

2021 BENEFITS GUIDE





WELCOME!

At VRC Companies, LLC our employees are the foundation of our success. To reflect our commitment to you, we provide a comprehensive benefits program as an important part of your total compensation package.

Your benefit needs are unique – and those needs may change over time. Our benefits program is designed to be flexible to fit your personal situation. Our 2021 benefits program gives you the opportunity to select the coverage you need.

THE 2021 BENEFIT SUMMARY:

- Gives an overview of your benefits
- Helps you choose the coverage that is right for you and your family

Please consider your benefits carefully before choosing. Your choices will remain in effect for the entire plan year, unless you have a qualified family status change.

This Benefit Summary does not provide all of the details about all of the benefit programs. Additional information is available in each program's Certificate of Coverage (COC). The COC's are available online in Benefits Connect under Company Resources or by request from the Human Resources Department.

This brochure summarizes the coverage that is available during the upcoming 2021 plan year. If you have any questions, please contact Human Resources.

Eligibility	3
Medical	4-5
HRA	6-7
Physician Now MDLive	8
Dental	9
Vision	10
Life and AD&D	12
Disability	13
EAP	14
Worksite Products	16
Rates	17
How to Enroll	18
Annual Notices	19
Contacts	27



WHO IS ELIGIBLE

Family Member	Requirements
You	Must be a regular, full-time active employee that consistently works 30 plus hours per week
Your Spouse	Must be your legal spouse
Your Dependent Children	Must be under the age of 26; regardless of student status

You may sign up during the Annual Enrollment period. You are not eligible to make changes outside of Annual Enrollment unless:

- a) You are a new employee – you will be effective first of the month following 60 days of active employment.
- b) You have a qualified family status change as outlined below.

QUALIFIED FAMILY STATUS CHANGES INCLUDE:

- Marriage or divorce;
- You or your spouse give birth or adopt a child;
- A covered dependent no longer meets the plan's definition of eligibility;
- You become disabled;
- You or a dependent dies;
- Your employment ends;
- You or a covered dependent loses coverage through another plan; or
- There is a significant change in the health coverage of you or your spouse attributable to your spouse's employment.

Please note: If you have a Qualified Family Status Change, you must contact the Human Resources Department for instructions on how to make the requested change within 30 days of the Qualifying Event.



MEDICAL OPTION 1 - Network “S” (TN) BlueCard PPO (Outside of TN)

We are committed to providing you with comprehensive medical benefits to meet your needs. This section will provide a brief summary of each medical plan option. With any plan you can visit the physician of your choice, however, if you visit an out-of-network physician, you may be balance billed. To look up Network Providers:

www.bcbst.com/findadoctor

You have two options to select from for your medical benefits. Costs for coverage are paid through pre-tax payroll deductions. By paying on a pre-tax basis, your cost is lower because the earnings you use to pay premiums are not subject to federal tax withholding or Social Security (FICA) taxes. For greater detail on each of the plans listed, please refer to the summary plan descriptions in Benefits Connect under Company Communications.

MEDICAL OPTION 1 - \$5000 HDHP PLAN		
Plan Features	In-Network	Out-Of-Network
Calendar Year Deductible	\$5,000 Individual \$6,900 Family	\$10,000 Individual \$13,800 Family
Coinsurance (Plan Pays)	70%	50%
Out-of-Pocket Maximum (includes deductible and all co-pays except Rx copays)	\$6,900 Individual \$13,800 Family	\$13,800 Individual \$27,600 Family
Physician Now - MDLive	\$45 Copay	Not Available
Primary Physician Office Visit	Plan pays 70% after deductible	Plan pays 50% after deductible
Specialist Physician Office Visit	Plan pays 70% after deductible	Plan pays 50% after deductible
Preventive Care Services	100%	
Hospital/Emergency Room/Urgent Care		
Inpatient	Plan pays 70% after deductible	Plan pays 50% after deductible
Outpatient	Plan pays 70% after deductible	Plan pays 50% after deductible
Emergency Room Charges	Plan pays 70% after deductible (if you visit an out-of-network provider, you may be balance billed)	
Urgent Care	Plan pays 70% after deductible	Plan pays 50% after deductible
Mental Health/Substance Abuse		
Inpatient	Plan pays 70% after deductible	Plan pays 50% after deductible
Outpatient	Plan pays 70% after deductible	Plan pays 50% after deductible
Pharmacy		
Retail (up to a 30-day supply) Generic/Formulary/Non-Formulary	Plan pays 70% after deductible	Plan pays 50% after deductible
Mail Order (up to 90-day supply) Generic/Formulary/Non-Formulary	Plan pays 70% after deductible	

This plan includes some routine maintenance and preventive medications at no cost. The list is provided when enrolling online. This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.



MEDICAL OPTION 2 - Network “S” (TN) BlueCard PPO (Outside of TN)

We are committed to providing you with comprehensive medical benefits to meet your needs. You have multiple options to select your medical benefits. Costs for coverage are paid through pre-tax payroll deductions. By paying on a pre-tax basis, your cost is lower because the earnings you use to pay premiums are not subject to federal tax withholding or Social Security (FICA) taxes. For greater detail on each of the plans listed, please refer to the summary plan descriptions. This plan includes an HRA to assist you with your deductible expenses. See the following page for information on how this works. To look up Network Providers: www.bcbst.com/findadoctor

Medical Option 2 - \$6000 Deductible with HRA

Plan Features	In-Network	Out-Of-Network
Calendar Year Deductible	\$6,000 Individual less \$1500 HRA \$12,000 Family less \$3000 HRA	\$12,000 Individual \$24,000 Family
Coinsurance (Plan Pays)	70%	50%
Out-of-Pocket Maximum (includes deductible and all copays and Rx copays)	\$7,350 Individual \$14,700 Family	\$22,050 Individual \$44,100 Family
Physician Now - MDLive	\$40 Copay	Not Available
Primary Physician Office Visit	\$40 copay	Plan pays 50% after deductible
Specialist Physician Office Visit	\$80 copay	Plan 50% after deductible
Preventive Care Services	100%	Plan 50% after deductible
Hospital/Emergency Room/Urgent Care		
Inpatient	Plan pays 70% after deductible	Plan pays 50% after deductible
Outpatient	Plan pays 70% after deductible	Plan pays 50% after deductible
Emergency Room Charges	\$250 Copay	\$250 Copay (if you visit an out-of-network provider, you may be balance billed)
Urgent Care	\$125 Copay	Plan pays 50% after deductible
Mental Health/Substance Abuse		
Inpatient	Plan pays 70% after deductible	Plan pays 50% after deductible
Outpatient	Plan pays 70% after deductible	Plan pays 50% after deductible
Pharmacy		
Retail (up to a 30-day supply) Generic/Formulary/Non-Formulary/Specialty	\$10 / \$75 / \$150/ \$300 copay	Plan pays 50% after deductible
Mail Order (up to 90-day supply) Generic/Formulary/Non-Formulary	\$30 / \$225/ \$450 copay	

This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.



HEALTH REIMBURSEMENT ARRANGEMENT

Under this Plan, VRC Companies, LLC will reimburse part of the In-Network deductible through McGriff Flexible Benefit Services for employees enrolled in Option 2. Below is an outline of how this works to help you with deductible expenses.

Medical Option 2 - (\$6,000 deductible plan)

Below is a breakdown of available HRA funds beginning January 1, 2021 and ending December 31, 2021. Deductible expenses are covered at 50% after you have met \$3000 of your individual deductible. The medical deductible and HRA reset annually on January 1.

Employee - \$1,500
Employee + Spouse - \$3,000
Employee + Child(ren) - \$3,000
Employee + Family - \$3,000

The maximum that can be used by any one family member is \$1,500 with a \$3,000 per family maximum.

The HRA can be used for in- network deductible expenses only. All copays including Office Visits, Emergency Room and Prescriptions are the responsibility of the employee in addition to the first \$3000 of the individual deductible and are not reimbursable by the HRA. For reimbursement you must submit a claim form to McGriff Flexible Benefits Services along with the medical insurance EOB showing proof that you or a family member has met the initial \$3000 deductible.





HEALTH REIMBURSEMENT ARRANGEMENT

McGriff Flexible Benefit Services Contact Information:

Customer Service Center:

Phone: 1-800-768-4873 or 1-800-930-2441

(8am – 8pm ET, Monday - Friday)

Fax: 1-252-293-9048 or 1-252-293-9049

Support E-mail Groups:

General Questions – flexinquiry@mcgriffinsurance.com

Claims Submissions – flexclaims@mcgriffinsurance.com

Mailing Address:

McGriff Flexible Benefit Services

PO Box 6400

Greenville, SC 29606

McGriff Consumer Portal:

<http://www.mcgriffinsurance.com/flex>

How do I file a manual claim?

- Filing a claim is easy. Please complete a claim form, attach the required documentation and submit to McGriff Flexible Benefit Services.
- You can submit the claim through fax, email, or US mail.

Getting Started and Using Your HRA

The Employee portal is designed to be convenient and easy to use. To log onto the Employee Portal:

- Go to: <http://www.mcgriffinsurance.com/flex>
- Select 'Log In'.
- When visiting our website for the first time, your username is your last name followed by the last four digits of your social security number (smith1234).
- Your password is the five digit zip code of your mailing address.
- You will then be required to answer security questions and update your password.
- Choose **Login**.

How do I obtain a claim form?

- Claim forms are available on the McGriff website at www.mcgriffinsurance.com/flex and may be downloaded or printed from the website.
- Claim forms can also be obtained by contacting our call center or requesting by email.



PHYSICIANNOW

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Virtual Visits are an additional benefit available to employees and their covered dependents. With virtual visits, you can be treated for various general health and general pediatric care concerns from the comfort of your home or office. If you are enrolled in the VRC BlueCross BlueShield medical plan, you will have access to board-certified doctors and pediatricians. This service can be accessed via online video, or phone.

When your primary care physician is not available, or even if you are traveling, an online doctor's visit can provide you access to general medical care, and prescription refill requests. Please note that some states do not allow for medications to be prescribed via virtual doctor visits. Examples of concerns that can be treated include allergy and asthma, pink eye, headache, respiratory or ear infections, and many more.

Take advantage of this on-demand service for a copay of \$40-\$45 per consultation

Register for PhysicianNow



Visit bcbst.com/member and log in to BlueAccessSM. Scroll down and click on the **Talk With a Doctor Now** button.



Call **1-888-283-6691**.

When to Use Physician Now

When it's not an emergency
When it's not easy to schedule with your doctor
When you're traveling
When you're too busy to go to your doctor's office





DENTAL

Dental plans are designed to encourage preventive treatment so you can achieve oral health, while minimizing costs; there are two dental options to choose from. Dental care may be obtained from any dental provider; however choosing dental services from a dentist participating in-network will provide you with substantial savings. If you choose to see a dentist who is out-of-network, your out-of-pocket costs will be higher and you will be subject to any charges beyond the reasonable and customary (R&C). To look up Network Providers: www.bcbst.com/findadoctor. The deductible is waived for routine preventive services, such as regular dental checkups. Please see the BCBS benefit summary available online when enrolling for additional benefits and out of network services.

BlueCross BlueShield Dental Plans

Type of Service	Option 1 – Low Plan In-Network	Option 2 – High Plan In-Network
Calendar Year Deductible (Does not apply to Preventive Services)	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Annual Maximum	\$1,000 per member	\$1500 per member
Preventive Services Exams, Cleanings, X- rays	100% deductible waived	100% deductible waived
Basic Services	80% after deductible In and Out of Network	90% after deductible In-Network 80% after deductible Out of Network
Major Services	50% after deductible In and Out of Network	60% after deductible In Network 50% after deductible Out of Network
Orthodontia – child up to age 19 Deductible does not apply	50% with a lifetime max of \$1000	50% with a lifetime max of \$1000

This is a summary of benefits for Network providers and for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility as well as benefits for Out of Network.





VISION

The Vision Plan offers you and your family a comprehensive vision program that reduces the cost of eye exams, eyeglasses and contact lenses. To receive the highest level of benefits use an in-network provider. The plan offers exams and lenses every 12 months; frames are available every 24 months. You may use your lens coverage once every 12 months to purchase either one pair of eyeglass lenses or contact lenses. If you decide to use an out-of-network doctor, you typically will pay more out-of-pocket. To look up Network Providers: www.bcbst.com/findadoctor

BlueCross BlueShield Vision Plan

Plan Features	In-Network	Out-Of-Network
Copays (every 12 months) Exam Materials	\$10 \$25	
Exam (every 12 months)	100% after \$10 copay	Up to \$35
Lenses (every 12 months) Single Vision Bifocal Trifocal	100% after \$25 copay 100% after \$25 copay 100% after \$25 copay	Up to \$30 Up to \$45 Up to \$60
Contact Lenses (every 12 months) Elective and Conventional Medically Necessary Contact Lens Fitting – Standard	\$150 allowance 100% \$40 Copay	Up to \$120 Up to \$200 Not Covered
Frames (every 24 months)	\$150 allowance	Up to \$75

This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.



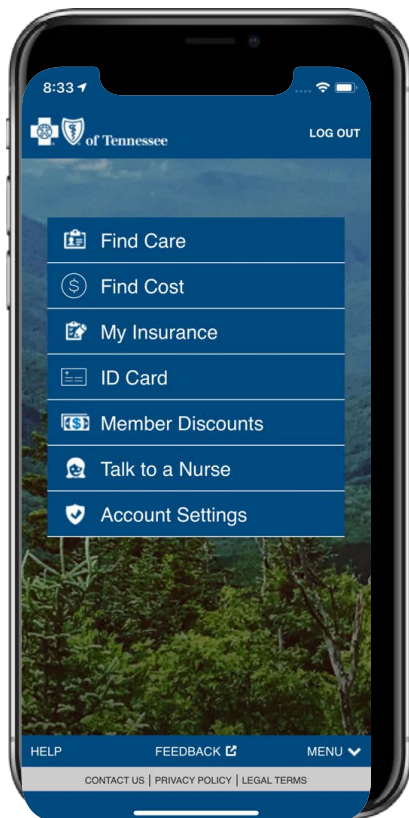


BlueCross BlueShield Find a Doctor, Dentist or Vision Provider

Website: www.bcbst.com/findadoctor

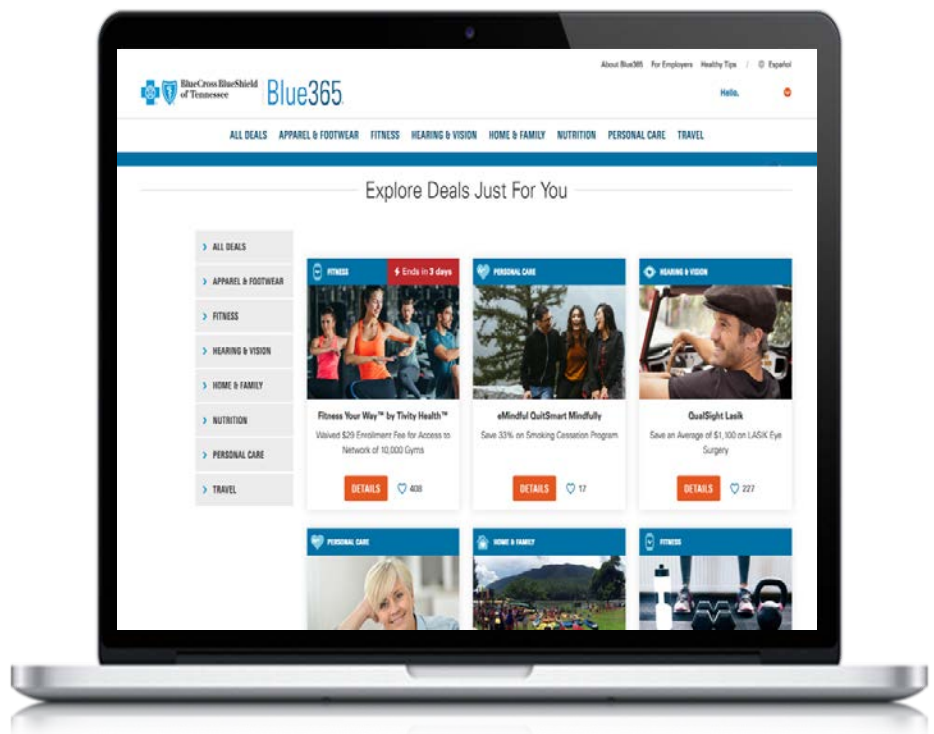
1. Select “Find Care”
2. Select Get Started
3. For Medical Choose “Blue Network “S” (TN) or BlueCard PPO (Outside of TN) or Choose Dental or Vision.
4. In the search box enter your location zip code
5. Search by name, facility and type of care or browse categories to further customize your search.
6. Once you receive your ID card you can set up a BlueAccess Login to view providers in your network, wellness program access, member discounts, view benefits or claims and sign up for Physician Now.

MYBLUETN MOBILE APP



BLUE365® MEMBER DISCOUNTS

Member discount program that offers national and local discounts on a wide variety of health and wellness products and services





LIFE AND AD&D

LIFE INSURANCE & AD&D FOR YOU

Basic Life insurance and Accidental Death & Dismemberment (AD&D) coverage in the amount of \$15,000 is provided to you at no cost. If you should pass away, the beneficiary you have designated will receive the amount of your life insurance. If you have AD&D coverage and suffer a covered injury, such as the loss of a limb or an eye, you would receive a portion of your AD&D benefits.

OPTIONAL LIFE INSURANCE & AD&D FOR YOU AND YOUR FAMILY

You may also purchase additional Life and AD&D Insurance for you and your family. You pay the full cost of this coverage with after-tax dollars. You must elect coverage for yourself to elect coverage for your spouse and/or children. Below are your choices for additional life insurance. All life premiums are after tax deductions. Rates are based on your age and election amounts and will be calculated per payroll when enrolling online in Benefits Connect.

- **Optional Life** – You may purchase additional group life insurance in \$10,000 increments up to a maximum of 5 times your salary up to \$500,000. The New Hire Guarantee Issue amount is \$150,000. Current enrollees under the age of 70 may increase coverage up to Guarantee Issue amount with out health questions (EOI). Health questions will be required if you previously waived this coverage when first eligible or request more than the Guarantee Issue amount, and your coverage will be pended until you are approved by the insurance carrier.
- **Spouse Life Insurance** – Up to 50% of employee amount in increments of \$5,000 not to exceed \$250,000. The New Hire Guarantee Issue amount is \$50,000. All increases in coverage during open enrollment require health questions and coverage is subject to approval by the insurance carrier. *Spouse rates are based on employee's age.*
- **Child Life Insurance** (unmarried children to age 26) – Up to 50% of employee amount with a choice of \$5,000 or \$10,000.





VOLUNTARY SHORT-TERM DISABILITY

Voluntary Short-term disability income benefits are available to you to provide income benefits if you become disabled from a non-work related injury or sickness. You pay full cost of this coverage. All full time employees working a minimum of 30 hours per week are eligible. Cost is determined based on your income and age and will be calculated for you per payroll when enrolling online in Benefits Connect. This plan will not cover any disability for 12 months resulting from a pre-existing condition if treated in the first six month immediately preceding the effective date.

SHORT TERM DISABILITY	
Waiting Period Illness / Injury	7 days
Benefit Percentage Paid	Increments of \$50 not to exceed 60% of weekly salary
Maximum Weekly Benefit	\$1,000
Benefit Duration	Up to 26 weeks

VOLUNTARY LONG-TERM DISABILITY

Voluntary Long-term disability income benefits are provided to you in the event you become disabled from an injury or sickness, for 180-days or more. Disability income benefits are provided as a source of income. You pay full cost of this coverage. Cost is determined based on your income and age and will be calculated for you per payroll when enrolling online in Benefits Connect. This plan will not cover any disability for 12 months resulting from a pre-existing condition if treated in the first six month immediately preceding the effective date.

- Once you meet the plans definition of “disabled”, and after you satisfy the elimination period the plan pays a percentage of your pay at the time of the disability. (see chart below).
- Part time employees are not eligible for this benefit
- Your benefit amount may be reduced by disability income payments from other plans, such as Social Security.

Long-Term Disability	
Eligibility requirement	Full-Time active employees
Elimination period	180 days
Percentage of Income Replaces	Increments of \$100 not to exceed 60% of monthly base salary
Maximum Monthly Benefit	\$6,000
Definition of Disability	2 yr own occupation
Pre-Existing Condition Exclusion	6/12
Duration of Benefits	To age 65 or Social Security Normal Retirement Age



EMPLOYEE ASSISTANCE PROGRAM

Balancing your work and home life is not always easy. With Guidance Resources, your confidential employee assistance program, you don't have to face life's challenges alone. Guidance Resources provides support and guidance for matters that range from personal issues you might be facing to providing information on every day topics that affect your life.

Confidential Counseling

3 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultantsSM—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- › Stress, anxiety and depression
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › Substance abuse

Financial Information and Resources

Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Credit card or loan problems
- › Tax questions
- › Retirement planning
- › Estate planning
- › Saving for college

Legal Support and Resources

Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- › Divorce and family law
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › Contracts

GuidanceResources® Online

Knowledge at your fingertips.

GuidanceResources Online is your one stop for expert information on the issues that matter most to you...relationships, work, school, children, wellness, legal, financial, free time and more.

- › Timely articles, HelpSheetsSM, tutorials, streaming videos and self-assessments
- › "Ask the Expert" personal responses to your questions
- › Child care, elder care, attorney and financial planner searches

Free Online Will Preparation

Get peace of mind.

EstateGuidance[®] lets you quickly and easily write a will on your computer. Just go to www.guidanceresources.com and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing your will are included. You can:

- › Name an executor to manage your estate
- › Choose a guardian for your children
- › Specify your wishes for your property
- › Provide funeral and burial instructions

Work-Life Solutions

Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › Moving and relocation
- › Making major purchases
- › College planning
- › Pet care
- › Home repair



**Call Your ComPsych® GuidanceResources®
program anytime for confidential assistance.**

Call: **855.387.9727**

Go online: **guidanceresources.com**

TDD: 800.697.0353

Your company Web ID: **ONEAMERICA3**

EMPLOYEE INFORMATION

VRC Companies, LLC Group# 00618450

Don't Leave Your Benefits Behind

Learn how you may be able to keep your OneAmerica® group life and/or disability insurance when your coverage status changes.

Option 1: Portability

Allows you to continue your group term life and/or disability coverage offered by your employer.

- Premiums are not guaranteed and may change at any time.
- Coverage is available to individuals under age 70.
- You may be able to continue coverage of eligible dependents if you continue your coverage.
- The certificate does not accrue cash value.

Option 2: Conversion

Allows you to convert your group term life coverage to an individual whole life insurance policy.

- Premiums may be different than the group policy, but are guaranteed not to increase once the policy is issued.
- Coverage is available to individuals up to age 85.
- Eligible dependents can convert coverage even if the employee doesn't.
- Whole life insurance policies accrue cash value and have the potential to earn dividends.

Three easy steps to apply

1. Gather the required information
2. Complete the application
3. Submit your completed form and premium for processing to OneAmerica within 31 days of termination of coverage under your employer's group insurance.

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company.

Portability and conversion are not guaranteed and are not always included in all coverages and/or policies.

For additional information call the Group Contact Center at 1-800-553-5318 or email GroupContactCenter@oneamerica.com.

Find everything you need to start the application process at www.oneamerica.com/keepmybenefits.

ONEAMERICA® is the marketing name for the companies of OneAmerica | OneAmerica.com

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WORKSITE

VOLUNTARY ACCIDENT (Off the Job)

No one plans to have an accident. An Accident Insurance policy can help pick up where other insurance leaves off, and provide cash to cover your expenses for OFF the job accidents. Benefits for treatment of accident injuries include:

Conditions	Benefits
Ambulance/Air Ambulance	\$300/\$1500
Fractures	\$450-\$3500 – depending on type
Accident Hospital Admission	\$1000
Dislocations	\$100-\$2625 – depending on type
Accidental Death	\$50,000 (Employee) \$20,000 (Spouse), \$10,000 (Child)
Health Screening Test	\$100 Per Year

VOLUNTARY CRITICAL ILLNESS

In the event that you, or a covered family member is diagnosed with an illness, such as a heart attack, stroke, kidney failure, cancer, or other major covered illness, Critical Illness insurance pays a lump sum benefit. This benefit can be used to cover deductibles, coinsurance, lost wages, daycare or in any way you choose. Benefits are paid regardless of any additional coverage you may have. New enrollees are subject to a pre-existing conditions exclusion.

	Coverage
Guaranteed Coverage - Employee	\$20,000
Maximum Coverage – Employee	Choice of \$10,000, \$15,000 or \$20,000
Guaranteed Coverage - Spouse	\$10,000
Maximum Coverage – Spouse	Choice of \$5000, \$7,500 or \$10,000 Up to 50% of EE amount
Guaranteed Coverage - Children	\$10,000
Maximum Coverage – Children	Choice of \$2,500,\$5,000 or \$10,000 Up to 50% of EE amount



YOUR COST FOR COVERAGE

Your Bi-Weekly payroll deductions for coverages are shown in the table below:

Benefit Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Medical				
Medical Option 1	\$59.64	\$246.60	\$226.44	\$430.26
Medical Option 2	\$93.74	\$315.20	\$286.11	\$530.22
Voluntary Dental				
Dental Option 1	\$8.08	\$18.65	\$22.66	\$33.23
Dental Option 2	\$13.87	\$30.45	\$36.54	\$59.58
Voluntary Vision				
Vision	\$2.61	\$5.23	\$5.49	\$8.63
Voluntary Accident				
Accident	\$6.82	\$11.62	\$13.33	\$17.96





Enrolling for Benefits – Benefits Connect

Website and Login Information:

<https://enroll.benefitsconnect.net/vrc>

Username: first six characters of your last name, followed by the last letter of your first name, followed by last four digits of your social security number

Password: Your password has been reset to your social security number (no spaces or dashes). During the Annual Open Enrollment, Passwords will be reset to the Employee SSN.



EXAMPLE:

Joe Smithson

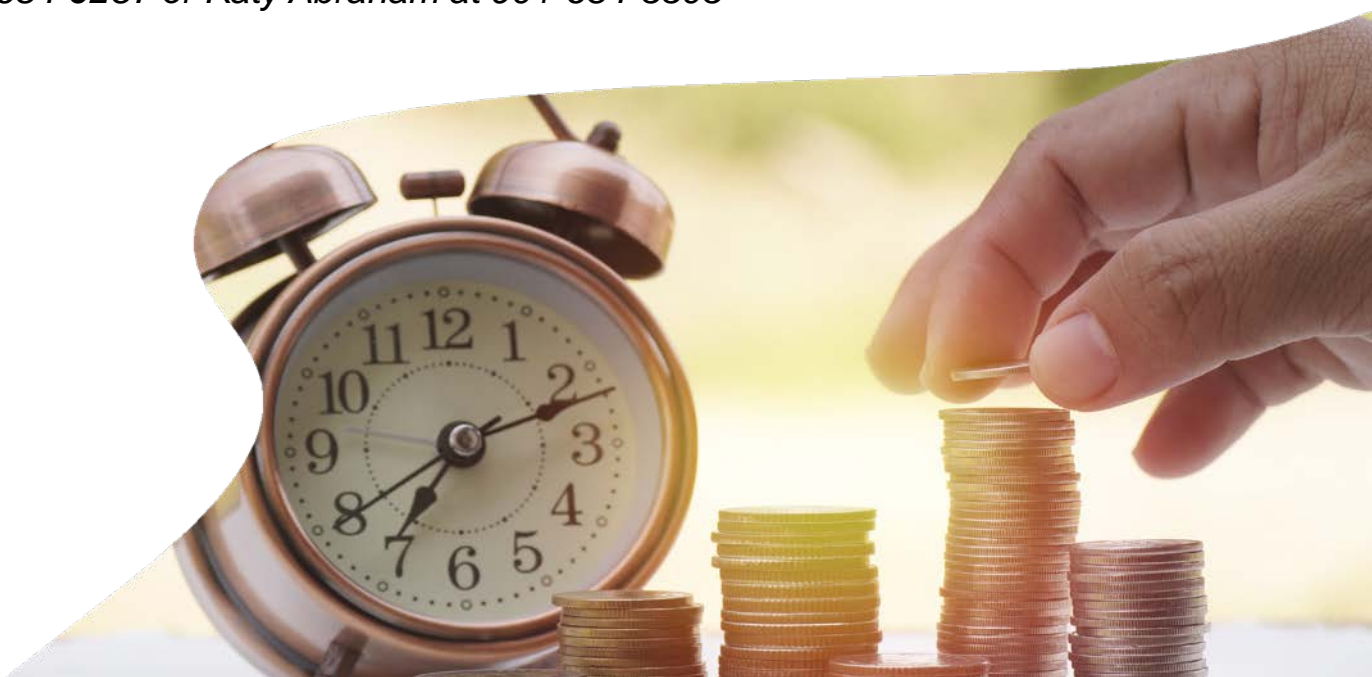
SSN: 123-45-6789

Username: smithsj6789

Password: 123456789

Copies of insurance benefits summaries and policy information is available for download when enrolling.

If you have trouble logging in, please contact Sonya Davis at 901-685-1177 or sdavis@vrc.network.com. For ALL other questions, including questions regarding benefits and coverages, please contact our broker's office, and speak to Pam Coley at 901-684-3287 or Katy Abraham at 901-684-3303



Important Notices

There are several important notices in this guide that the VRC Companies H & A Benefits Plan (referred to as the “Plan”) as sponsored by VRC Companies, LLC (referred to as the Company) is required to provide to employees. Please be sure to review these notices and contact Human Resources with any questions.

The notices included are:

1. Medicare Part D Disclosure Notice
2. The Women’s Health and Cancer Rights Acts of 1998 (WHCRA) Notice
3. Newborns’ Act Health Disclosure
4. Special Enrollment Notice
5. Marketplace Notice
6. Children’s Health Insurance Program (CHIP) Notice

Medicare Part D Creditable Coverage Notice Important Notice from VRC Companies, LLC. About your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage offered by the group health plan through VRC Companies, LLC and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. VRC Companies, LLC has determined that the prescription drug coverage offered by the group health plan through VRC Companies, LLC is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage through VRC Companies, LLC will not be affected. You can keep this coverage if you elect Part D, and this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you decide to join a Medicare drug plan and drop your current group health coverage through VRC Companies, LLC, be aware that you and your dependents will be able to get this coverage back. If you are able to get this coverage back, reentry into the plan is subject to the underlying terms of the Plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current group health coverage through VRC Companies, LLC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through VRC Companies, LLC changes. You may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage, and therefore, whether or not you are required to pay a higher premium (a penalty).

Date: April 1, 2021

Name of Entity/Sender:	VRC Companies, LLC
Contact--Position/Office:	Lawson Horton SR VP HR & Administration
Address:	868 Mt. Moriah Rd., Memphis, TN 38117
Phone Number:	901.685.1177

WHCRA enrollment/annual notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

All stages of reconstruction of the breast on which the mastectomy was performed;
Surgery and reconstruction of the other breast to produce a symmetrical appearance;
Prostheses; and

Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator as identified at the end of these notices.

For purposes of this notice, the plan administrator is:

Lawson Horton
901-685-1177

Newborns' Act disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

To request special enrollment or obtain more information, contact the plan administrator listed below:

Lawson Horton
901-685-1177



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Lawson Horton at 901-685-1177

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name VRC Companies, LLC		4. Employer Identification Number (EIN) 82-0796581	
5. Employer address 868 Mount Moriah Road		6. Employer phone number 901-685-1177	
7. City Memphis	8. State TN	9. ZIP code 38117	
10. Who can we contact about employee health coverage at this job? Lawson Horton			
11. Phone number (if different from above)		12. Email address LHorton@vrcnetwork.com	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

☒ All employees. Eligible employees are:

As defined by the Plan

☐ Some employees. Eligible employees are:

•With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

As defined by the Plan

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

CHIPRA premium assistance notice Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDSNOW**, or www.insuredkidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your state for more information on eligibility –

ALABAMA – MEDICAID	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com Phone: 1-855-692-5477	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – MEDICAID	FLORIDA - Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – MEDICAID	GEORGIA - Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131

CALIFORNIA – Medicaid	INDIANA - Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_co_nt.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	NEVADA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Phone: 1-800-792-4884 Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/publicassistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI - Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742

MONTANA – Medicaid	OREGON – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA – Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT – Medicaid	WYOMING - Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor	U.S. Department of Health and Human Services
Employee Benefits Security Administration	Centers for Medicare & Medicaid Services
www.dol.gov/agencies/ebsa	www.cms.hhs.gov
1-866-444 EBSA (3272)	1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such a collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210, or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



CONTACTS

Refer to this list when you need to contact one of your benefit vendors. For general information you may contact your Human Resources Department.

HUMAN RESOURCES

Sonya Davis

901-681177

Sdavis@vrcnetwork.com

MEDICAL

BlueCross BlueShield

Customer Service: 800-565-9140

www.bcbst.com

HEALTH REIMBURSEMENT ACCOUNT

McGriff Flexible Benefit Services

Customer Service: 800-768-4873

<http://www.mcgriff.com/flex>

ACCIDENT AND CRITICAL ILLNESS

Lincoln Financial

Customer Service: 877-815-9256

www.lfg.com

DENTAL

BlueCross BlueShield of TN

Customer Service: 800-565-9140

www.bcbst.com

VISION

BlueCross BlueShield of TN

Customer Service: 800-565-9140

www.bcbst.com

VIRTUAL VISITS

Physician Now – MDLive (BCBS)

Customer Service: 888-283-6691

www.bcbst.com/member

LIFE/AD&D AND DISABILITY

OneAmerica

Customer Service: 800-553-5318

www.oneamerica.com

EAP SERVICES

ComPsych Guidance Resources

Customer Service: 855-387-9729

www.guidanceresources.com

ESTATE GUIDANCE/FINANCIAL CONNECT

ComPsych Guidance Resources

Customer Service: 855-387-9729

www.guidanceresources.com

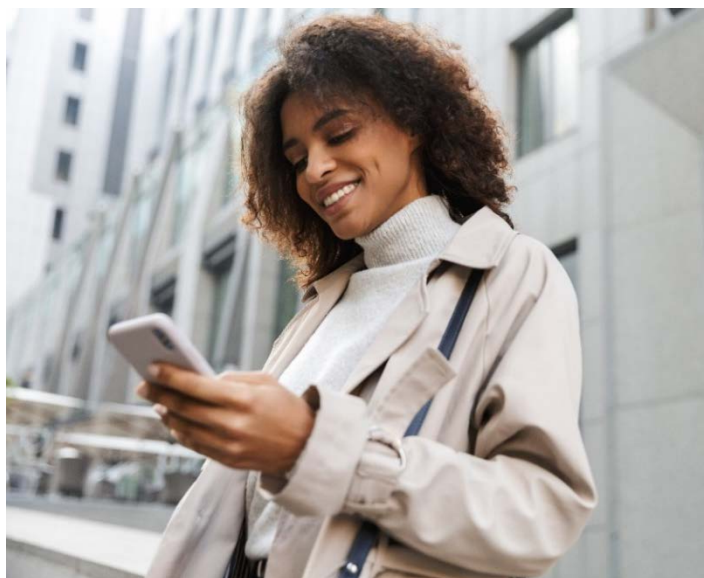
EROLLMENT SUPPORT for BENEFITS CONNECT AND BENEFIT QUESTIONS

Pam Coley

McGriff Insurance Services

901-684-3287

Pam.Coley@mcgriff.com





The information in this guide was taken from various summary plan descriptions and benefit information. This summary of benefits is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. Full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail. Carrier contracts are the final benefit determinant. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Benefit Summary, contact HR.