the actual event.



Some common qualifying events may include:

- Marriage, Divorce or Death of Spouse
- Birth, Adoption or change in legal custody
- Loss of other coverage
- Enrollment in the Marketplace Exchange
- Change in Medicare or Medicaid entitlement
- FMLA or Military Leave

Please Note:

The IRS does not consider financial hardship a qualifying event to drop coverage.

To determine if any of these apply to you, please check with your Human Resources representative.



MEDICAL INSURANCE

ANTHEM - CORE PLAN

MEDICAL BENEFITS

Deductible (Individual / Family)

Is Deductible Calendar Year or Policy Year?

Out of Pocket Maximum (Individual / Family)

Coinsurance

Prescription/Rx Retail (30 Day Supply)

Tier 1 / Tier 2 / Tier 3 / Tier 4

Prescription/Rx Retail (39 Day Supply)

Tier 1 / Tier 2 / Tier 3 / Tier 4

PHYSICIAN OFFICE VISITS

Primary Care Physician

Tele-visit

Specialist

PREVENTIVE CARE

Routine Adult Physical Exams

Well Woman Exams

Routine Mammograms and Colonoscopy

Well Child Exam & Immunizations

HOSPITALIZATION / OUTPATIENT SERVICES

Emergency Room

Urgent Care

CORE PLAN

IN-NETWORK

\$2,500 / \$7,500

Calendar Year

\$6,000 / \$12,000

20%

\$15 / \$45 / \$75 / 25% (Max \$200)

\$15 / \$115 / \$225 / 25% (Max \$200)

\$30 Copay

\$30 Copay

\$45 Copay

Covered 100%
No Deductible

\$250 Copay the Coinsurance

\$75 Copay

Spousal Eligibility for Medical/RX Plans

The medical/Rx plan has specific criteria in place to determine spousal eligibility for plan participation.

- If your spouse is not employed or is employed but is not eligible for medical/RX benefits through their employer, your spouse is eligible to enroll in the medical/RX plan.
 - You will be required to provide the Spousal Proof of Eligibility/Enrollment Status form in order to enroll or maintain enrollment for your spouse.
- If your spouse is employed and is eligible for medical/RX coverage through their employer, your spouse is not eligible to enroll in the medical/RX program.

Providing fraudulent information regarding eligibility of spouses and/or dependents could result in denial of coverage for past or existing claims, repayment of required contributions and disciplinary action up to and including termination of employment.

Out-of-Network Benefits

Medical benefits offer out-of-network benefits. Please note that you will likely pay a higher amount out of your pocket when you use an out-of-network provider. Refer to the Anthem website for a list of providers and for the out-of-network benefits offered.

NOTE: Benefits will cease at midnight of the employee's last day worked. If services other than preventive care as outlined by the US Preventive Services Task Force Recommendations are obtained during the visit, a copay, coinsurance, and/or deductible may apply.



Website: www.anthem.com

Phone: 1-800-977-1654





MEDICAL INSURANCE

ANTHEM - BUY UP PLAN

MEDICAL BENEFITS

Deductible (Individual / Family)
Is Deductible Calendar Year or Policy Year?
Out of Pocket Maximum (Individual / Family)
Coinsurance
Prescription/Rx Retail (30 Day Supply)
Tier 1 / Tier 2 / Tier 3 / Tier 4
Prescription/Rx Retail (39 Day Supply)
Tier 1 / Tier 2 / Tier 3 / Tier 4

PHYSICIAN OFFICE VISITS

Primary Care Physician
Tele-visit
Specialist

PREVENTIVE CARE

Routine Adult Physical Exams
Well Woman Exams
Routine Mammograms and Colonoscopy
Well Child Exam & Immunizations

HOSPITALIZATION / OUTPATIENT SERVICES

Emergency Room
Urgent Care

BUY UP PLAN

IN-NETWORK

\$1,000/ \$3,000
Calendar Year
\$5,000 / \$10,000
30%
\$10 / \$30 / \$60 / 25% (Max \$200)
\$10 / \$75 / \$180 / 25% (Max \$200)

\$20 Copay
\$40 Copay
\$20 Copay

Covered 100%
No Deductible

\$250 Copay the Coinsurance
\$75 Copay

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Website: www.anthem.com

Phone: 1-800-977-1654



KNOW YOUR OPTIONS

5 HEALTHCARE OPTIONS

to help you make the best decision for your medical needs

Virtual Visits \$

24/7/365 access to a doctor

through the convenience of phone or video consults

You can receive care for:

- Cough, Cold & Flu • Allergies • Skin Problems
- Sinus Problems • Minor Fevers



Convenience Care Clinic \$

Your condition is not urgent or an emergency.

Conveniently located in Walgreen's*, Walmart* and Target*

*Check with your carrier to see which Convenience Care locations are in your network.

You can receive care for:

- Cough, Cold & Flu • Pink Eye • Urinary Tract Infections
- Ear Infections • Head Lice • Insect Bites
- Minor Burns, Cuts, and Scrapes • Sprains and Strains



Doctor's Office \$\$

Routine care or treatment for a current health issue

You can receive care for:

- Routine Checkups • Immunizations • Preventive Services
- Manage Medications • Medication Management



Urgent Care Center \$\$\$

You need medical care fast for a non-emergent medical issue

You can receive care for:

- Migraines • Severe Back Pain • Vomiting and Diarrhea
- Minor Broken Bones • Asthma Attacks • Severe Cough
- Animal Bites • Wounds Requiring Stitches

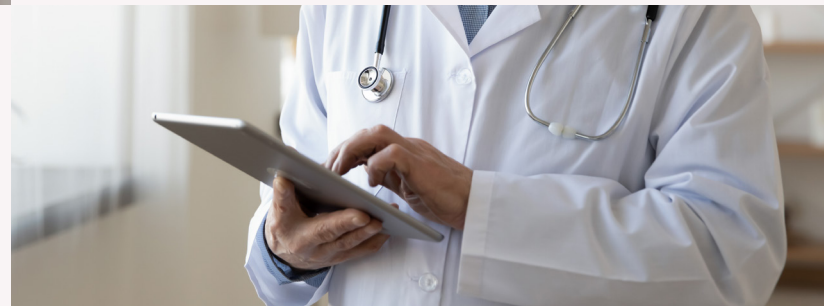


Emergency Room \$\$\$\$

For a true medical emergency that results in serious jeopardy to your health, impairment of bodily functions or organs

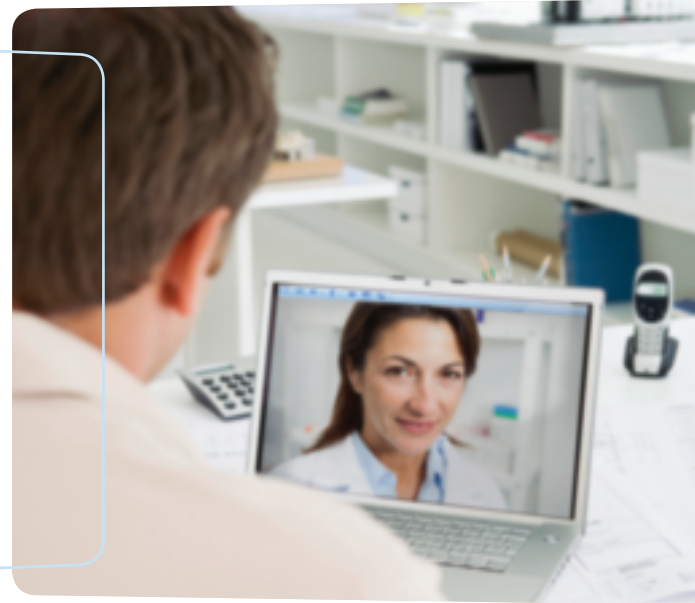
You can receive care for:

- Head Trauma or Loss of Consciousness • Chest Pain
- Numbness or Difficulty Speaking • Severe Abdominal Pain
- Coughing or Vomiting Blood • Severe Bleeding and Burns



No waiting room, no need to leave home.

You can also meet with board-certified Psychiatrists using LiveHealth Online!



When you're not feeling well you can get the support you need easily using LiveHealth Online. Whether you have a cold, you're feeling anxious or need help managing your medication, doctors and mental health professionals are right there, ready to help you feel your best. Using LiveHealth Online you can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet or computer from home or anywhere.

On LiveHealth Online, you can:

- **See a board-certified doctor 24/7.** You don't need an appointment to see a doctor. They're always available to assess your condition and send a prescription to the pharmacy you choose, if needed.¹ It's a great option when you have pink eye, a cold, the flu, a fever, allergies, a sinus infection or another common health issue.
- **Visit a licensed therapist in four days or less.**² Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks and more. Schedule your appointment online or call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.
- **Consult a board-certified psychiatrist within two weeks.**³ If you're over 18 years old, you can get medication support to help you manage a mental health condition. To schedule your appointment call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.

You've got access to affordable and convenient care

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$59 or less for medical doctor visits, and a 45-minute therapy or psychiatry session usually costs the same as an office mental health visit.

Sign up for LiveHealth Online today – it's quick and easy

Go to livehealthonline.com or download the app and register on your phone or tablet.



LiveHealth
O N L I N E



FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts (FSAs) have become a popular vehicle for reducing rising health care costs. By contributing pre-tax dollars into an FSA, you can save an average of 20% on eligible expenses every year.

You may participate in the following spending accounts:

Health Care Flexible Spending Account

Employees use pre-tax dollars to pay for insurance deductibles, co-payments, glasses and contact lenses, orthodontia, over-the-counter medications, and hundreds of other health care-related expenses not covered by their insurance plans.

The maximum contribution amount for period **01/01/2022 through 12/31/2022** is \$2,850.

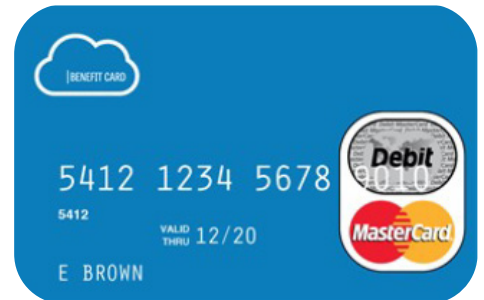
If you don't make any changes to your benefits, you will automatically be rolled over to the same coverage you currently have. However, if you wish to elect/re-elect your FSA plan for 2022, you must fill out an enrollment form.

Dependent Care Flexible Spending Account

Employees use pre-tax dollars to be reimbursed for work-related day care expenses for their children or dependent adults. The maximum contribution amount for period **01/01/2022 through 12/31/2022** is \$5,000 if you are married and filing a joint return or if you are a single parent. If you are married but filing separately, the annual maximum contribution is \$2,550.

Prepaid Benefit Card

The Prepaid Benefits Card is a special-purpose MasterCard® card that gives participants an easy, automatic way to pay for eligible health care/benefit expenses. The card lets participants electronically access the pre-tax amounts set aside in their respective employee benefits accounts such as Flexible Spending Accounts (FSAs), Health Reimbursement Accounts (HRAs) and Health Savings Accounts (HSAs).



How does Benefits Card work?

It works like a MasterCard® card, with the value of your account(s) contribution stored on it. When you have eligible expenses at a business that accepts MasterCard® debit cards, you simply use the card. The amount of the eligible purchase will be automatically deducted from your account and the pre-tax dollars will be electronically transferred to the provider/merchant for immediate payment.

What dollar amount is on the Benefits Card when it is activated?

For Health Care FSAs, the dollar value on the card will be the annual amount that you elected to contribute to your respective employee benefit account(s) during benefits enrollment. Eligible expenses will be deducted from that total dollar amount as the card is used or manual claims are submitted. Some other types of accounts, like Dependent Care FSAs, HRAs and transportation accounts, are funded incrementally at each pay period, so it is especially important to be aware of account balances in order to avoid card declines at the point of service.

To see a full list of current eligible and ineligible medical expenses, visit: <https://www.irs.gov/pub/irs-pdf/p502.pdf>

Please Note: Under the CARES Act effective March 27, 2020, claims for most over-the-counter medicine, medical supplies and feminine hygiene products can be purchased through an FSA without a prescription. This reverses the prior rule from January 1, 2011 in which a prescription was required. The Act is effective retro back to January 1, 2020.



Website: www.isolvedbenefitservices.com/contact

Phone: 1-866-370-3040





BENEFITS SUMMARY

Annual Deductible(Individual/Family)
Annual Benefit Maximum
Orthodontia Lifetime Maximum (Under Age 19)
Orthodontia Coinsurance

PREVENTIVE SERVICES

Oral Exams and Cleanings
Bitewing X-rays
Flouride Treatment (Under age 19)
Sealants

BASIC SERVICES

Amalgam Fillings
Front and Back Composit Fillings
Simple Extractions

MAJOR SERVICES

Endodontics & Periodontics
Major Restorative Services
Crowns, Inlays, and Onlays
Bridges and Dentures

IN-NETWORK

None / None

\$1,000

\$1,000

50%

Plan pays 100%

Plan pays 100%

Plan pays 80%

Plan pays 50%

Out-of-Network Benefits

Dental benefits offer out-of-network benefits. Please note that you will likely pay a higher amount out of your pocket when you use an out-of-network provider. Refer to the Anthem website for a list of providers and for the out-of-network benefits offered.

NOTE: Benefits will cease at midnight of the employee's last day worked. If services other than preventive care as outlined by the US Preventive Services Task Force Recommendations are obtained during the visit, a copay, coinsurance, and/or deductible may apply.



Website: www.anthem.com

Phone: 1-800-282-1730



BENEFIT SUMMARY

IN-NETWORK

FREQUENCY

Comprehensive Eye Examination

\$0 Copay

12 Months

Eyeglass Frames

\$130 Allowance then 20% off balance

24 Months

STANDARD EYEGLASS LENSES

Single Vision

\$0 Copay

Bifocal

\$0 Copay

Trifocal

\$0 Copay

12 Months

ELECTIVE CONTACT LENSES (IN LIEU OF EYEGLASSES)

Elective Convectional

\$130 Allowance then 20% off balance

12 Months

Elective Disposable

\$130 Allowance

12 Months

MEDICALLY NECESSARY CONTACT LENSES

Contact Lens

Covered 100%

12 Months

Out-of-Network Benefits

Vision benefits offer out-of-network benefits. Please note that you will likely pay a higher amount out of your pocket when you use an out-of-network provider. Refer to the Anthem website for a list of providers and for the out-of-network benefits offered.

NOTE: Benefits will cease at midnight of the employee's last day worked. If services other than preventive care as outlined by the US Preventive Services Task Force Recommendations are obtained during the visit, a copay, coinsurance, and/or deductible may apply.



Elective Contact Lenses are in lieu of glasses (lenses & frames). You are not eligible for glasses under our plan until 12 months after you receive contacts and vice versa.



Website: www.anthem.com

Phone: 1-800-723-0515





SHORT-TERM DISABILITY INSURANCE

Benefit Summary

Benefit Frequency	Weekly Earnings
Benefit Amount	60% up to \$1,500 without EOI 60% up to \$2,300 with approved EOI
Benefits Begin	15th day for disability caused by accident or injury
Maximum Benefits Duration	24 weeks
Pre-Existing Condition Limitation	3/12



LONG-TERM DISABILITY INSURANCE

Benefit Summary

Benefit Frequency	Monthly Earnings
Benefit Amount	60% up to \$6,000
Benefits Begin	181th day for disability caused by accident or injury
Maximum Benefits Duration	2 year own occupation SSNRA
Pre-Existing Condition Limitation	3/12



Website: www.anthem.com

Phone: 1-800-551-7265





BASIC LIFE AND AD&D INSURANCE



100% Employer Paid

Life insurance is an important part of your financial well-being, especially if others depend on you for support. As such, Postle Aluminum provides \$20,000 basic life insurance and AD&D coverage to eligible full-time employees at no cost.

Please contact Human Resources if you need to update your life insurance beneficiary information.



VOLUNTARY LIFE INSURANCE

In addition to the company provided insurance benefit of \$20,000, Postle Aluminum is pleased to offer you the opportunity to elect additional life insurance for yourself, your spouse and your legal dependents in order to strengthen your family's financial security, if you choose to do so.

Benefit Summary

EMPLOYEE LIFE INSURANCE BENEFIT

Benefit Amount	5 times base annual salary
Benefit Maximum	\$100,000

SPOUSE LIFE INSURANCE BENEFIT

Benefit Amount	\$50,000
Benefit Maximum	\$5,000 or \$10,000, not exceed 50% of benefit coverage

DEPENDENT LIFE INSURANCE BENEFIT

Benefit Amount	\$5,000 or \$10,000
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Website: www.anthem.com

Phone: 1-800-551-7265





ACCIDENT & CRITICAL ILLNESS



Employees can enroll in the AFLAC Accident and Critical Illness Insurance Plans

Group Critical Illness Insurance

Critical illness insurance can pay money directly to you if you are diagnosed with a covered serious health condition like a heart attack or stroke. You can use the lump-sum payment to help with co-pays and deductibles or any of your other expenses. You can also choose to cover your spouse and your dependent child(ren). A \$50 benefit for qualified health screening tests is also included.

Group Accident Insurance

Accident insurance can pay money directly to you if you get hurt and need medical attention. The amount is based on your specific injury and treatment. It covers things like emergency room treatment, fractures, stitches, and more. You can use the money however you choose. A \$50 benefit for qualified health screening tests is also included.



Website: www.aflacgroupinsurance.com

Phone: 1-800-433-3036



UNIVERSAL LIFE INSURANCE & LONG TERM CARE

Universal Life Insurance

Trustmark Universal Life/LifeEvents® is permanent life insurance. It provides a death benefit to your beneficiaries if you pass away, but also builds cash value and features living benefits for long-term care services. Your price won't increase due to age, and your policy builds cash value over time.

Long Term/Convalescent Care Benefit (LTC) pays 4% of your death benefit for up to 25 months for home healthcare, assisted living, nursing home care and adult day care. There is a 90-day elimination period before benefit can be paid. To receive benefits you must meet Conditions of Eligibility for Benefits. The LTC benefit does not reduce at age 70. Benefit Restoration restores the death benefit that is reduced to pay for LTC, so your family receives the full death benefit amount when they need it most.

Your Benefits Counselor will assist you in determining the cost of your coverage.



Website: www.trustmarkvb.com

Phone: 1-800-918-8877





More resources. More peace of mind.

RESOURCE ADVISOR

Create a will using our simple online tool

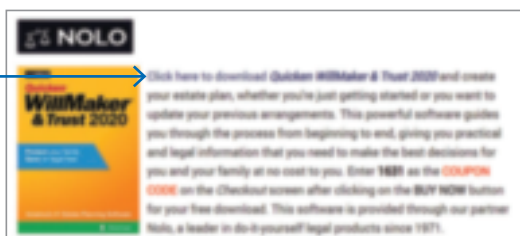
It's one of the most important things you'll ever do. Making your final wishes clear by creating a will can help protect your loved ones' financial well-being and make their lives easier.

With Resource Advisor, the member assistance program included with your Anthem group life insurance, creating a will is simple and fast. An easy-to-use online tool will walk you through the process step by step — creating a will customized for you and specific to your state's laws. And you can do it at no extra cost.

This tool works well for most people with typical assets, such as a house, a car, savings and investments.¹ You'll be able to breathe a big sigh of relief, knowing you're protecting your family and loved ones.

Here's how to use the online will tool

1. Go to ResourceAdvisor.Anthem.com and sign in using the program name you'll get on the login screen.
2. Select **Legal/Financial** from the green menu on the right, and then select **Click here to access legal and financial content**.
3. Scroll down until you see the NOLO logo. Select **Click here to download Quicken WillMaker & Trust 2020**.



4. Select the green **Buy Now** button. Don't worry if it shows a price — your Coupon Code will let you use the will tool at no cost.



5. Enter the Coupon Code in the *Discount Codes* box. Choose **Apply Coupon**. The cost will now show \$0.00.
6. Select **Proceed to Checkout**. Then, select **Continue as Guest**, and fill in your name, address and all required information. At the bottom of the screen, select **Continue**.
7. At the following screen, select the green **Place Order** button.
8. Download your Nolo Quicken WillMaker & Trust 2020 software on the next screen. Choose either **Download Mac Version** or **Download Windows Version**.
9. To create your will, install your software and answer the questions you'll see on screen.
10. Print your will.
11. Sign your will in front of two witnesses, and keep it in a safe place.



Need more help?

If you have questions for a lawyer, call Resource Advisor at 1-888-209-7840, and they can arrange a phone call with one at no cost. If you'd rather have a lawyer help write your will, call Resource Advisor and they can set up a visit with a lawyer for you. You'll pay the lawyer's fees, but if Resource Advisor sets up your meeting, you can get a 25% discount.²

Why is a will so important?

A will — sometimes called a last will and testament — is a written statement of what you want done with your property. It's also the only way to name a guardian for your children if you die before they become adults.

Here are the most common things you can do with a will:

Decide who gets your property and money when you die, including your:

- Home
- Other property
- Money in bank accounts
- Investments
- Retirement accounts
- Financial assets like life insurance and annuities
- Possessions like furniture, art, vehicles and other items

Without a will or other plan, your state laws will determine how your property is distributed after you die. A will that clearly states your wishes can also help avoid arguments over your property and other assets. You can also use your will to take care of any debts or to provide money for someone's education or medical costs. And you can give to charity.

Name a guardian to take care of your children

Even if you have very few assets, you need a will to name a person or people who will take care of your children if you die before they become adults. Without a will, a court will decide.

Name a property manager to take care of property you leave to your children

If you leave property to your children through a will, trust or life insurance policy, it must be managed by an adult. You can leave instructions about how to manage the property, usually through a trust or Uniform Transfer to Minors Act (UTMA) custodianship.

Name an executor

This is the person who'll wrap up your estate after you die. It can be a relative or a trusted friend, or a lawyer, accountant or financial planner you choose. Without a will, a court will appoint someone to do this job.

Name a caretaker for your pet

A will is the simplest way to choose a caretaker for your pet. You can also leave money to that person to help take care of the pet.

We help make the details easy, so you can get *more* out of life

Will planning is fast and simple with the Resource Advisor online tool. Go to ResourceAdvisor.Anthem.com today, and give yourself and your loved ones peace of mind.



¹ Some situations may require more detailed expert advice. These include you or your spouse leaving more than \$2 million in assets, anticipated family conflicts over assets and setting up a long-term trust for a child with special needs.

² You'll also pay any fees the lawyer charges for document preparation and printing. These fees aren't included in the Resource Advisor discount.

This information is not intended as legal advice, and isn't a substitute for personalized advice from a knowledgeable lawyer or estate planning expert. Anthem is not responsible for the services or advice provided by or through the Resource Advisor program.

The Resource Advisor services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. The Resource Advisor services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificate holders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

Life and Disability products underwritten by Anthem Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



In times of uncertainty

Resource Advisor is here to help

Resource Advisor, a member assistance program that's included with your life and/or disability benefit, provides resources and services to support you and your household family members when you need it.

Counseling available by phone or video chat

When you're feeling stressed, worried or having a tough time, you may want someone to talk to. You and your household family members can call Resource Advisor anytime, 24/7, and talk with a licensed counselor:

- By phone: Call 1-888-209-7840.
- Video chat: Talk with a counselor from the convenience of your home or wherever you have internet access and privacy using LiveHealth Online. To set up a LiveHealth Online visit, call Resource Advisor. We'll give you details about how to schedule a visit, along with a coupon code that gives you LiveHealth Online visits at no extra cost to you.

You can also review a therapist's background and qualifications to help choose one who's available and right for you. Whatever works for you — we're here to help with any concern, no matter how big or small.

You and your family members are eligible for up to three counselor visits for each issue or concern, at no cost to you.

Counselors can help with:

- Stress
- Parenting
- Anxiety
- Depression
- Any issue that affects your wellbeing
- Dealing with illness
- Relationship or family issues
- Finding child care
- Elder care issues and resources

Resource Advisor has additional tools and resources to help including online seminars:

- How to Stay Healthy
- How to Keep your Family Healthy
- Uncertainty and Parenting with COVID-19
- Financial Uncertainty
- Hand Washing

Resource Advisor

1- 888-209-7840

www.ResourceAdvisor.Anthem.com

(Log in with program name AnthemResourceAdvisor)



Your Resource Advisor program offers tips to cope with anxiety and stress during the COVID-19 (coronavirus) outbreak

As news of the COVID-19 (coronavirus) evolves, you may find yourself growing increasingly anxious or stressed. If so, you are not alone. Your Resource Advisor Program is here to provide you and your household members support. Here are a few tips to help cope from Dr. Jessica Chaudhary, one of Anthem's medical directors:

Be vigilant, take precautions, and maintain perspective to reduce any undue stress.

Stay calm and carry on. Maintain a routine and continue your normal daily activities, but be sure to practice prevention where you can.

- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer when washing isn't an option.
- Avoid touching your eyes, nose and mouth.
- Avoid close contact with people who are sick.
- Stay home when you're sick. That includes staying home from work, school, errands and travel.
- Cover a cough or sneeze with a tissue, then throw the tissue in the trash.
- If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
- Clean and disinfect frequently touched objects and surfaces, such as phones, keyboards and doorknobs.
- Get plenty of sleep, be physically active, drink a lot of fluids and eat nutritious food.

Stick to reputable sites for your information. Try to limit contact with sources that tend to fuel your worry. Avoid using the internet to search your symptoms, and do not panic at the first sign of illness. Speak to your primary care doctor if you have any questions.

Use coping skills. Try and focus on relaxing more. You can exercise, practice yoga, meditate, use deep breathing techniques or talk to a friend or a therapist.

Stay informed. Get information from reliable sources like the Centers for Disease Control and Prevention ([CDC](https://www.cdc.gov)) or the World Health Organization ([WHO](https://www.who.int)). It's important to limit the time you spend reading or listening to the news. If you feel like the news is becoming repetitive, it might be a sign that you are oversaturating yourself.

Be prepared. It's okay to make sure you have enough bottled water, toilet paper, non-perishable food and any necessary medicines. However, if you find that you are buying large quantities of supplies and you are starting to run out of storage room, you may be over-preparing due to panic.

Ask for help. Monitor yourself, your emotions and your internal responses. If you feel like you cannot stop worrying, or if you notice any of the concerning behaviors mentioned above, seek help. Your Resource Advisor program can connect you to a therapist and other resources that can help you.

Jessica Chaudhary is a board-certified psychiatrist who completed her medical training at the University of Washington School of Medicine, her residency in psychiatry at Yale University, and a fellowship in psychosomatic medicine at Harvard University. She specializes in psychiatric disorders and has treated patients with anxiety, depression, obsessive compulsive disorders, substance use disorders, and bipolar disorders, among other psychiatric conditions. She is a medical director here at Anthem.

Resource Advisor

1- 888-209-7840

www.ResourceAdvisor.Anthem.com

(Log in with program name AnthemResourceAdvisor)

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services. Appointments subject to availability of a therapist. LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield. Note about eligibility: This program is for active employees and their household family members. All benefits end at retirement.

Resource Advisor services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. Resource Advisor additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificate holders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

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TERMS TO KNOW



SCAN OR CLICK THE QR CODE TO WATCH A SHORT VIDEO ON THE TERM YOU WOULD LIKE TO KNOW

ANNUAL ENROLLMENT: Designated period of time during which an employee may enroll in group health coverage. Also, designated period of time during the year when individuals without group coverage may enroll in health coverage without needing medical underwriting.

AD&D: Accidental Death & Dismemberment

CARRIER: The insurance company.

CLAIM: The request for payment for benefits received in accordance with an insurance policy.

COPAY: A co-payment, or copay, is a capped contribution defined in the policy and paid by an insured person each time a medical service is accessed. It must be paid before any policy benefit is payable by an insurance company.

COINSURANCE: A payment made by the covered person in addition to the payment made by the health plan on covered charges, shared on a percentage basis. For example, the health plan may pay 80% of the allowable charge, with the covered person responsible for the remaining 20%. The 20% amount is then referred to as the coinsurance amount.

DEDUCTIBLE: A deductible is the amount you must pay each year before your carrier begins to pay for services. If you have a PPO plan, there is usually a separate higher deductible for using out of network providers.

ELIMINATION PERIOD: This is the time period between injury or illness and the receipt of benefit payments.

EMBEDDED DEDUCTIBLE: An embedded deductible is a system that combines individual and family deductibles in a family health insurance policy. When a health plan has embedded deductibles, it just means that a single member of a family doesn't have to meet the full family deductible in order for after-deductible benefits to kick in, each individual only needs to meet the individual deductible in order for after-deductible benefits to kick in.

EOB (Explanation of Benefits): EOB stands for Explanation of Benefits. This is a document produced by your medical insurance carrier that explains their response and action (whether it is payment, denial, or pending) to a medical claim processed on your behalf.

EVIDENCE OF INSURABILITY (EOI): This is the medical information you must provide that requires review and approval by the insurance company BEFORE coverage becomes effective. This may include medical records and a physical exam.

HMO: Health Maintenance Organization, this type of medical plan is Network exclusive. A participant must receive services from in-network providers except in a case of medical emergency.

IN-NETWORK: Refers to the use of providers who participate in the health plan's provider network. Many benefit plans encourage members to use participating in-network providers to reduce out-of-pocket expenses.

MAC: Maximum allowable charge

MAIL ORDER PRESCRIPTIONS: Used for maintenance drugs, members can order and refill their prescriptions via postal mail, Internet, fax, or telephone. Once filled, the prescriptions are mailed directly to the member's home.

MAINTENANCE DRUGS: A medication that is anticipated to be taken regularly for several months to treat a chronic condition such as diabetes, high blood pressure and asthma, this also includes birth control.

NON-EMBEDDED DEDUCTIBLE: A non-embedded deductible is also referred to as an aggregate deductible. Under an aggregate deductible, the total family deductible must be paid out-of-pocket before after-deductible benefits kick in for the health care services incurred by any family member.

OUT-OF-NETWORK: The use of health care providers who have not contracted with the health plan to provide services. HMO members are generally not covered for out-of-network services except in emergency situations. Members enrolled in Preferred Provider Organizations (PPO) and Point-of-Service (POS) coverage can go out-of-network, but will pay higher out-of-pocket costs.

OUT-OF-POCKET MAXIMUM: The total amount a covered person must pay before his or her benefits are paid at 100%. Deductible, copayments, and coinsurance may apply towards the maximum out of pocket, depending on the plan.

PARTICIPATING PROVIDER: Individual physicians, hospitals and professional health care providers who have a contract to provide services to its members at a discounted rate and to be paid directly for covered services.

PCP (PRIMARY CARE PHYSICIAN): A physician selected by the member, who is part of the plan network, who provides routine care and coordinates other specialized care. The PCP should be selected from the network that corresponds to the plan in which you are a member. The physician you choose as your PCP may be a family or general practitioner, internist, gynecologist or pediatrician.

PPO: Benefits paid for both in and out of a network of doctors. Member makes choice with knowledge that better benefits are available in network. Plans feature office visit copays, deductibles at a variety of levels and then coinsurance to a maximum out of pocket expense. Usually includes copays for prescription drugs.

PREVENTIVE CARE: Care rendered by a physician to promote health and prevent future health problems for a member who does not exhibit any symptoms. Examples are routine physical examinations and immunizations.

REFERRAL: A written recommendation by a physician that a member may receive care from a specialty physician or facility.

SPECIALIST: A participating physician who provides non-routine care, such as a dermatologist or orthopedist.

UCR: Usual, customary, reasonable



CONTACTS

LINE OF COVERAGE	CARRIER	CUSTOMER SERVICE
Medical	Anthem	1-800-977-1654 www.anthem.com
Dental	Anthem	1-800-282-1730 www.anthem.com
Vision	Anthem	1-800-723-0515 www.anthem.com
Short Term Disability Long Term Disability	Anthem	1-800-551-7265 www.anthem.com
Basic Life and AD&D Voluntary Life	Anthem	1-800-551-7265 www.anthem.com
Flexible Spending Account	iSolved Benefit Services	1-866-370-3040 www.isolvedbenefitservices.com/contact
COBRA Support	iSolved Benefit Services	1-800-594-6957 www.isolvedbenefitservices.com/contact
Accident and Critical Illness	Aflac	1-800-433-3036 www.aflacgroupinsurance.com
Universal Life Insurance and Long-Term Care	Trustmark	1-800-918-8877 www.trustmarkvb.com
Medicare Counseling	Grace Agency	1-800-918-8877 Email: info@graceagency.com



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