

# 2019 **my** benefits

Health

Earnings

Life

Planning

Supplementals

[www.MyBPIBenefits.com](http://www.MyBPIBenefits.com)



*Building Better Brands.*

## ***Where do I get help?***

Your BenefitHelpSITE™—[www.MyBPIBenefits.com](http://www.MyBPIBenefits.com) is available 24 hours a day, 7 days a week to provide you with answers to your questions and contact information for each of the benefit providers.

If you have questions during the enrollment period, you may contact the BenefitHelp Team at **1-888-663-1285**, Option 2 or use the click-to-chat feature of your *HelpSite*.

Following the enrollment period, please contact Brandi Argo, in Human Resources at **901-565-8260 x301** or email her at **bargo@bpipackaging.net**.

## ***What is NEW this year?***

Medical, Dental and Vision have moved to BlueCross BlueShield of Tennessee effective February 1, 2019. The medical plan is a HRA compatible PPO with lower premiums. BPI will contribute \$6000 for single coverage and \$12,000 for employee+dependent coverage towards the deductible (2 per family).

Every reasonable effort has been made for the information provided to be accurate. It is intended to provide an overview of the coverage's offered. It is in no way a guarantee or offer of coverage. Each carrier has the ability to underwrite based on its contract. Each carrier's contract, underwriting, and policies will supersede the information provide herein.

Please be aware that each carrier may have exclusions or limitations and you must consult your summary plan description and/or policies for details.

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# MESSAGE FROM THE PRESIDENT OF BPI

Health insurance premium rates continue to increase beyond the rate of inflation. At BPI, we have had the benefit of holding rates down for our employees and the company has absorbed all the increases the last four years.



This year, total rates again increased significantly, and the company is shouldering almost all the burden. For 2019 your medical, dental and vision coverage is moving to BlueCross BlueShield of Tennessee. In order to keep costs down we have changed the plan to an HRA compatible PPO. BPI will contribute \$6000 toward an HSA account to assist with meeting the deductible.

Again, for tobacco users, the premiums will be \$100 more per month. We strongly encourage all the smokers and tobacco users to take advantage of the FREE tobacco cessation plans available.

Your health is important to us. Please take advantage of these programs and pay less for your health insurance!

See the monthly 2019 employee health insurance rates below:

Non-Tobacco User Rates	HRA Compatible PPO
Employee Only	\$ 60.00
Employee + Spouse	\$ 405.00
Employee + Children	\$ 355.00
Family	\$ 530.00

Tobacco User Rates	HRA Compatible PPO
Employee Only	\$ 160.00
Employee + Spouse	\$ 505.00
Employee + Children	\$ 455.00
Family	\$ 630.00

Dental and Vision plans will continue to be offered so that we can all take advantage of group rates. Our Dental and Vision plans have changed carrier to BlueCross BlueShield of Tennessee.

The benefit year will be February 1, 2019 – January 31, 2020.

Please see your manager or supervisor if you have questions.

A handwritten signature in blue ink, appearing to read 'M. Smith', is shown on a light blue background.

# INTRODUCTION

## At BPI Packaging

### Our Employee Benefits Strategy consists of . . .

- Providing an employee benefits program that is intended to protect you and your family from catastrophic financial losses.
- These plans are designed to engage you to take an active role in the management of your own health on a preventive basis.
- Being committed to our benefits being easy to use, simple to understand, and well communicated.

## 2019 Plan Year Benefit Offerings

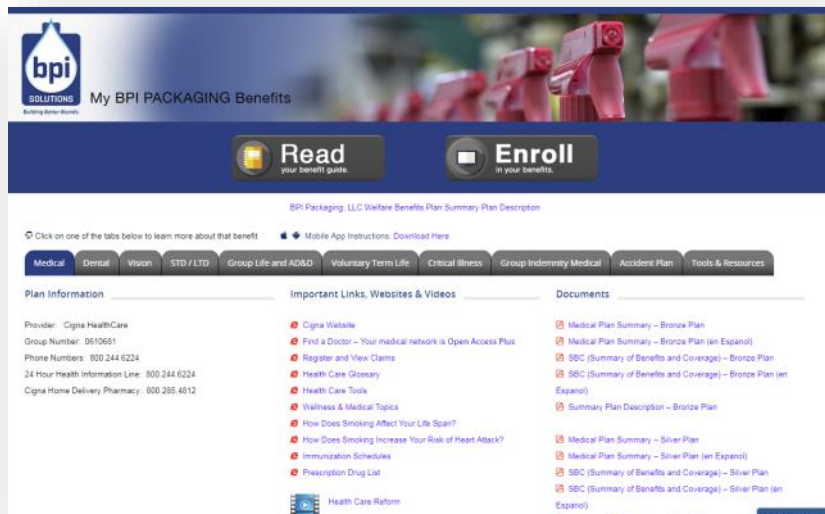
BPI Packaging offers a comprehensive benefits program to all benefit eligible employees. Our Benefit Plans are a valuable part of your total compensation. Each year we re-evaluate our benefits package to make sure we are providing a competitive benefits package at an affordable cost.

Our Plan Year for coverage is February 1 through January 31. Each year prior to January 31 you will have the opportunity to review all coverage options available and make any changes you wish for the next plan year. All benefit elections will be made on our online enrollment system: [eBenCom.com/bpi](http://eBenCom.com/bpi).

### You will have the opportunity to enroll in:

- Medical
- Dental
- Vision
- Basic Life
- Short Term Disability
- Long Term Disability
- Colonial Voluntary





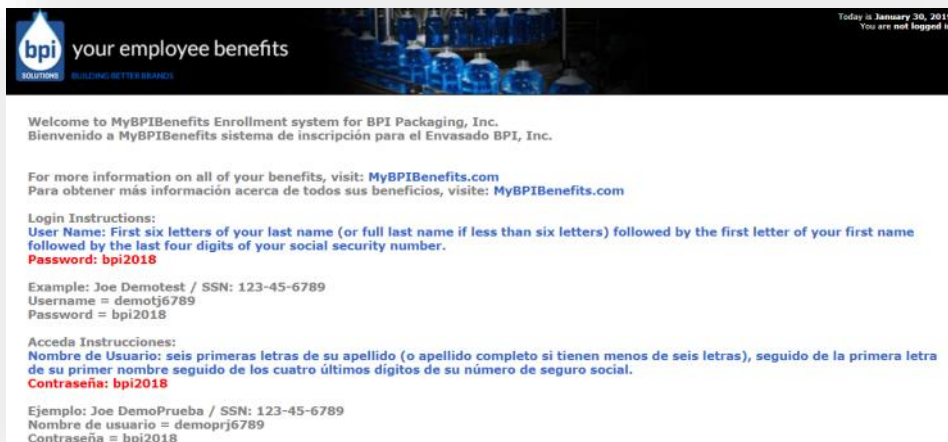
**Watch Videos About  
Your Benefits**

**Get Important Phone  
Numbers & Carrier  
Information**

**Search for a  
Doctor or Dentist**

**Print Important  
Documents & Forms**

**24 Hours a Day  
7 Days a Week**



## Check it out today!

**Learn more about  
your benefits from your  
mobile devices.**

**Have you ever had trouble locating  
information about your benefits?**

**What about trying to remember how  
to find a participating doctor or dentist?**

## Problem Solved!

## It's All Online...

**One place to go, just an internet  
connection away.**



# PREPARE FOR ENROLLMENT

**Your Human Resource Department will notify you of the dates and times of the one-on-one enrollment sessions with a BenefitHelp Enrollment Counselor.**

## ADDING DEPENDENTS

If you are adding dependents to the medical, dental or vision plans for the first time during this open enrollment you **must** present the following verification documentation to your Human Resources Department immediately following your enrollment. If proper documentation is not provided, these newly added dependents will not be enrolled for coverage.



Dependent	Required Documentation
Spouse	Marriage License & first page of your most recent joint tax return. (financials should be blackened out)
Natural Children	Birth Certificate
Step-Children	Birth Certificate and Marriage License showing both parent's names
Dependent Child(ren): Legal guardian, adoption or foster	Birth Certificate, Final Court Order of legal guardianship with judge's signature and/or final adoption decree with judge's signature

# REMINDERS

## Reminders/Updates

- Your routine, preventive visits and screenings are covered at no cost to you.
- You may cover your adult children under your medical plan until they reach their 26th birthday, regardless of their student, financial or marital status.
- If your spouse is offered health insurance through their employer, they are not eligible for coverage under the BPI Packaging medical plan.
- Medical rates for 2019 will be tobacco distinct. Meaning, if you are a Non-Tobacco user or if you complete a Tobacco Cessation plan, you will be rewarded by paying less for your medical coverage.

## How Can You Get The Most Out of Your Health Coverage?



It is all about educating yourself on the options available. Balancing cost and coverage is the key. Find out the plan coverage levels, applicable deductibles and copays. Know what your money is buying.

Every year the cost of healthcare increases faster than just about every other product or service you buy. For most of us, the ways to go about saving money on healthcare expenses are not always obvious. It actually is a lot like the ways you save money on other things—by learning everything you can about the product and taking advantage of discounts wherever you can find them.

## Do you always check to see if your doctor is part of the network?

Please be advised, our medical plans cover much less when an out-of-network provider is used. The only exception is when there is a life-threatening emergency. So check the provider directory online at [www.MyBPIBenefits.com](http://www.MyBPIBenefits.com) to see if your physician, hospital and pharmacy are in the network in order to receive the highest level of benefits.



**of Tennessee**



# HEALTH DEFINITIONS & PRESCRIPTIONS



## MEDICAL COVERAGE

BPI Packaging offers you the option to participate in Medical Coverage through BlueCross BlueShield of Tennessee. You may receive medical services from any provider, however you will have a higher benefit level at a participating provider. You may find participating providers by visiting [www.MyBPIBenefits.com](http://www.MyBPIBenefits.com) and selecting Find a Provider. Services at non-network providers will have a lower benefit level with the exception of life threatening emergencies.

### Definitions of commonly used medical plan terms.

**Deductible:** This is the amount of money you pay for health services before your medical Insurance begins paying. For some services you have to pay the deductible before the plan pays. Your deductible starts over each January 1<sup>st</sup>.

**Copay:** This is the amount of money that you pay each time a particular service is utilized.

**Coinsurance:** This is the percentage of the eligible cost you are required to pay. For example, the medical plan has a 50/50 coinsurance rate, your insurance plan pays for 50% of your eligible medical expenses and you're responsible for the remaining 50% after you have met your deductible.

**Out-of-pocket coinsurance maximum:** This is the most coinsurance you will have to pay under your medical plan each year. This protects you from the financial drain of high medical expenses. Medical plan copays and deductibles do accumulate toward your out-of-pocket maximum. Copays that you pay for your prescription drugs do not apply toward your out-of-pocket maximum.

# MEDICAL PLAN

**NEW!**

## The New 2019 BlueCross BlueShield of TN (BCBST) Medical Plan

HRA Compatible PPO	In-Network	Out-of-Network
<b>PLAN OVERVIEW:</b>		
Annual Deductible	\$6,600 Single	\$13,200 Single
Out-of-Pocket Maximum	\$6,850 Single	\$20,550 Single
Coinsurance	50%	50%
<b>OFFICE VISITS:</b>		
Preventative and Wellness	No Charge	50% Coinsurance
Primary Care Physicians	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Specialist	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Diagnostic Test (X-ray, blood work)	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Imaging (CT/PET scan, MRI)	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Pregnancy Care	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Urgent Care	50% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>INPATIENT:</b>		
Inpatient Hospital Admission	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Professional Services	50% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>OUTPATIENT:</b>		
Emergency Room	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Facility	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Professional Services	50% Coinsurance after Deductible	50% Coinsurance after Deductible
<b>OTHER COVERED SERVICES:</b>		
Ambulance	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Durable Medical Equipment	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Skilled Nursing Care	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Health Care Services	50% Coinsurance after Deductible	50% Coinsurance after Deductible
Hospice Services	No Charge	50% Coinsurance after Deductible
<b>PRESCRIPTION</b>		
Tier 1 (Generic)	\$10 Copay after Deductible	50% Coinsurance after Deductible
Tier 2 (Preferred Brand)	\$45 Copay after Deductible	50% Coinsurance after Deductible
Tier 3 (Non-Preferred Brand)	\$90 Copay after Deductible	50% Coinsurance after Deductible
Tier 4 (Specialty in Specialty)	\$180 Copay after Deductible	Not Covered



# DENTAL PLAN

**NEW!**

## The New 2019 BlueCross BlueShield of TN (BCBST) Dental



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### How Does the Plan Work?

BPI is transitioning to BlueCross BlueShield of TN (BCBST) for dental insurance. You have a list of dentists on your PPO to choose from to get the best benefit. If you go to an out of network dentist, benefits are still provided less the discount.

**Deductible** (applies only to B and C Coverage)

**Ind: \$50**

**Fam: \$150**

**Calendar Year Maximum** (for each covered individual)

**\$1,000**

#### Coverage A: Preventive & Diagnostic

Exams, X-rays, Cleanings, Fluoride, Sealants, Space Maintainers

**100%**

#### Coverage B: Basic Restorative Services

Emergency Care to Relieve Pain, Fillings, Simple Extractions, Oral Surgery, Surgical Extraction of Impacted Teeth, Anesthetics, Basic Periodontics, Basic Endodontics (Root Canal Therapy), Brush Biopsy

**80% after Deductible**

#### Coverage C: Major Restorative Services

Relines, Rebases and Adjustments, Repairs—Bridges, Crowns, Inlays and Dentures, Crowns/Inlays/Onlays, Dentures, Bridges, Stainless Steel/Resin Crowns

**50% after Deductible**

#### Coverage D: Orthodontia

Coverage only for children to age 18; \$1,000 lifetime maximum

**50%, no Deductible**

# VISION PLAN

**NEW!**

## The New 2019 BlueCross BlueShield of TN (BCBST) Vision



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Just as with your Medical and Dental plans, you make the choice of providers. The benefits reflected below demonstrate your benefits when using a participating BCBST vision provider. Additional allowances are provided if you choose to receive services from a non-network provider.

Services	In-Network	Out-of-Network
<b>Vision Exams</b> (one exam every 12 months)		
Comprehensive Eye Exam	\$20 Copay	Up to \$35
Contact Lens Fit and Follow-Up	Standard: \$55 Copay Premium: 10% off retail	N/A
<b>Standard Plastic Lenses</b> (once every 12 months)		
Single	\$25 Copay	Up to \$30
Bifocal	\$25 Copay	Up to \$45
Trifocal	\$25 Copay	Up to \$60
<b>Frames</b> (once every 24 months)	Up to \$150; 20% off balance over \$150	Up to \$75
<b>Contact Lenses</b> (once every 12 months)		
Conventional	Up to \$150; 15% off balance over \$150	Up to \$120
Disposable	Up to \$150	Up to \$120
Medically Necessary	Paid in Full	Up to \$200
<b>Lens Options</b>		
Standard Polycarbonate	\$40 Copay	N/A
UV Treatment	\$15 Copay	N/A
Tint	\$15 Copay	N/A
Standard Plastic Scratch Coating	\$15 Copay	N/A
Standard Progressive Lenses (add on to Bifocal)	\$65 Additional Copay	N/A

# ACCIDENT INSURANCE

Colonial Life's Hospital Income Plan helps you fill the gaps when you have unexpected health care expenses. It pays a benefit for each covered hospital confinement, as well as outpatient surgery.



## What are the key features?

- Benefits are paid directly to you.
- You can take it with you if you change jobs.
- Coverage is available for you, your spouse and your family.



## What plans are available?

- Choose from a \$500 or \$1,000 Hospital Confinement Benefit

To file a claim, visit [www.MyBPIBenefits.com](http://www.MyBPIBenefits.com)

# CRITICAL ILLNESS

Critical illness benefits help families pay off debts and other expenses not covered by medical insurance such as loss of income, childcare services, and travel to treatment centers.



## What are the key features?

- With critical illness coverage, employees receive a lump sum benefit after a serious condition such as a heart attack, stroke, coronary artery disease, or cancer occurs.
- You can take it with you if you change jobs.
- Coverage is available for you and your family members.
- A wellness benefit is included to serve as a little extra incentive to have your annual wellness screenings performed.

## What plans are available?

- You select the amount of coverage that best meets your needs—from \$5,000 to \$50,000 in coverage



Visit [www.MyBPIBenefits.com](http://www.MyBPIBenefits.com) to learn more



# HOSPITAL INCOME

Colonial Life's Hospital Income Plan helps you fill the gaps when you have unexpected health care expenses. It pays a benefit for each covered hospital confinement, as well as outpatient surgery.

Covered Critical Illness Conditions	Percentage of the face amount payable
Heart Attack (myocardial infraction) .....	100%
Stroke .....	100%
End-Stage renal (Kidney) failure .....	100%
Major Organ Failure .....	100%
Permanent paralysis due to a covered accident .....	100%
Coma .....	100%
Blindness .....	100%
Occupational infectious HIV or occupational Infectious hepatitis B,C or D .....	100%
Coronary artery bypass graft surgery/disease .....	25%



Colonial Life

# WHOLE LIFE

Whole life insurance can help provide protection for you and those who depend on you. You won't have to worry about becoming uninsurable later in life, and your premiums won't increase as you get older.

With whole life insurance, you receive a guaranteed death benefit as long as premiums are paid, which can help with funeral costs and other immediate expenses. Also, throughout the life of the policy, you can access its cash value through a policy loan and use the money for emergencies. The loan should

## Advantages of Colonial Life's Whole Life Insurance

- Your premiums will never increase because of changes in your health or age.
- You can take the policy with you even if you change jobs or retire, with no increase in premium.
- A guaranteed purchase option means you can purchase additional whole life coverage — without having to answer health questions — at three different points in the future.
- With the accelerated death benefit, you can request up to 75 percent of your benefit to a maximum of \$150,000 if you are diagnosed with a terminal illness.\*
- An immediate \$3,000 claim payment can help your designated beneficiary pay for funeral costs or other expenses.

## Guaranteed purchase option

If you are age 55 or younger when you purchase the policy, you have the option to purchase additional whole life coverage — without having to answer health questions — at three different points in the future. You may purchase up to your initial face amount, not to exceed a total combined maximum of \$100,000 for all options.

Colonial Life



# SHORT & LONG TERM DISABILITY

## When savings aren't always enough.

You and your family rely on your income. But what would happen if you became ill or suffered a serious accident and were **unable to work**? Who would pay the bills? You may never even think that you could be laid up for an extended period of time. But what if you had a stroke or some other injury that kept you from working? How many months could you continue your standard of living from your savings? The chances of becoming disabled prior to age 65 are 1 in 3, yet the chances of your house burning down are 1 in 1,000.

In helping you prepare to meet financial obligations should you face a period of disability, BPI Packaging offers both Short Term Disability (STD) insurance and Long Term Disability (LTD) insurance.

## Who's at risk?

- More than 26 million Americans suffer disabling injuries each year.
- More than two-thirds of disabling injuries suffered by American workers occur off the job and are not covered by workers' compensation.



**Your disability benefits  
help you cover  
what matters most.**

### 1. Calculate your Total Net Monthly Household Income

Your net monthly income (after taxes)	(A) \$ _____	Investment income (e.g. IRAs, stock)	\$ _____
Partner's net monthly income (after taxes)	\$ _____	Other income	\$ _____

Add up the above to estimate your Total Net Monthly Household Income → (B) = \$ \_\_\_\_\_

### 2. Calculate your Total Monthly Household Expenses:

Groceries	\$ _____	Transportation costs (gas, maintenance, car payments)	\$ _____
Mortgage/Rent	\$ _____	Child care/school fees	\$ _____
Utilities (electricity, water, gas, etc.)	\$ _____	Loans/credit card payments	\$ _____
Auto, homeowner's, medical & dental insurance	\$ _____	Other expenses	\$ _____

Add up the above to estimate your Total Monthly Household Expenses → (C) = \$ \_\_\_\_\_

### 3. Calculate the difference between your total monthly household income and your total monthly household expenses. This gives you a pretty good idea of how your finances are holding up currently.

Monthly Income Surplus/Shortfall (B - C) → (D) = \$ \_\_\_\_\_

### 4. Calculate the difference between your monthly household income and your total monthly household expenses – *minus* your net monthly income (which you won't have if you become disabled).

Monthly Income Surplus/Shortfall if disability occurs (D - A) → = \$ \_\_\_\_\_

# SHORT & LONG TERM DISABILITY



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## Mutual of Omaha

### Short Term Disability (STD) - Mutual of Omaha

BPI Packaging provides at no cost to you Short Term Disability Coverage. Your Short Term Disability plan is administered through Mutual of Omaha. This benefit includes an elimination period (days off of work) of 14 days for both accident and illness. The Short Term Disability benefit has a maximum duration of 11 weeks. The benefits are payable based on the following schedule:

**60%** of weekly income to  
maximum benefit of **\$1,500 per week**

A close-up photograph of a pay stub. The document is white with blue and black text. It lists various components of a paycheck, including Gross Pay, Pension, AVC's, Taxable Pay, and Tax. The values for Gross Pay, Pension, and Taxable Pay are all 388.27. The values for AVC's and Tax are all 0.00. The 'This Pay' column shows a total of 388.27. The 'Year' column shows a value of 3.

	This Pay	Year
Gross Pay	388.27	3
Pension	0.00	
AVC's	0.00	
Taxable Pay	388.27	
Tax	0.00	
NI	0.00	
SSP	0.00	
mp	0.00	

### Long Term Disability (LTD) - Mutual of Omaha

BPI Packaging provides at no cost to all eligible full time employees long term disability insurance. Your Long Term Disability plan is administered through Mutual of Omaha. This benefit offers an elimination period of 90 days for both accident and illness. Benefit payments will continue until you recover or the maximum duration specified in the contract. The benefits are payable based on the following schedule:

**60%** of monthly income to the maximum  
monthly benefit as specified in the contract

# TERM LIFE and AD&D



## Mutual of Omaha

**BPI Packaging provides an employee benefits program that is intended to protect you and your family from catastrophic financial losses.**

As an employee, you are provided life insurance coverage equal to one times your annual salary (not to exceed \$50,000) at no cost to you. The benefit doubles in the event of an accidental death.

**Who depends on you? Term life insurance can help you take care of those you love. How much life insurance do you need?**



### 1. If you or your spouse die, how much money will your family need to:

Live on each year (75% of current net income)	\$ _____ annually x _____ years = \$ _____
Pay for child care	\$ _____ annually x _____ years = \$ _____
Provide for your children's education	\$ _____ annually x _____ years = \$ _____
Pay for major purchases (cars, home repair, etc.)	\$ _____ annually x _____ years = \$ _____
Pay off estate and funeral expenses	\$ _____
Pay off your mortgage loan or pay your rent	\$ _____
Pay off debts, such as credit cards, auto loans, student loans, etc.	\$ _____
Have available for an emergency fund, or provide for a family member with special needs	\$ _____

**Add up the above to estimate the total amount your family will need: = \$ \_\_\_\_\_**

### 2. Consider how much money would be available in the event of your or your spouse's death:

Life insurance you now have (including employer-paid coverage)	\$ _____
Cash and savings	\$ _____
Retirement savings (IRA, 401(k), etc.)	\$ _____
Stocks and bonds (at current market value)	\$ _____
Income from your spouse (multiply by 60%) <sup>1</sup>	\$ _____ annually x _____ years = \$ _____
Other assets (e.g., pension plans)	= +\$ _____

**Add up this total = +\$ \_\_\_\_\_**

**Then, from the total in question 1, subtract the total in question 2. = \$ \_\_\_\_\_**

# RATE WORKSHEET

Review your worksheet prior to your enrollment session.

Medical Plan - Monthly Rates—Non-Tobacco Users	
Who to Cover?	HSA Compatible PPO
Employee Only	\$ 60.00
Employee + Spouse	\$ 405.00
Employee + Child(ren)	\$ 355.00
Family	\$ 530.00

Medical Plan - Monthly Rates—Tobacco Users	
Who to Cover?	HRA Compatible PPO
Employee Only	\$ 160.00
Employee + Spouse	\$ 505.00
Employee + Child(ren)	\$ 455.00
Family	\$ 630.00

Dental Plan - Monthly Rates	
Who to Cover?	
Employee Only	\$ 24.77
Employee + Spouse	\$ 54.50
Employee + Child(ren)	\$ 53.64
Family	\$ 90.28

Vision Plan - Monthly Rates	
Who to Cover?	
Employee Only	\$ 7.09
Employee + Spouse	\$ 14.18
Employee + Child(ren)	\$ 14.89
Family	\$ 23.40

Medical

Dental

Vision

# THE PLAN FOR ME

Review your worksheet prior to your enrollment session.

MY BENEFIT SELECTIONS FOR 2019		
Benefit	Coverage / Election	Monthly Rate
Medical		\$
Dental		\$
Vision		\$
Accident		
Critical Illness		
Hospital Income		
Whole Life		\$
Short Term Disability	No Cost to You	
Long Term Disability	No Cost to You	
Company Provided Life and AD&D	No Cost to You	

**My Total Monthly Payroll Deduction**    \$ \_\_\_\_\_





# APPENDIX—LEGAL NOTICES





## **Important Legal Notices Affecting Your Health Plan Coverage:**

### **The Newborns' and Mothers' Health Protection Act of 1996**

The Newborns' and Mothers' Health Protection Act of 1996 prohibits group and individual health insurance policies from restricting benefits for any hospital length of stay for the mother or newborn child in connection with childbirth; (1) following a normal vaginal delivery, to less than 48 hours, and (2) following a cesarean section, to less than 96 hours. Health insurance policies may not require that a provider obtain authorization from the health insurance plan or the issuer for prescribing any such length of stay. Regardless of these standards an attending health care provider may, in consultation with the mother, discharge the mother or newborn child prior to the expiration of such minimum length of stay.

Further, a health insurer or health maintenance organization may not:

1. Deny to the mother or newborn child eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely to avoid providing such length of stay coverage;
2. Provide monetary payments or rebates to mothers to encourage such mothers to accept less than the minimum coverage;
3. Provide monetary incentives to an attending medical provider to induce such provider to provide care inconsistent with such length of stay coverage;
4. Require a mother to give birth in a hospital; or
5. Restrict benefits for any portion of a period within a hospital length of stay described in this notice.

These benefits are subject to the plan's regular deductible and co-pay. For further details, refer to your SPD.

Keep this notice for your records and call Human Resources for more information.

### **Women's Health and Cancer Rights Act of 1998**

The Women's Health and Cancer Rights Act of 1998 requires us to notify you, as a participant or beneficiary of the group Health and Welfare Plan, of your rights related to benefits provided through the plan in connection with a mastectomy. You, as a participant or beneficiary, have rights to coverage to be provided in a manner determined in consultation with your attending physician for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to the plan's regular deductible and co-pay. For further details, refer to your SPD.

Keep this notice for your records and call Human Resources for more information.

### **Section 111**

Effective January 1, 2009 group health plans are required by Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extensions of 2007's new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability of claims assignments. In other words, it will help establish who pays first. The mandate requires group health plans to collect additional information, more specifically Social Security numbers for all enrollees, including dependents 6 months of age or older. Please be prepared to provide this information on your benefits enrollment form when enrolling into benefits.

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

Effective April 1, 2009, a special enrollment period provision is added to comply with the requirements of the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009. If you or a dependent is covered under a Medicaid or CHIP plan and coverage is terminated as a result of the loss of eligibility for Medicaid or CHIP coverage, you may be able to enroll yourself and/or your dependent(s). However, you must enroll within 60 days after the date eligibility is lost. If you or a dependent becomes eligible for premium assistance under an applicable State Medicaid or CHIP plan to purchase coverage under the group health plan, you may be able to enroll yourself and/or your dependent(s). However, you must enroll within 60 days after you or your dependent is determined to be eligible for State premium assistance. Please note that premium assistance is not available in all states.

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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

To see if your state has assistance, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

## **Notice of Special Enrollment Rights**

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.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

**In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.**



To request special enrollment or obtain more information, contact person listed at the end of this summary.

#### STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). ERISA provides that all participants shall be entitled to:

##### Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator’s office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan’s annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

##### Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

If you have creditable coverage from another plan, you may be entitled to a reduction or elimination of exclusionary periods (if applicable) of coverage for preexisting conditions under your group health plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to COBRA continuation of coverage, when COBRA continuation of coverage ceases, if you request before losing coverage or if you request it up to 24 months after losing coverage. Without evidence of prior creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

##### Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called “fiduciaries” of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

##### Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

#### Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

As a participant in the BPI Packaging, LLC Plan (the “Plan”), you are eligible for certain health care benefits. In the course of providing these benefits to you, the Plan may receive and maintain some of your medical information. Federal law requires that the Plan protect the privacy of, generally, medical information that identifies you and relates to your past, present or future health or condition, the provision of health care to you, or the payment for health care received by you. The Plan may hire other companies (“Business Associates”) to help provide health care benefits to you. These Business Associates may also receive and maintain your medical information.

Federal law requires that the Plan provide you with this Notice about its privacy practices and its legal duties regarding your medical information. The Plan is required to abide by the terms of the Notice currently in effect. The Plan may change its privacy practices and the terms of this Notice at any time. Changes will be effective for all of your medical information received or created by the Plan. If the Plan changes its policies regarding the protection of your medical information, the Plan will mail you a new notice of privacy practices that incorporates any changes within 60 days. The Plan will also post a new notice on its internet website.

#### **HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The Plan may use and disclose your medical information without your written permission for the following purposes:

For treatment. While the Plan does not directly participate in decisions regarding your health treatment, the Plan may disclose medical information it has created or received for treatment purposes. For example, the Plan may disclose your medical information to your doctor, at the doctor’s request, for his or her treatment of you.

For payment. The Plan or one of its Business Associates may use or disclose your medical information to pay claims for medical services provided to you or to provide eligibility information to your doctor when you receive medical treatment.

For health care operations. The Plan may provide your medical information to our accountants, attorneys, consultants, and others in order to make sure we are complying with federal law. Also, your medical information may be used or disclosed to assess the quality of health care that you receive or to assist the Plan in the management of its performance of administrative activities.

To you, your personal representative, or others involved in your healthcare. The Plan may provide your medical information to you and your legal representative. The Plan may also provide medical information to a person, including family members, other relatives, friends or others identified by you and acting on your behalf, so long as you do not object and the information is directly relevant to such person’s involvement in your health care. For this purpose, a person acts on your behalf by being involved in the provision and/or payment of your health care.

As required by law. For example, the Plan may disclose your medical information to comply with workers’ compensation laws or other similar laws.

To Business Associates. The Plan may disclose your medical information to its Business Associates so that they may perform the services that the Plan has asked them to perform. The Plan requires that these entities appropriately safeguard your medical information.

For health-related benefits. The Plan or one of its Business Associates may contact you about treatment alternatives or other health benefits or services that may be of interest to you.

For other uses and disclosures permitted by law such as:



- To public health authorities for public health purposes (e.g., the reporting of communicable diseases);
- To state agencies handling cases of abuse, neglect, or domestic violence;
- To a government agency authorized to oversee the health care system or government programs (e.g., determining eligibility for public benefits);
- To law enforcement officials for limited law enforcement purposes (e.g., to locate a missing person or suspect);
- To a coroner, medical examiner, or funeral director about a deceased person (e.g., to identify a person);
- To an organ procurement organization under limited circumstances;
- For research purposes in limited circumstances (e.g., if identifying information is removed or a research board has approved the use of the information);
- To avert a serious threat to your health or safety or the health or safety of others;
- To military authorities if you are a member of the armed forces or a veteran of the armed forces;
- To federal officials for lawful intelligence, counterintelligence, and other national security purposes;
- To an executor or administrator of your estate; and
- To any other persons and/or entities authorized under law to receive medical information.

For any other use or disclosure of your medical information, the Plan must have your written authorization. You may cancel your written authorization for the use and disclosure of any or all of your medical information, unless the Plan has taken action in reliance on your permission.

## **YOUR RIGHTS**

You may make a written request to the Plan to do one or more of the following concerning your medical information received or created by the Plan and/or the Plan's Business Associates:

- The right to request restrictions on certain uses and disclosures of medical information; however, the Plan is not required to agree to such request.
- The right to receive confidential communications of medical information by alternative means or at alternative locations.
- The right to inspect and copy medical information.
- The right to amend medical information.
- The right to receive an accounting of disclosures of medical information.
- The right, even if you have agreed to receive this notice electronically, to obtain a paper copy of this from the Plan upon request.

Although the Plan will utilize its best efforts to comply with your request, the Plan may legally deny your request under certain circumstances. The Plan will notify you of the reason for the denial and you will get a chance to respond. The Plan may not deny a request to communicate with you in confidence by a different means or location if the current means or location used by the Plan endangers you. The Plan may, however, request payment for any additional expenses it incurs to comply with your request. Your request to communicate by a different means or location must be in writing, include a statement that disclosure of all or part of the medical information by the current means could endanger you, specifically state the different means or location by which you would like the Plan to communicate with you, and continue to allow the Plan to pay claims.

## **COMPLAINTS**

If you feel as if your privacy rights have been violated, you may file a written complaint with:

BPI Packaging, LLC  
 Attn: Privacy Inquiries  
 4050 New Getwell Road  
 Memphis, TN 38118

You may also send a written or electronic complaint to the Secretary of the Department of Health and Human Services. The complaint must state the name of the entity that is the subject of the complaint and describe the act or omissions believed to be in violation of law. A complaint must be filed within 180 days of when you

knew or should have known that the act or omission complained of occurred. The Plan may not retaliate against you if you file a complaint.

**MORE INFORMATION:**

If you would like more information about this Notice, please contact: BPI Packaging, LLC, Attn: Human Resources, 901-565-8260

**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see below for more details.**

**Medicare Part D**

This notice applies to employees and covered dependents who are eligible for Medicare Part D.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with BPI Packaging, 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 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 prescription 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. BPI Packaging, LLC has determined that the prescription drug coverage offered by the Health and Welfare Plan for employees of BPI Packaging, 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 prescription drug plan.

**When Can You Join A Medicare Drug Plan?**

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>. 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 do decide to join a Medicare drug plan, your current BPI Packaging, LLC drug coverage will not be affected. You can keep this coverage if you elect Part D and BPI Packaging, LLC plan will coordinate with Part D coverage. If you decide to join a Medicare drug plan and drop your current BPI Packaging, LLC coverage, be aware that you and your dependents will be able to get this coverage back with a qualifying event.



### **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 coverage with BPI Packaging, 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 our office for further information (see contact information below). NOTE: You will receive this notice annually and before the next period you can join a Medicare drug plan, and if this coverage through BPI Packaging, LLC changes. You may also 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](http://www.medicare.gov)
- > Call your State Health Insurance Assistance Program (see 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 the Social Security Administration on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov) or you 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).**

Name of Entity/Sender: BPI Packaging, LLC, 4050 New Getwell Road, Memphis, TN 38118



[www.MyBPIBenefits.com](http://www.MyBPIBenefits.com)

The information included in this guide is intended to summarize the benefits offered in language that is clear and easy to understand. Every effort has been made to ensure that this information is accurate. It is not intended to replace the legal plan document or contract, which contains the complete provisions of the program. In case of any discrepancy between this handout and the legal plan document or contract, the legal plan document or contract will govern in all cases. An employee may review the legal plan document or contract upon request. BPI Solutions reserves the right to suspend, revoke or modify the benefit programs offered to employees.