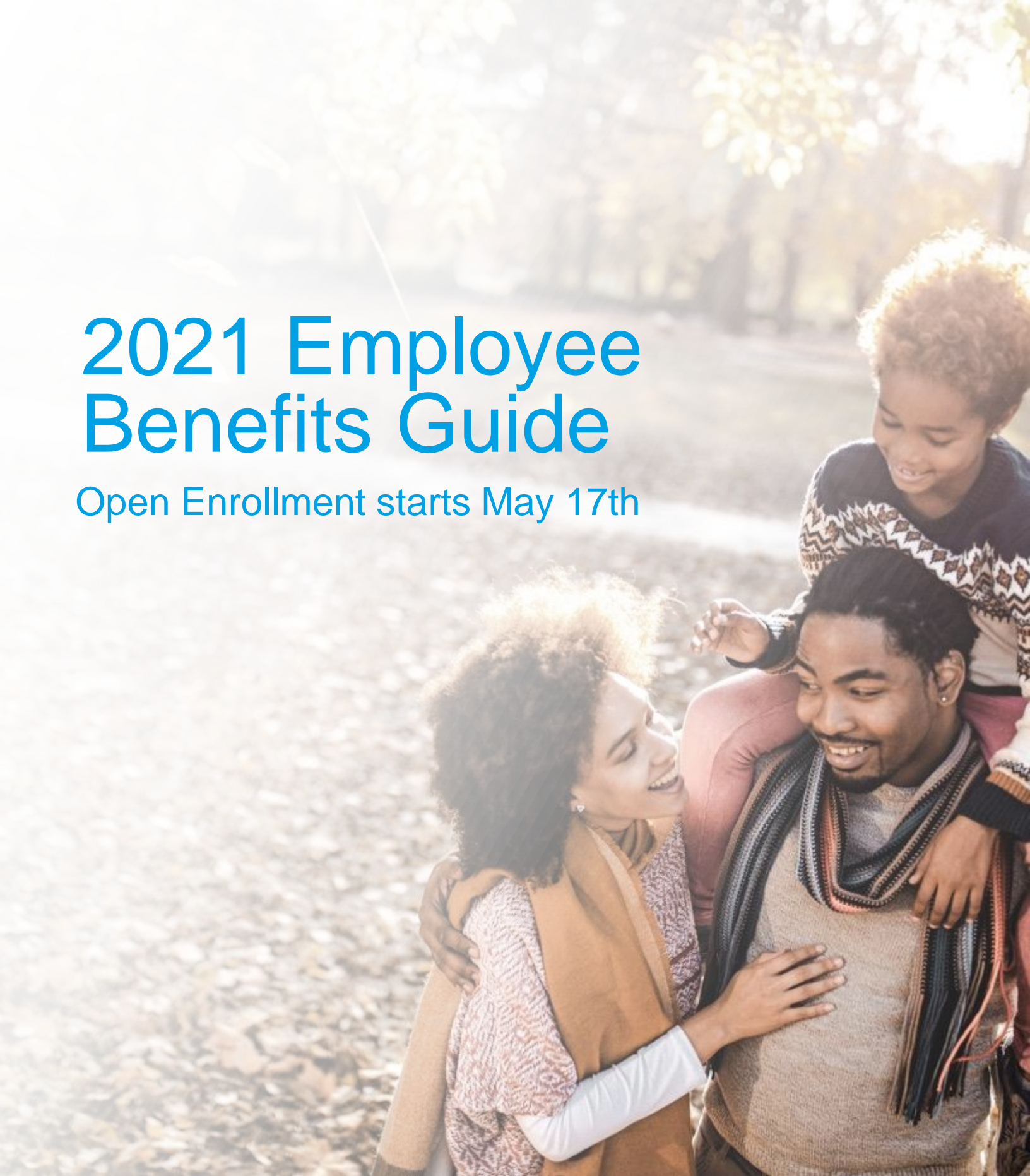


2021 Employee Benefits Guide

Open Enrollment starts May 17th





Employee Benefits Guide 2021

For CARROLL

CARROLL Benefits Program

Good health starts with great medical plan options. At CARROLL, we are pleased to offer a competitive, affordable employee benefit program to our employees and their families.

We have prepared this Employee Benefits Guide to help you understand and evaluate your benefit options for 2021. It is important to take the time to review this information, consider your coverage needs and compare your options before making your elections.

If you have any questions relating to the contents of this guide, please do not hesitate to contact Your Human Resources Department.

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Getting Started:

What you need to know before you enroll

What is Open Enrollment?

Open Enrollment is your annual opportunity to enroll in, or make changes to, your company's health benefit offerings.

Who is eligible?

Employees:

Full-time employees of CARROLL who are regularly scheduled to work at least 30 hours per week are eligible to participate in the CARROLL employee benefit plans on the first of the month coinciding with or after your hire date.

Dependents:

- + Your legal spouse.
- + Your dependent child(ren) up to age 26, regardless of student or marital status, or other coverage options.
- + Your unmarried, disabled dependent children of any age (you may be required to provide proof of disability).

When am I eligible to enroll?

New hires:

First of the month after your hire date.

Existing employees:

Open enrollment period is your time to enroll, or make changes to, your benefit elections. This year, open enrollment will take place Monday, May 17th until Friday, May 28th. Your elections will be effective July 1st, 2021.

Why is this important?

The open enrollment or eligibility period is important because it is one of the few times you can make changes to your employer-sponsored benefits. Once your elections are made, you will be committed to that plan until the next open enrollment period or a qualifying life event.

Health Coverage Terms to Know

You're deciding which plan to enroll in and want to know – what does my plan offer, and how much is it going to cost? Here we break down key terms to help you prepare and choose a plan with confidence.

01. Premium

Your premium, also known as your employee contribution, is the amount you pay for health care coverage, and is deducted from your paycheck each month.

02. Deductible

Your deductible is what you pay up-front for care and is a set amount for the year. For most services, you'll have to pay the full cost until you hit your deductible amount. After that, your health insurance kicks in and shares costs for the rest of the year.

03. Copay

A copay is a fixed amount that you pay when you receive care.

How this works with your deductible: Typically, you don't need to meet your deductible for the copay amount to apply, and the money you spend on copays doesn't count toward your deductible.

For example: If your plan has a \$20 copay for every in-network specialist visit, you will owe \$20 when you go in for your visit—period.

04. Coinsurance

Coinsurance is a varying amount that you pay when you receive care, and is calculated as a percentage of the allowed amount for a service.

How this works with your deductible: Typically, coinsurance doesn't kick in until you've met your deductible.

For example: You've met your deductible of \$1,000. If your plan has a 10% coinsurance for every in-network specialist visit, and your recent visit is \$100, you will owe \$10.

05. Out-Of-Pocket Maximum

The out-of-pocket maximum is the most you'll pay for care during your plan year before your health insurance begins to pay 100 percent of any allowed amounts.

It's important to note that this amount does NOT include your premium, balance-billed charges, or healthcare services your plan doesn't cover.

2021 SUMMARY OF BENEFITS

Gold \$2,000 Plan

The below chart provides a cost and coverage overview of your plan. Please note, this summary chart presents only the highlights of your medical benefits coverage. It is not intended to take the place of the official medical plan documents. For more detailed information regarding your medical coverage, please visit your Allied Member Portal or contact your HR manager. The amounts are based on what you pay.

Key Features	In-Network	Out-of-Network
Deductible per Calendar Year	\$2,000 Just You \$4,000 You + Family	\$4,000 Just You \$8,000 You + Family
Out-of-Pocket Maximum per Calendar Year	\$6,350 Just You \$12,700 You + Family	\$12,000 Just You \$24,000 You + Family
Coinsurance	30%	40%
Physician Services		
Annual Preventive Care Visit	0%, deductible waived	40%
Physician Office Visit	\$45 Copay, deductible waived	40%
Specialist Office Visit	\$80 Copay, deductible waived	40%
Physical & Occupational Therapy - maximum visits per year: 20	\$45 Copay, deductible waived	40%
Speech Therapy - maximum visits per year: 20	\$45 Copay, deductible waived	40%
Chiropractic Therapy - maximum visits per year: 20	\$45 Copay, deductible waived	40%
X-Rays / Lab Diagnostics	30%	40%
Complex Imaging (MRI, PET, and CT scans)	30%	40%
Urgent Care	\$100 Copay, deductible waived	40%
Hospital Services	30%	40%
Emergency Room Services	\$400 Copay, deductible waived	Paid Same as in-network
Prescription Drug Services	Generic	Brand
30-day supply	\$10 Copay	\$35 Copay
90-day supply (mail order only)	\$25 Copay	\$87.50 Copay
Lifetime Maximum		Unlimited

2021 SUMMARY OF BENEFITS

Platinum \$750 Plan

The below chart provides a cost and coverage overview of your plan. Please note, this summary chart presents only the highlights of your medical benefits coverage. It is not intended to take the place of the official medical plan documents. For more detailed information regarding your medical coverage, please visit your Allied Member Portal or contact your HR manager. The amounts are based on what you pay.

Key Features	In-Network	Out-of-Network	
Deductible per Calendar Year	\$750 Just You \$1,500 You + Family	\$2,000 Just You \$4,000 You + Family	
Out-of-Pocket Maximum per Calendar Year	\$5,000 Just You \$10,000 You + Family	\$12,000 Just You \$24,000 You + Family	
Coinsurance	20%	40%	
Physician Services			
Annual Preventive Care Visit	0%, deductible waived	40%	
Physician Office Visit	\$30 Copay, deductible waived	40%	
Specialist Office Visit	\$60 Copay, deductible waived	40%	
Physical & Occupational Therapy - maximum visits per year: 20	\$30 Copay, deductible waived	40%	
Speech Therapy - maximum visits per year: 20	\$30 Copay, deductible waived	40%	
Chiropractic Therapy - maximum visits per year: 20	\$30 Copay, deductible waived	40%	
X-Rays / Lab Diagnostics	20%	40%	
Complex Imaging (MRI, PET, and CT scans)	20%	40%	
Urgent Care	\$75 Copay, deductible waived	40%	
Hospital Services	20%	40%	
Emergency Room Services	\$250 Copay, deductible waived	Paid Same as in-network	
Prescription Drug Services	Generic	Brand	Non-Preferred Brand
30-day supply	\$10 Copay	\$35 Copay	\$60 Copay
90-day supply (mail order only)	\$25 Copay	\$87.50 Copay	\$150 Copay
Lifetime Maximum	Unlimited		

Allied & Your PPO Network

Your employer sponsored health plan includes specialized support and services, and exclusive access to one of the largest networks of doctors and pharmacies— so you get better, broader coverage, at the lowest possible cost.



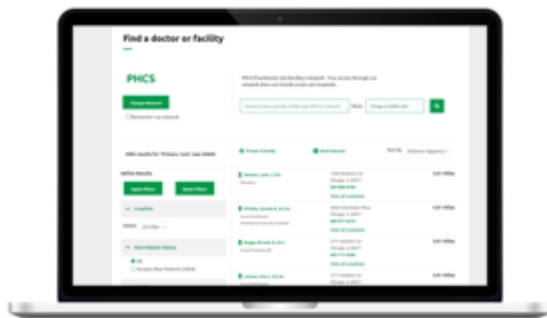
Plan Administrator

Allied is a national healthcare solutions company that works directly with your employer to deliver you a seamless, and transparent healthcare experience, with benefit options tailored just for you. When it comes your health plan, Allied is your single point of contact - whether you have a question about your coverage, need help understanding a claim or want to find a doctor – always start with Allied.



Provider (PPO) Network

Through your health plan, you have access to the PHCS network of doctors, hospitals, and facilities. PHCS is a national network with nearly 920,000 healthcare professionals, 4,800 hospitals, and 92,000 ancillary care facilities participating. With this access, you will be guaranteed lower copays and coinsurance when you receive care from an in-network provider versus one that is out-of-network.

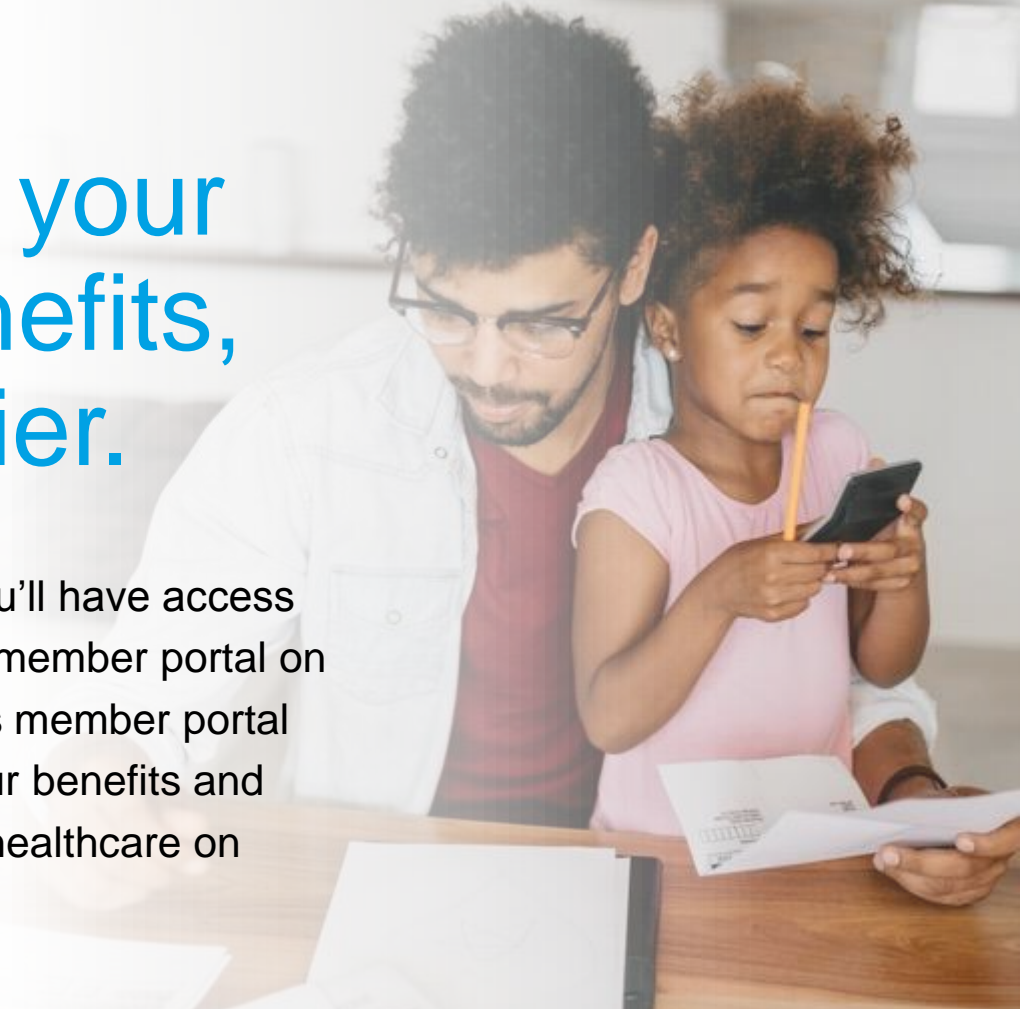


To find a PHCS provider:

1. Go to www.multiplan.com.
2. Click "Find A Provider" at the top of the page.
3. Click "Select Network", and choose "PHCS".
4. Click "I don't see any of these statements".
5. Click "Front" of ID card
6. Begin searching by your preferred provider type and zip code.

Managing your health benefits, made easier.

Once you are enrolled, you'll have access to your own personalized member portal on AlliedBenefit.com. Allied's member portal allows you to navigate your benefits and proactively manage your healthcare on your own time.



Simply log in at **alliedbenefit.com** to:

- Manage your claims
- Check your deductible status
- Review your benefits, copays and coinsurance amounts
- Get a digital copy of your insurance card
- And much more...

Visit alliedbenefit.com/Members **or** scan the QR code to register your account.



Contact Us

Call 1-800-288-2078

Available Hours
(Eastern Standard Time)

Monday – Thursday: 8:30am - 8:00pm

Friday: 9:00am - 6:00pm

Saturday: 10:00am - 1:00pm

