

Associated Packaging, Inc.[®]

The Packaging People



Employee Benefit Guide

July 1, 2023 – June 30, 2024

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Plan	Carrier	Phone		Website
Benefit Details	https://api.mybenefitsapp.com			
Medical	Cigna with the Open Access Plus network	800-997-1654		www.mycigna.com
GoodRx	www.goodrx.com			
Teladoc	800-835-2362		www.teladoc.com	
Dental	Cigna with the Cigna DPPO network	800-997-1654		www.mycigna.com
Vision	Cigna with the EyeMed network	888-353-2653		www.mycigna.com
Life	Mutual of Omaha Group #G000AWDW	Life Claims	800-877-5176	www.mutualofomaha.com
		Life Conversion	800-826-8054	
		Life Portability	877-466-8367	
Disability	Mutual of Omaha Group #G000AWDW	Disability Claims	800-877-5176	www.mutualofomaha.com/support/forms/newdisabilityclaims@mutualofomaha.com
Accident	Mutual of Omaha Group #G000AWDW	800-775-8805		submitgrpacc@mutualofomaha.com www.mutualofomaha.com
Critical Illness	Mutual of Omaha Group #G000AWDW	800-775-8805		submitgrpci@mutualofomaha.com www.mutualofomaha.com
Health Saving Account (HSA) Dependent Care Flexible Spending Account (DCFSA)	Pinnacle Bank	888-282-2605		info@health.pnfp.com www.pnfp.com/HBlogin
Employee Assistance Program (EAP)	Mutual of Omaha Group #G000AWDW	800-316-2796		www.mutualofomaha.com/eap www.mycigna.com
	Cigna EAP Employer ID: associatedpackaging.com	877-622-4327 TTY/TDD users call 711		
Employee Resource Center	https://associatedpackaging.benefithub.com/app/home			




My Benefits App







Access your Associated Packaging Benefits Anytime, Anywhere!

As an Associated Packaging employee, you can now access most employee benefits plan information and resources when you're "on the go" from your mobile device.



*Nothing to install!
Access from a computer, tablet or smartphone.*

-  **Searchable**
Quickly find service contact information and online resources
-  **Benefits Plans**
Review benefit plan design information and find online provider directories
-  **Group Information**
Access and print generic ID cards with group information
-  **Forms**
Download and print benefit-related documents and forms

api.mybenefitsapp.com

Add an icon to your smartphone for quick access

iPhone



Tap the Share icon in Safari's lower menu bar



Add to Home Screen

Tap the Add to home screen icon

Android



Tap this icon in the top right menu bar

Select: Add to Home screen

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How to Enroll



Full-time employees are eligible to participate in benefit plans on the first day of the month following 60 days of continuous service. Full-time employment is defined as working a minimum of 30 hours per week.

Your eligible dependents include your legal spouse and dependent children. Dependent children are eligible to age 26. If you or your children are or could be eligible for Medicaid or the Children's Health Insurance Program (CHIP) and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs.

Employees will enroll in the ADP Workforce Now system. Instructions on how to complete your enrollment are found in the back of this benefit guide.

This Guide provides a brief description of the benefit plans available to you and your family members. Please read it carefully, since understanding the options available to you can help ensure that you choose the right benefit options for you and your family.

Mid-Year Changes



Unless you have a qualifying event, you cannot make changes to the benefits you elect until the next open enrollment period. The Health Insurance Portability And Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events. If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. If you experience a qualified “change in status,” you must make any associated enrollment or benefit changes within 30 days of the event except for a Medicare or Medicaid entitlement event, in which case you must make changes within 60 days of the event. You have the right to elect coverage during the plan year if your or your dependent’s Medicaid/Children’s Health Insurance Program (CHIP) coverage terminates due to discontinuation of eligibility under the program or if you become eligible for a Medicaid/CHIP premium assistance subsidy (if available in your state) providing you request enrollment within 60 days of the loss of coverage or eligibility for premium subsidy.

Qualified changes in status include: Change in legal marital status; Change in number of dependents; Change in employment status of employee, spouse, or dependent; A dependent newly satisfies or ceases to satisfy eligibility requirements; Change in place of residence; Loss of certain other health coverage; Court judgment, decree, or order; Medicare or Medicaid entitlement; Significant cost or other coverage changes; Family Medical Leave Act (FMLA) leave of absence; Reduction of hours; Exchange/Marketplace enrollment. Please note that there are several conditions and/or limitations that apply to the events listed above. **Please contact Human Resources if you have any questions or believe that you may qualify for an election change.**

Annual Open Enrollment



During the annual open enrollment period, you may make changes to your benefit plan elections and/or the family members you cover. Changes can only be made outside of the annual enrollment period if you experience a qualified family status change that permits changes in your plan election. So now is the time to carefully review your plan options. Below is an overview of the changes for the 2023-2024 Plan year.

Open Enrollment for our benefit plans will be conducted June 5, 2023, through June 16, 2023.

Elections you make during open enrollment will become effective July 1, 2023. This Guide provides a brief description of the benefit plans available to you and your family members. Please read it carefully, since understanding the options available to you can help ensure that you choose the right benefit options for you and your family.

NEW for the 2023-2024 Plan Year:

- Pinnacle Bank will be replacing HSA Bank as the Health Spending Accounts (HSA) administrator. Be on the lookout for more information regarding this transition!
- Employees can now elect and contribute to a Dependent Care Flexible Spending Account (DCFSA). The DCFSA will also be administered through Pinnacle Bank.
- The Cigna Vision plan will now be serviced through EyeMed (formerly VSP).

Employee Contributions

The Associated Packaging, Inc. Benefits Plan is designed under “Section 125” of the IRS Code. This allows you to take advantage of federal and state laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, any required contributions for medical, dental, vision, Health Savings Account (HSA), and Dependent Care Flexible Spending Account (DCFSA) will be made with pre-tax dollars. You may only change your pre-tax benefit elections once per year, during open enrollment, unless you experience a qualified “change in status.” You may waive participation in the Section 125 Plan and elect to pay all contributions with after-tax dollars. Contact Human Resources for a waiver form if you elect to pay for your benefits with after-tax dollars.

Medical Plans Bi-Weekly Contributions		
Coverage Level	Cigna Option 1 HDHP Plan with H S A	Cigna Option 2 Copay Plan
Employee Only	\$52.63	\$74.38
Employee & Spouse	\$237.63	\$308.70
Employee & Child(ren)	\$178.19	\$237.13
Employee & Family	\$375.38	\$488.35

Dental Plan Bi-Weekly Contributions	
Coverage Level	Cigna
Employee Only	\$16.44
Employee & Spouse	\$32.87
Employee & Child(ren)	\$45.30
Employee & Family	\$62.41

Vision Plan Bi-Weekly Contributions	
Coverage Level	Cigna
Employee Only	\$3.42
Employee & Spouse	\$6.84
Employee & Child(ren)	\$6.50
Employee & Family	\$10.23

Accident Plan Bi-Weekly Contributions	
Coverage Level	Mutual of Omaha
Employee Only	\$6.46
Employee & Spouse	\$12.91
Employee & Child(ren)	\$15.20
Employee & Family	\$21.66

Please refer to ADP Workforce Now system for Voluntary Life, Short- and Long-Term Disability, and Critical Illness rates.



Medical Plan



The medical plans are through Cigna using the Open Access Plus Network.

Preferred Provider Organization (PPO) Plans allow you to choose to see PPO providers or non-network providers. When you use a provider who participates in the Open Access Plus Network, your out-of-pocket expenses for covered services will be lower. Therefore, it is to your advantage to use PPO providers; however, it is not required.

Plan Features	Option 1 HDHP Plan with H S A		Option 2 Copay Plan	
	Deductible – Embedded Individual Family	\$3,000 \$6,000		\$3,000 \$6,000
Coinsurance	70% / 30%		70% / 30%	
Out-of-Pocket Maximum (includes deductible) Individual Family	\$5,000 \$10,000		\$5,000 \$10,000	
Dr. Office Visits Specialist Visits	30% after deductible 30% after deductible		\$30 copay \$60 copay	
Preventive Care	\$0		\$0	
Urgent Care	30% after deductible		\$100 copay	
Emergency Room	30% after deductible		\$350 copay	
Inpatient Hospitalization	30% after deductible		30% after deductible	
Outpatient Hospitalization	30% after deductible		30% after deductible	
Advanced Radiology Imaging	30% after deductible		30% after deductible	
Prescriptions Drugs (Included with medical deductible)	<u>Preventive</u>	<u>All Others</u>	<u>Preventive</u>	<u>All Others</u>
• Tier 1	\$0	50% after deductible	\$10	\$10
• Tier 2	\$0	50% after deductible	\$45	\$45
• Tier 3	50% after deductible	50% after deductible	\$90	\$90

Using out-of-network providers will increase your expenses.

- **The Plan Year Deductible is accumulated from July 1st through June 30th**
- The deductibles shown above are embedded deductibles/out-of-pocket maximums. This means that the most one person can only meet is his/her deductible and out-of-pocket maximum. One person cannot meet the full family deductible/out-of-pocket maximum.

Please refer to your plan certificate for benefit details.

WELCOME TO CIGNA

Simple ways to make the most of your plan



Cigna resources are designed to help you make smarter choices to improve your whole health and health plan spending.



First, register on [myCigna.com](https://mycigna.com)®¹ to access your digital ID cards and activate all available programs

When your plan year begins, register on [myCigna.com](https://mycigna.com). That way you're ready to go whenever you need to find in-network health care providers, estimate costs or use My Health Assistant.



Register now



Access virtual care

Conveniently connect with board-certified doctors, therapists, psychiatrists and dermatologists via video or phone.²



Connect with Cigna One Guide®

Our friendly guides have forward-thinking technology to answer questions on your plan, offer personalized advice and connect you to the right care. They can also proactively reach out.³



Ensure in-network care

myCigna and Cigna One Guide can help you stay in-network, maximize savings and avoid any surprises.



Get preventive care

Preventive care, such as check-ups, biometric screenings and wellness screenings, is available at no additional cost to you.⁴ It's even available virtually for maximum convenience.



Prioritize behavioral support

229K+ behavioral health and substance use providers⁵ can help, either in person or virtually. We also have 24/7 therapy, including Talkspace and Ginger for Cigna, and digital tools, such as iPrevail and Happify™.⁶



Call our 24/7 Health Information Line

Talk with a clinician who can help you choose the right care, whenever you need it – late nights, holidays and more.



Simplify with mail-order medications

Express Scripts® is one of the largest pharmacies in the United States and offers convenience, savings and stress-free prescription management.



Identity Theft protection

At no additional cost.



Bounce back with RecoveryOne™ for Cigna®

Virtual physical therapy from the comfort of home is convenient and available at no additional cost to you.



Utilize case management programs

Complex medical conditions can be overwhelming. Our trained teams can help you coordinate care, understand benefits and reach goals through online coaching.





Make sure to get approval from your plan before getting care (known as prior authorization) for routine hospital stays or outpatient procedures. Learn more at [myCigna.com](https://www.mycigna.com) or by calling the number on your ID card.



First, register on [myCigna.com](https://www.mycigna.com) or the myCigna®

App⁷ Once you've registered, you can:

- Access your digital ID cards for yourself and any dependents. You can download the card images to save, share, print or email directly to your dependents and to your providers.
- Understand what's covered in your plan
- Find in-network doctors, hospitals and facilities and sort them by location, reviews and Cigna's quality rating
- Get cost estimates for appointments, procedures and medications
- Compare costs for 30- and 90-day medications and see if lower-cost alternatives are available
- Find retail pharmacies that offer a 90-day supply
- Manage and track claims
- Get alerts when new plan documents are available
- Access a variety of health and wellness resources, including an online health assessment, health tracking tools and My Health Assistant digital coaching



Virtual care²

Virtual care can be a convenient and affordable option for a wide range of care. For appointments, you can work with an in-network provider or connect with an MDLIVE^{®2} provider at [myCigna.com](https://www.mycigna.com). Right from your phone, tablet or computer, you can:

- Access board-certified doctors, psychiatrists, dermatologists and licensed therapists
- Get virtual urgent care 24/7/365 – even on weekends and holidays with MDLIVE
- Access virtual primary care for preventive care, routine care and specialist referrals
- Access dermatologists⁸ for fast, customized care for skin, hair and nail conditions – no appointment required
- Schedule an online virtual behavioral health appointment in minutes through MDLIVE
- Have a prescription sent directly to your local pharmacy if appropriate

Virtual primary care

- Preventive care check-ups/wellness screenings are available at no additional cost⁹ and can help identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions

- Access MDLIVE by logging in to [myCigna.com](https://www.mycigna.com) and clicking on "Talk to a doctor." You can also call MDLIVE at **888.726.3171**.
- Select the type of care you need: Medical care or counseling. The cost will be displayed on both [myCigna.com](https://www.mycigna.com) and MDLIVE.
- Appointments are available via video or phone, whenever it's most convenient for you. No appointments are required for dermatology care.



Cigna One Guide

Combining digital technology with our personalized customer service, over the phone or on the myCigna App,⁷ the Cigna One Guide support tool can help you:

- Resolve health care issues
- Save time and money
- Get the most out of your plan
- Find the right hospitals, dentists and other health care providers in your plan's network
- Get cost estimates
- Understand your bills
- Navigate the health care system



In-network care

- Save money when you use doctors, hospitals and health facilities that are part of your plan's network. Chances are there's a network doctor or facility right in your neighborhood. It's easy to find quality, cost-effective care at [myCigna.com](https://www.mycigna.com).



Preventive care

It's important to catch any issues while they're still small. That's why we cover eligible preventive care services at no extra cost, including:⁴

- Screenings for blood pressure, cholesterol and diabetes
- Testing for colon cancer
- Clinical breast exams and mammograms
- Pap tests
- Additional covered procedures listed on [myCigna.com](https://www.mycigna.com)

Since your physical and emotional health are connected, make sure to talk about how you're feeling at your annual check-up.



Behavioral care

You have access to 229K+ behavioral health and substance use providers,⁵ and 75K+ of those are virtual.⁵ Whether you're dealing with a behavioral health condition, going through a rough time or looking for substance use support, you can find the one that fits your needs, either in person or virtually. To find a virtual provider:

Go to [myCigna.com](https://mycigna.com) > Find Care & Cost

- Search for "Behavioral Health Counselor" under "Doctor by Type"
- Call to make an appointment with your selected provider
- Online visits with our behavioral health network providers cost the same as in-office visits. Costs vary by plan.



24/7 Health Information Line

At no extra cost, you can speak to a clinician to make more-informed decisions about your care. Whether it's reviewing home treatment options, following up on a doctor's appointment or finding the nearest urgent care center in your plan's network, you can call the number on your Cigna ID card, day or night.



Specialty medications

We can help you understand, manage and treat complex conditions that require a specialty medication. Our therapy management teams, made up of health advocates with nursing backgrounds as well as pharmacists, are specially trained to help with your specific needs.¹⁰

•Personalized, 24/7 support

- Condition-specific education on medication therapy and side effects
- Help with the medication approval process
- Financial assistance programs if needed For more information, call **800.351.3606**.



Identity Theft Protection

We're committed to the physical, emotional and financial well-being of those we serve. That's why Cigna teamed up with IdentityForce, a top-rated provider of identity theft protection.¹¹

We'll help protect you and your children against identity theft and help fix any identity theft compromises – at no additional cost for all medical subscribers.

Three ways to register:

- Visit cigna.identityforce.com/starthere
- Call 833.580.2523
- If you are new to a Cigna Medical plan and you provide your email address on [myCigna.com](https://mycigna.com), you may also receive emails from IdentityForce that will provide you links to register for services.

Once registered, you and your children can access IdentityForce directly through the IdentityForce app or website.



RecoveryOne for Cigna includes:⁶

- Virtual physical therapy at no additional cost¹²
- A private video consult with a virtual physical therapist
- Customized plans to meet your needs – from the comfort and convenience of wherever you are
- A multimedia app that guides you through your personalized exercises
- Video, voice and chat conversations with your support team
- Motion-tracking technology



Case management programs

Take advantage of our personal services to help you with your personal health needs. A Cigna case manager, trained as a nurse, can work closely with you and your doctor to check on your progress. You can get help with conditions and illnesses, such as cancer and end-stage renal disease, as well as with neonatal care and pain management.

You also have access to My Health Assistant on [myCigna.com](https://mycigna.com) to help you:

- Control stress
- Lose weight and eat better
- Enjoy exercise
- Quit tobacco
- Manage diabetes, chronic obstructive pulmonary disease, asthma and other conditions

Enroll online today. Go to [myCigna.com](https://mycigna.com) > Wellness > Health Assistant.

TIPS TO HELP YOU SAVE MONEY



Find where to get prescription drugs

Find the complete list of covered medications on [myCigna.com](https://mycigna.com)

Use cost-comparison tools on myCigna to compare prices and purchase mail-order prescriptions¹³

Use generics when possible

Know what brand-name drugs are covered in your plan

Ask your doctor about a 90-day supply for your maintenance medication(s) through our home delivery pharmacy service



Know where to go for care

Use an emergency room for true emergencies

Don't wait: Locate an in-network convenience care clinic, sometimes found within a grocery store, or urgent care center near you, before you need it

For minor medical conditions, connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit [myCigna.com](https://mycigna.com), or call MDLIVE at 888.726.3171 to talk with a doctor 24/7²

Don't be fooled: Some emergency rooms look like urgent care centers, so know what type of facilities are in your area



Choose the right provider

Know which providers are in your network by going to [myCigna.com](https://mycigna.com) > Find Care & Costs

Choose providers who have received the Cigna Care Designation – high-performance recognition given to physicians in certain specialties who meet Cigna quality and medical cost-efficiency standards¹⁴

Opt to connect with a board-certified doctor, therapist or psychiatrist via video or phone²

Use in-network national labs to help save money



Be proactive about your health

Get information on the cost of medications and treatments to avoid surprises

Use your preventive care benefits, learn your core health numbers (blood pressure, cholesterol and blood glucose), and make use of the health improvement tools at [myCigna.com](https://mycigna.com)

Find your way to better health.

Get more information on all the programs that are available to you.



When your plan year begins, register on [myCigna.com](https://mycigna.com).



Call the 24/7 customer service number on your ID card.



Download the myCigna App.⁷



1. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](https://mycigna.com). 2. Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna. Refer to plan documents for complete description of virtual care services and costs. 3. Not available with all plans. 4. Not all preventive care services are covered, and different plans may cover different things. For example, immunizations for travel are usually not covered. See your plan materials for a complete list of covered preventive care services. 5. Internal unique provider data as of December 2021. Subject to change. 6. The program and services are provided by an independent company and not by Cigna. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. 7. The downloading and use of any mobile App is subject to the terms and conditions of the App and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply. 8. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days but usually within 24 hours. 9. For legacy clients that have a non-zero preventive care benefit, customers' preventive benefit will be applied when receiving a virtual wellness screening. 10. Not all plans offer all of these programs and services. Please log in to the myCigna App or website, or check your plan materials, to learn more about what your plan offers. The providers in Cigna's pharmacy network don't work for Cigna and are solely responsible for any treatment they provide. 11. White, A. "Best identity theft protection services of September 2021." [CNBC.com](https://www.cnn.com/2021/08/27/best-identity-theft-protection-services/). August 27, 2021. <https://www.cnn.com/2021/08/27/best-identity-theft-protection-services/>. Frankel, RS. "Best Identity Theft Protection Services Of 2021." Forbes Advisor. June 10, 2021. <https://www.forbes.com/advisor/personal-finance/best-identity-theft-protection-services/>. The program and services are provided by Sontiq, Inc. and not by Cigna Corporation or its operating subsidiaries. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. References to third-party organizations or companies, and/or their products, processes or services, do not constitute an endorsement or warranty thereof. Your use of such products, processes or services is at your sole risk. Product may be updated or modified prior to availability. 12. Cost and usage of this program is covered by your plan administrator; no additional out-of-pocket expense applies for you or your covered dependents (ages 18+). 13. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information. 14. Patient experience, quality designations, cost-efficiency and other ratings found in Cigna's online provider directories are a partial assessment of quality and should not be the only basis for decision-making (as such measures have a risk of error). They are not a guarantee of the quality of care that will be provided to individual patients. Individuals are encouraged to consider all relevant factors and talk with their physician about selecting a health care facility. Providers are solely responsible for any treatment provided and are not agents of Cigna.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Evernorth Care Solutions, Inc., and Evernorth Behavioral Health, Inc., Express Scripts, Inc., or their affiliates. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43HC-CER1V1 et al. (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.



THE CARE YOU NEED. THE SAVINGS YOU WANT.

Get both with the Open Access Plus plan from Cigna.



Offering flexible access to thousands of providers – plus programs and services to support your whole health needs – the Open Access Plus (OAP) plan is designed to make it easier for you to get the quality care you need and the savings you want.

Here's how it works.

In-network savings

You have the freedom to use any provider or facility of your choice, whether they are in the Cigna OAP network or out of the network. Just know that staying in-network will help keep your costs down and avoid any additional paperwork.

No-referral specialist care

A primary care provider (PCP) is recommended, but not required. If you need to see a specialist for any reason, you don't need a referral to see an in-network health care provider. If you choose an out-of-network specialist, your care will be covered at the out-of-network level and you may be responsible for any preauthorizations needed.

Care coordination

Our robust medical management program provides you and your family a valuable resource for one-on-one support and guidance to the right programs and services.

Hospital stays

In an emergency, you have coverage. However, requests for nonemergency hospital stays (other than maternity stays) and some types of outpatient care must have prior authorization or be preauthorized. This lets Cigna determine if the services are covered by your plan.

If your provider is in the Cigna OAP network, he or she will arrange for prior authorization. If you use an out-of-network provider, you must make the arrangements.

Out-of-pocket costs

Depending on your plan, you may have to pay an annual amount (deductible) before your plan begins to pay for covered health care costs. You may also need to pay a copay and/or coinsurance (a portion of the covered charge) for covered services. Then, your plan pays the rest. Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100% for the rest of your plan year.

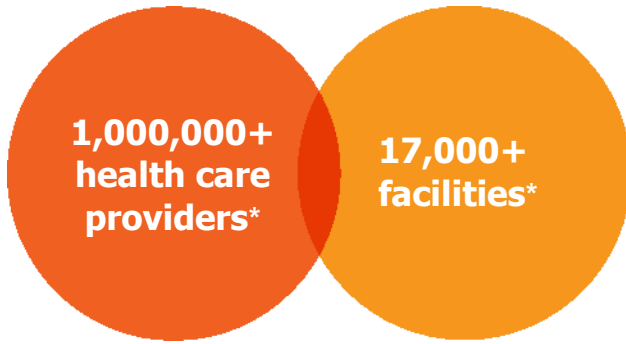
If you receive out-of-network care, your costs will be higher. Out-of-network providers and facilities may also bill you for charges that are not covered by the plan. Charges not covered by the plan do not contribute to your deductible or out-of-pocket limits.

Together, all the way.®



Offered by Cigna Health and Life Insurance Company.

**Great care anywhere.
Where you live, work or travel**



Added convenience and support

Virtual Care

Connect 24/7 with board-certified providers and pediatricians for minor medical conditions. You can also schedule online appointments for licensed counselors or psychiatrists for behavioral or mental health conditions. You and your covered family members can get care from anywhere via video or phone.**

Cigna Health Information Line

With the Cigna Health Information Line, clinicians are just a phone call away – 24/7, and at no extra cost. They can help you understand health issues you might be experiencing and help you to make informed decisions – whether it’s reviewing home treatment options, following up on a provider’s appointment, or choosing and finding the right care in the right setting.

Live, 24/7/365 customer service

Customer service representatives are here for you where and when you need us – over the phone, via chat at [myCigna.com](https://www.cigna.com) or on the myCigna® App.

The myCigna website and app

On [myCigna.com](https://www.cigna.com) and the myCigna App, you have easy access to personalized tools to help you take control of your health and your health care spending. From your computer or mobile device, you can:

- Manage and track claims
- See cost estimates for medical procedures
- Compare quality information for providers and hospitals
- Track your account balances and deductibles
- Use the easy health and wellness tools – Print a temporary ID card

Want to check if your provider is in the Cigna OAP network before you enroll?

Just go to [Cigna.com](https://www.cigna.com) and click on “Find a Provider, Dentist or Facility” and then click on “Plans through your employer or school” to search the provider directory.



Based on Cigna internal provider data for OAP service area as of 2/2020. Subject to change.

** Not all plans include coverage for behavioral services. Check your plan documents for details. Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan’s network and may not be available in all areas. A primary care provider referral is not required for this service. In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents.

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Teladoc \$0.00 Copay → Included with Medical Option 1 and 2



You've got Teladoc

Talk to a doctor anytime,
anywhere by phone or video.

Set up your account today to talk to a U.S.-licensed physician for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.



Create account

Use your phone, the app, or the website to create an account and complete your medical history



Talk to a doctor

Request a time and a Teladoc doctor will contact you



Feel better

The doctor will diagnose symptoms and send a prescription if necessary

Talk to a doctor for free

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (835-2362) | Download the app  

You can elect Teladoc at NO ADDITIONAL COST if you choose to enroll in either of Associated Packaging's medical plans!

GOODRx

GoodRx is a company that operates a free-to-use website and mobile app that tracks prescription drug prices in the United States and provides free drug coupons for discounts on medications. GoodRx checks more than 75,000 pharmacies in the United States.

GoodRx is the #1 medical app for iOS and Android

Get prescription drug prices on-the-go, with coupons built into the app.

Just show your iPhone or Android smartphone to the pharmacist to save.

GET THE FREE APP



Features



Search & Compare Prices

Find the lowest local prices for your prescriptions at more than 70,000 U.S. pharmacies.



Get Free Coupons

GoodRx coupons can save you up to 80% on your prescriptions at no cost to you.



Save your prescriptions

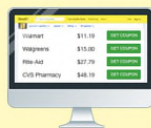
Track prices and get notified with the latest saving alerts for your prescriptions.



Show To Your Pharmacist

It's easy, just show the GoodRx app to your pharmacist when picking up your prescription.

1



Compare prices

GoodRx collects prices & discounts from over 60,000 U.S. pharmacies

2



Print free coupons

Or send coupons to your phone by email or text message

3



Save up to 80%

Show the coupon to your pharmacist for massive savings on your meds

Health Savings Account (HSA)

Employees who participate in the Cigna qualified High Deductible Health Plan (HDHP) may be eligible to set aside money in a Health Savings Account (HSA). The money you contribute to an HSA is exempt from taxes; you save FICA and Federal taxes when contributing through payroll, and you spend the money tax-free when you spend it on qualified expenses. Qualified expenses include unreimbursed medical, dental, and vision expenses incurred by you and your eligible dependents - even if you don't cover your dependents. The money in your HSA remains in your HSA until you're ready to spend it; there's no time limit. If you change jobs or retire, you take the HSA with you. HSA funds can also be spent on Medicare, COBRA, and Long-Term Care insurance premiums.

Who is eligible to open and fund a HSA? Anyone who is:

- covered by a qualified HDHP (**Medical Plan Option 1**)
- not covered under another medical plan that is not a qualified HDHP - including Medicare, Medicaid, TriCare, VA and/or a Health Care Flexible Spending Account (FSA)

Does Associated Packaging contribute into the account? Yes, Associated Packaging matches employee contributions up to \$50/month or \$600 per year!

How much can I contribute to an HSA? The IRS sets a contribution limit every calendar year. The limits include any contributions made by Associated Packaging. Please refer to the chart below.

Does the money in my account draw interest? The regular account will draw a small amount of interest similar to a standard checking account. However, you can move a portion of your contributions into an investment account where you can invest in mutual funds as well as individual stocks. Any gains to your account grow tax deferred.

What happens if I am no longer enrolled in the High Deductible Health Plan in the future or your employment ends? All funds remain in the account, and you can continue to use the funds accumulated to pay for eligible health expenses.

PINNACLE BANK

Pinnacle | Health & Benefits Client Service Center

(888) 282-2605 M-F 7am-7pm CT

Email: info@health.pnfp.com

Online access: www.pnfp.com/HBlogin

Tips to Maximize Your HSA!

- Research your illness, injury or condition for cost effective treatment
- Only visit the ER in actual emergency situations
- Live a healthy lifestyle
- OTC drugs if prescribed or insulin

2023 HSA CONTRIBUTION LIMITS

**Includes Employer Contribution*

- \$3,850 for Individual Coverage
- \$7,750 for Family Coverage
- Age 55 or older can still contribute an additional \$1,000

2024 HSA CONTRIBUTION LIMITS

**Includes Employer Contribution*

- \$4,150 for Individual Coverage
- \$8,300 for Family Coverage
- Age 55 or older can still contribute an additional \$1,000

If you are 65 or older and enrolled in any part of Medicare, you are not eligible to participate in an HSA. If you would like assistance in reviewing your medical options, please let us know.

Dependent Care Flex Spending Account (DCFSA)

You have the opportunity to pay for out-of-pocket Dependent Care expenses with pre-tax dollars through the Dependent Care Flexible Spending Account (FSA).

A Dependent Care FSA is used to reimburse work related expenses; while you or your spouse work, look for work or attend school full-time or are physically unable to care for your dependent. Eligible children are under age 13, or a dependent who is physically or mentally not able to care for himself. Eligible expenses include nanny, nursery school, before care/after care, late pick-up fees, day camp, or day care. Your Dependent Care contribution is not pre-loaded to a debit card; you can only access what has been payroll deducted and is in your DCFSA account.

- **Plan Year:** July 1, 2023 to June 30, 2024
- **Dependent Care Contribution Limit:** \$5,000 per household or \$2,500 each if married, filing separately



Contributions to your DCFSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income or FICA taxes on the portion of your paycheck you contribute to your DCFSA.

You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses incurred during the Plan Year. If you still have money in the account at the end of the Plan Year (June 30, 2024), you will have a 2.5 month extension period to incur additional eligible expenses. Any money remaining in the account when the extension period ends on September 15, 2024 is forfeited; this is the “use-it or lose-it” rule.

Do your homework and consider known expenses. Make an informed decision when you elect your contribution for the year. Dependent Care FSA elections can only be changed during Open Enrollment or due to a Qualifying Event.

Dental Plan

The dental plan is through Cigna.

Preferred Provider Organization (PPO) Plans provide you with the freedom to use a dentist of your choice or access the PPO network of dentists. If you use a dentist participating in the PPO network, your out-of-pocket expenses will be reduced, as fees are subject to a negotiated rate. If you use a non-network provider, you are responsible for paying the difference in cost between the non-network provider's charges and the allowed amount. It is recommended that any services in excess of \$200 be sent to Cigna for pre-determination before services are rendered.

Services	Amount You Pay (In-Network)
Preventive Services	Exams, cleanings, x-rays, sealants, space maintainers – 0%
Deductible	Applies to basic and major services only – \$50 per individual or \$150 per family
Basic Services	Fillings, extractions, endodontics, periodontics, emergency treatment – 10% after deductible
Major Services	Dentures, crowns, bridges, implants, inlays/onlays – 40% after deductible
Annual Max	\$1,500
Orthodontia	50% up to a lifetime maximum of \$1,000 For dependent children, up to age 19

Please refer to your plan certificate for benefit details.



HEALTHY MOUTH. HEALTHY BODY. HAPPY FACE.

Get to know the Cigna Dental PPO (DPPO) plan.



The power of preventive dental care

When you enroll in the Cigna Dental PPO (DPPO) plan, certain preventive dental care services like cleanings, oral exams and routine x-rays are **covered at no additional cost** when you use a network dentist.¹ And those visits are about more than brightening your smile — they're important for maintaining your overall health, too.

1.5x

People who do not get preventive care are 1.5 times more likely to develop gum disease, which can cause complications, especially for people with underlying medical conditions.²

22%

People who get regular preventive care are **22 percent less likely to need care at an emergency room or urgent care center.**²

Your plan includes other features and benefits to help make getting dental care simple and affordable, including:



Enhanced flexibility

The Cigna DPPO plan allows you to choose any licensed dentist for care. However, you'll save more by using a dentist in the Total DPPO network. The Total DPPO network offers convenient access to highly rated dentists all across the country and savings on covered dental services.³



Savings and convenience

Network dentists have agreed to reduce their fees for Cigna customers. They will also file claims for you and they cannot "balance bill" you for the difference between their regular fees and the reduced fees they have agreed to accept from Cigna.



Preventive care at no additional cost

Your plan covers certain preventive care services like cleanings, oral exams and routine x-rays at **no additional cost** when you use a network dentist.¹



What is balance billing?

Balance billing happens when a dentist who isn't in your plan's network charges more than your plan pays. Balance billing is a risk when you get services from an out-of-network dentist, so it helps to understand the difference between in-network and out-of-network dentists.

Together, all the way.®



Find dentists in the Total DPPO network.

You can search for network dentists before your benefits become active by visiting [Cigna.com](https://www.cigna.com).

- Select “Find a Doctor, Dentist or Facility”
- Follow prompts to search by type of dentist or by dentist name.
- When prompted to select a plan, choose “DPPO/EPO > Total Cigna DPPO”

Once your benefits become active, you can use your [myCigna.com](https://mycigna.com) account to access enhanced search tools including verified patient reviews, Brighter Scores and a treatment cost estimator that shows costs specific to your plan.



No ID card needed!

You don't need an ID card to receive care from network dentists. Simply make your appointment and provide identification to the office staff. They can verify your coverage with Cigna. You can also access a digital ID card after your benefits are effective and you have activated your [myCigna.com](https://mycigna.com) account.

Dental coverage that keeps you smiling and helps you stay healthy.

Questions?

We're here to help 24/7, with live customer support in over 150 languages. Call 1.800.Cigna24

Together, all the way.®



1. Not all preventive services are covered, including athletic mouth guards. Refer to the policy for a complete list of covered and non-covered preventive services. Frequency limitations apply.
2. “Preventive Dental Treatment Associated with Lower Medical Utilization and Costs.” National study of Cigna customers with dental and medical coverage, updated December 2020.

•The dentists who participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

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Vision Plan

The vision plan is through Cigna (serviced through **EyeMed**).

The vision plan provide you with the freedom to use an eye doctor of your choice or access the Cigna vision network of providers. If you use a provider participating in the network, your out-of-pocket expenses will be reduced. If you use a non-network provider, in-network benefits and discounts will not apply and benefits will be paid according to a set benefit reimbursement schedule.



Services	In-Network Benefits
Exam	\$10 copay
Materials Copays	\$15 copay
Eyeglass Lenses Allowances:	
Single	\$15 Copay
Bifocal	\$15 Copay
Trifocal	\$15 Copay
Frames Retail Allowance	Up to \$200 allowance 20% off balance over allowance
Contact Lenses Allowance	Elective – Up to \$200 allowance 20% off balance over allowance Medically Necessary -\$0 Copay
Frequency – Exams	Once every 12 months
Frequency – Lenses/Contact Lenses	Once every 12 months
Frequency – Frames	Once every 24 months

In-Network benefits are shown above. Using out-of-network providers will increase your expenses.

Reminder: CIGNA will begin using the Eyemed Vision network effective 7/1/23!

Please refer to your plan certificate for benefit details.



KEEP YOUR EYES PEELED FOR VALUABLE COVERAGE AND SAVINGS.

Make the most of your Cigna Vision plan.

With your Cigna Vision plan, you and your covered family members have convenient access to quality vision care, including coverage for routine eye exams and, in many cases, glasses and/or contact lenses. We're here to help you make the most of it all.

Get your routine eye exam.

Your routine eye exam is one of the easiest ways to help catch health issues – such as glaucoma, cataracts and age-related macular degeneration – before they become more serious and costly.

Quick tip: It's important to get your eyes dilated during your exam. This can help spot certain eye diseases, including the early stages of diabetes.

Schedule your children's eye exams too.

Children may get a vision test at school or at their pediatrician's office, but these exams might not catch a serious eye disorder. That's why it's important to have your child visit an eye doctor, such as an optometrist or ophthalmologist. These specialists can help check your child's vision and eye health.

Did you know? One in four children has a vision problem that can affect their learning.*



Cigna offers one of the largest specialty networks of optometrists, ophthalmologists and nationally recognized eye care retailers.**

Stay in-network.

You'll save the most money if you pick an eye doctor from Cigna Vision's large network. And you'll have lots of choices.

Keep in mind: If you choose a doctor who's not in the network, you'll have to pay the total amount due at your appointment. To get reimbursed, you'll need to submit a Cigna Vision claim form with an itemized receipt. You can find the claim form on [myCigna.com](https://mycigna.com) on the "Forms Center" page. The whole amount may not be covered. You're responsible for paying any charges not covered under your plan.



Find an eye doctor

There are three easy ways to find a quality in-network eye doctor in your area:

1. Go to myCigna.com > Coverage > Vision > Visit Cigna Vision > Find an eye care provider.
2. If you don't have access to myCigna.com, go to Cigna.com® > Find a Doctor > Employer or School > Additional directories > Cigna Vision Directory (Served by EyeMed).
3. Call the toll-free number on your Cigna ID card and talk with a Cigna customer service representative.

Have questions?

Our customer service representatives can help you find a doctor and answer any questions you might have about coverage and claims.

Call the toll-free number on your Cigna ID card to talk with a Cigna customer service representative anytime.

What's not covered

Vision plans generally do not cover the following: (a) orthoptic or vision training and any associated supplemental testing; (b) medical or surgical treatment of the eye; (c) any eye examination, or any corrective eyewear, required by an employer as a condition of employment; (d) any injury or illness when paid or payable by workers' compensation or similar law or which is work related; (e) charges in excess of the usual and customary charge for the service or materials; (f) charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy; (g) experimental or nonconventional treatment or device; (h) magnification or low-vision aids not shown as covered in the Schedule of Vision Coverage; (i) any nonprescription (minimum Rx required) eyeglasses, includes frame, lenses or contact lenses; (j) spectacle lens treatments, "add-ons" or lens coatings not shown as covered in the Schedule of Vision Coverage; (k) prescription sunglasses, "add-ons" or lens coatings not shown as covered in the Schedule of Vision Coverage; (l) two pair of glasses in lieu of bifocals or trifocals; (m) safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage; (n) VDT (video display terminal)/computer eyeglass benefit; and (o) claims submitted and received in excess of twelve (12) months from the original date of service. These are only the highlights, and a complete list of exclusions and limitations is set forth in the applicable plan documents. Plan frequency limitations, allowances, copays and options may apply and will vary depending on the terms of your specific vision plan.



* 20/20 Onsite. "Children's Eye Health: 5 Powerful Eye Statistics Every Parent Should See". March 24, 2021.

<https://www.2020onsite.com/blog/childrens-eye-health-5-powerful-eye-statistics-every-parent-should-see>.

** NetMinder. April 1, 2020. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using it.

Product availability may vary by location and plan type and is subject to change. All group vision insurance policies and vision benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your enrollment materials. The eye care professionals and facilities that participate in the Cigna Vision network are independent practitioners solely responsible for the treatment and services provided to their patients. Eye care professionals are not agents of Cigna.

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Life And AD&D Insurance

Basic Life Insurance:

The Basic Life and AD&D plan is through Mutual of Omaha. Life insurance can help provide for your loved ones if something were to happen to you. Associated Packaging provides full-time employees with \$20,000 in group life and accidental death and dismemberment (AD&D) insurance.

API pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information during the year.

At the Age of:	The Original Amount of Insurance Will Reduce to:
70	65%
75.....	45%

Voluntary Life Insurance

The Voluntary Life and AD&D plan is through Mutual of Omaha. API employees can purchase voluntary life insurance. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

You may elect an amount of life insurance from \$10,000 to \$500,000, in increments of \$10,000 to a maximum of 5 times your annual earnings.

At initial eligibility, the guarantee issue (GI) amount is 5 times your annual earnings or \$150,000, whichever is less. If you are currently enrolled with less than the guarantee issue amount, you may increase your election by up to \$20,000, up to the GI amount, without answering health questions. If you elect coverage over the GI amount or after your initial eligibility, you will be required to complete an Evidence of Insurability form with health questions.

Dependent Voluntary Life Insurance

You may elect for an amount of life insurance for your spouse from \$5,000 to \$100,000, in increments of \$5,000, provided the amount elected does not exceed 100% of your life insurance benefit or \$100,000. At initial eligibility, the guarantee issue amount for your spouse is 100% of your benefit up to \$50,000. Spouse rates are based on employee’s age.

You may elect an amount of life insurance for your dependent children of \$10,000. Each eligible dependent child must have the same amount of insurance. The guarantee issue amount for your dependent child(ren) is \$10,000. If you elect coverage after your initial eligibility, you will be required to complete an Evidence of Insurability form with health questions.

(If you apply for coverage, your policy is not in force until written approval from Mutual of Omaha is received).

At the Age of:	The Original Amount of Insurance Will Reduce to:
70	65%
75.....	45%

Coverage	Minimum	Guarantee Issue	Maximum Amount
For You	\$10,000	5 x your annual salary to a max of \$150,000	5 x your annual salary to a max of \$500,000
Spouse	\$5,000	100% of employee’s benefit, up to \$50,000	100% of employee’s benefit, up to \$100,000
Dependent Child 14 days to age 26	\$10,000	100% of employee’s benefit, up to \$10,000	\$10,000

Evidence of Insurability is required if you apply for coverage after the initial eligibility period or for more than the GI amount. This policy is not in force until written approval is received from Mutual of Omaha.

If your group life coverage ends or reduces, you may be eligible to continue (“port”) your employer sponsored life/accidental death & dismemberment insurance to a group term life policy or convert your life insurance policy to an individual whole life policy in order to maintain coverage. If you have any questions regarding the portability or conversion, contact your benefits administrator or call the toll-free number provided by Mutual of Omaha Ins. Company. You can reach a service representative by calling 877-466-8367.

Please refer to your plan certificate for benefit details.

Disability Insurance

Associated Packaging provides full-time employees with the option to purchase Voluntary Short- and Long-Term Disability income benefits.

In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

	Voluntary Short-Term Disability	Voluntary Long-Term Disability
Benefits Begin	After 14 days	After 90 days
Benefits Payable	Up to 11 weeks	2-year own occupation Social Security Normal Retirement Age (SSNRA)
Percentage of Income Replaced	60%	60%
Pre-Existing	A pre-existing condition means any injury or sickness for which you received medical treatment, advice or consultation, care or services, including diagnostic measures, or had drugs or medicines prescribed or taken in the 3 months prior to the day you become insured under the short-term disability policy. MOO will not provide benefits for any disability caused by, attributable to, or resulting from a pre-existing condition which begins in the first 6 months after you are continuously insured under the policy.	A pre-existing condition means any injury or sickness for which you received medical treatment, advice or consultation, care or services, including diagnostic measures, or had drugs or medicines prescribed or taken in the 12 months prior to the day you become insured under the policy. MOO will not provide benefits for any disability caused by, attributable to, or resulting from a pre-existing condition which begins in the first 12 months after you are continuously insured under the policy.
Maximum Benefit	Up to \$1,000 per week	Up to \$6,000 per month

You may enroll in the voluntary short term disability plan without answering health questions during open enrollment. If you have waived the voluntary long term disability coverage in the past and would like to enroll, you may complete an Evidence of Insurability application. Disability coverage is not in force until written approval is received from Mutual of Omaha, if you apply after the initial eligibility period.

Please refer to your plan certificate for benefit details.

Accident Insurance

Accident Insurance arranged through Mutual of Omaha pays a benefit for over 40 different injuries to you and/or your covered dependents which can be used for any purpose. Payments an insured person receives depends on the type of injury, such as burns, dislocations, fractures, concussions, eye injuries, and lacerations. The plans also feature a child organized sports benefit that pays an additional 20% for injuries that happen while taking part in organized sports activities. A Wellness Benefit of \$50 includes coverage for screenings and procedures such as well visits, mammography, colonoscopy, pap smear, etc.

Please see the Mutual of Omaha Benefit Summary for a schedule of benefits and information regarding limitations and exclusions.

Critical Illness Insurance

API also offers group critical illness/cancer insurance through Mutual of Omaha that is available to employees and your dependents. Critical illness insurance offers the financial help to pay the costs associated with life-altering illnesses. If you become sick with an illness covered by your policy and survive the waiting period, you'll receive a lump-sum cash payment. And, unlike reimbursed health insurance benefits, you decide how to spend the money.

Critical illness insurance can help you:

- Reduce debt and other financial concerns while you cope with your illness
- Replaces lost income for you & your spouse, who may wish to take time off work to care for you
- Consider new medical treatments and medications not covered by private or government health insurance plans

Covered Conditions		
Heart Attack	Stroke	End Stage Renal Failure
Cancer	Carcinoma in Situ	Coronary Artery Bypass
\$100 health screen benefit per calendar year per covered person		

	Employee	Spouse	Child(ren)
Coverage Amounts	Up to \$20,000 (in \$5,000 increments)	Up to \$20,000, not exceeding 100% of employee's benefit (in \$5,000 increments)	25% of employee's benefit, up to \$5,000 <i>*Coverage for dependent children is automatic (no additional cost) if the employee elects critical illness.</i>

GI of \$10,000 for employee & spouse
\$5,000 for child(ren)

Rates are based on employee age and tobacco status.

If you have waived coverage in the past, you may enroll in Critical Illness during the open enrollment period, up to the guarantee issue amount, without completing Evidence of Insurability.

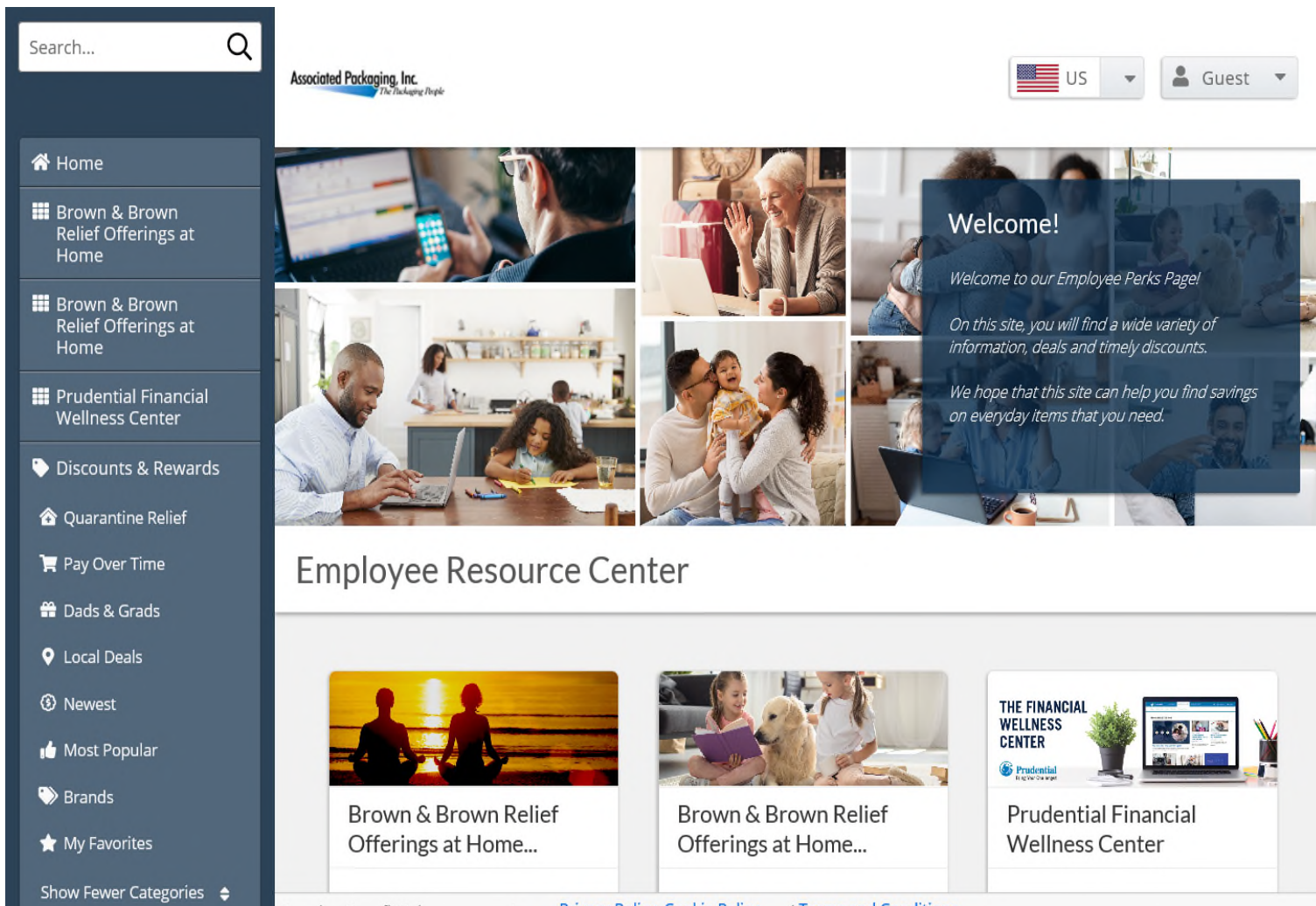
If you apply for coverage with an Evidence of Insurability form, the policy is not in force until written approval is received from Mutual of Omaha.

Please refer to your plan certificate for benefit details.

Employee Resource Center

Welcome to our Employee Perks Page! associatedpackaging.benefithub.com

On this site, you will find a wide variety of information, deals, and timely discounts. We hope that this site can help you find savings on everyday items that you need.



Some examples of other products and services available through the Employee Relief Center are as follows:

- Health and behavioral health services
- Family care and child learning
- Pet care
- Home and home office discounts
- Food and food delivery services
- General household and office supplies

associatedpackaging.benefithub.com

Employee Assistance Program (EAP)

The Mutual of Omaha Employee Assistance Program (EAP) is available to **all employees at no cost.**

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

We're Here to Help

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional Well-Being
- Family and Relationships
- Legal and Financial
- Healthy Lifestyles
- Work and Life Transitions

EAP Benefits

- Access to EAP Professionals 24 hours a day, seven days a week
- Provides information and referral resources
- Service for employees and eligible dependents
- Online resources for:
 - Substance abuse and other addictions
 - Dependent and Elder Care Resources
- Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap
 - Legal library and online forms
 - Financial and online tools



What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. If additional services are needed, your EAP will help locate appropriate resources in your area.

Don't delay if you need help. Visit mutualofomaha.com/eap or call 800-316-2796 for confidential consultation and resource services.



•Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Home office:3300 Mutual of Omaha Plaza, Omaha, NE 68175. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company, Hauppauge, NY 11788-2937, is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply.

Employee Assistance Program (EAP)

The Cigna Employee Assistance Program (EAP) is available to **all members and their dependents who are actively enrolled in the Cigna medical plan. This EAP is provided at no cost to medical plan enrollees.**

HOW CAN WE HELP YOU TODAY?

The Cigna Employee Assistance Program (EAP) has you covered.



If you are enrolled in the Associated Packaging, Inc.'s medical plan, you and your dependents have access to the valuable Cigna Employee Assistance Program (EAP) at no cost to you.

EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community, and more.

Take advantage of a wide range of services offered at no cost to you

- › **5** face-to-face counseling sessions with a counselor in your area. Video-based sessions are also available to fit your busy schedule.
- › **Legal assistance:** 30-minute consultation with an attorney, face-to-face or by phone.*
- › **Financial:** 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.
- › **Parenting:** Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
- › **Eldercare:** Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
- › **Pet care:** Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
- › **Identity theft:** 60-minute consultation with a fraud resolution specialist.



We're here to listen. Contact us any day, anytime.

Contact us any day, anytime.

Call 1.877.622.4327 or visit mycigna.com

Employer ID: associatedpackaging

(for initial registration)

TTY/TDD users call 711

Together, all the way.®



*Assistance with employment-related legal issues is not available through this program.

Some work/life services offered under the Cigna Employee Assistance Program may be provided by a Cigna contracted third-party vendor.

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Employee Assistance Program (EAP)

The Cigna Employee Assistance Program (EAP) is available to **all members and their dependents who are actively enrolled in the Cigna medical plan. This EAP is provided at no cost to medical plan enrollees.**



Employee Assistance & Work/Life Support Program
24/7



Employee Assistance & Work/Life Support Program
24/7

Support for your mind and body.

EAP National Wellness Seminars: Take part in monthly seminars year-round on topics that apply to real-life concerns. Watch live or on demand from a computer, smartphone or tablet at: cigna.com/EAPWebCasts.

Behavioral Awareness Series: Cigna offers free monthly behavioral health awareness seminars on autism, eating disorders, substance use and children's behavioral health issues. For more information, visit: cigna.com/individuals-families/health-wellness.

Suicide Awareness and Prevention: Find crisis resources and information at cigna.com/individuals-families/health-wellness.

Call anytime for questions or support.

1.877.622.4327
myCigna.com

Employer ID:
associatedpackaging
(for initial registration)

TTY/TDD users
call 711



Employee assistance program (EAP) services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses. Program availability may vary by plan type and location, and are not available where prohibited by law.

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For the employees of Associated Packaging, Inc. and their household members.



Together, all the way.®

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Employee Assistance Program (EAP)

The Cigna Employee Assistance Program (EAP) is available to **all members and their dependents who are actively enrolled in the Cigna medical plan. This EAP is provided at no cost to medical plan enrollees.**

HERE TO HELP. AND SUPPORT. AND PROBLEM-SOLVE.

With the Cigna Employee Assistance & Work/Life Support Program, you can get support for everyday issues and life challenges. The Employee Assistance & Work/Life Support Program is here to connect you with real people who can help you find real solutions to life's challenges.

These services are all confidential and available at no additional cost to you and anyone living in your household.

Learn more about EAP at cigna.com/realsupport.



To access mindfulness exercises and discover stress management techniques, explore our Managing Stress Toolkit at

cigna.com/managingstress



Emotional Health

Get 1-5 sessions per issue per year with a dedicated, licensed counselor at no cost to you.

Start by calling or using live chat to get a referral. Through face-to-face or virtual sessions, get support on a range of topics, such as:

- Relationships and parenting
- Behavioral health and substance use
- Stress management

Confidential phone consultations are available to you and anyone living in your household at no cost. Work with a licensed EAP clinician for 20–30 minutes per phone session. There are no limits to how often you can call for various concerns; you can expect up to two phone sessions per issue.

Home Life Referrals

Get assistance with referrals to community resources and services.

- Child Care: We'll help you find a place, program or person that's right for your family.
- Pet Care: From veterinarians to dog walkers, we'll help you ensure your pets are well taken care of.
- Senior Care: Learn about solutions related to caring for an aging loved one.

Financial and Legal Assistance

- Financial Services Referral: Free 30-minute financial consultations by phone per topic and 25% off tax preparation.†
- Identity Theft: Get a free 60-minute expert consultation by phone for prevention or if you are victimized.
- Legal Consulting: Get a free 30-minute consultation with a network attorney and 25% off select fees.†

**Employee
Assistance &
Work/Life
Support Program
24/7**

CONNECT ANYTIME

Call 1.877.622.4327.
TTY/TDD users call 711.

Connect through
myCigna.com

Employer ID:
associatedpackaging
(for initial registration)



†Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply.



UNDERSTANDING CIGNA BEHAVIORAL HEALTH VIRTUAL COUNSELING.

We make it easy.

Have questions about accessing virtual counseling through Cigna's network of providers* or your employee assistance program (EAP)**? Start here. Should you have any additional questions, feel free to call the number on your Cigna ID card, anytime.

Q. What kind of device can I use?

A. Use your smartphone, tablet or computer with camera for virtual counseling.

Q. Will the provider need to see me in person first?

A. You can schedule virtual counseling appointments based on your provider's availability. Depending on your reason for treatment, your provider might require that you have been seen face-to-face first.

Q. How much will it cost?

A. Access this care as part of your behavioral health benefits under your employer's health plan – and/or employee assistance program. Your out-of-pocket cost is the same as a behavioral health outpatient office visit. There's no cost to you for EAP services, for the same number of covered EAP sessions.**

Q. Does this include telephone sessions?

A. Virtual counseling is video-based and does not require a prior authorization because it's seen as a substitute for face-to-face therapy. However, if phone sessions are needed, a prior authorization is required.

See your EAP materials or plan documents for a complete list of covered behavioral health services.

To connect with a virtual counselor in Cigna's network:

Go to myCigna.com and go to Find Care & Cost tab. Search for Virtual Counselor under Doctor by Type. If you need assistance finding a

•provider call **877.622.4327**.

Call to make an appointment with your selected provider, like you would for a face-to-face visit.

Your provider will give you information on how to set up virtual counseling according to the technology they are using.

For EAP, go to myCigna.com and use employer ID (for initial registration):

•associatedpackaging

Together, all the way.®





Self-Service Enrollments

The enrollment landing page was redesigned to simplify employee choices related to managing enrollments. Cards for viewing existing benefits are displayed for open profiles. A countdown for completion indicator will also be displayed.

The screenshot displays the 'Your Benefits' section of the ADP Workforce Now interface. The page features a navigation bar with 'HOME', 'RESOURCES', and 'MYSELF' tabs, along with a search bar labeled 'Search Workforce Now'. Below the navigation, the 'Your Benefits' section is organized into several cards:

- Open Enrollment (Incomplete):** A card with a yellow flag icon indicating 'Your enrollment is incomplete.' It includes a calendar icon showing '35 Days left to ENROLL' and a 'CONTINUE ENROLLMENT' button.
- Open Enrollment (Saved):** A card with a message: 'Thank you. Your enrollment has been saved. You can continue your enrollment any time through December 15, 2019.' It features a 'CONTINUE ENROLLMENT' button.
- Report a Life Change:** A card with text: 'Qualifying Events, like a marriage or losing coverage, allow changes to your benefits outside of Open Enrollment.' It has a 'REPORT A CHANGE' button.
- Life Change Pending:** A card with a yellow flag icon: 'Your event change is pending approval.' It includes 'VIEW CHANGES' and 'CANCEL CHANGES' buttons.
- Beneficiary Setup Incomplete:** A card with a yellow flag icon: 'Complete the necessary steps to add a beneficiary to your profile.' It includes 'VIEW CHANGES' and 'CANCEL CHANGES' buttons.

ADP Workforce Now New Employee Enrollment Experience



The overall flow for employees was simplified beginning with your enrollment note and providing a top navigation menu for following the steps in Open Enrollment. This is where employees are prompted to confirm Tobacco User settings, if it was selected in Enrollment Profiles.

Welcome to 2019 Open Enrollment

62 days left to complete this event

Welcome → **Select Benefits** → **Summary**

Welcome to the Open Enrollment period! The Open Enrollment period gives you the opportunity to make benefit election changes from **04/03/2019** to **06/29/2019**, with benefits effective as of **06/30/2019**.

During the Open Enrollment period you can:

- Add or opt out of health plan coverage
- Choose your new plan options
- Enroll eligible family members in your plans
- Add or change the level of your insurance coverage
- Add or update Beneficiary assignment
- Complete Beneficiary assignment
- Upload documents
- Enroll or re-enroll in a consumer health and savings account to pay for daycare or health expenses with pre-tax dollars

Please review your options and costs carefully. Once the enrollment period has ended your choices will be final until the next enrollment period or until you have a qualifying life event. Contact your Human Resources department if you have questions.

Are you a Tobacco User? *

No

Yes

Is Carlos Alvarado a Tobacco User? *

No

CONTINUE →

ADP Workforce Now New Employee Enrollment Experience



In the Open Enrollment flow, visual indicators are displayed to show the remaining steps and current plans for already enrolled employees. From the left navigation pane, select from the following:

- **Flag icon** – Plans that need your attention
- **Green check mark** – Current plans that you have enrolled in
- **Gray X** – Plans that are waived
- **Blank** - Available benefits

Medical

1. Which plan would you prefer? **\$397.08** Per Pay Period

PLAN	PROVIDER	PER PAYCHECK	EMPLOY... COST	EFFECTIVE DATE	
HDHP 1500/3000, CLASS 1 AND 3 AND 4 AND 5	Excellus Blue Cross Blue Shield -Group	\$397.08	\$230.77	November 1, 2018	CURRENTLY ENROLLED

PLAN	PROVIDER	PER PAYCHECK	EMPLOY... COST	EFFECTIVE DATE	
HDHP 1500/3000, CLASS 2	Excellus Blue Cross Blue Shield -Group	\$397.08	\$230.77	—	SELECT PLAN
HDHP 3000/6000, CLASS 1345	Excellus Blue Cross Blue Shield -Group	\$341.69	\$230.77	—	SELECT PLAN

After you complete your **Action Items**, you can **Explore Benefits** or **Review & Submit**. You can also **Save for Later** or **Submit Enrollment**.

Note: Employees must resolve all items that need attention before they can submit the profile.

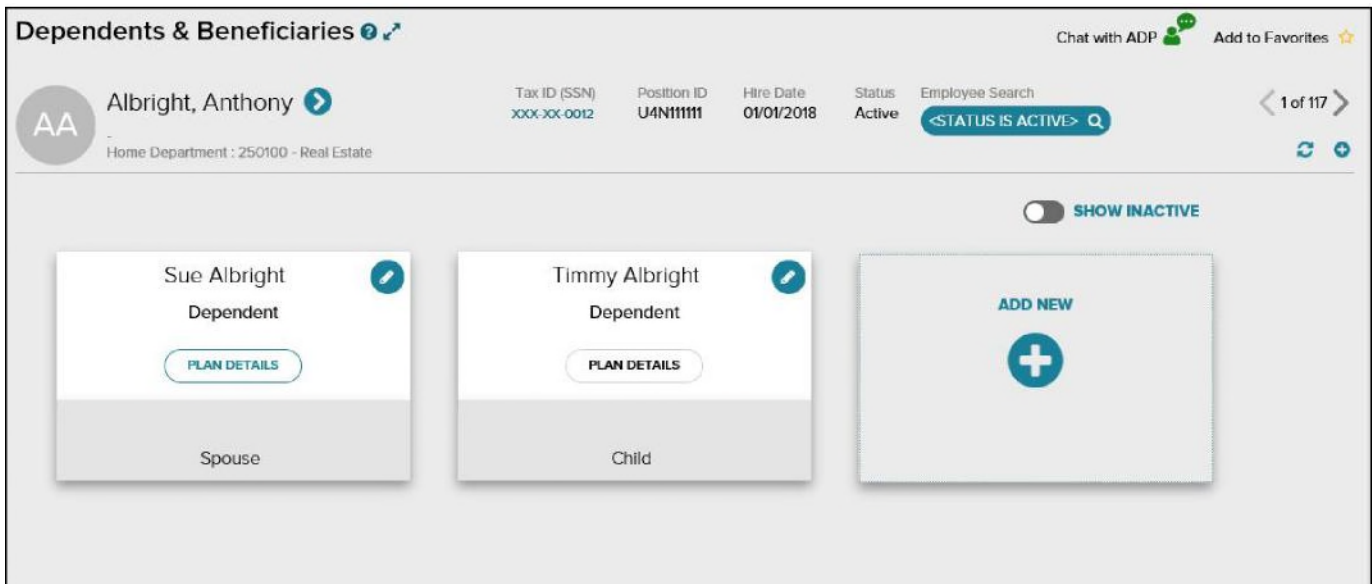
ADP Workforce Now

New Employee Enrollment Experience

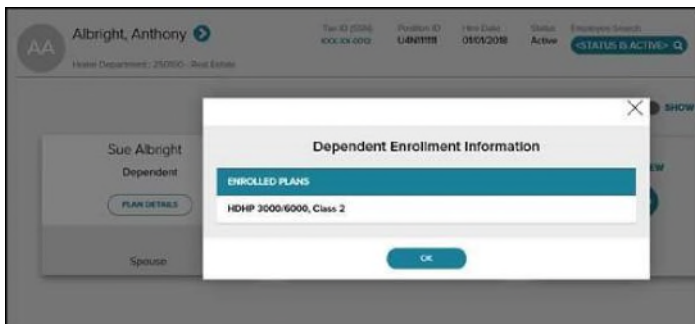
Dependents and Beneficiaries



We simplified the **Dependents and Beneficiaries** management screen for practitioners to allow for better setup and management. The improved layout makes it easier to add new dependents and beneficiaries as well as edit existing ones without having to leave this section. Additionally, the Plan Details button will show benefit enrollment information and beneficiary designations to provide a snapshot of benefits info without going to a different screen.




In addition, you can now see all the plans in which a dependent or beneficiary is enrolled with just a glance. Click on **Plan Details** to get a quick look at their enrollment information.



ADP Workforce Now New Employee Enrollment Experience



Managing your dependents and beneficiaries just got easier. Now, you need just a few clicks to complete key tasks, for example:

- To add a new dependent or beneficiary, simply click on the  and enter the information necessary in the fields provided on our streamlined slider screen.

← BACK Add Dependent Active

Relationship

Relationship * Child Classification *

Child Biological Child

Basic Info

First Name * Date of Birth *

BabyJane 02/01/2019

Middle Name Gender *

Last Name * Tax ID Type *

Albright

Generation Suffix

Professional Suffix

- To edit an existing relationship, click on the pencil (edit) icon to make your changes.



- Need to update a Dependent to be a Beneficiary? It's easy now. Just click on the edit icon and make the change from there.

Disclaimer

The information provided by Brown & Brown, Inc. and/or its affiliates (Associated Packaging, Inc.) in this Guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal, tax, accounting or other professional advice or opinion on any specific facts or circumstances. Readers are urged to consult their legal counsel, tax or other professional advisor concerning any legal, tax or related questions that may arise. Any tax information contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter. The Company assumes no liability whatsoever in connection with the use of such information or documents.

Section 125 Notice

You are automatically enrolled to participate in a Section 125 plan as an Associated Packaging, Inc. employee, which means your Medical, Dental, Vision, Health Savings Account (HSA), and Dependent Care Flexible Spending Account (DCFSA) contributions will be deducted on a pre-tax basis.

This will increase your take-home pay. If you do not wish to participate in the Section 125 pre-tax deduction benefit, please notify your human resource department.

You agree that:

- Your compensation each pay period will be reduced by the total amount elected for the Plan Year (or remaining in the year if becoming a participant at any time except at the beginning of the Plan Year).
- You cannot change or revoke this benefit election or Compensation Reduction Agreement as of any date prior to the end day of the Plan Year (06/30/2024) unless you have a change in status (i.e., marriage, divorce, death of a spouse or child, birth or adoption of a child, termination of employment of a spouse and such other events as the Plan Administrator determines will permit a change or revocation of an election). **(Note:** May not apply to premium only plan reductions.)
- The Administrator may reduce or cancel the amount of your pay reduction or otherwise modify this agreement in accordance with the provisions of the Plan if it is believed to be advisable in order to satisfy certain provisions of the Internal Revenue Service (IRS) Code.
- The reduction in earnings under this agreement will be in addition to any reductions under other agreements or benefit plans.
- This benefit election will automatically be canceled as of the end of the month after the date of the termination of employment.

Associated Packaging, Inc.[®]

The Packaging People

**National Presence. Local Impact.
Custom Solutions.**



BBrown.com

This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.

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