

American Commercial Barge Line

2022 Benefits Guidebook



How to Enroll Online

Website Instructions



Log in to **acbl.ultipro.com** using your ACBL email address and password.

Go to:

- Menu
 - Benefits
 - Manage My Benefits
 - Click "Get Started"

If logging in through the website on a phone:

- Click the menu button in the upper left corner
- Go to the bottom of the menu and click on "View Desktop Version" before you attempt to access the enrollment system.

Follow the on-screen instructions as the system guides you through each benefit.

If you do not want a certain benefit, you must click on "Decline Coverage" and move on to the next benefit.

To complete the election process:

- Confirm the enrollment
- Click "Check Out"

If the system does not give you an option to confirm, that means you have skipped a benefit.

Mobile App Instructions



To access your benefits via UKG Mobile App:

- Open the App
- Click on "Benefits"
- Click on "Update My Benefits"

If you have questions about enrolling, call or text **812-799-2236** ext 5.

Understand Your Benefits

To learn more about the benefits available to you as an ACBL Team Member visit **www.bargeacbl.com/acbl-benefits/** or scan the QR Code below:



New Hire Default Enrollments

IMPORTANT: Newly hired or newly eligible team members who do not complete the enrollment process within 30 days will automatically be enrolled as a **tobacco user** in the **Value HDHP** coverage and **ONLY** in the other fully employer-paid benefit programs: basic life insurance, basic accidental death and dismemberment (AD&D), and long-term disability (LTD). You will not be enrolled in dental, vision, or any other optional/voluntary programs, such as optional life insurance (employee, spouse, or child), nor will any family members (spouse/children) have any benefit coverage.

Compensation for Benefit Purposes

For benefits that are based on your pay or annual salary, your pay will be based on your rate of pay as of October 1, 2021 or your date of hire, whichever is later.

If you are a...	Then your annual salary will be your...
Mainline-based team member	Daily rate times 182.5 days
Fleet team member	Daily rate times 243 days

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The benefits outlined in this material are a general summary of plan provisions, but are subject to the terms of the legal documents, which may be modified from time to time. Where this description and the official documents differ, the official plan documents or insurance contracts are the final authority. The description of administrative information is not an employment contract or any type of employment guarantee. While ACBL expects to continue the plans indefinitely, it does reserve the right to amend or terminate the plans at any time.

Your Benefits

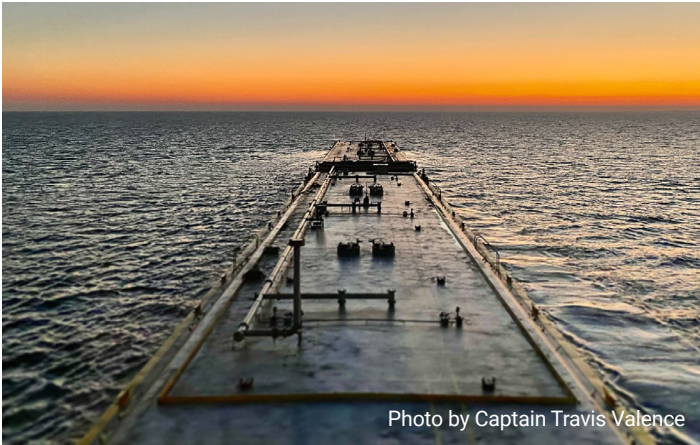


Photo by Captain Travis Valence

Effective Dates

Your new elections take effect January 1, 2022, or after you have completed 30 days of continuous employment, whichever is later. However, changes to your voluntary benefits, such as Optional Group Life and Voluntary Accidental Death and Dismemberment (AD&D) insurance, may be delayed if you are away from work due to disability or leave of absence on the effective date. If you elect Dependent Life Insurance coverage for your spouse or child, and he or she is hospitalized on the effective date, any changes to this coverage will take effect when the dependent is discharged from the hospital.

Eligibility

Generally, if you are a regular full-time team member (30+ hours per week) who has completed 30 days of continuous employment, you may elect coverage for yourself for the coming year. Dependent coverage is available for your spouse (provided you are legally married*) and children under the age of 26, regardless whether the child has access to coverage under another employer's insurance.

Important Note

Don't forget to designate a beneficiary for Life Insurance and AD&D Insurance!

Your Enrollment Elections

You must submit enrollment elections during the annual enrollment period if one or more of the following applies:

- You want to make changes to your medical, dental, or vision coverages
- You want to contribute to a Flexible Spending Account (FSA) or Health Savings Account (HSA)
- You want to add, change, or terminate coverage for a dependent
- You want to enroll in or make changes to your voluntary benefit offerings
- The spousal and/or tobacco-user surcharges are not applicable to you

Paying for Your Benefits

Each benefit you elect has an associated employee cost. These costs will be paid through regular payroll deduction on either a before-tax or after-tax basis. Payroll deductions will be taken each pay period.

- **Before-tax** deductions include those for medical, dental and vision coverage, Group Critical Illness and Group Accident, as well as for FSAs, HSAs, and the 401(k) Plan.
- **After-tax** deductions include Optional Life Insurance, Voluntary AD&D Insurance, Dependent (Spouse/Child) Life Insurance, MetPay Voluntary Benefits, Allstate Identity Protection and the Roth 401(k).

Additionally, the company provides you with Basic Life Insurance**, Basic AD&D Insurance and Disability Coverage (Short Term Disability – Pay Continuation and Long Term Disability**) at no cost to you.

* Includes common-law marriages in states that recognize these marriages and same-sex marriages. Documentation is required.

** Imputed Income – The IRS places a taxable value on the cost of group term life insurance coverage that exceeds \$50,000 and the cost of employer-paid LTD premiums (if this option is chosen). This is called "imputed income." ACBL is required by IRS regulations to include the amount of this income in your wages. Income tax will be withheld from your regular pay each month, and the amount of your imputed income will be included as part of your taxable wages on your W-2 statement.



Important Note:

Changes to your benefits can only be made during the annual enrollment period, unless you experience a qualified change in family status. Qualified changes in family status include birth, adoption, marriage, divorce, or special enrollment rights as required by HIPAA. If you experience a qualified change in family status, you must enroll within 60* days of the event. To add, change or terminate coverage for a dependent due to a qualified event, you must do so within 60* days of the event. Otherwise, you will not be able to change your elections until the next annual enrollment period.









** There is a limited grace period in certain circumstances. See Special Enrollment Rights section for additional details.*

Enrolling New Dependents

If you choose to add new dependents to your coverage, either during annual enrollment or due to a qualified change in family status, you will be required to provide the dependents' Social Security numbers and proof of eligibility. Proof of eligibility may include, but is not limited to, birth certificates and marriage certificates.

Health Care Plans at a Glance

ACBL offers three different medical plans through United Healthcare for you and your family. Below is a comparison of the plans so you can make the best choice for you.

 Value HDHP	 Basic PPO	 Premium PPO
<p>Free preventive care</p> <p>Allows you to take the most control of your healthcare with low paycheck deductions and a high deductible</p> <p>75% of your in-network costs will be covered after your deductible is met</p> <p>HSA Eligible</p> <p>Only eligible for a Limited Purpose FSA</p> <p>See page 9 for more information</p>	<p>Free preventive care</p> <p>Lower cost per paycheck than the Premium PPO but with a lower deductible than the HDHP</p> <p>75% of your in-network costs will be covered after your deductible is met</p> <p>Not eligible for HSA</p> <p>FSA Eligible</p>	<p>Free preventive care</p> <p>Higher cost per paycheck but offers the lowest deductible</p> <p>Has a co-payment structure to help you know what you will pay for most in-network visits</p> <p>Not eligible for HSA</p> <p>FSA Eligible</p>
		
 Value HDHP Prescription	 PPO Prescription	
<p>Automatically included with the Value HDHP</p> <p>Combined deductible with your Medical coverage</p> <p>Prescriptions are not covered until the combined deductible is met</p> <p>See page 11 for more information</p>	<p>Automatically included with the PPO Plans</p> <p>Separate Prescription deductible</p> <p>See page 8 for more information</p>	

Health Care Plan Comparison

	Value HDHP		Basic PPO		Premium PPO	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Annual Deductible (individual/family)	\$3,000/\$6,000	\$6,000/\$12,000	\$2,000/\$4,000	\$4,000/\$8,000	\$1,000/\$2,000	\$2,000/\$4,000
Member Coinsurance	25% up to out-of-pocket maximum	50% after deductible	25% up to out-of-pocket maximum	50% after deductible	20% up to out-of-pocket maximum	50% after deductible
Out-of-Pocket Maximum (individual/family)	\$6,000/\$12,000	Unlimited	\$4,000/\$8,000	Unlimited	\$4,000/\$8,000	Unlimited
Annual Maximum	Unlimited		Unlimited		Unlimited	
Primary Doctor Office Visit	75% covered after deductible	50% covered after deductible	75% covered after deductible	50% covered after deductible	\$25 copay	50% covered after deductible
Virtual Visit	75% covered after deductible	Not covered	No Charge	Not covered	No Charge	Not covered
Specialty Doctor Office Visit	75% covered after deductible	50% covered after deductible	75% covered after deductible	50% covered after deductible	\$35 copay	50% covered after deductible
Urgent Care	75% covered after deductible	50% covered after deductible	75% covered after deductible	50% covered after deductible	\$35 copay	50% covered after deductible
Preventive Care Services	No Charge	50% covered after deductible	No Charge	50% covered after deductible	No charge	50% covered after deductible
Emergency Room (no admission)	75% covered after deductible		75% covered after deductible		\$250 copay unless admitted to hospital. If admitted, co-insurance applies.	
Hospital (inpatient, semi-private room)	75% covered after deductible	50% covered after deductible	75% covered after deductible	50% covered after deductible	80% covered after deductible	50% covered after deductible
Outpatient Surgery	75% covered after deductible	50% covered after deductible	75% covered after deductible	50% covered after deductible	\$250 copay	50% covered after deductible
Outpatient Diagnostic, Lab, X-ray	75% covered after deductible	50% covered after deductible	75% covered after deductible	50% covered after deductible	80% covered after deductible	50% covered after deductible
Occupational or Speech Therapy	75% covered after deductible. Max 36 visits each per year	50% covered after deductible. Max 36 visits each per year	75% covered after deductible. Max 36 visits each per year	50% covered after deductible. Max 36 visits each per year	\$35 copay Max 36 visits each per year	50% covered after deductible. Max 36 visits each per year
Physical Therapy	75% covered after deductible	50% covered after deductible	75% covered after deductible	50% covered after deductible	\$35 copay	50% covered after deductible
Chiropractic	75% covered after deductible Maximum 12 visits per year	50% covered after deductible Maximum 12 visits per year	75% covered after deductible Maximum 12 visits per year	50% covered after deductible Maximum 12 visits per year	\$35 copay Maximum 12 visits per year	50% covered after deductible. Maximum 12 visits per year
Outpatient Mental Health and Substance Abuse Treatment	75% covered after deductible	50% covered after deductible	\$10 copay	50% covered after deductible	\$10 copay	50% covered after deductible
Vision Exam and Corrective Eyewear	Coverage available through VSP Signature Plan (see Vision section)		Coverage available through VSP Signature Plan (see Vision section)		Coverage available through VSP Signature Plan (see Vision section)	

**Limited to Reasonable & Customary Charge, which is 140% of the Medicare reimbursement rate.*

PPO Prescription Drug Coverage

Both PPO Plans (the Premium PPO Plan and the Basic PPO Plan) have the same prescription drug coverage benefits and are provided through Express Scripts.

Express Scripts Drug Plan	Retail Pharmacy	Home Delivery Pharmacy
Annual Brand-Name Drug Deductible	\$200 per person	
Each Generic Prescription	\$12 copay; no deductible	\$30 copay; no deductible
Each Formulary (brand-name) Prescription	\$35 copay after deductible	\$90 copay after deductible
Each Non-Formulary (brand-name) Prescription	\$60 copay after deductible	\$150 copay after deductible
Each Specialty Medication Prescription*	20% Coinsurance after Brand Name Deductible (if applicable); \$150 maximum for a 34 day supply / \$300 maximum for 100 day supply.	
Out-of-Pocket Maximum	Individual \$4,150 / Family \$8,300	
Each Tobacco Cessation Product Prescription**	100% coverage (no copay or deductible)	100% coverage (no copay or deductible)
Maximum Day Supply (each prescription)	34 days	100 days

* Requires use of Express Scripts Specialty Pharmacy.

** This benefit applies to adults whose age is greater than 18 years old. Maximum supply per 365 days is 180 days. After 180 days, standard copays apply.

- Out-of-Pocket Maximums do not apply to out-of-network pharmacies.
- Please note that, while you may elect to purchase maintenance drugs at a retail pharmacy, the plan will only cover the cost of the original prescription plus two refills at a retail pharmacy. You will pay 100% of the cost of the drug if you continue to purchase your maintenance medications at a retail pharmacy. This cost will not count toward your deductible or your out-of-pocket maximum.
- In addition, birth control medications and some other preventive care medications (generic and single-source brand) will be available at no cost (with no copay or deductible required).

Note: There are some prescription drugs that are not covered by the ACBL pharmacy program or that require prior authorization or step therapy.

To learn more about your prescription benefits,
visit www.Express-Scripts.com
or Scan the QR code



Value High Deductible Health Plan (HDHP)

ACBL is introducing a new health plan option for you and your family. The Value HDHP is designed to offer you high quality health care at a low cost.

What to Know

Take control of your healthcare coverage. If you elect to enroll in the Value HDHP, coverage will be provided by UnitedHealthcare (UHC). You will pay for your initial medical costs until you meet your annual deductible, and then you pay a percentage of any remaining costs until you reach the annual out-of-pocket maximum. Once you reach your out-of-pocket maximum as determined by your plan, your HDHP will pay 100% of in-network charges for the remainder of the plan year.

Lower Paycheck Costs

Your per-paycheck costs are lower compared to the PPO plans, giving you the opportunity to contribute the cost savings to a tax-free (federal taxes) Health Savings Account (HSA). Enrollment in HSA is optional. See page 10 for more details.

Access to the HSA

You are *only* eligible to open a Health Savings Account (HSA) if you are enrolled in the Value HDHP.

Free In-Network Preventive Care

As with all ACBL Health Plans, in-network preventive care is fully covered under the Value HDHP. You will pay nothing toward your deductible and no copays as long as you receive preventive care from in-network providers. Some examples of preventive care include:

- Annual physicals
- Well-child and well-woman exams
- Immunizations and flu shots
- Cancer screenings

Combined Deductible with Your Prescription Plan

Enrollment in the Value HDHP includes Prescription Coverage. Both your Medical and Pharmacy plans will share one deductible. Once this single deductible is met, your prescriptions and medical claims will be covered at 75% until you reach your out-of-pocket maximum.



Photo by Ken Groth

Please note that while enrollment in the Value HDHP makes you eligible for the HSA, you will not automatically be enrolled in the HSA. You must choose to open an HSA during enrollment to have access to the HSA.



Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-free savings account that you can use to pay for eligible health expenses.

Benefits

Build tax-free savings for health care

You can make before-tax deposits from your paycheck into your HSA, allowing you to save money by using tax-free dollars to pay for eligible medical, prescription, dental, and vision expenses. The total amount that can be contributed to your HSA each year is limited by the IRS. The limits for 2022 are:

- Up to \$3,650 for employee-only coverage
- Up to \$7,300 if you cover dependents
- You can contribute an additional \$1,000 to these limits if you're age 55 or older

Keep your money

Unlike an FSA, the money in your HSA is always yours to keep and can be rolled over from year to year. You can take your unused balance with you when you retire or leave the company.

Use it like a bank account

Pay for eligible medical, prescription, dental, and vision expenses for yourself and your family by swiping your HSA debit card, or reimburse yourself for payments you've made (up to the available balance in your account). Spend your money on:

- Deductibles
- Coinsurance
- Prescription drugs
- Out-of-pocket expenses

Keep in mind that you may only access money that is actually in your HSA when making a purchase or withdrawal. Save your receipts for your records.

Never pay taxes

Contributions are made on a before-tax basis, and your withdrawals will never be subject to federal income taxes **when used for eligible healthcare expenses**. Any interest or earnings on your HSA balance build tax-free, too.*

HSA Eligibility

- Must be enrolled in the Value HDHP
- Cannot be covered by any other medical plan that is not a qualified high deductible plan. This includes a spouse's medical coverage unless it is also an HSA-qualified plan.
- If your spouse is enrolled in a Healthcare FSA, they cannot be enrolled in an HSA.
- Cannot be enrolled in a traditional health care FSA in 2022. However, you may still be eligible for a limited purpose FSA, see page 16 for more details.
- Cannot be enrolled in Medicare, including Parts A or B, or TRICARE.
- Cannot be claimed as a dependent on another person's tax return.
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months.

Comparing HSA and FSA

	HSA	FSA
Available with	Value HDHP	Basic or Premium PPO
Change contribution amount any time	Yes	No
Accessing the money	Access only funds that have been deposited so far	Access your entire annual contribution amount from the beginning of the year
Saving the money	The money is always yours	"Use-it-or-lose-it" at the end of year

** Money in an HSA grows tax-free and can be withdrawn tax-free if it is used to pay for qualified health care expenses (for a list of eligible expenses, see IRS Publication 502, available at www.irs.gov). If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn plus a 20% penalty tax if you withdraw the money for ineligible expenses before age 65. After age 65, withdrawals for ineligible expenses are only subject to ordinary income tax. Please review your state regulations as you may have to pay state taxes depending on your residency.*

To learn more about your HSA
visit www.WexInc.com
or Scan the QR code



Value HDHP Prescription Drug Coverage

The Value HDHP Medical Coverage includes this HDHP Prescription Coverage provided through Express Scripts. The Value HDHP medical and prescription plans share a deductible, which must be met before the plan begins to cover prescriptions.

Express Scripts Drug Plan	Retail Pharmacy	Home Delivery Pharmacy
Annual Brand-Name Drug Deductible	Not applicable	
Each Generic Prescription	75% covered after the combined Medical and Rx deductible is met	
Each Formulary (brand-name) Prescription	75% covered after the combined Medical and Rx deductible is met	
Each Non-Formulary (brand-name) Prescription	75% covered after the combined Medical and Rx deductible is met	
Each Specialty Medication Prescription*	75% covered after the combined Medical and Rx deductible is met; \$150 maximum for a 34 day supply / \$300 maximum for 100 day supply	
Out-of-Pocket Maximum	Individual \$6,000 / Family \$12,000 (shared with medical plan)	
Each Tobacco Cessation Product Prescription**	100% covered (no copay or deductible)	100% covered (no copay or deductible)
Maximum Day Supply (each prescription)	34 days	100 days

* Requires use of Express Scripts Specialty Pharmacy.

** This benefit applies to adults whose age is greater than 18 years old. Max supply per 365 days is 180 days. After 180 days, standard copays apply.

- Out-of-Pocket Maximums do not apply to out-of-network pharmacies.
- Please note that, while you may elect to purchase maintenance drugs at a retail pharmacy, the plan will only cover the cost of the original prescription plus two refills at a retail pharmacy. You will pay 100% of the cost of the drug if you continue to purchase your maintenance medications at a retail pharmacy. This cost will not count toward your deductible or your out-of-pocket maximum.
- In addition, birth control medications and some other preventive care medications (generic and single-source brand) will be available at no cost (with no copay or deductible required).



Destination Health Wellness Program

Participate in the ACBL wellness program to reduce the amount you pay for medical benefits in 2022 by up to \$100 per month (per eligible participant).



Silver Wellness

To achieve Silver Wellness in 2022 and receive a \$50 per month premium reduction, you must complete the following:

- Step 1. Complete your Health Check Survey
- Step 2. Have a Biometric Screening Completed



Gold Wellness - Earn More!

To achieve Gold Wellness and receive an additional \$50 per month premium reduction, you must earn 8,000 points on the Virgin Pulse wellness site or in the App. You must have reached Silver Wellness status to begin receiving your Gold premium reductions.

Get started at www.ACBLWellness.com



Save more together... WAY MORE!

While all team members (and covered spouses) are eligible to participate in the wellness program, only team members and spouses who are covered under the ACBL medical plan are eligible for premium reductions.



Removing the Tobacco Surcharge:

You and your spouse can remove the tobacco surcharge by completing a **Be Tobacco-Free Coaching Session**

If you are unable to participate in wellness due to a health or religious reason, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the ACBL Wellness Team at ACBLWellness@bargeACBL.com.

Privacy and Confidentiality

All medical information obtained through the wellness program will be maintained by the wellness provider Virgin Pulse. ACBL will not receive results of any individual's biometric screening or health check survey information. ACBL will only receive information on who completed the tests or programs to administer the incentive or other program rewards. ACBL will only receive biometric test results or health check survey results on an aggregated basis and will not be able to identify any individual's test results.

American Commercial Barge Line's (ACBL's) Destination Health is a voluntary wellness program available to all team members and spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. No information you provide as part of the wellness program will be used in making any employment decision.

To learn more about your wellness options,
visit www.VirginPulse.com
or Scan the QR code



Health Care Plan Cost

Medical Plan	2022 Monthly Rate with Gold Wellness	2022 Monthly Rate with Silver Wellness	2022 Monthly Rate with No Wellness
Value HDHP			
Employee Only	\$31.50	\$81.50	\$131.50
Employee + Spouse	\$132.40	\$232.40	\$332.40
Employee + Child(ren)	\$108.00	\$158.00	\$208.00
Employee + Family	\$183.50	\$283.50	\$383.50
Basic PPO			
Employee Only	\$87.60	\$137.60	\$187.60
Employee + Spouse	\$209.30	\$309.30	\$409.30
Employee + Child(ren)	\$172.00	\$222.00	\$272.00
Employee + Family	\$292.30	\$392.30	\$492.30
Premium PPO			
Employee Only	\$140.20	\$190.20	\$240.20
Employee + Spouse	\$336.20	\$436.20	\$536.20
Employee + Child(ren)	\$278.60	\$328.60	\$378.60
Employee + Family	\$474.50	\$574.50	\$674.50

Note: The Employee and Spouse Wellness are independent of one another. Please see Destination Health Wellness Program Section for more details on Silver and Gold Wellness.

IMPORTANT:

Spousal Surcharge: Unless you indicate during the enrollment process that your spouse is not employed or that your spouse's employer does not offer a medical plan, you will be required to pay an additional \$100 per month to enroll your spouse in the ACBL medical plan. Note: Medicare is not considered other coverage.

Tobacco Users: Unless you (and your spouse, if covered) indicate during the enrollment process that you are tobacco-free or complete the tobacco cessation program, you will be required to pay an additional \$50 per month (per tobacco user). If you complete the tobacco cessation program, the \$50 per month surcharge will stop at the end of the month that ACBL receives notice that the program has been successfully completed. See the Destination Health Wellness Program section for more details.

COVID-19 Vaccine: If you (and your spouse, if covered) are not fully vaccinated against COVID-19, you will be required to pay an additional \$35 per month surcharge (per member) that will only stop at the end of the month that ACBL receives proof of vaccination. If you are unable to get the COVID-19 vaccine due to health or religious reasons, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the ACBL Benefits Department.

Opting Out of Coverage

If you choose not to enroll in ACBL medical coverage and have minimum essential coverage (MEC) outside of the ACA exchange, ACBL will give you \$30 per month (taxable income). To receive the \$30 per month credit, you must verify annually that you have other coverage (MEC).

Dental Plan

ACBL offers two dental plan options (administered and insured by Delta Dental of Indiana). While both plans offer in and out-of-network benefits, different levels of coverage are available to meet your specific needs. For maximum savings, verify your dentist is in-network by contacting Delta Dental of Indiana.

Dental Feature	Basic Dental Option	Premium Dental Option
Annual Deductible (individual/family)	\$50/\$150	\$50/\$150
Annual Maximum Benefit (per covered person)	\$1,000	\$2,000
Preventive Care	100%, no deductible	100%, no deductible
Basic Restorative Care	80% covered after deductible	80% covered after deductible
Major Restorative Care (including implants)	Not covered	50% covered after deductible
Orthodontia (for children under the age of 26)	Not covered	50% covered; no deductible
Orthodontia Lifetime Maximum	N/A	\$2,000

* Out-of-Network services are limited to Reasonable & Customary Charges.

Your Cost for Coverage

Your monthly cost for dental coverage is:

Coverage Tier	Basic Dental Option	Premium Dental Options
Employee Only	\$16.26	\$23.54
Employee + Spouse	\$32.53	\$47.11
Employee + Child(ren)	\$44.87	\$64.86
Family	\$64.43	\$93.25

To learn more about your dental benefits,
visit www.DeltaDentalIN.com
or Scan the QR code



Vision Plan

ACBL offers the Vision Services Plan (VSP) Signature Vision Plan. The plan pays according to a schedule of covered services that is insured through VSP. While you can choose to use any vision care provider, there are advantages to using VSP's nationwide provider network. By receiving services from a participating network provider, you avoid having to file claim forms and you receive a higher plan benefit (meaning lower costs for you).

Covered Services	Frequency	VSP Network Provider Coverage	Out-of-Network Reimbursement
Exam	Every 12 months	\$10 copay	\$50 maximum reimbursement
Lenses			
Single	Every 12 months	\$20 copay	\$50 maximum reimbursement
Lined bifocal	Every 12 months	\$20 copay	\$75 maximum reimbursement
Progressive	Every 12 months	\$0 copay	\$75 maximum reimbursement
Lined trifocals	Every 12 months	\$20 copay	\$100 maximum reimbursement
Lenticular	Every 12 months	\$20 copay	\$125 maximum reimbursement
Frames	Every 24 months	100% up to \$160 retail, then 20% discount on excess	\$70 maximum reimbursement
Contacts (elective)	Every 12 months	100% up to \$160; fitting and evaluation copay not to exceed \$60	\$105 maximum reimbursement
Contacts (medically necessary)	Every 12 months	\$20 copay	\$210 maximum reimbursement

If you use a VSP network provider the plan includes coverage for blended, progressive, polycarbonate, U/V protection, oversized, scratch resistant and tinted/dyed lenses. The VSP Signature Plan also offers extra discounts and savings (when using a participating network provider), including:

- 20% off additional prescription glasses and sunglasses within 12 months of exam
- 15% discount on contact lens evaluation and fitting fees
- Discounts on laser vision correction procedures (such as LASIK and PRK) from contracted facilities

Your monthly cost for vision coverage is:

Coverage Tier	Monthly Cost
Employee Only	\$9.41
Employee + Spouse	\$13.48
Employee + Child(ren)	\$16.14
Family	\$25.80

To learn more about your vision benefits, visit www.VSP.com or Scan the QR code



Flexible Spending Account (FSA)

A Flexible Spending Account (FSA) lets you save on health and dependent daycare expenses using before-tax dollars. Three kinds of FSAs are available – a Health Care FSA, a Limited Purpose FSA, and a Dependent (Day) Care FSA.

Everyday Savings

Saving is simple. When you enroll in the program, you set aside some of your pay before taxes to use on eligible expenses. For the **Health Care FSA** and the **Limited Purpose FSA**, you can start small with a minimum contribution of \$120 per year, or you can contribute up to \$2,850 per year (limits subject to change annually). For the **Dependent (Day) Care FSA**, you can contribute up to \$5,000. The more you put in, the more you save on your taxes – up to thousands of dollars.

It's Covered!

You can use your FSAs to save on hundreds of products and services for you and your family. Eligible expenses are defined by the IRS and generally include:

Health Care FSA

- Not available with the Value HDHP
- Prescriptions and over-the-counter medicines
- Co-payments, coinsurance and deductibles – but not insurance premiums
- Orthodontia for children and adults
- Vision care
- Counseling and therapy (including psychology and psychiatry)
- Chiropractic care, acupuncture and some other alternative treatments
- Items such as crutches and bandages

Limited Purpose FSA

- Only available with the Value HDHP
- Unlike a traditional FSA, a limited purpose FSA can be used in conjunction with an HSA
- Use for non-medical expenses such as for dental and vision claims

Easy as a Debit Card

Wondering if the health care FSA might be a hassle? Don't. This program is built for maximum convenience with on-the-spot access to your account funds using the pre-paid debit card. Simply swipe the card at your physician's office or pharmacy, and eliminate the hassle of filing claims and waiting for reimbursement.

Avoid Problems – Save Your Receipts!

Because the card must be used only for eligible expenses, it is important to save all your health care receipts in case of audit, and to ensure that there are no problems with your card.

Dependent (Day) Care FSA

- Available with any of the health plan options
- Babysitting or Au Pair services
- Before-school and after-school programs
- Day care and nursery schools
- Pre-school programs
- Elder care services

Claims with receipts should be filed directly with WEX Benefits for reimbursement from your Dependent (Day) Care account. You must have the required balance in your Dependent (Day) Care FSA account before reimbursement can be made.

Make It Your Own

It's your account; and you decide how to use it. You can choose to participate in just a health care account, just a dependent (day) care account, or both – and choose how much to set aside in each. For more information regarding the FSA program, visit **www.WexInc.com** or call **866-451-3399**.

If you use your card for an **invalid transaction** or **fail to substantiate a claim**, you may be taxed on that amount.

Use it or lose it: IRS rules require that you forfeit unspent account funds. You have until the end of the plan year 2022, or the end of the grace period March 15, 2023, to incur expenses.

To learn more about your FSA options
visit **www.WexInc.com**
or Scan the QR code



Employee Life and AD&D Insurance

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

Your coverage under each of these programs is equal to one times your base salary, with a minimum coverage amount of \$50,00 (age reduction may apply). *The company pays the full cost of this coverage.*

Accidental Death and Dismemberment pays a benefit if you lose a limb, eyesight or the ability to speak or hear due to an accident. For some losses (such as loss of life, loss of both hands, loss of both feet or loss of eyesight in both eyes), the full coverage amount is payable; for others, a portion of the coverage amount is payable.

Optional Group Life Insurance

Under the Optional Group Life insurance, you may purchase additional life insurance protection to meet your needs. For 2022 Open Enrollment, team members whose Optional Group Life Insurance is less than \$200,000 may increase their coverage by one level. Any increase greater than one level will require Evidence of Insurability (EOI).

Newly hired team members choosing this benefit within the first 30 days of employment can choose a maximum of up to the lesser of 5 times annual base salary or \$200,000, if applicable, without EOI.

The cost of coverage is based on your age and the amount of coverage you have selected.

Employee Optional Group Life Monthly Rates										
Age	\$50,000	\$100,000	\$150,000	\$200,000	\$300,000	\$400,000	\$500,000	\$600,000	\$750,000	\$1,000,000
< 30	\$4.00	\$8.00	\$12.00	\$16.00	\$24.00	\$32.00	\$40.00	\$48.00	\$60.00	\$80.00
30-34	\$4.50	\$9.00	\$13.50	\$18.00	\$27.00	\$36.00	\$45.00	\$54.00	\$67.50	\$90.00
35-39	\$6.00	\$12.00	\$18.00	\$24.00	\$36.00	\$48.00	\$60.00	\$72.00	\$90.00	\$120.00
40-44	\$10.00	\$20.00	\$30.00	\$40.00	\$60.00	\$80.00	\$100.00	\$120.00	\$150.00	\$200.00
45-49	\$16.00	\$32.00	\$48.00	\$64.00	\$96.00	\$128.00	\$160.00	\$192.00	\$240.00	\$320.00
50-54	\$26.50	\$53.00	\$79.50	\$106.00	\$159.00	\$212.00	\$265.00	\$318.00	\$397.50	\$530.00
55-59	\$43.50	\$87.00	\$130.50	\$174.00	\$261.00	\$348.00	\$435.00	\$522.00	\$652.50	\$870.00
60-64	\$54.00	\$108.00	\$162.00	\$216.00	\$324.00	\$432.00	\$540.00	\$648.00	\$810.00	\$1,080.00
65-69	\$94.00	\$188.00	\$282.00	\$376.00	\$564.00	\$752.00	\$940.00	\$1,128.00	\$1,410.00	\$1,880.00
70-74	\$152.50	\$305.00	\$457.50	\$610.00	\$915.00	\$1,220.00	\$1,525.00	\$1,830.00	\$2,287.50	\$3,050.00
75+	\$234.00	\$468.00	\$702.00	\$936.00	\$1,404.00	\$1,872.00	\$2,340.00	\$2,808.00	\$3,510.00	\$4,680.00

Important Note: Evidence of Insurability

Depending on the coverage level elected, underwriting approval may be required before the full benefit amount will become effective. Underwriting will require an Evidence of Insurability (EOI) questionnaire to be completed. If you have made an Optional Life Insurance or a Spouse Life Insurance election that requires EOI, you will receive instructions via email, if you have an email address on file, or via USPS if no email address is on file, to complete the EOI process online. The requested coverage amount will remain in Pending status until the EOI form is approved by The Hartford.

Please Note: ACBL will not receive your protected health information from The Hartford.

Spouse Life Insurance

You may elect coverage for your spouse through the Spouse Life Insurance. Coverage for your spouse may not exceed 50% of the sum of your Basic Life Insurance and your Optional Group Life Insurance.

EOI is required if you are choosing this coverage for the first time or if you want to increase your current election (you may only change your election during the annual enrollment period or if you have a qualified change in family status).

Newly hired team members choosing this coverage within the first 30 days of employment can choose up to \$25,000 without EOI. The cost of coverage is based on your spouse's age and the amount of coverage you have selected.

Spouse Life Insurance Monthly Rates										
Age	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$375,000	\$500,000
< 30	\$2.00	\$4.00	\$6.00	\$8.00	\$12.00	\$16.00	\$20.00	\$24.00	\$30.00	\$40.00
30-34	\$2.25	\$4.50	\$6.75	\$9.00	\$13.50	\$18.00	\$22.50	\$27.00	\$33.75	\$45.00
35-39	\$3.00	\$6.00	\$9.00	\$12.00	\$18.00	\$24.00	\$30.00	\$36.00	\$45.00	\$60.00
40-44	\$5.00	\$10.00	\$15.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00	\$75.00	\$100.00
45-49	\$8.00	\$16.00	\$24.00	\$32.00	\$48.00	\$64.00	\$80.00	\$96.00	\$120.00	\$160.00
50-54	\$13.25	\$26.50	\$39.75	\$53.00	\$79.50	\$106.00	\$132.50	\$159.00	\$198.75	\$265.00
55-59	\$21.75	\$43.50	\$65.25	\$87.00	\$130.50	\$174.00	\$217.50	\$261.00	\$326.25	\$435.00
60-64	\$27.00	\$54.00	\$81.00	\$108.00	\$162.00	\$216.00	\$270.00	\$324.00	\$405.00	\$540.00
65-69	\$47.00	\$94.00	\$141.00	\$188.00	\$282.00	\$376.00	\$470.00	\$564.00	\$705.00	\$940.00
70-74	\$76.25	\$152.50	\$228.75	\$305.00	\$457.50	\$610.00	\$762.50	\$915.00	\$1,143.75	\$1,525.00
75+	\$117.00	\$234.00	\$351.00	\$468.00	\$702.00	\$936.00	\$1,170.00	\$1,404.00	\$1,755.00	\$2,340.00

Important Note: Evidence of Insurability

Depending on the coverage level elected, underwriting approval may be required before the full benefit amount will become effective. Underwriting will require an Evidence of Insurability (EOI) questionnaire to be completed. If you have made an Optional Life Insurance or a Spouse Life Insurance election that requires EOI, you will receive instructions via email, if you have an email address on file, or via USPS if no email address is on file, to complete the EOI process online. The requested coverage amount will remain in Pending status until the EOI form is approved by The Hartford.

Please Note: ACBL will not receive your protected health information from The Hartford.

Child Life and Voluntary AD&D Insurance

Optional Child Life Insurance

Dependent child coverage is offered at either \$10,000 or \$20,000.

Coverage Level	Monthly Rate
\$10,000	\$0.26
\$20,000	\$0.52

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

The Voluntary AD&D program pays a benefit if you or a covered dependent dies or loses a limb, eyesight or the ability to speak or hear due to an accident. You may purchase coverage for yourself only or for your family at the following levels: \$10,000, \$25,000, \$50,000, \$75,000, \$100,000, \$125,000, \$150,000, \$175,000, \$200,000, \$225,000, or \$250,000.

Coverage Level	Monthly Rate	
	Employee	Family
\$10,000	\$0.36	\$0.47
\$25,000	\$0.90	\$1.18
\$50,000	\$1.80	\$2.35
\$75,000	\$2.70	\$3.53
\$100,000	\$3.60	\$4.70
\$125,000	\$4.50	\$5.88
\$150,000	\$5.40	\$7.05
\$175,000	\$6.30	\$8.23
\$200,000	\$7.20	\$9.40
\$225,000	\$8.10	\$10.58
\$250,000	\$9.00	\$11.75

Under the Voluntary AD&D Benefit, if you elect Family coverage, you are insured for the full coverage amount and your spouse and/or dependent children are covered for the amounts as detailed below:

- **Spouse and Child(ren):** 40% for your spouse only and 10% for each child of your Voluntary AD&D election amount
- **Spouse Only:** 50% of your Voluntary AD&D election amount
- **Child(ren) Only:** 15% of your Voluntary AD&D election amount for each child

Group Critical Illness

This benefit (insured by The Hartford) pays a specific dollar amount when a diagnosis of a specific illness, such as cancer, is made, or when a specific event, such as a heart attack or stroke, occurs. If you qualify for a payment, you can spend the money in any way you choose. You can use it to pay expenses not covered by the medical plan, such as day care, special transportation to/from treatments or for unique treatments. Or you can use it to pay deductibles and co-payments in the medical plan.

There are two Group Critical Illness options to choose from: the Low Option and the High Option.

Here's a summary of information about benefit amounts for each of the Group Critical Illness options:

Benefit Amounts	Low	High
Initial Critical Illness Benefits		
Heart Attack (100%) ²	\$15,000	\$30,000
Stroke (100%) ²	\$15,000	\$30,000
Coronary Artery Bypass Surgery (25%)	\$3,750	\$7,500
Major Organ Transplant (100%) ²	\$15,000	\$30,000
End Stage Renal Failure (100%)	\$15,000	\$30,000
Cancer Critical Illness Benefits		
Invasive Cancer (100%) ²	\$15,000	\$30,000
Carcinoma in Situ (25%)	\$3,750	\$7,500
Critical Illness Additional Benefit		
Second Event Initial Critical Illness Benefit ¹	Yes	Yes
Supplemental Critical Illness Benefits II		
Coma (100%) ²	\$15,000	\$30,000
Complete Blindness (100%)	\$15,000	\$30,000
Complete Loss of Hearing (100%)	\$15,000	\$30,000
Paralysis (100%)	\$15,000	\$30,000
Loss of Speech	\$15,000	\$30,000
Second Opinion Cancer Benefit	\$500	\$500
Prosthesis/Wig Benefit	\$500	\$500
Additional Benefit		
Wellness Benefit (per year)	\$50	\$50

¹Pays same amount as Initial Critical Illness Benefit

²May be eligible for a second event benefit.

Spouse benefit amounts are 50% of the basic benefit amounts listed above.

If enrolling a child in Critical Illness the face value of their benefit is \$5,000 regardless of the coverage level elected. However, benefit reductions may apply as determined by The Hartford.

Please Note: Because you pay for this benefit with Pre-Tax payroll deductions, any payment you receive may be subject to taxation. You may receive a Form 1099 from The Hartford. Please consult your tax advisor.

Group Critical Illness Plan Cost

The cost of the Group Critical Illness coverage is based on your age, the coverage option you select and your use of tobacco.

Low Option Monthly Premiums (\$15,000 basic benefit amount)									
Non-Tobacco					Tobacco				
Ages	EE	EE+SP	EE+CH	Family	Ages	EE	EE+SP	EE+CH	Family
18-24	\$4.01	\$6.55	\$4.53	\$7.20	18-24	\$5.94	\$9.60	\$6.41	\$10.17
25-29	\$5.37	\$8.60	\$6.07	\$9.45	25-29	\$7.71	\$12.29	\$8.31	\$13.02
30-34	\$6.12	\$9.74	\$6.92	\$10.70	30-34	\$9.66	\$15.25	\$10.42	\$16.15
35-39	\$7.95	\$12.48	\$8.99	\$13.72	35-39	\$13.25	\$20.73	\$14.29	\$21.95
40-44	\$10.06	\$15.66	\$11.38	\$17.21	40-44	\$16.75	\$26.02	\$18.06	\$27.56
45-49	\$10.71	\$16.64	\$12.12	\$18.29	45-49	\$17.77	\$27.60	\$19.17	\$29.22
50-54	\$19.15	\$29.34	\$21.67	\$32.24	50-54	\$32.27	\$49.58	\$34.79	\$52.50
55-59	\$17.60	\$26.99	\$19.91	\$29.67	55-59	\$31.07	\$47.79	\$33.50	\$50.61
60-64	\$30.61	\$46.58	\$34.63	\$51.19	60-64	\$53.09	\$81.22	\$57.24	\$86.00
65+	\$67.09	\$101.47	\$75.92	\$111.52	65+	\$112.12	\$170.87	\$120.89	\$180.94

High Option Monthly Premiums (\$30,000 basic benefit amount)									
Non-Tobacco					Tobacco				
Ages	EE	EE+SP	EE+CH	Family	Ages	EE	EE+SP	EE+CH	Family
18-24	\$7.00	\$11.09	\$7.48	\$11.67	18-24	\$10.79	\$17.01	\$11.22	\$17.53
25-29	\$9.75	\$15.22	\$10.41	\$16.01	25-29	\$14.31	\$22.40	\$14.88	\$23.08
30-34	\$11.25	\$17.50	\$12.02	\$18.41	30-34	\$18.23	\$28.38	\$18.96	\$29.24
35-39	\$14.93	\$23.04	\$15.96	\$24.24	35-39	\$25.50	\$39.42	\$26.53	\$40.61
40-44	\$19.17	\$29.43	\$20.48	\$30.97	40-44	\$32.54	\$50.14	\$33.84	\$51.67
45-49	\$20.48	\$31.41	\$21.88	\$33.05	45-49	\$34.60	\$53.27	\$35.98	\$54.88
50-54	\$37.46	\$57.01	\$40.02	\$59.98	50-54	\$63.80	\$97.72	\$66.85	\$100.69
55-59	\$34.32	\$52.29	\$36.67	\$55.01	55-59	\$61.39	\$94.05	\$63.85	\$96.91
60-64	\$60.48	\$91.74	\$64.62	\$96.52	60-64	\$105.62	\$161.44	\$109.85	\$166.34
65+	\$133.82	\$202.34	\$142.98	\$212.88	65+	\$224.38	\$342.30	\$233.37	\$352.69

Please Note: Because you pay for this benefit with Pre-Tax payroll deductions, any payment you receive may be subject to taxation. You may receive a Form 1099 from The Hartford. Please consult your tax advisor.

Group Accident

This benefit (insured by The Hartford) is designed to supplement your medical plan by paying benefits in the event of an accident that requires medical services. The program pays benefits directly to you – in addition to any benefits from the ACBL health care plan – that can help you cover your deductible, or pay for things such as transportation, over-the-counter medicine, day care or sitters, and extra help around the house.

There are two Group Accident options for you to choose from: the Low Option and the High Option. Here are selected benefits for each of the Group Accident options.

Base Accident Benefit Highlights*	Low	High
Accidental Death¹	\$20,000	\$40,000
Common Carrier Accidental Death¹	\$100,000	\$200,000
Dismemberment^{1, 2}	Up to \$20,000	Up to \$40,000
Dislocation and Fracture^{1, 2}	Up to \$2,000	Up to \$4,000
Hospital Admission³	\$1,000	\$2,000
Daily Hospital Confinement⁴	\$100	\$200
Intensive Care⁷	\$200	\$400
Regular Ambulance	\$100	\$200
Air Ambulance	\$300	\$600
Accident Initial Physician Treatment	\$50	\$100
X-Ray	\$100	\$200
Emergency Room Services	\$100	\$200

Base Enhancement Highlights*	Low	High
Lacerations⁵	Up to \$50	Up to \$100
Burns	\$500	\$1,000
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)³	\$50	\$100
Physical Therapy⁶	\$30	\$60
Preventive Care Screening Benefit⁸	\$50	\$50

* Benefits are payable once per covered accident, per covered person, unless otherwise noted

¹ Spouse benefit is 50% of amount listed. Child benefit is 25% of amount listed

² Based on amounts shown in the injury benefit schedule, as shown in The Hartford Benefits brochure and/or certificate of coverage

³ Once per covered person, per accident, per year

⁴ Per day, max. 365 days

⁵ Once per covered person, per year

⁶ Per day, max. 10 treatments per accident, per covered person. Physical Therapy treatment must begin within 90 days of the accident, or within 90 days after the date on which the physician prescribes PT following surgery or other medical treatment for injury as a result of an accident.

⁷ Up to 30 days per accident/365 lifetime. After 30 days benefit transfers to Daily Hospital Confinement

⁸ Maximum of 2 visits per covered family member.

Please Note: Because you pay for this benefit with Pre-Tax payroll deductions, any payment you receive may be subject to taxation. You may receive a Form 1099 from The Hartford. Please consult your tax advisor.

Group Accident Plan Cost and Wellness

Cost

The monthly Group Accident rates for the Low and High Options are listed below:

Group Accident Monthly Premiums	Low	High
Employee	\$6.51	\$12.94
Employee + Spouse	\$9.48	\$18.84
Employee + Children	\$8.82	\$17.49
Family	\$13.97	\$27.71

Please Note: Because you pay for this benefit with Pre-Tax payroll deductions, any payment you receive may be subject to taxation. You may receive a Form 1099 from The Hartford. Please consult your tax advisor.

Group Accident Wellness Benefit

The Group Accident Plan has a wellness benefit that rewards you, and your family, for taking steps to live a healthy life! Each person covered by the plan is eligible to submit up to two wellness claims per year for a \$50 per visit wellness reward. Each *person* can submit a maximum of two claims per year, but there is no maximum number of visits that the family can submit.

Eligible visits can include, but are not limited to:

- Annual Physical
- ACBL Wellness Screening
- Dental Checkup
- Vision Checkup
- and more!



To access the Group Accident Wellness Claim Form, visit www.bargeacbl.com/acbl-benefits and select "Group Accident Wellness Claim Form"

Disability

Short-Term Disability/Pay Continuation

Short-Term Disability (STD)/Pay Continuation benefits provide income protection in the event of an extended illness or injury. *This benefit is available to you, free of charge.* Important details to consider:

- STD/Pay Continuation benefits are equal to a percent of your base salary, based on years of service for up to 26 weeks. These payments are taxable.
- If you are still disabled after 26 weeks, you may qualify for Long-Term Disability (LTD) benefits, if applicable.
- STD/Pay Continuation benefits are limited to 26 weeks of benefit in a rolling 24-month period.
- You must be employed for 12 months before you are eligible for STD/Pay Continuation.
- Illnesses related to COVID-19 will not be eligible for STD if you are not vaccinated.

Continuous Years of Service	Short Term Disability Benefit
Less Than 1 Year	No Benefit
Less Than 3 Years	55% of Base Salary
Less Than 10 Years	60% of Base Salary
10+ Years	65% of Base Salary

Your Long-Term Disability (LTD) Plan

Long-Term Disability (LTD) insurance provides you with long-term income protection if you become disabled from a covered injury or sickness. This insurance has a pre-existing condition clause that does not provide insurance for the first 12 months of coverage for any condition that you received treatment for in the 12 months prior to coverage beginning. Your coverage under this program is equal to 50% of your base salary, up to a maximum monthly benefit of \$15,000. *The company pays the full cost of this coverage.*

You have two options for LTD coverage:

- You can choose the **taxable payments**, meaning you'll receive 50% of your base salary minus the applicable taxes if you become disabled.

OR

- You can choose to take the **tax-free payments**, meaning you'll receive the full 50% of your base salary if you become disabled.

Note: If you choose the tax-free payments option, you will be required to pay "imputed income tax" on the value of the benefit premium, regardless if you become disabled. In other words, the amount ACBL pays in premiums for your coverage will be added to your taxable wages. For example, if ACBL pays \$100 in premiums, your taxable wages would increase by \$100. Imputed income is reported on your annual Form W-2.

Example of Benefits Received Under Each of the LTD Options

The chart below assumes you make \$30,000 a year and that ACBL pays \$221/year in premiums for your LTD coverage. This example is provided for illustrative purposes only. The amount you receive will depend on your base salary and tax rates.

	50% Taxable Payments	50% Tax-Free Payments
Annual benefit if become disabled	\$15,000	\$15,000
Taxes paid on benefit	(\$3,750)	\$0
Net annual benefit if disabled	\$11,250	\$15,000

Your Cost

	50% Taxable Payments	50% Tax-Free Payments
Annual premium deduction (full cost paid by ACBL)	\$0	\$0
Imputed income	\$0	\$221
Increase in annual payroll tax	\$0	\$55.25

Examples based on \$30,000 salary and a 25% tax rate. Your specific situation will differ based on your salary and tax rate.

Other Benefits and Services

ACBL is pleased to offer a variety of other benefits and services, which are explained below.



Employee Assistance Program

You and your family members have access to the ACBL Employee Assistance Program (EAP). The EAP can help you address small concerns before they become big problems. Whether the challenge is big or small, the EAP provides the tools you need to invest in your own health and well-being. Referrals and support are available for dealing with:

- Family and relationship concerns
- Workplace conflicts
- Substance use and abuse
- Stress and anxiety
- Financial and legal concerns

One confidential toll-free phone call to **866-248-4094** is all it takes to reach an expert professional who will consult with you and recommend the right resources for your specific needs. You can also go online at **www.liveandworkwell.com**. You also can receive up to three pre-paid in-person counseling sessions. *This program is fully paid by ACBL and available to all team members at no cost.*

MetPay Voluntary Benefits Programs

MetLaw

Need help with legal matters? Consider the group legal plan, MetLaw. With MetLaw you have access to more than 15,000 participating attorneys nationwide who can help you with estate planning, real estate matters, identity theft, traffic offenses, family law, document review and more - with no out of pocket expense for attorneys fees for "covered" matters. The monthly premium for the plan is \$16.50. If you prefer, you can use an attorney who doesn't participate in the network, and you'll be reimbursed up to a certain dollar amount for your attorney's fees.

	Monthly Cost
Coverage	\$16.50

Auto & Home Insurance

MetLife's Auto & Home Insurance program offers special group rates and discounts to help you save on your auto insurance and protect your personal assets.

Visit **www.metlife.com/mybenefits** or call **800-438-6388** to learn more about MetPay programs or enroll in Auto/Home Insurance.

Allstate Identity Protection

Allstate Identity Protection, formerly InfoArmor, provides industry-leading identity and credit monitoring product to quickly alert you of suspicious activity that could indicate theft or fraud. Features include dark web monitoring, social media monitoring, credit monitoring, financial transaction monitoring, 24/7 Privacy Advocate support, and a \$1 million identity theft insurance policy to reimburse you for any out-of-pocket costs associated with restoring your identity.

Coverage Tier	Monthly Cost
Employee Only	\$7.95
Employee + Family	\$13.95

401(k) Retirement Plan

You can enroll in or change your contributions to the 401(k) Plan at any time. Please visit www.Principal.com or call **800-986-3343** to enroll or make changes to your 401(k) account.

The 401(k) Plan offers:

- **Tax saving options** – Your contributions to the Plan can be deducted from your pay before taxes are taken out, which reduces your taxable income and, therefore, your taxes.
- **Investment choice** – You can select from a wide-range of investment options, from conservative to aggressive.
- **Flexibility** – You can contribute between 1% and 50% of your pay, subject to IRS limitations \$19,500 a year (limits subject to change annually). If you will be age 50 or older during the calendar year, you may be able to contribute up to an additional \$6,500 (limits subject to change annually) to the plan, even if you have already hit IRS limits. You can change your contribution rate and investment direction at any time.
- Roth contributions are made with after-tax dollars. The good news is that the balance of your Roth contributions and any earnings are not taxed when you take a qualified distribution* - generally in retirement.

**Roth qualified distributions – A qualified distribution is tax-free if taken at least five years after the year of your first Roth contribution and you've reached age 59½, become totally disabled, or died. If your distribution is not qualified, any withdrawal from your account will be partially taxable. These rules apply to Roth distributions only from employer-sponsored retirement plans. Additional plan distribution rules apply.*

Company Matching Contributions

- ACBL will provide an employer matching contribution of \$1.00 for every dollar you contribute, up to 2% of your pay, and \$0.50 for every dollar you contribute on the next 4% of your pay. While you can contribute from 1% to 50% of your pay, a 6% election will maximize your ACBL matching contribution.
- Matching contributions will be made on your Pre-tax and/or Roth deferrals.
- ACBL matching contributions will be contributed to your account in the plan on a pre-tax basis per payroll and will be invested according to the current pre-tax investment elections you have on file with Principal.
- ACBL matching contributions will have a three-year cliff vesting schedule.

Vesting for the Company Matching Contributions

Vesting refers to “ownership” of a benefit from your plan. You are always fully vested in your Pre-Tax and/or Roth deferral contributions and any contributions that had been made to your account prior, such as safe harbor matching contributions.

- “Three year cliff vesting” means once you work for ACBL for at least three years, your ACBL matching contributions become 100% vested. However, if you were to terminate employment before you work three years with ACBL, you will forfeit all of the ACBL matching contributions made.
- Prior service with ACBL will count toward the three-year vesting requirement.

Make sure you're prepared for retirement.
Visit www.Principal.com
or scan the QR code



Special Enrollment Rights and Legal Notices

General Notice of Special Enrollment Rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Your Special Enrollment Rights – If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 60 days after your other coverage ends as a result of:

- Loss of eligibility (due to such reasons such as death of a spouse, divorce, legal separation, termination of employment, reduction in the number of hours of employment, or reaching the lifetime maximum for all benefits), or
- Cessation of the employer's contributions to such coverage (regardless of whether you or an eligible dependent lost eligibility for such coverage), or
- Exhaustion of COBRA continuation coverage.
- You and/or an eligible dependent must request enrollment within 60 days after the loss of coverage (or within 60 days after the claim for benefits was denied in the case of reaching the lifetime maximum).

Qualifying Life Events

If you need to enroll in coverage or drop coverage for yourself or your spouse/dependents during the year, you can do so by completing the enrollment process AND providing any supporting documentation within 60 days of the life event. Coverage changes will become effective:

- The day of the life event for birth, adoption and death
- The first day of the pay period after the enrollment process is completed and supporting documentation is provided for all other qualified life events.

If the enrollment process is not completed or the supporting documentation is not provided within 60 days of the date of the life event, you must wait until the following annual enrollment to make changes to your coverages.

Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP), or you or your dependents become eligible for a premium assistance subsidy through these programs to pay for the cost of plan coverage, you may be able to enroll for coverage during the plan year, even if you previously declined coverage. This special enrollment right will be extended to you only if you enroll within 60 days of the date you lose eligibility or the date you are determined to be eligible for premium assistance.

Patient Protection Notice

The ACBL Health Care Plan generally does not require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you and/or your family members.

You do not need prior authorization from the ACBL Health Care Plan or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional; however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For information on how to select a health care provider or for a list of participating health care providers (including those who specialize in obstetrics or gynecology), contact UnitedHealthcare (UHC) at **844-331-9209** or online at **www.myuhc.com**.

Important Resources

Subject	Contact	By Phone	Websites/Emails
Medical Benefits	UnitedHealthcare	844-331-9209	www.myuhc.com
Prescription Drug Benefits	Express Scripts	844-536-9182	www.express-scripts.com
ACBL Wellness (Destination Health)	Virgin Pulse	888-671-9395	www.ACBLWellness.com
Group Critical Illness	The Hartford	866-547-4205	www.thehartford.com/benefits/myclaim
Group Accident	The Hartford	866-547-4205	www.thehartford.com/benefits/myclaim
Dental Benefits	Delta Dental of IN	800-524-0149	www.deltadentalin.com
Vision Benefits	VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts Health Savings Account	WEX Benefits	866-451-3399	www.wexinc.com
Life and AD&D Insurance	The Hartford	888-563-1124	
Auto and Home Insurance	MetLife	800-438-6388	www.metlife.com/mybenefits
Group Legal Plan	MetLife Legal	800-821-6400	www.legalplans.com
Identity Protection	Allstate Identity Protection	800-789-2720	www.myaip.com
Employee Assistance Program	Optum	866-248-4094	www.liveandworkwell.com
Long-Term Disability (LTD)	Mutual of Omaha	800-877-5176	
STD/Pay Continuance/FMLA	ACBL Leaves Department	812-288-1840	ACBLLeaves@BargeACBL.com
401(k)	Principal	800-986-3343	www.principal.com
Pension Plan	ACBL Pension Service Center	812-799-2236 Ext 1	ACBLBenefits@BargeACBL.com
General Inquiries	ACBL Benefits Department	812-799-2236 Ext 5	ACBLBenefits@BargeACBL.com
Employee Self Service/Ultipro			ACBL.Ultipro.com
Payroll	ACBL Payroll Department	812-288-0275	ACBLPayroll@BargeACBL.com

Smart Phone Apps

Digital App Store
Links

Apple

Google



UKG Pro (UltiPro)

- Access pay statements
- Access relevant information & tools



UnitedHealthcare

- View and share member health plan ID card information
- Search for physicians or facilities by location or specialty
- Check status of deductible and out-of-pocket spending



Express Scripts

- Refill your prescription
- Helps you stay on track with taking your medication as prescribed
- Locate a pharmacy



Delta Dental Mobile

- View claims, coverage, and ID cards
- Search for a local dentist
- View and select open appointment times with participating dentists



Principal

- Enroll in 401(k), update deferral and change investment direction
- View current 401(k) balance
- Review claims



Virgin Pulse

- Track your steps, active minutes, calories burned, and sleep
- Track your program rewards and progress to the next milestone
- Complete a journey or track a healthy habit



WEX

- FSA and HSA management
- View and submit claims
- Upload supporting documents (if needed)



