Plastipak

A CONSUMER GUIDE TO BENEFITS

TAKE THE PATH TO DISCOVER YOUR BENEFITS!



+ EXCLUSIVE CONSUMER TIPS TO HELP NAVIGATE YOUR BENEFITS!

WELCOME TO YOUR CONSUMER GUIDE TO BENEFITS

To make the best decisions for you and your family, it's important to understand your benefits and how the industry works. This guide provides you with practical healthcare consumerism tips to help you make informed decisions, save money, and take control of your health and wellness.

Knowing - and accessing - the tools and resources available to you further enhances your ability to choose care that is appropriate, high quality, and efficient...saving you time and money!

Note: This information is not intended to replace the advice of your healthcare provider. If you have any questions about managing your own health and/or seeking medical care, please contact a medical professional.



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Links to access and learn more about Company-provided benefits and programs can be found at the back of this guide.

Further details can also be found on our Company Intranet, or via Workday, where you can find program information, benefits summaries and formal Plan documents.

Should you have specific coverage questions, please consult the Plan SPD for details.

The **Summary Plan Description (SPD)** details what coverage is provided and how the Plan works.

UNDERSTANDING YOUR BENEFITS

Review your coverage information to know what is covered, including preventive care, diabetes management, musculoskeletal (MSK) program, mental health services, and wellness benefits like weight management counseling and tobacco cessation.

TERMS DEFINED:

DEDUCTIBLE:

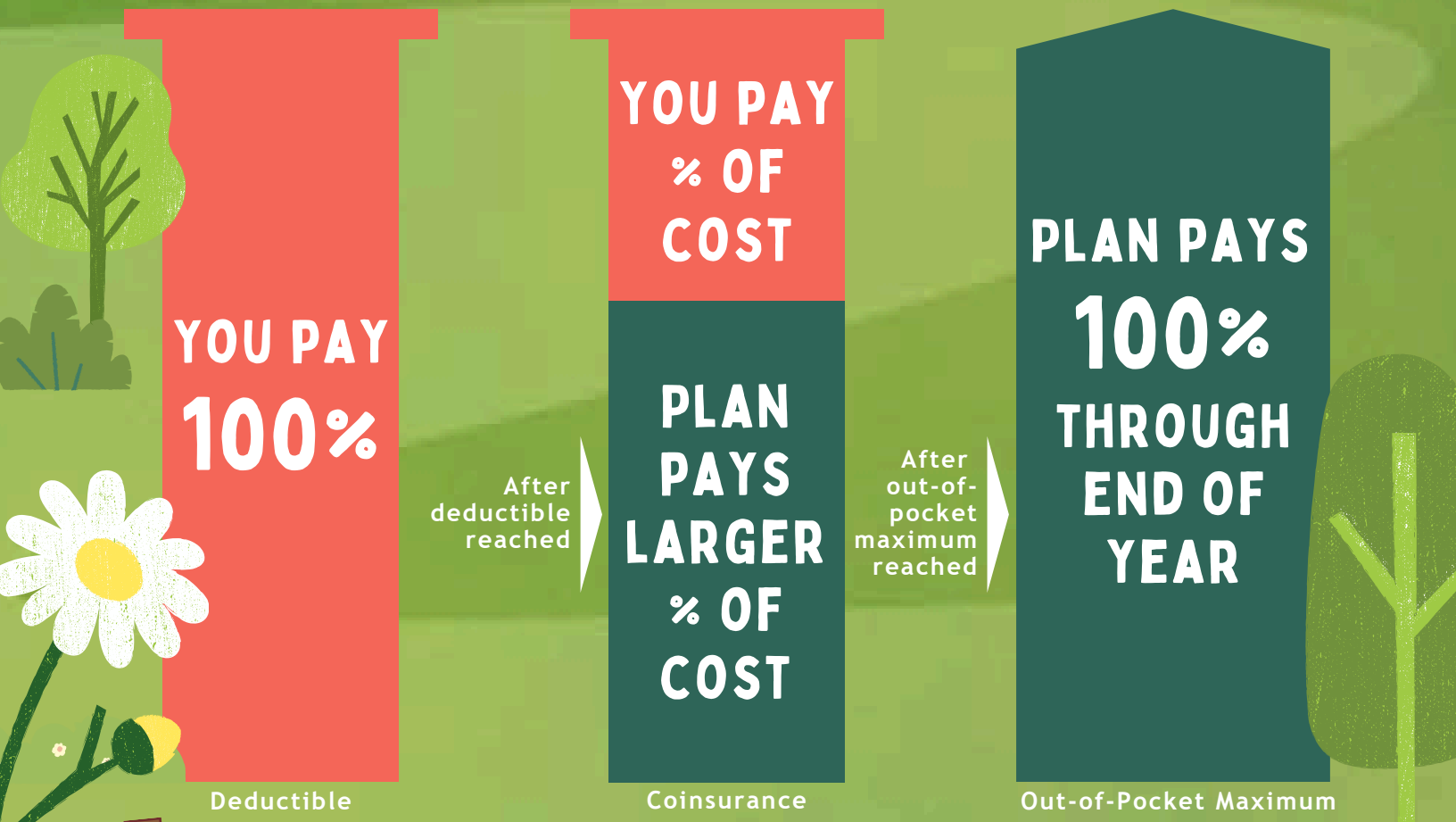
The amount YOU are responsible for paying before the Plan begins to pay.

COINSURANCE:

This is YOUR SHARE of the costs of a covered health care service. For example, you pay 20% for in-network services and the Plan pays the remaining 80%. Coinsurance is paid until the Out-of-Pocket Maximum is reached.

OUT-OF-POCKET MAXIMUM:

This is the MOST YOU COULD PAY during a calendar year. Once you reach your out-of-pocket maximum, the Plan pays 100% of your healthcare costs for the remainder of that calendar year.

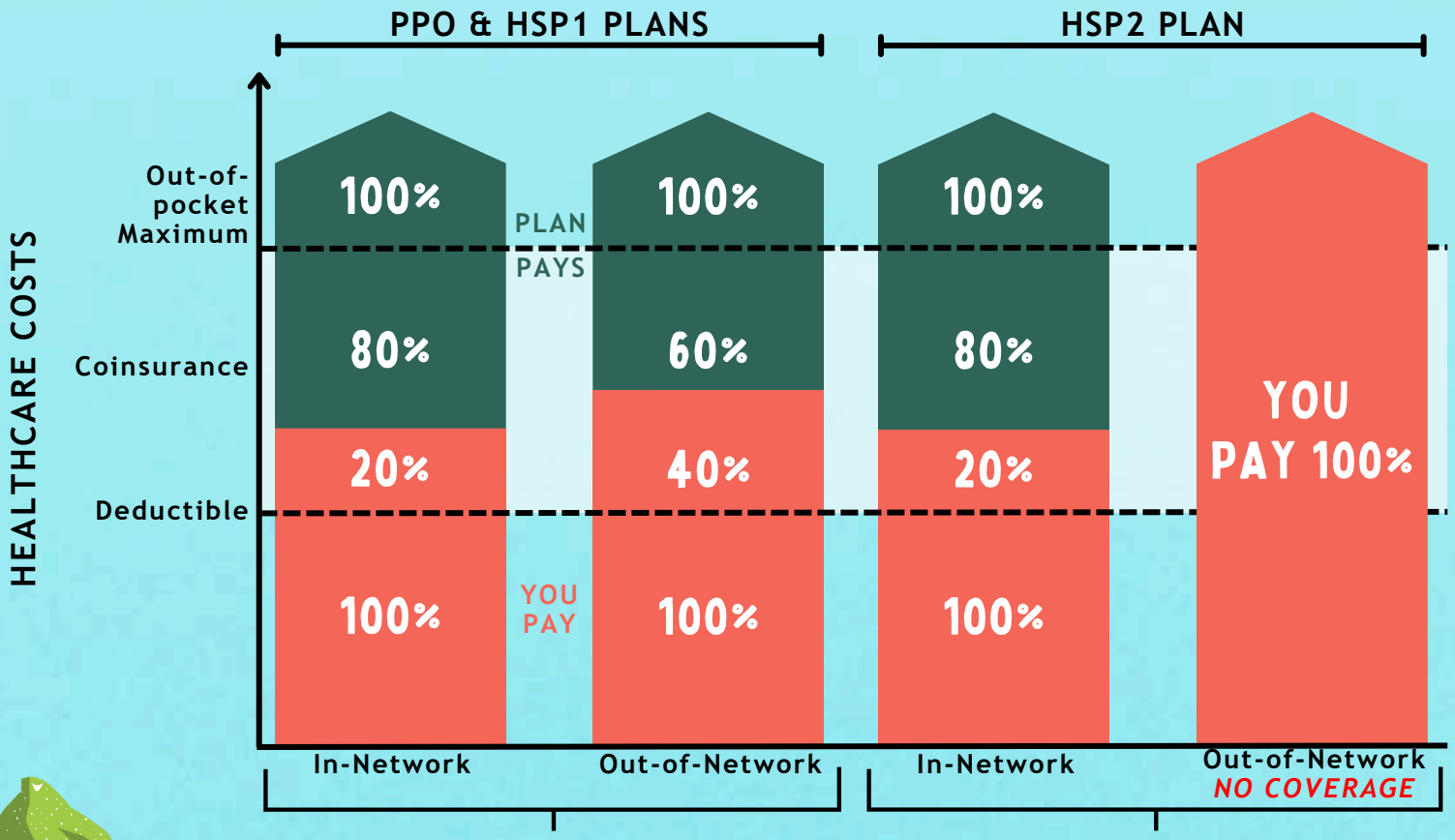


CONSUMER TIP

- Know your annual deductible, coinsurance, and out-of-pocket maximum amounts before seeking care so you fully understand your insurance and costs.
- Don't be afraid to ask your doctor questions about the benefits of - and lower cost alternatives for - tests, surgeries, or prescription drugs.

UNDERSTANDING YOUR BENEFITS

Outlined in PINK is what YOU are responsible for paying.
Outlined in GREEN is what the PLAN will pay on your behalf.



In the **PPO Plan**, you'll also be responsible for paying a copay.

In the **HSP2 Plan**, you'll pay 100% of non emergent out-of network costs.

CONSUMER TIP

- The HSP1 plan is a broad network which includes out-of-network providers. The HSP2 is an exclusive network; this plan has higher negotiated discounts to pay less for in-network providers, and does not include out-of-network providers.

	PPO & HSP1		HSP2	
	YOU	PLAN	YOU	PLAN
Costs until you reach your deductible	100%	0%	100%	0%
After reaching your deductible, **in-network** costs until you hit out of pocket maximum	20%	80%	20%	80%
Coinsurance for **out-of-network** costs until you hit out of pocket maximum	40%	60%	100%*	0%*
Costs after you reach your out of pocket maximum	0%	100%	0%	100%

*unless emergency

HOW IT WORKS

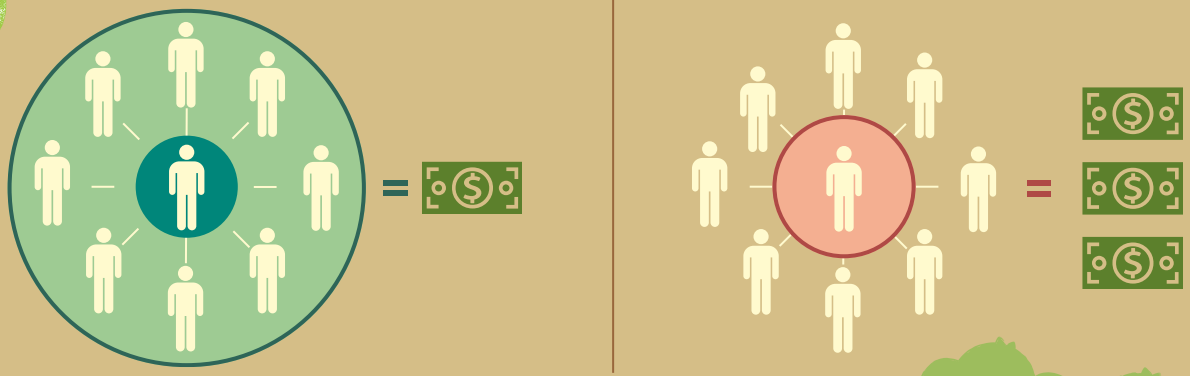
In-network providers have a contract with your health insurance plan to provide services at a pre-negotiated rate. This means that you'll usually pay **less** for medical services from that doctor. Out-of-network providers don't have a contract with your health insurance plan. This means you'll pay **more** or the full amount for medical services from that doctor.

Research Providers: Look for in-network doctors, specialists, and hospitals that align with your healthcare goals. Use HealthJoy to find in-network providers and facilities.

Ask Questions: Don't hesitate to ask your doctor about the most cost-effective treatment options and the pros and cons of various approaches.

A Few Quick Tips:

- Verify the doctor's in-network status at the location where your appointment is scheduled. Physicians can have different contractual arrangements that may vary by location.
- Always verify if a provider, lab, facility, hospital and healthcare system is in-network before receiving services.
- Make sure any referrals you receive are for in-network providers.



CONSUMER TIP

- Get a second opinion from a specialist on treatment plans, surgeries, chronic conditions, medications, and ongoing issues through 2nd.MD. This is a FREE consult available to all medical plan members.



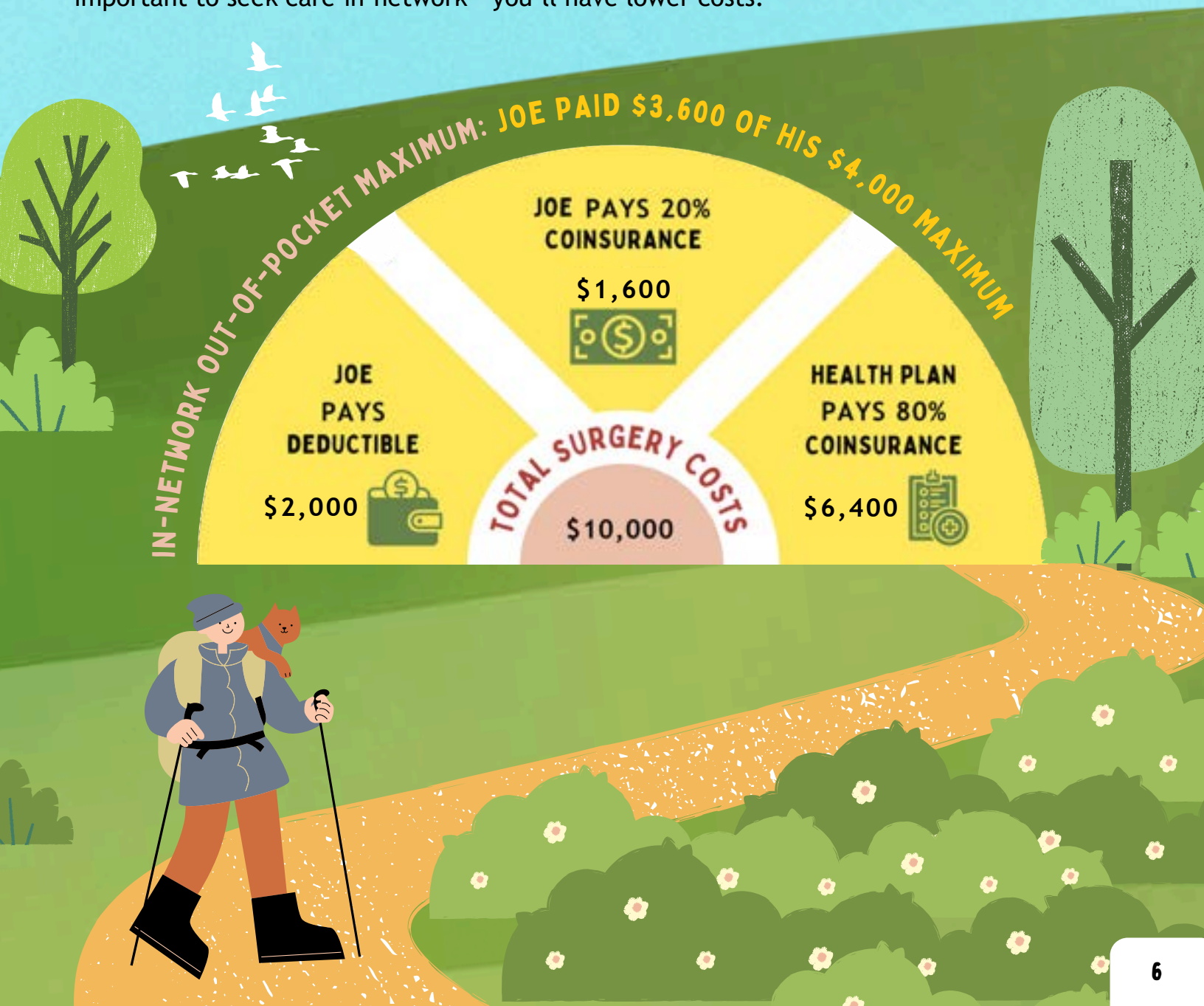
HOW IT WORKS

Let‘s look at an example...

Joe needs surgery and wants to make sure he receives the highest level of coverage as a HSP 1 plan member. Before the surgery, he checks to make sure his doctor and hospital are in-network and confirms the required steps for prior authorizations are complete.

- The total cost for Joe’s surgery is $10,000.
- He has a $2,000 deductible with 20% coinsurance (for in-network services) and an out-of-pocket maximum of $4,000.

Joe pays his doctor and hospital $3,600 ($2,000 deductible plus $1,600 coinsurance). He has $400 more to pay before he reaches his out-of-pocket maximum. If Joe had gone out of network for surgery, he would have paid $6,100 in out-of-pocket costs. This is why it’s so important to seek care in-network - you’ll have lower costs.



PRIORITIZE YOUR HEALTH

We want all associates and their families to get the right healthcare services to be well – even if you are already healthy. That's why our medical plan pays 100% for certain preventive services. That means no deductible to meet, or coinsurance, for preventive services.

Completing your annual preventive care visit year-over-year helps detect and/or prevent serious problems! Seize your health by completing the below preventive care checklist:

- Know your family health history
- Find a Primary Care Physician (PCP)
- Complete your annual physical each year
- Complete age/gender specific cancer screenings

Certain preventive services are covered at 100%! In order for these services to be paid as preventive, they must be covered and billed as preventive with **no** medical diagnosis code. Check out some examples below:

- ANNUAL ROUTINE PHYSICALS
- COUNSELING FOR TOBACCO CESSATION
- AGE APPROPRIATE BLOOD WORK
- IMMUNIZATIONS
- WELL-BABY & CHILD CARE
- AGE/GENDER-APPROPRIATE CANCER SCREENINGS
- DIABETES COUNSELING FOR OBESITY, HEALTHY DIET
- FAMILY PLANNING SERVICES







CONSUMER TIP

- Practice a lifestyle that includes wellness, like a balanced diet, regular exercise, and stress management. Preventive care and self-care can identify and help avoid expensive medical treatments down the road.
- Apps and wearables are tools many use to monitor physical activity, nutrition, sleep, and mental health. These tools are a way to set and track your wellness goals and catch potential issues, like inactivity, insomnia and irregular heart rate.

PRIORITIZE YOUR HEALTH

Recommended preventive health screenings and vaccines for adults:	
Abdominal Aortic Aneurysm	One time screening - men 65 or older who have ever smoked
Blood Pressure Screening**	Annually*
Cholesterol Screening**	Annually* - men and women of certain ages or at higher risk
Cervical Cancer Screening	Annually* - women of all ages
Colorectal Cancer Screening	Annually* - men and women 45 years of age or older
Glucose Screening (diabetes)**	Annually*
Prostate Cancer Screening	Annually* - men 40 years of age or older
Mammogram	Baseline - women 35-39 years of age Annually* - women 50 years of age or older
Osteoporosis Screening (bone density)	Annually* - women 60 years of age or older
Influenza Vaccine (flu)	Annually* - men and women during flu season
Pneumococcal Vaccine (pneumonia)	1 complete dose - men and women 65 years of age or older
Zoster Vaccine (shingles)	1 complete dose - men and women 50 years of age or older

Once every 12 months
****Yellow highlighted is measured during our Company's annual wellness biometric screenings***

CONSUMER TIP

- Schedule your annual preventive visit around your birthday to give yourself the Gift of Health!

PRIORITIZE YOUR HEALTH

You can reduce your medical plan contribution by participating in an annual wellness event (typically held in October of each year)!

By participating in this annual event, you (and/or your covered spouse) can get a FREE biometric health report to help you better understand health risks and work toward goals!

Health plan participants (including associates and covered spouses) are eligible to earn an incentive up to $390 annually!

Take advantage of wellbeing activities available to you through our Your Journey Wellness Program!

With a variety of activities and resources offered throughout the year, you have several opportunities to participate in support of your health and wellbeing!

- Quarterly Wellness Campaigns (step challenges, nutrition education, mental health awareness, financial wellbeing activities).
- Education Resources (monthly emails, webinars, tobacco cessation materials, weight management resources, retirement/budgeting tools).



- Participating in the annual wellness screening has saved lives - know your biometric numbers!
- The path to health and wellness is a journey. No matter what your individual focus, we hope you and your family take advantage of our year-round opportunities to seize health!

PARTICIPATE IN YOUR HEALTH DECISIONS

COMMUNICATE CLEARLY WITH YOUR PROVIDERS.
Ensure that you understand your treatment options and their costs. If something seems unclear, ask for a written explanation or seek alternatives.

PRIORITIZE YOUR NEEDS.
Choose treatments and services that align with your goals and budget. Sometimes a less expensive treatment can be a matter of choosing a different geographical area or provider.

SEEK NON-EMERGENCY CARE FOR NON-URGENT ISSUES.
For non-urgent situations, consider telemedicine, urgent care centers, or retail clinics instead of emergency rooms to avoid high costs.

USE YOUR RESOURCES.
Be an active participant in your health plan and take advantage of free resources available to medical plan members such as diabetes management (Teladoc, formally Livongo), second opinion services (2nd.MD), musculoskeletal program (Hinge Health), Health Savings Account (HSA), and telemedicine (Teladoc).

For non medical plan members, you can still be active in the benefits available to you just by being an associate!

Benefits available to all associates include life & disability, mental health, 401(k), child/elder/pet care giving, Dependent Care Flexible Spending Account (DCFSA), employee assistance program (EAP), weight management, pet insurance, and tobacco cessation - a full list can be found at the back of this guide.



- Aetna provides a free price estimator for different procedures (medical and dental) on their site - take a look for yourself! Connect with HealthJoy if you need hands-on assistance.

TAKE CONTROL OF YOUR MEDICAL RECORDS

ACCESS AND REVIEW YOUR MEDICAL RECORDS.
Many healthcare providers now offer digital access to your medical records. Reviewing them regularly can help you stay informed and avoid unnecessary tests or treatments. Note covered dependents (spouses and children) may have individual logins due to HIPPA/privacy requirements.

CORRECT MISTAKES.
If you notice any errors in your medical records, notify your provider. Mistakes can lead to unnecessary treatments or incorrect billing.

HAVE HEALTHJOY REVIEW YOUR MEDICAL BILLS.
HealthJoy's team of billing specialists will not only explain your bill to you but will also review it for possible errors. If they find a mistake, HealthJoy can even negotiate it on your behalf to get a bill processed correctly. Their professional billing negotiators will handle all bill review requests regardless of the dollar amount.

You'll only have to answer a few questions about your bill and attach a photo of it before handing it off to the HealthJoy team! Make sure the bill contains the date of service, total charges billed to insurance, description of services, provider's name and contact information, and the account or invoice number. A healthcare concierge will walk you through all the steps.



MENTAL HEALTH AND EMOTIONAL WELLBEING

Investing in your mental health is not just an act of self-care—it's a powerful step toward protecting your overall wellbeing, improving your quality of life, and preventing costly health complications in the future.

Our Company is deeply committed to empowering our associates and their families with the resources they need to thrive. That's why we provide education and access to affordable—or even free—mental health programs. Beyond working with in-network providers or obtaining referrals from your primary care physician, we offer three additional benefits designed to support your mental health needs:

LYRA

Lyra is FREE for all associates and their dependents with 24/7 access to confidential care. Additionally, each member has 8 free sessions annually.

TELUS HEALTH

Telus Health is an Employee Assistance Program (EAP) FREE to all associates and their household members. Members have access to a library of online resources ranging from financial, legal, and family services. Additionally, each member has free in-person counseling or life coaching sessions.

TELADOC

Teladoc offers virtual mental health consults to Aetna medical members ages 18+.



- Practices like meditation, yoga, and deep breathing can reduce stress and improve your overall wellbeing. Many free or low-cost resources are available online or through our Company, and online through community programs.

EDUCATE YOURSELF AND STAY ENGAGED

KEEP LEARNING:

Pay attention to your experiences - the below illustrates the "journey" of a health claim, however, this is not always the case. Stay informed about healthcare trends, new treatments, and changes in the healthcare system. The more informed you are, and the more questions you ask, the better decisions you can make to seize your health.

IN-NETWORK CLAIM JOURNEY:

1. You present your member ID card
2. Provider submits claim(s) to Aetna for services
3. Aetna processes the claim(s) and determines plan benefits payable
4. Aetna sends you an EOB, listing services rendered, and your (and your plan's) payment responsibility after coverage has been applied
5. Provider bills you directly if money is owed
6. You pay the provider a negotiated rate. The plan pays what you do not

CONSUMER TIP

- Educating yourself on the basic life-cycle of a claim (how they are billed and paid) keeps you in the driver's seat to stay on track with paying what you should - and avoid paying what you shouldn't!

TAX-ADVANTAGED ACCOUNTS

HEALTH SAVINGS ACCOUNT (HSA)

If you are enrolled on the HSP 1 or HSP 2 medical plan, you are eligible to have an HSA. Use it to pay for qualified medical and wellness expenses with pre-tax dollars such as: office visits, prescriptions, dental services not covered by insurance, prescription eyeglasses, OTC medication, feminine hygiene products, hospitalization, COBRA premiums, premiums for long term care, etc.

The Company contributes the following into your HSA annually: Single: $400; 2-Person: $700; Family: $1,000

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

Electing a Dependent Care Flexible Spending Account (DCFSA), can be used to pay for child and dependent care expenses with pre-tax dollars so you can continue to work while caring for your loved one.

Use funds by end of year or lose them!

All claims must be submitted within 60 days of the close of the calendar year (or 30 days within termination).

HSA FACTS:

- Your contributions, earnings, and withdrawals (if used for qualifying expenses) are all tax-free
- Unspent HSA dollars roll over at the end of the year so your savings continues to build for future health expenses
- Members age 55+ can contribute an additional $1,000 beyond the IRS annual limit
- Investment options are available!
- You can only use your HSA funds for dependents who are considered your tax dependents.
- The HSA account is owned by the individual, which means it's portable (you can take it with you should you leave employment)

TELEMEDICINE AND VIRTUAL CARE

Virtual visits are often less expensive and more convenient than in-person visits. Use telehealth services for non-urgent issues such as:

- SINUS INFECTION
- BRONCHITIS
- DERMATOLOGY
- MENTAL HEALTH
- PINK EYE
- FLU
- ALLERGIES
- STUFFY NOSE



- Consider every available alternative to using an emergency room (ER) for situations which are not emergencies. The ER is the most expensive, and often inconvenient, setting to receive care. Take advantage of the telemedicine benefit for common illnesses and mental health – you will be talking with a licensed physician who can prescribe most medications during your consult.
- Research available in-network urgent care facilities in your area so you know what services they offer and what their hours are – before you are in an urgent situation. These facilities can often see you faster than an ER and will cost you less.



GENERIC MEDICATIONS AND TREATMENTS

- Ask your doctor or pharmacist if there is a generic version of your prescribed medication. Generics are typically less expensive than brand-name drugs and offer the same effectiveness.
- Many pharmaceutical manufacturers and retail pharmacies offer discount programs or assistance for medications. Make sure to ask for price options and discount offers.
- You may be surprised at how much of a price variance exists for certain drugs at different places - so don't be afraid to shop around!
- Use HealthJoy to help with Rx savings!



- Prescription drug coverage through CVS Caremark includes 60,000+ pharmacies within the network - including major chains and local pharmacies - to fill your prescription(s).
- The CVS Maintenance Choice Program can save you money when you fill maintenance prescriptions at a CVS store or through CVS mail order. Note: Members can opt-out to fill maintenance medications through a non-CVS pharmacy, however will be subject to a 30 day supply limit.

USE THE MOST COST EFFECTIVE BENEFIT

MEDICAL/Rx
Aetna
(800) 899-4165
www.aetna.com

CVS Caremark
(844) 337-6974
www.caremark.com

BENEFITS NAVIGATION AND ADVOCACY
HealthJoy
(877) 500-3212
www.mygroups.healthjoy.com/membership

DENTAL
Aetna
(877) 238-6200
www.aetna.com

DIABETES MANAGEMENT
Teladoc, Formally Livongo
(800) 945-4355
join.livongo.com/plastipak

401(k)
Empower
(833) 961-5273
www.empowermyretirement.com

CHILD/ELDER/PET CARE
Care.com
www.care.com/yourbenefits
ID: Global ID Number (found in Workday)

MENTAL HEALTH
Lyra
(877) 316-0625
plastipak.lyrahealth.com

VISION
Aetna
(877) 973-3238
www.aetnavision.com

TOBACCO CESSATION
Quit for Life
(866) QUIT-4-LIFE
www.quitnow.net

WEIGHT MANAGEMENT
WW
(866) 204-2885
www.ww.com/plastipak

EMPLOYEE ASSISTANCE PROGRAM (EAP):
Telus Health
Primary: (888) 456-1324; Spanish: (888) 732-9020
www.one.telushealth.com
Invitation Code: PPK-EmployeeID

HEALTH SAVINGS ACCOUNT (HSA) & DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)
Inspira
(877) 682-4727
www.inspirafinancial.com

SECOND OPINION
2nd.MD
(866) 841-2575
www.2nd.MD/plastipak

PET INSURANCE
Nationwide
(877) 738-7874
www.petinsurance.com/plastipak

VIRTUAL PHYSICAL THERAPY/MSK
Hinge Health
(855) 902-2777
www.Hingehealth.com/plastipak

LIFE INSURANCE CONTINUATION
Hartford
Telephone: (877) 320-0484

LIFE INSURANCE CLAIMS
Hartford
Telephone: (888) 563-1124; Fax: (866) 954-2621

ACCIDENTAL INSURANCE/CRITICAL ILLNESS/ HOSPITAL INDEMNITY
Hartford
Telephone: (866) 547-4205; Fax: (417)-1952
File Online: www.thehartford.com/employee-benefits/claims

TRAVEL ASSISTANCE
Hartford
U.S. and Canada: (800) 243-6108 (toll-free); Outside U.S.: (202) 828-5885
Email: assist@lmglobal.com

