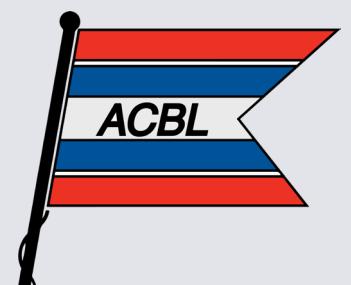




2025 BENEFITS GUIDEBOOK



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HOW TO ENROLL

WEB INSTRUCTIONS

- Log in at mybargeacbl.com/UKG using your ACBL email and password.
- Navigate to the menu on the left.
Note: If you are completing Open Enrollment on your phone, please do so through the UKG Pro mobile app. Instructions below.
- Use the single person icon to navigate to the “Myself” Menu.
 - Select the **Benefits** section
 - Choose **Manage My Benefits**
 - Click **Get Started**
- 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** to 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. You will need to complete all benefits before being allowed to finish.

MOBILE APP INSTRUCTIONS

- To access your benefits in the UKG Mobile App:
 - Open the app
 - Click on **Benefits**
 - Click on **Update my benefits**

If you have any 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.

NEW HIRE DEFAULT ENROLLMENT

IMPORTANT: Newly hired or newly eligible Team Members who do not complete the enrollment process within 30 days will automatically be enrolled in:

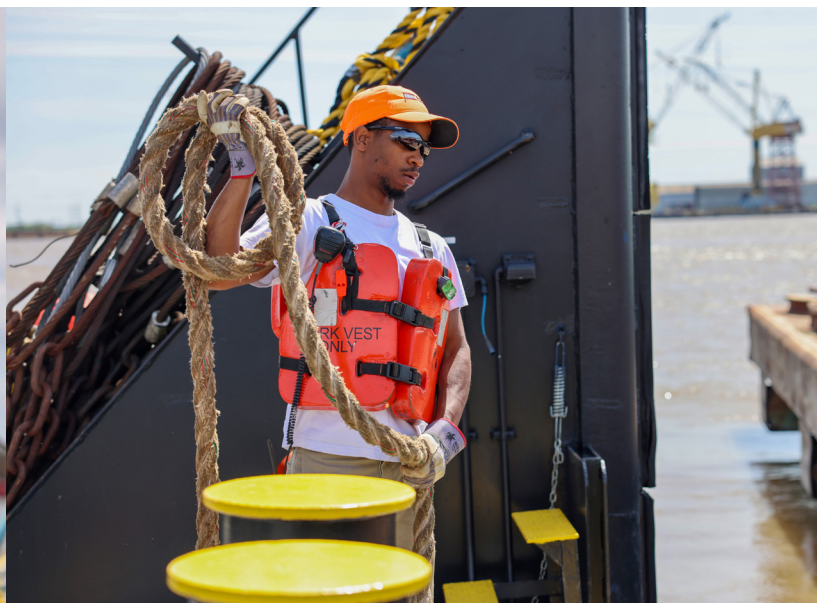
- Team Member Only Basic PPO Medical
- \$50/month Tobacco Surcharge
- Basic Life
- Basic Accidental Death & Dismemberment
- Long Term Disability

If you miss the deadline to enroll, no family members will be enrolled in any benefits and you will not be able to make any changes to your benefits until the next Open Enrollment period unless you have a qualified life event.

COMPENSATION FOR BENEFITS PURPOSE

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, 2024 or your hire date, whichever is later.

IF YOU ARE A:	THEN YOUR ANNUAL SALARY WILL BE:
Mainline Team Member	Daily rate x 182.5 days
Fleet Team Member	Daily rate x 243 days



YOUR BENEFITS

EFFECTIVE DATES

Your benefits take effect January 1, 2025, or after 30 days of continuous employment, whichever is later. 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 for your spouse or child, and they are 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 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 of whether the child has access to coverage under another employer's insurance.

PAYING FOR YOUR BENEFITS

Each benefit you elect has an associated Team Member 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, your HSA and the 401(k) Plan.
- **After-tax** deductions include Optional Life Insurance, Dependent (Spouse/Child) Life Insurance, Allstate Identity Protection, LegalEase Legal Plan, 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 Continuance and Long Term Disability**) at no cost to you.

IMPORTANT NOTE!

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

*Includes same-sex marriages, and common-law marriages in states that recognize them. 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 regulation to include the amount of this income in your wages. Income tax will be withheld from each of your regular paychecks, and the amount of your imputed income will be included as part of your taxable wages on your W-2 statement.

YOUR BENEFITS

YOUR ENROLLMENT ELECTIONS

You must submit enrollment elections during the Benefits Open 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

IMPORTANT NOTE:

Changes to your benefits can only be made during the Benefits Open Enrollment period, unless you experience a qualified life event. Qualified life events include birth, adoption, marriage, divorce, or special enrollment rights as required by HIPAA. If you experience a qualified life event, you must enroll within 60 days of the event. Otherwise, you will not be able to change your elections until the next annual enrollment period.* Changes to HSA Contributions can be made at any time throughout the year.

ENROLLING NEW DEPENDENTS

If you choose to add dependents to your coverage, either during Benefits Open Enrollment or due to a qualified life event, 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.



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

MEDICAL PLANS AT A GLANCE

VALUE HDHP	BASIC PPO	PREMIUM PPO
Medical	Medical	Medical
Free Preventive Care	Free Preventive Care	Free Preventive Care
Highest Deductible	Mid-Level Deductible	Lowest Deductible
Lowest Paycheck Deductions	Mid-Level Paycheck Deductions	Highest Paycheck Deductions
Deductible & Co-insurance	Deductible & Co-insurance	Mostly Co-payments
HSA Eligible	Not eligible for HSA	Not eligible for HSA
Only eligible for a limited-purpose FSA See page 13 for more information	FSA Eligible	FSA Eligible
Prescription	Prescription	Prescription
Automatically included with the Value HDHP (pg 12)	Automatically included with the PPO Plans (pg 9)	Automatically included with the PPO Plans (pg 9)
Combined deductible with your Medical Coverage	Copays for most prescriptions	Copays for most prescriptions
Prescriptions are not covered until the combined deductible is met	No deductible	No deductible



2025 MEDICAL PLAN COST

MEDICAL PLANS	MONTHLY RATE GOLD WELLNESS	MONTHLY RATE SILVER WELLNESS	MONTHLY RATE NO WELLNESS
VALUE HDHP			
Team Member Only	FREE	\$50.00	\$100.00
Team Member + Spouse	\$105.00	\$205.00	\$305.00
Team Member + Child(ren)	\$80.00	\$130.00	\$180.00
Family	\$160.00	\$260.00	\$360.00
BASIC PPO			
Team Member Only	\$80.00	\$130.00	\$180.00
Team Member + Spouse	\$220.00	\$320.00	\$420.00
Team Member + Child(ren)	\$180.00	\$230.00	\$280.00
Family	\$320.00	\$420.00	\$520.00
PREMIUM PPO			
Team Member Only	\$150.00	\$200.00	\$250.00
Team Member + Spouse	\$380.00	\$480.00	\$580.00
Team Member + Child(ren)	\$320.00	\$370.00	\$420.00
Family	\$550.00	\$650.00	\$750.00

Note: The Team Member and Spouse Wellness are independent of one another. Please see page 15 to learn more about ACBL's Wellness Program.

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 as other coverage.

Tobacco Users: Unless you (and your spouse, if covered) indicate during the enrollment process that you are tobacco-free, you will be required to pay an additional \$50 per month (per tobacco user). If you complete the tobacco cessation program, you will receive a \$50 per month credit the pay period after ACBL receives notice that the program has been successfully completed. See page 15 for more information.

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 credit you \$30 per month (taxable income). To receive the \$30 per month credit, you must verify annually that you have other coverage.

MEDICAL 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)	\$3,300/\$6,600	\$6,600/\$13,200	\$1,500/\$3,000	\$3,000/\$6,000	\$750/\$1,500	\$1,500/\$3,000
Member Coinsurance (What you pay)	20% up to out-of-pocket maximum	50% covered	25% up to out-of-pocket maximum	50% covered	20% up to out-of-pocket maximum	50% covered
Out-of-Pocket Maximum (individual/family)	\$6,600/\$13,200	Unlimited	\$4,000/\$8,000	Unlimited	\$4,000/\$8,000	Unlimited
Annual Maximum	Unlimited		Unlimited		Unlimited	
PERCENTAGE COVERED AFTER THE DEDUCTIBLE IS MET (UNLESS OTHERWISE NOTED)						
Primary Doctor Office Visit	80%	50%	75%	50%	\$25 copay	50%
Virtual Visit	80%	Not covered	No charge	Not covered	No charge	Not covered
Specialty Doctor Office Visit	80%	50%	75%	50%	\$35 copay	50%
Wellness Visits (Adults and child)	No charge	50%	No charge	50%	No charge	50%
Urgent Care	80%	50%	75%	50%	50%	50%
Preventive Care Services	No charge	50%	No charge	50%	No charge	50%
Emergency Room (No admission)	80%		75%		\$250 copay unless admitted to hospital. If admitted, co-insurance applies.	
Hospital (inpatient, semi-private room)	80%	50%	75%	50%	80%	50%
Outpatient Surgery	80%	50%	75%	50%	\$250 copay	50%
Outpatient Diagnostic, Lab, X-ray	80%	50%	75%	50%	80%	50%
Occupational or Speech Therapy	80% Max 36 visits each per year	50% Max 36 visits each per year	75% Max 36 visits each per year	50% Max 36 visits each per year	\$35 copay Max 36 visits each per year	50% Max 36 visits each per year
Physical Therapy	80%	50%	75%	50%	\$35 copay	50%
Chiropractic	80% Max 12 visits per year	50% Max 12 visits per year	75% Max 12 visits per year	50% Max 12 visits per year	\$35 copay Max 12 visits per year	50% Max 12 visits per year
Outpatient Mental Health and Substance Abuse Treatment	80%	50%	\$10 copay	50%	\$10 copay	50%

PPO PRESCRIPTION COVERAGE

Both the Premium PPO Plan and the Basic PPO Plan have the same prescription drug coverage, which is provided through Express Scripts. The below benefit does **not** apply to the Value HDHP Plan (see page 12 for the Value HDHP Prescription plan).

EXPRESS SCRIPTS DRUG PLAN	RETAIL PHARMACY	HOME DELIVERY PHARMACY
Each Generic Prescription	\$10 copay	\$25 copay
Each Formulary (brand-name) Prescription	\$40 copay	\$100 copay
Each Non-Formulary (Brand-name) Prescription	\$75 copay	\$190 copay
Each Specialty Medication Prescription*	20% coinsurance; \$150 maximum for a 34 day supply/\$300 maximum for a 100 day supply.	
Out-of-Pocket Maximum	Individual \$4,000 / Family \$8,000	
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

Out-of-Pocket Maximums do not apply to out-of-network pharmacies.

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 out-of-pocket maximum.

Birth control 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 Plan or that require prior authorization or step therapy.



Team Members and spouses enrolled in the Premium PPO or Basic PPO are eligible to enroll in SaveOnSP. SaveOnSP is a coupon service that provides discounts on specialty prescriptions. Contact SaveOnSP at 1-800-683-1074 for more details.

* 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.

FLEXIBLE SPENDING ACCOUNT (FSA)

A Flexible Spending Account (FSA) lets you save on health and dependent care expenses using before-tax money. There are three kinds of FSAs available - a Health Care FSA, a Dependent (Day) Care FSA, and a Limited Purpose Health Care FSA. The Limited Purpose Health Care FSA is only available with the Value HDHP. See page 13 for more information.

EVERYDAY SAVINGS

Saving is simple! When you enroll in an FSA, you set aside some of your pay before taxes to use on eligible expenses. For the Health Care FSA, you can contribute up to \$3,300 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.

Health Care FSA (Basic & Premium Plans)

- Prescriptions and over-the-counter medicines
- Co-payments, coinsurance, and deductibles - but not 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

Dependent (Day) Care FSA (available with any health plan option)

- 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 for reimbursement from your Dependent Care account. You must have the required balance in your account before a reimbursement can be made.

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.

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, just a dependent (day) care account, or both - and choose how much to set aside in each. For more information regarding the FSA, visit www.wexinc.com or call (866) 451-3399 (Monday through Friday, 6:00 a.m. - 9:00 p.m. CST).

USE IT OR LOSE IT

IRS Rules require that you forfeit unspent account funds. You will be eligible to rollover up to \$500 in unused Health Care FSA dollars. **Any amount over \$500 will be forfeited at year end.**

Save Your Receipts!

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

VALUE HIGH DEDUCTIBLE HEALTH PLAN

The Value High Deductible Health Plan (HDHP) is designed to offer you high quality health care at a low cost.

WHAT TO KNOW

With the Value HDHP plan, you will pay for your initial medical cost (except for preventive care) 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 Value HDHP will pay 100% of in-network charges for the remainder of the plan year.

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 towards your deductible and no copays as long as you receive preventive care from in-network providers.

ACCESS TO THE HSA

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 the HSA is optional. You are only eligible to open a Health Savings Account if you are enrolled in the Value HDHP. See page 13 for more details.

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 80% until you reach your out-of-pocket maximum.

Free Medical Option!

Team Members who enroll in the Team Member Only Value HDHP medical plan and complete Silver and Gold Wellness will receive \$100 per month credit, canceling out their monthly medical premiums.*



*Cost after Wellness credits are applied. See page 15 for more details about our Wellness Program. 11

VALUE HDHP PRESCRIPTION COVERAGE

The Value HDHP Medical Coverage includes this Value HDHP Prescription Coverage provided through Express Scripts. The 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 Deductible	Combined with Medical Deductible	
Each Generic Prescription	80% covered after deductible	
Each Formulary (brand-name) Prescription	80% covered after deductible	
Each Non-Formulary (brand-name) Prescription	80% covered after deductible	
Each Specialty Medication*	80% covered after deductible \$150 maximum for a 34 day supply \$300 maximum for 100 day supply	
Out-of-Pocket Maximum	Individual \$6,600/Family \$13,200 (shared with medical plan)	
Each Tobacco Cessation Product Prescription**	100% covered (no copay or deductible)	
Maximum Day Supply (each prescription)	34 days	100 days



- Out-of-Pocket Maximums do not apply to out-of-network pharmacies.
- 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 (generic and single-source brand) will be available at no cost (with no copay or deductible required).

*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.

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.

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's an HSA-qualified plan.
- Cannot be enrolled in a traditional health care FSA in 2025. However, you may still be eligible for a Limited Purpose FSA.
- 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.

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 2025 are as follows:

- Up to \$4,300 for Team Member only coverage
- Up to \$8,550 if you cover dependents
- You can contribute an additional \$1,000 to these limits if you are 55 or older

Tax Savings Opportunities

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

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

LIMITED PURPOSE FSA

(Only available with Value HDHP)

- Unlike a traditional FSA, a Limited Purpose FSA can be used with an HSA.
- Can only use for non-medical healthcare expenses such as dental and vision claims.

*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 the 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.

COMPARING THE HSA & FSA

There are two types of health care savings plans; FSA and HSA. Both savings plans are administered through WEX Benefits.

ELIGIBILITY

Eligibility for the savings plans depend on which medical plan you are enrolled in.



VALUE HDHP	BASIC PPO	PREMIUM PPO
HSA Dependent (Day) Care FSA Limited Purpose FSA	Health Care FSA Dependent (Day) Care FSA	Health Care FSA Dependent (Day) Care FSA

Comparing the HSA and FSA

The Health Savings Accounts (HSAs) and Healthcare Flexible Spending Accounts (FSAs) have different rules.

	HSA	HEALTHCARE FSA
Change Contribution at Any Time	Yes	No
Accessing the Money	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 the year, with the ability to rollover up to \$500
Yearly Limit	Individual: \$4,300 Family: \$8,550	\$3,300

WELLNESS PROGRAM

PERSONIFY HEALTH (FORMERLY KNOW AS (FKA) VIRGIN PULSE)

ACBL's Wellness Program is administered through Personify Health (fka Virgin Pulse). With over 6,000 companies using the service, you can trust that your health information is safe and private.



Participate in the ACBL Wellness Program to earn up to \$100 per month (per eligible Team Member and per spouse). There are two levels of Wellness that can be reached.

SILVER WELLNESS

Earn \$50/month

Required:

1. Health Check Survey
2. Biometric Screening



GOLD WELLNESS

Earn an additional \$50/month

Required:

1. Complete Silver Wellness
2. Earn 6,000 points in Personify Health

REMOVING THE TOBACCO SURCHARGE

If you and/or your spouse use tobacco, the tobacco surcharge can be removed by completing a "Be Tobacco-Free Coaching Session" through Personify Health. Visit [ACBLWellness.com](https://www.acblwellness.com) for more information.

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 the wellness credits. If you are unable to participate in the Wellness Program 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 Benefits Team at ACBLBenefits@bargeacbl.com.

Privacy and Confidentiality

All medical information obtained through the Wellness Program will be maintained by the wellness provider, Personify Health. 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) Wellness Program 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 Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others. No information you provide as part of the Wellness Program will be used in making any employment decision.

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. You can contact Delta Dental of Indiana at (800) 524-0149 or visit www.DeltaDentalIN.com.

DENTAL FEATURE	BASIC DENTAL OPTION	PREMIUM DENTAL OPTION
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Annual Maximum Benefit	\$1,000	\$2,000
Preventative 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 (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 and Customary charges.

COVERAGE TIER	BASIC DENTAL OPTION	PREMIUM DENTAL OPTION
Team Member Only	\$16.73	\$24.22
Team Member + Spouse	\$33.47	\$48.47
Team Member + Child(ren)	\$46.17	\$66.74
Family	\$66.30	\$95.95



CHOICE VISION PLAN

ACBL offers the VSP Choice 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	CHOICE OUT-OF-NETWORK ALLOWANCE
EXAM	Every Calendar Year	\$10 copay	\$45
LENSES			
SINGLE	Every Calendar Year	\$20 copay	\$30
LINE BIFOCAL	Every Calendar Year	\$20 copay	\$50
PROGRESSIVE	Every Calendar Year	\$0 copay	\$50
LINED TRIFOCALS	Every Calendar Year	\$20 copay	\$65
LENTICULAR	Every Calendar Year	\$20 copay	\$100
FRAMES	Every Other Calendar Year	100% up to \$160 retail, the 20% discount on excess	\$70
CONTACTS (IN LIEU OF FRAMES AND LENSES)	Every Calendar Year	100% up to \$160; fitting and evaluation copay not to exceed \$60	\$105
CONTACTS - MEDICALLY NECESSARY (IN LIEU OF FRAMES AND LENSES)	Every Calendar Year	\$20 copay	\$210

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

- 20% savings on additional glasses and sunglasses from the same provider.
- Discounts on laser vision correction procedures (such as LASIK and PRK) from contracted facilities.

COVERAGE TIER	MONTHLY COST
Team Member Only	\$10.08
Team Member + Spouse	\$14.44
Team Member + Child(ren)	\$17.29
Family	\$27.64



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 \$50,000. 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. Any election greater than \$500,000 or 5x your annual salary will require Evidence of Insurability (EOI). If the current election is under \$500,000, you can increase one tier without an EOI. Any additional increase beyond one tier will require an 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 5x annual base salary or \$500,000, if applicable without EOI.

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

MONTHLY RATES BY AGE

AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
RATE PER \$1,000	\$0.08	\$0.09	\$0.12	\$0.20	\$0.32	\$0.53	\$0.87	\$1.08	\$1.88	\$3.05	\$4.68

Example: A 42 year old with \$100,000 of coverage
 $\$100,000 \times \$0.20 / \$1,000 = \$20/\text{month}$

The enrollment system will calculate the payments for you!

CHOOSE A BENEFICIARY

Don't forget to choose a beneficiary for your policy. This can be done in UKG.

COVERAGE OPTIONS

\$50,000	\$400,000
\$100,000	\$500,000
\$150,000	\$600,000
\$200,000	\$750,000
\$300,000	\$1,000,000

IMPORTANT NOTE: EVIDENCE OF INSURABILITY

Depending on the coverage level elected, underwriting approval may be required before the full benefit amount will be effective. The Hartford may 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 by email or USPS to complete the EOI process online. The requested coverage amount will remain in Pending status until the EOI form is approved by The Hartford.

SPOUSE LIFE INSURANCE

You may elect life insurance coverage for your spouse. Coverage for your spouse may not exceed 50% of the sum of your Basic Life Insurance and your Optional Group Life Insurance. If you elect more than \$100,000 in coverage, Evidence of Insurability (EOI) is required. If your current election is under \$100,000, you can increase by one tier without an EOI. Any additional increase beyond one tier will require an EOI.



Newly hired or newly eligible Team Members choosing this coverage within the first 30 days of employment can choose up to \$100,000 without EOI. The cost of coverage is based on your spouse's age and amount of coverage you have selected.

MONTHLY RATES BY AGE											
AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
RATE PER \$1,000	\$0.08	\$0.09	\$0.12	\$0.20	\$0.32	\$0.53	\$0.87	\$1.08	\$1.88	\$3.05	\$4.68

Example: A 42 year old with \$100,000 of coverage.
 $\$100,000 \times \$0.20 / \$1,000 = \$20/\text{month}$

The enrollment system will calculate the payments for you!

COVERAGE OPTIONS	
\$25,000	\$200,000
\$50,000	\$250,000
\$75,000	\$300,000
\$100,000	\$375,000
\$150,000	\$500,000

Important Note: Evidence of Insurability

Depending on the coverage level elected, underwriting approval may be required before the full benefit amount will be effective. The Hartford may 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 by email or USPS to complete the EOI process online. The requested coverage amount will remain in pending status until the EOI form is approved by The Hartford.

CHILD LIFE AND AD&D INSURANCE

OPTIONAL CHILD LIFE INSURANCE

Dependent child life insurance coverage is offered at either \$10,000 or \$20,000. If child life insurance is elected, all children in the enrollment system will be covered under the plan with no additional cost per child.

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.

COVERAGE LEVEL	MONTHLY RATE	
	INDIVIDUAL	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 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



CRITICAL ILLNESS BENEFIT

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. You can also 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.

BENEFIT AMOUNTS	LOW	HIGH
CRITICAL ILLNESS BENEFITS		
Heart Attack (100%)*	\$15,000	\$30,000
Stroke (100%)*	\$15,000	\$30,000
Coronary Artery Bypass Surgery (25%)	\$3,750	\$7,500
Major Organ Transplant (100%)*	\$15,000	\$30,000
End Stage Renal Failure (100%)	\$15,000	\$30,000
Bone Marrow Transplant (25%)	\$3,750	\$7,500
CANCER BENEFITS		
Invasive Cancer (100%)*	\$15,000	\$30,000
Non-Invasive Cancer (25%)	\$3,750	\$7,500
CRITICAL ILLNESS ADDITIONAL BENEFIT		
Second Event Initial Critical Illness Benefit**	Yes	Yes
OTHER SPECIFIED CRITICAL ILLNESS BENEFITS		
Coma (100%)*	\$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

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.

* May be eligible for a second event benefit

** Pays same amount as Initial Critical Illness Benefit

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				
Age	TM	TM+SP	TM+CH	Family	Age	TM	TM+SP	TM+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				
Age	TM	TM+SP	TM+CH	Family	Age	TM	TM+SP	TM+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: Any payment you receive may be subject to taxation, because you pay for this benefit with Pre-Tax payroll deductions. 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. Below are selected benefits for each of the Group Accident options.

BASE ACCIDENT BENEFIT HIGHLIGHTS*	LOW	HIGH
Accidental Death ¹	\$20,000	\$40,000
Common Carrier Accidental Death ¹	\$100,000	\$200,000
Dismemberment ^{1,2}	Up to \$20,000	Up to \$40,000
Dislocation and Fracture ^{1,2}	Up to \$20,000	Up to \$40,000
Hospital Admission ³	\$1,000	\$2,000
Daily Hospital Confinement ⁴	\$100	\$200
Intensive Care ⁷	\$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
Lacerations ⁵	Up to \$50	Up to \$100
Burns	\$500	\$1,000
Computed Tomography (CT) Scan & Magnetic Resonance Imaging (MRI) ³	\$50	\$100
Physical Therapy ⁶	\$30	\$60
Preventive Care Screening Benefit ⁸	\$50	\$50

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

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

1. Spouse benefit is 25% of amount listed. Child benefit is the same amount as Team Member

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

GROUP ACCIDENT COST & WELLNESS

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 reimbursement. Each person can submit a maximum of two claims per year, but there is not a maximum number of visits that the family can submit.

Eligible visits can include:

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

MONTHLY PREMIUMS	LOW	HIGH
Team Member	\$6.51	\$12.94
Team Member + Spouse	\$9.48	\$18.84
Team Member + Child(ren)	\$8.82	\$17.49
Family	\$13.97	\$27.71

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



DISABILITY

SHORT-TERM DISABILITY/PAY CONTINUANCE

Short-Term Disability (STD)/Pay Continuance benefits provide income protection in the event of extended illness or injury. This benefit is available to you, free of charge.

- STD/Pay Continuance 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 Continuance 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 Continuance.

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 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 will 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 will receive the full 50% of your base salary if you become disabled with no taxes.*

*Please 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.

OTHER BENEFITS & SERVICES

ALLSTATE IDENTITY PROTECTION

Allstate Identity Protection delivers the most advanced identity and privacy protection. Unique tools and proactive monitoring help you manage and protect your personal data. Monitor your identity, credit, financial transactions, social media, and more - all in one place. If fraud occurs, Allstate Identity Protection's \$1 million identity theft expense reimbursement* covers many out-of-pocket expenses, lost wages, and legal fees. To learn more visit www.myaip.com.

LEGALEASE (LEGAL BENEFIT)

As a member, you have access to a national network of over 21,500 attorneys who are matched to your specific legal needs. Being a LegalEASE insurance member also saves you time and costly legal fees. But most importantly it gives you confidence and provides coverage for:

- Home and Consumer
- Financial
- Auto and Traffic
- Family Matters
- Estate Planning and Wills

To learn more about your legal insurance plan visit www.legaleaseplan.com/bargeacbl or call (800) 248-9000.

FARMERS HOME & AUTO INSURANCE

Farmer Home & Auto Insurance offers Team Members with special savings, outstanding customer service, and the opportunity to choose coverage to meet your needs and your budget. You may apply for auto and home insurance through this program at any time, call (866) 935-1022 or visit farmers.com/groupselect.

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 prepaid in-person counseling sessions. This program is fully paid by ACBL and available to all Team Members and their families at no cost.



*Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for informational purposes only does not include all terms, conditions and exclusions of the policies for terms, conditions, and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Product may be updated or modified prior to availability. Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation. Terms and conditions apply.

401(k) RETIREMENT PLANS



You can enroll in or change your contributions to the 401(k) Plan at any time. Please visit www.Principal.com or call (800) 547-7754 to enroll or make changes to your 401(k) account.

ACBL'S 401(K) PLAN OFFERS:

- Tax savings 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 \$23,000 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 \$7,500 (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.
- Beginning January 1, 2025, an additional catch-up contribution may be available for those age 60-63.

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 between 1% and 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 2-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 to employment, such as rollover matching contributions.

- “2-year cliff vesting” means once you work for ACBL for at least 2 years, your ACBL matching contributions become 100% vested. However, if you were to terminate employment before you work 2 years with ACBL, you will forfeit all of ACBL matching contributions made.
- Prior service with ACBL will count toward the 2-year vesting requirement.

*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.

SPECIAL ENROLLMENT & LEGAL NOTICE

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 reasons such a 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 cover (regardless of whether you or such an eligible dependent lost eligibility for such coverage), or
- Exhaustion of COBRA continuation coverage.
- You and/or 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).

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 of premium assistance.

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 complete 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.

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, following a pre-approved treatment plan, or procedures from 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 Quantum Health.

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 and 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.

IMPORTANT RESOURCES

Vendor	Benefit	Phone Number	Website
Anthem with Quantum Health	Concierge Service	(866) 885-1033	ACBLBenefits.com
Express Scripts with Quantum Health	Prescription Drug Benefits	(866) 885-1033	ACBLBenefits.com
Personify Health	ACBL Wellness	(888) 671-9395	ACBLWellness.com
The Hartford	Group Critical Illness	(866) 547-4205	thehartford.com/benefits/myclaims
The Hartford	Group Accident	(866) 547-4205	thehartford.com/benefits/myclaims
The Hartford	Life and AD&D Insurance	(888) 563-1124	thehartford.com/benefits/myclaims
Delta Dental of IN	Dental Benefits	(800) 524-0149	deltadentalin.com
VSP	Vision Benefits	(800) 877-7195	vsp.com
WEX Benefits	Flexible Spending Account/ Health Savings Account	(866) 451-3399	wexinc.com
Farmers Insurance	Auto and Home Insurance	(855) 628-2330	farmers.com/groupselect
LegaleASE	Group Legal Plan	(800) 248-9000	legaleaseplan.com/bargeacbl
Allstate Identity Protection	Identity Protection	(800) 789-2720	myaip.com
Optum	Employee Assistance Program	(866) 248-4094	liveandworkwell.com
Mutual of Omaha	Long-Term Disability (LTD)	(800) 877-5176	
Principal	401(k)	(800) 547-7754	principal.com

Team	Service	Phone Number	Email
ACBL Benefits Department	General Inquiries	(812) 799-2236 ext. 5	ACBLBenefits@bargeacbl.com
ACBL Payroll Department	Payroll	(812) 288-0275	ACBLPayroll@bargeacbl.com

BENEFITS MOBILE APPS

There are mobile apps for many of our benefits like Quantum Health, Delta Dental, and Express Scripts. [Click here for more information!](#)

