

# **A-FM**

**ARNOLD'S FABRICATING  
& MACHINE INC.**



# **2024-2025 BENEFITS GUIDE**

An overview of the employee benefits provided by  
BenefitHelp

---

PREPARED BY BENEFITHELP FOR ARNOLD'S FABRICATING AND MACHINE

© BenefitHelp

# TABLE OF CONTENTS

|  |    |
|--|----|
| ▪ Introduction _____                           | 3  |
| ▪ HelpSite and Enrollment _____                | 4  |
| ▪ Overview of Benefits Programs _____          | 6  |
| ▪ Medical Benefits and Terms _____             | 7  |
| ▪ Dental Benefits _____                        | 13 |
| ▪ Vision Benefits _____                        | 14 |
| ▪ Group Term Life and AD&D Insurance _____     | 15 |
| ▪ Individual Term Life Insurance _____         | 16 |
| ▪ Voluntary Term Life and AD&D Insurance _____ | 17 |
| ▪ Disability Insurance _____                   | 18 |
| ▪ Critical Illness (with Cancer) _____         | 19 |
| ▪ Accident Plan _____                          | 20 |
| ▪ Legal Notices _____                          | 22 |

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.

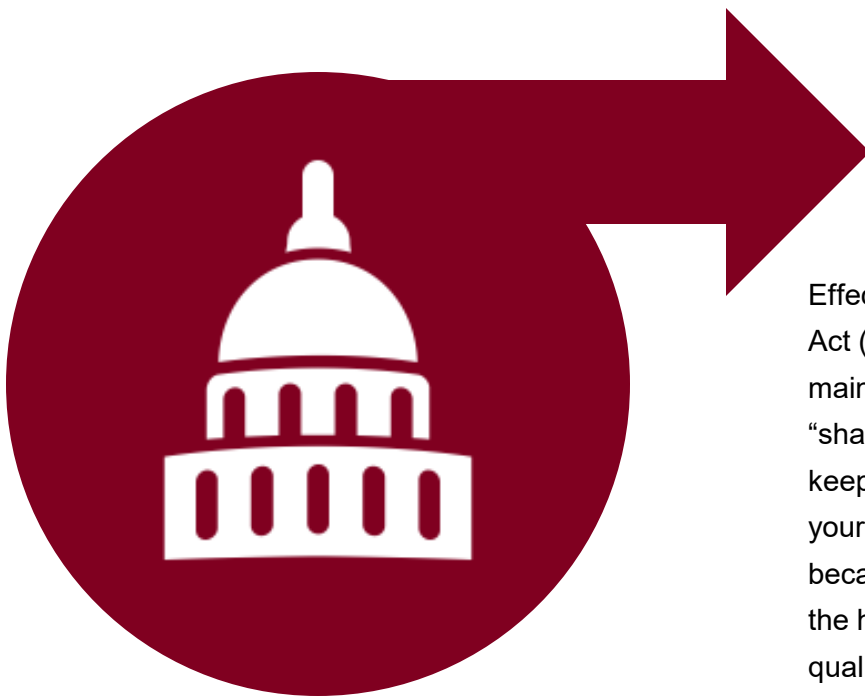
# INTRODUCTION

As an employee of Arnold's Fabricating and Machine enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

Arnold's Fabricating and Machine has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Arnold's Fabricating and Machine offers an overall benefits package that you can shape and mold to fit your needs.

This benefits booklet is a summary description of your Arnold's Fabricating and Machine benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.



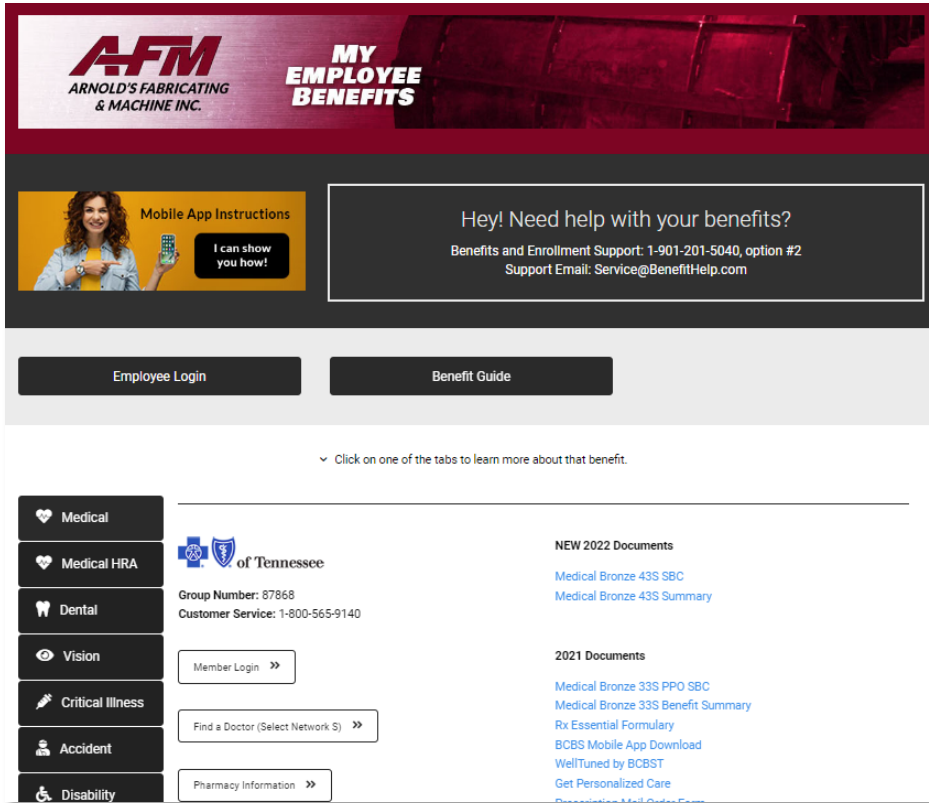
## UPDATE ON HEALTH CARE REFORM

Effective January 1, 2019 the Tax Cuts and Jobs Act (TJCA) repealed the individual mandate to maintain health insurance or be responsible for a “shared responsibility payment”. We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the “marketplace”).

Where do I enroll and get information about my benefits?



**MyAFMbenefits.com**



Have you ever had trouble locating information about your benefits?

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

**Not to worry, with [MyAFMbenefits.com](https://www.myafmbenefits.com) you are just an internet connection away from...**

- Important Phone Numbers
- Support & Enrollment via Segue HR!
- Provider & Facility Searches
- Employee Benefit News
- Important Documents
- Videos about Specific Benefits



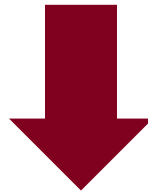
# CHANGES

## CHANGES AND QUALIFYING EVENTS

### WHEN COVERAGE BEGINS AND ENDS

As a full-time employee, you are eligible to enroll in the benefit plans effective the 1<sup>st</sup> of the month following 60 days of employment.

Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.



### QUALIFYING EVENTS

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”.

These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy eligibility requirement
- Family Medical Leave Act (FMLA) leave.
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

**BENEFIT CHANGES CAN BE MADE DURING  
YOUR ANNUAL OPEN ENROLLMENT**

# OVERVIEW OF BENEFITS

Arnold's Fabricating and Machine provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet every day needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to full time eligible staff and their dependents. These benefits are described in greater detail in this booklet.

## BENEFITS AT-A-GLANCE

| <b>Coverage</b>                     | <b>Carrier</b>                  |
|-------------------------------------|---------------------------------|
| Medical                             | AIMM - CAS – Cigna – US-Rx Care |
| Medical HRA                         | Ameriflex                       |
| Dental Plan                         | BlueCross BlueShield of TN      |
| Vision Plan                         | BlueCross BlueShield of TN      |
| Group Term Life and AD&D            | USABLE Life                     |
| Voluntary Group Term Life and AD&D  | USABLE Life                     |
| Individual Term Life                | Colonial Life                   |
| Disability Coverage                 | Colonial Life                   |
| Critical Illness (with Cancer) Plan | Colonial Life                   |
| Accident Plan                       | Colonial Life                   |

## ELIGIBILITY

**First of the month after 60 days of employment.**

# TERMS TO REMEMBER

## NURSE ADVOCACY

As part of your plan, you will have the benefit of a nurse advocate to help you with your health and navigate our complex healthcare system. The dedicated team of nurses works tirelessly to ensure that employees and their covered family members receive the right care at the right time, improving health outcomes and reducing overall healthcare costs. By navigating the complexities of the healthcare system on behalf of employees, the nurse advocates provide personalized support, helping to alleviate stress and confusion. This comprehensive care management leads to a healthier, more productive workforce, ultimately benefiting both employees and the organization.

## GUIDED CARE

As part of your plan, you will have the benefit of a nurse advocate to help you with your health and navigate our complex healthcare system.. When you contact Nurse Advocacy before seeking care and follow their guidance, your out-of-pocket costs of care will be covered by the Plan

## ANNUAL DEDUCTIBLE

The amount you must pay each year before the plan starts paying a portion of medical expenses. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

## COPAYS AND COINSURANCE

These expenses are your share of the cost paid for covered healthcare services. Copays are a fixed dollar amount and are usually due when you receive care. Coinsurance is your share of the allowed amount charged for a service and is generally billed to you after the health insurance company reconciles the bill with the providers.

## OUT-OF-POCKET MAXIMUM

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible, copays, and coinsurance

## IN-NETWORK & OUT-OF-NETWORK

Your plan allows for both in and out-of-network coverage, and you can choose any provider you wish. However, if you choose to see a provider that is not currently in the network, you will pay a greater share of the cost. Determining whether a provider is in-network is your responsibility.

# MEDICAL PLAN

Arnold's Fabricating & Machine offers you the option to participate in comprehensive Medical Coverage. You may receive services from any provider; however, you will have a higher benefit level at a by utilizing guide care through the **nurse advocacy program AIMM** as well as using participating provider. You may find participating providers by visiting [www.MyAFMBenefits.com](http://www.MyAFMBenefits.com).



## 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.

## 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 you 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.MyAFMBenefits.com](http://www.MyAFMBenefits.com) to see if your physician, hospital and pharmacy are in the network in order to receive the highest level of benefits.



# 24/25 Medical Plan

New Coverage will be effective 8/1

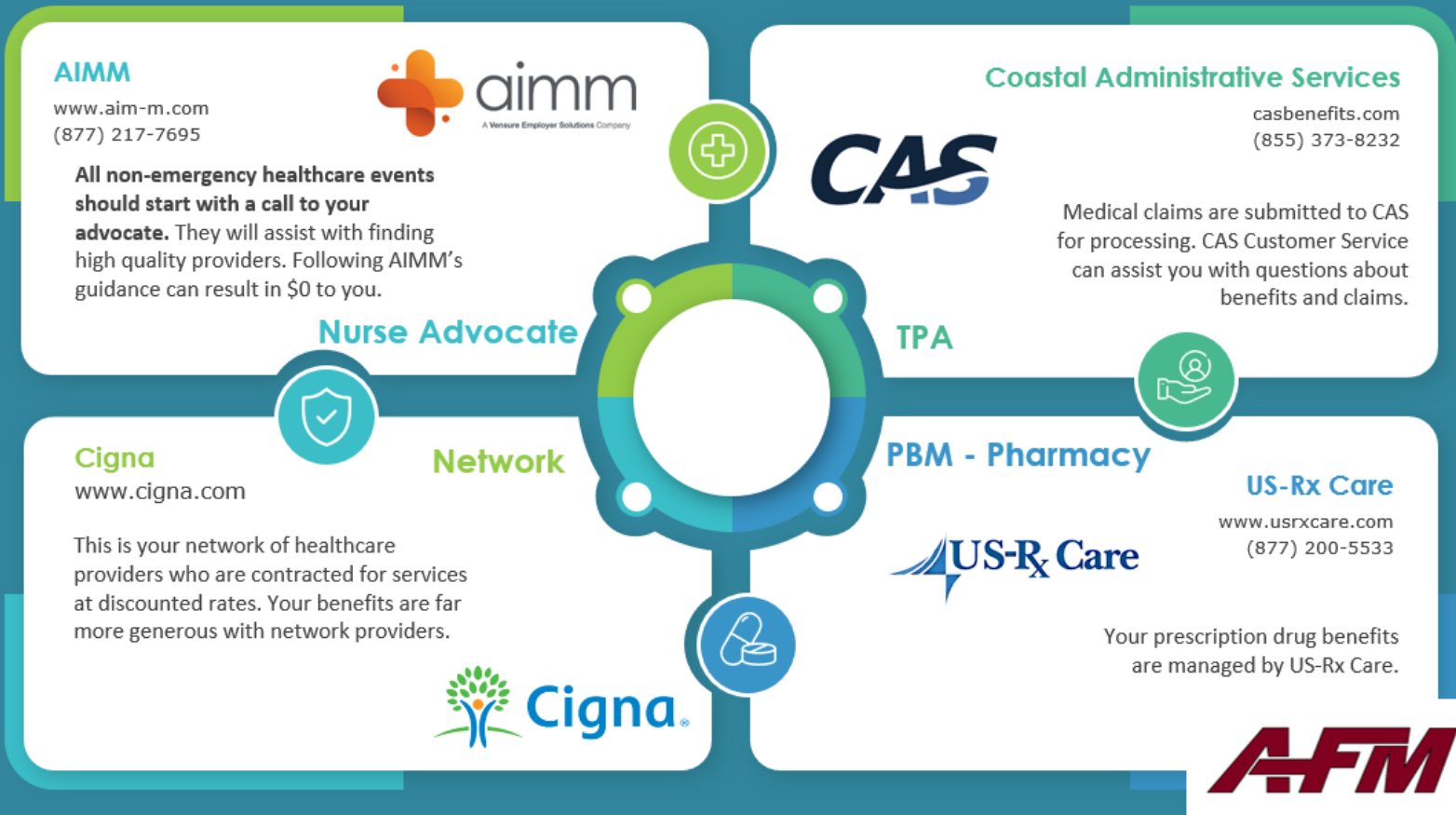
|   | Tier 1  | Tier 2                           | Out of Network                                       | HRA  |
|---|---|----------------------------------|--|--|
| <b>Provider</b>   | AIMM Guided<br><i>Call the Nurse</i>  | In Network - Cigna               | Out of Network                                       | Ameriflex  |
| <b>PCP Doctor visit</b>                                   | No Charge   | \$50 copay deductible waived     | 50% of the Maximum Allowable Charge after Deductible | \$ 500 AFM HRA for doctor visits to use only if the doctor was out-of-network OR if the employee did not utilize guided care |
| <b>Specialist Visit</b>                                   | No Charge   | \$75 copay deductible waived     |  |  |
| <b>Virtual Doctor Visit</b><br>(telemedicine)             | N/A   | No Charge                        | N/A  | N/A  |
| <b>Diagnostic tests</b><br>(x-ray, bloodwork, labs)       | No Charge   | 20% coinsurance after deductible | 50% of the Maximum Allowable Charge after Deductible | N/A  |
| <b>Imaging</b><br>(MRI/CT/PET)                            | No Charge   | 20% coinsurance after deductible |  |  |
| <b>Urgent Care</b>  | No Charge   | \$75 copay                       |  |  |
| <b>Emergency Room</b>                                     | N/A   | \$300 copay                      |  |  |
| <b>Outpatient Surgery</b>                                 | No Charge   | 20% coinsurance after deductible |  |  |
| <b>Hospitalization</b>                                    | No Charge   | 20% coinsurance after deductible |  |  |
| <b>Deductible</b><br>Single/Family<br>(In-Network)        | N/A   | \$2,000 / \$4,000                | \$4,000 / \$8,000                                    |  |
| <b>Coinsurance</b>  | N/A   | 20%                              | 50% of the Maximum Allowable Charge after Deductible |  |
| <b>Out of Pocket Max</b><br>Single/Family<br>(In-Network) | N/A   | \$7,000 / \$14,000               | \$14,000 / \$28,000                                  |  |
| <b>Rx Perscription Drugs</b>                              |   |                                  |  |  |
| <b>(Generic) Tier 1</b>                                   | \$0 copay   |                                  |  | N/A  |
| <b>Tier 2</b>   | \$35 copay  |                                  |  |  |
| <b>Tier 3</b>   | \$70 copay  |                                  |  |  |
| <b>(Specialty) Tier 4</b>                                 | 20% coinsurance (deductible waived)<br>* Optional programs can be sourced for as low as \$0. Please contact your Rx manager for more information on potential savings opportunities |                                  |  |  |

**NOTE – Your Deductible runs PLAN YEAR**

Disclaimer – The benefits shown are illustrative and do not reflect the entirety of your plan coverage. For exact benefit coverage information please refer to the actual plan summaries, plan document, and SBCS for coverages, limitations, and/or exclusions.

# MEDICAL PLAN

## How to Use Your Plan



### Remember, your health plan is considered Self Funded

Because your plan is self funded, you can use the above image to reference who you will need to contact when utilizing different components of the plan.

When going to the doctor, just give your card to your doctor's office. If they are struggling to understand or verify your coverage, have the office Call the Nurse at AIMM, and they will assist.

### How Can You SAVE Money Using Your Health Coverage?

Call the Nurse! Call AIMM to find In-Network doctors, get preauthorization for procedures, and to receive Tier 1 benefit prices. NOTE you MUST call the nurse BEFORE you arrive or schedule a doctors visit in order to receive Tier 1 benefits and pricing. If you fail to contact the nurse prior to doctor visits or procedures, you will be subjected to Tier 2 benefits for in network doctors.

# MEDICAL PLAN

# AIMM Nurse Guidance

REMEMBER to visit [www.MyAFMBenefits.com](http://www.MyAFMBenefits.com) for more details and information on the details of your coverage and contacts for your benefits providers.

## Remember to Contact the Nurse, AIMM...

- BEFORE you schedule or attend a doctor's visit
- Prior-Authorization
- To verify coverage when speaking to your doctor
- To save money by receiving Tier 1 medical benefits
- Receive assistance in navigating care for a new or existing health condition
- Before you visit Urgent Care or visit the Emergency Room for a nonlife threatening conditions
- To see what providers are in network
- To find advice on how best to treat a new condition or health complication

## How Do I Contact the Nurse, AIMM?

**Call them anytime at 877-217-7695  
from 8am to 4pm CST.**

If you don't have time to wait to speak with a Nurse, please leave a voicemail that includes your availability, and the nurse will call you back when it's convenient for you, and fits within their working hours.

Patients can leave a voicemail 24/7 or you can submit a message to the nurse 24/7 via our website, [aim-m.com](http://aim-m.com).

## Care Management Program

Are you experiencing health problems?



We are here to HELP!



Tel: 877-217-7695

# Medical Plan Costs

## Weekly Employee Premium

|                       |           |
|-----------------------|-----------|
| Employee Only         | \$ 9.82   |
| Employee + Spouse     | \$ 116.50 |
| Employee + Child(ren) | \$ 100.50 |
| Family                | \$ 207.21 |

## Monthly Employee Premium

|                       |           |
|-----------------------|-----------|
| Employee Only         | \$ 42.57  |
| Employee + Spouse     | \$ 504.85 |
| Employee + Child(ren) | \$ 435.48 |
| Family                | \$ 897.91 |



# DENTAL PLAN

| PLAN FEATURES                                  | DENTALBLUE   |
|--|--------------|
| <b>IN NETWORK</b>                              |              |
| Annual Deductible (Individual / Family)        | \$50 / \$150 |
| Preventive Care                                | 0%           |
| Basic Procedures (Extractions, fillings, etc.) | 20%          |
| Major Procedures (Crowns, dentures, etc.)      | 50%          |
| Calendar Year Maximum Benefit                  | \$1,500      |
| <b>OUT OF NETWORK</b>                          |              |
| Annual Deductible (Individual / Family)        | \$50 / \$150 |
| Preventive Care                                | 0%           |
| Basic Procedures (Extractions, fillings, etc.) | 20%          |
| Major Procedures (Crowns, dentures, etc.)      | 50%          |
| Calendar Year Maximum Benefit                  | \$1,500      |

BCBST has contracted dentists in their network that have agreed to discount their charges to BCBST's fee schedule. Because BCBST has no contract with non-network dentists, members may be responsible for any billed charges that exceed BCBST's Maximum Allowable Charge.

## Member Advantages

The largest dental PPO network in Tennessee, delivering consistent member savings for over 30 years

Utilizes the same dental network used for the BlueCross BlueShield of Tennessee EHB medical pediatric benefits; maintains consistency and simplicity.

Supplemental Plans offer the opportunity for single ID cards, which means less confusion for members and providers alike.



## Pediatric Dental (included with Medical to age 19)

| PLAN FEATURES   | Pediatric Dental     |
|---|----------------------|
| <b>IN NETWORK</b>   |                      |
| Annual Deductible   | Medical Deductible   |
| Preventive Care   | 0%                   |
| Basic Procedures (Extractions, fillings)                                    | 0%                   |
| Major Procedures (Restorative, Periodontics)                                | 0%                   |
| Orthodontics ( <b>Requires Prior Authorization</b> )<br>Medically Necessary | 50% after Deductible |

# VISION PLAN

| Plan Features                      | Vision  |
|------------------------------------|---|
| <b>IN NETWORK</b>                  |   |
| <b>You Pay...</b>                  |   |
| Vision Exam                        | \$10  |
| <b>Lenses</b>                      |   |
| Single                             | \$25  |
| Bifocal                            | \$25  |
| Trifocal                           | \$25  |
| Progressive                        | \$65 Additional   |
| Frames                             | \$0 (\$120 allowance)                                     |
| Elective Contact Lenses            | \$0 (\$120 allowance), 15% off balance over the allowance |
| Medically Necessary Contact Lenses | \$0 Paid-in-full  |
| <b>OUT OF NETWORK</b>              |   |
| <b>Coverage</b>                    |   |
| Vision Exam                        | Up to \$35  |
| <b>Lenses</b>                      |   |
| Single                             | Up to \$30  |
| Bifocal                            | Up to \$45  |
| Trifocal                           | Up to \$60  |
| Progressive                        | Up to \$45  |
| Frames                             | Up to \$60  |
| Elective Contact Lenses            | Up to \$96  |
| Medically Necessary Contact Lenses | Up to \$200   |
| <b>FREQUENCY (MONTHS)</b>          |   |
| Exam                               | Every 12 Months   |
| Lenses                             | Every 12 Months   |
| Frames                             | Every 24 Months   |
| Contacts                           | Every 12 Months   |

## Pediatric Vision (included with Medical to age 19)

| IN NETWORK                         | You Pay...                       |
|------------------------------------|----------------------------------|
| Vision Exam                        | \$0                              |
| <b>Lenses</b>                      |                                  |
| Single                             | \$0                              |
| Bifocal                            | \$0                              |
| Trifocal                           | \$0                              |
| Standard Progressive               | \$0                              |
| Frames                             | \$0                              |
| Elective Contact Lenses            | \$0                              |
| Medically Necessary Contact Lenses | \$0                              |
| <b>FREQUENCY (MONTHS)</b>          |                                  |
| Exam                               | Once Every Annual Benefit Period |
| Lenses                             | Once Every Annual Benefit Period |
| Frames                             | Once Every Annual Benefit Period |
| Contacts                           | Once Every Annual Benefit Period |

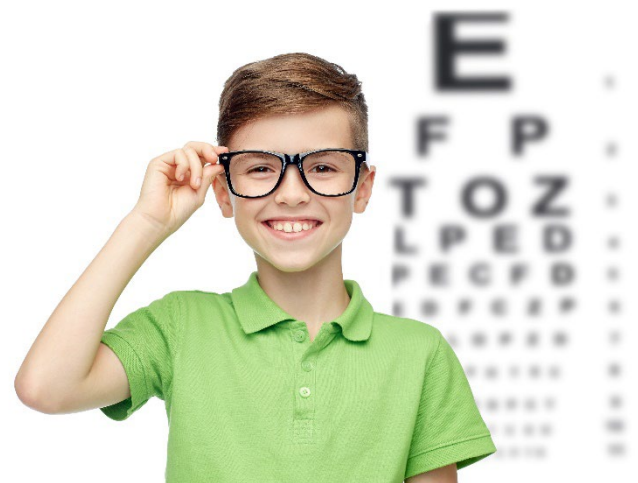
## Member Advantages

Utilizes the same vision network used for the BlueCross BlueShield EHB medical pediatric benefits; maintains consistency and simplicity

Comprehensive benefits that cover all routine vision care needs and promote member eye health and wellness

Savings of up to 40 percent off retail pricing, and unlimited additional discounts after the funded benefits have been used

Supplemental Plans offer the opportunity for single ID cards, which means less confusion for members and providers alike



# GROUP TERM LIFE AND AD&D

The last thing you or your family should have to worry about is the financial cost of losing a loved one. Funeral expenses, medical bills and taxes are just the tip of the iceberg. How would they cover ongoing living expenses such as the mortgage, healthcare and utilities?

| Plan Features  | Basic Life/ADD   |
|--|--|
| Employee Benefit Amount  | 10,000   |
| Spouse Life  | 5,000  |
| Children Life  | \$100 – age live birth to 6 months<br>\$2,500- age 6 months and over |
| Group Life Accelerated Benefits                                    | 75% up to \$250,000  |
| The following shows how much benefits are reduced at certain ages: |  |
| Age Band   | Benefit Reduction  |
| 65   | 35%  |
| 70   | 50%  |
| Child coverages continues until age 26                             |  |

**What are the advantages of Term Life Insurance?**

- Offers level death benefit.
- Offers a lower cost option compared with cash value insurance.
- Provides coverage for specified periods of time, which can be during high-need years.
- Benefit is typically paid tax-free to your beneficiaries.

All benefits payable under this policy will be payable immediately upon receipt of due written proof of such loss. Coma, Exposure & Disappearance, Repatriation, and Seat Belt & Air Bag Riders also included, see certificate for more details.

# INDIVIDUAL TERM LIFE

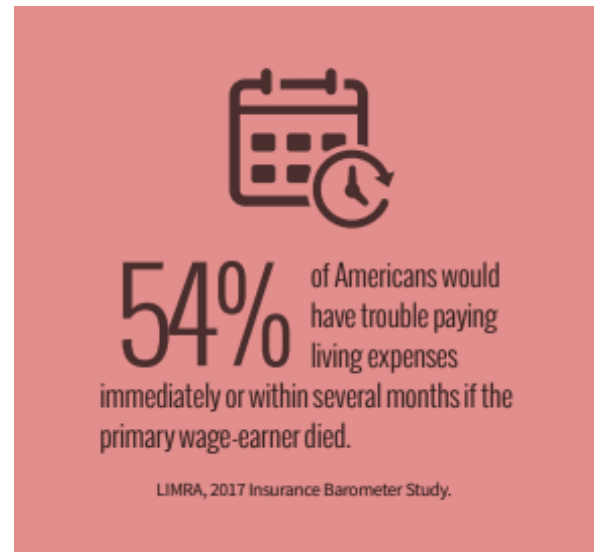
## Peace of mind for you and your loved ones!

You want what's best for your family, and that includes making sure they're prepared for the future. With term life insurance you can provide financial security to help them cover their ongoing living expenses.



## Advantages of term life insurance

- Lower cost when compared to cash value life insurance
- Same benefit payout throughout the duration of the policy
- Term period options for flexibility during high-need years...meaning you select the amount of time the premiums stay the same (10 years or 20 years)
- Benefit for the beneficiary that is typically tax-free



## Term Period

10 or 20

- Benefit amounts of \$5,000 to \$250,000
- Underwriting guidelines are based on age and amounts
- Limited to No Questions for the following amounts...
  - Ages 16-50, \$50,000
  - Ages 51-60, \$30,000
  - Ages 61-75, \$15,000

Visit [MyAFMBenefits.com](http://MyAFMBenefits.com) to learn more about the Life Insurance offered by your employer.



# VOLUNTARY GROUP TERM LIFE AND AD&D

| Plan Features   | Optional Life   |
|---|---|
| <b>Employee Benefit Amount</b>  | Employees can choose different amounts of coverage between the minimum and maximum benefit amount. See plan documentation for more details. |
| <b>Employee</b>   | 10,000 to 300,000   |
| <b>Spouse</b>   | 10,000 to 300,000   |
| <b>Children</b>   | 6 months and over: 5,000 or 10,000<br>Age live birth to 6 months: 1,000   |
| <b>Group Life Accelerated Benefits</b>                                      | 75% up to \$250,000   |
| Benefit   | Guaranteed Issue Amount   |
| <b>Employee Voluntary Life</b><br>Through age 69<br>Age 70 and over         | \$80,000<br>\$0   |
| <b>Spouse Voluntary Dependent Life</b><br>Through age 69<br>Age 70 and over | \$30,000<br>\$0   |
| <b>Children Voluntary Dependent Life</b>                                    | \$10,000  |
| The following shows how much benefits are reduced at certain ages:          |   |
| Age Band for Employee and Spouse  | Benefit Reduction   |
| 65  | 35%   |
| 70  | 50%   |
| Coverage terminates at employee's retirement                                |   |
| Child coverages continues until age 26                                      |   |

If a covered person elects any amount in excess of the guaranteed issue amount, \$80k for employee benefit, and the other guaranteed issue amounts shown above, the employee must furnish evidence of insurability, which is subject to US Able's approval. Also note, that upon open enrollment, an employee whose life benefit \$70k or less, will have the ability to increase coverage by \$10k during open enrollment, without an EOI up to \$80 in life coverage.

Conversion Option Available

All benefits payable under this policy will be payable immediately upon receipt of due written proof of such loss.

Coma, Exposure & Disappearance, Repatriation, and  
Seat Belt & Air Bag Riders  
also included, see certificate for more details.

# DISABILITY PLAN

If you become disabled, you could be out of work for a period of time. Without your income, how would you pay for your everyday living expenses? Fortunately, Accident Insurance offers financial protection options that can help you.

## What can cause a disability?

Regardless of your age or health, a disability could keep you out of work for weeks or months. Some of the most common conditions associated with short-term disability claims are arthritis, pregnancy, back problems, dislocations/sprains and fractures.

## How reliable is your safety net?

While many with disabilities look to workers' compensation or Social Security Disability Insurance for help, these resources aren't always reliable. Even if they can help, you still might be unable to meet all of your financial obligations



How can you protect your income?

ONLY **48%**

of American adults say they have enough savings to cover three months of living expenses in the event they're not earning any income.

Council for Disability Awareness, The Crisis of Disability Coverage in America, 2018

## 3 Month Benefit Period

| Elimination Period           | Issue Age | \$1000 Benefit | \$2000 Benefit | \$3000 Benefit | \$4000 Benefit |
|------------------------------|-----------|----------------|----------------|----------------|----------------|
| 7 days<br>Accident/Sickness  | 17-49     | \$6.35         | \$12.69        | \$19.04        | \$25.38        |
|                              | 50-64     | \$7.29         | 14.58          | \$21.88        | \$29.17        |
|                              | 65-74     | \$8.84         | 17.68          | \$26.52        | \$35.35        |
| 14 days<br>Accident/Sickness | 17-49     | \$4.13         | \$8.26         | \$12.39        | \$16.52        |
|                              | 50-64     | \$5.01         | \$10.02        | \$15.02        | \$20.03        |
|                              | 65-74     | \$6.23         | \$12.46        | \$18.69        | \$24.92        |

## 6 Month Benefit Period

| Elimination Period           | Issue Age | \$1000 Benefit | \$2000 Benefit | \$3000 Benefit | \$4000 Benefit |
|------------------------------|-----------|----------------|----------------|----------------|----------------|
| 7 days<br>Accident/Sickness  | 17-49     | \$7.96         | \$15.92        | \$23.88        | \$31.58        |
|                              | 50-64     | \$10.50        | \$21.00        | \$31.50        | \$42.00        |
|                              | 65-74     | \$13.64        | \$27.28        | \$40.92        | \$54.55        |
| 14 days<br>Accident/Sickness | 17-49     | \$5.58         | \$11.17        | \$16.75        | \$22.34        |
|                              | 50-64     | \$7.13         | \$14.56        | \$21.39        | \$28.52        |
|                              | 65-74     | \$9.42         | \$18.83        | \$28.25        | \$37.66        |

## Plan Features

You choose from the following...

\$1,000-\$4,000 monthly  
(not to exceed 60% of your salary).

Elimination Period  
7 or 14 days

Benefit Duration  
3 or 6 months

Coverage for off job disabilities.

# CRITICAL ILLNESS WITH CANCER

## THE FACTS



Every year, about 790,000 Americans have a heart attack – 580,000 for the first time.

Every 40 seconds, someone in America will have a coronary event.

American Heart Association, Heart Disease and Stroke Statistics — 2017 Update: A Report from the American Heart Association, March 7, 2017.

[ Are you at risk? ]

- high blood pressure
- high cholesterol
- smoking

are major risk factors of stroke that can be changed or treated.

American Heart Association, Let's Talk About Risk Factors for Stroke, 2017.

[ CANCER RISK ]



The probability of developing cancer during a person's lifetime is about one in three.

American Cancer Society, Cancer Facts & Figures 2018.

[ MEDICAL COSTS ]



Over half of Americans say they worry about not being able to pay medical costs for an illness or accident.

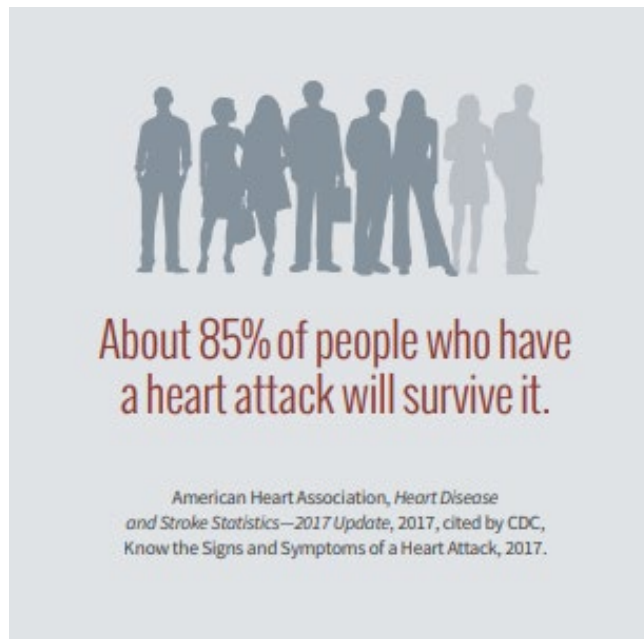
Gallup, Americans' Financial Anxieties Ease in 2017, 2017.

# CRITICAL ILLNESS WITH CANCER

## You can't predict an illness, but you can be prepared!

No matter where you are in life, you never know when you or a loved one could have a sudden illness. Fortunately, medical advancements and early detection are helping many people survive critical illnesses.

These technologies and tests can lead to increased medical expenses. With health insurance only covering some of these costs, an unexpected illness could make it difficult for you to pay your regular monthly bills, such as housing, utilities and childcare.



### Covered Conditions ... You select a Benefit Amount of \$10,000 to \$50,000

| Condition   | First Occurrence |
|---|------------------|
| Cancer  | 100%             |
| Carcinoma In Situ   | 25%              |
| Coma  | 100%             |
| Heart Attack  | 100%             |
| Stroke  | 100%             |
| Coronary Arteriosclerosis / Bypass Surgery                                  | 25%              |
| Blindness   | 100%             |
| Major Organ Failure   | 100%             |
| Kidney Failure  | 100%             |
| Permanent Paralysis   | 100%             |
| Occupational Infections HIV or Occupational Infectious Hepatitis B, C, or D | 100%             |

### Sample Monthly Rate Non-Tobacco (per \$1000)

| Age   | Named Insured | Named & Spouse | Named & Children | Named, Spouse & Children |
|-------|---------------|----------------|------------------|--------------------------|
| 35-39 | \$1.13        | \$1.73         | \$1.29           | \$1.90                   |
| 50-54 | \$2.70        | \$4.15         | \$2.86           | \$4.31                   |

For more rates go to [www.MyAFMBenefits.com](http://www.MyAFMBenefits.com)



# ACCIDENT PLAN

**With accident insurance, you can be ready for the unexpected costs an injury can bring.**

Active families with children in sports are especially vulnerable to the rising costs of medical treatment for injuries. But everyone, young or old, could suffer an accident at any time.

## Accidents can happen to anyone!

No matter who you are, what you do or where you live, you could get hurt accidentally. It's just the nature of life.

And accidents can come with costs, such as emergency room fees, doctor's bills, and the costs of missing work. Even if you have good health insurance, deductibles and co-pays can really add up after an accident. Would you have savings available to pay these costs?

With accident insurance, you can receive money paid directly to you to help with all the expenses of a covered accident. So you can focus on what really matters – healing.



### DANIEL

Daniel is 30, single, likes to read and enjoys watching TV. On his way to the bookstore, he had an automobile accident and broke two of his ribs.

### How his accident policy helped:

Daniel's benefit helped cover his out-of-pocket costs for emergency room treatment. He also used some of his benefit to rent a car while his was in the shop.



Every 10 minutes, nearly 750 Americans suffer an injury severe enough to seek medical help.

National Safety Council, Injury Facts, 2017.



Every year, about 39 million Americans seek medical help for injuries.

National Safety Council, Injury Facts, 2017.

## Sample Premiums

|                             |         |
|-----------------------------|---------|
| Your Weekly Premium         | \$4.47  |
| You and Spouse              | \$7.55  |
| You and Child(ren)          | \$9.10  |
| You, Spouse, and Child(ren) | \$12.18 |

# LEGAL NOTICES

## MEDICARE PART D

### Important Notice from Arnold's Fabricating and Machine 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 with Arnold's Fabricating and Machine 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. Arnold's Fabricating and Machine has determined that the prescription drug coverage offered by BlueCross BlueShield of Tennessee 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 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 decide to join a Medicare drug plan, your current Arnold's Fabricating and Machine coverage may be affected. If you do decide to join a Medicare drug plan and drop your current Arnold's Fabricating and Machine coverage, be aware that you and your dependents may not be able to get this coverage back.



# LEGAL NOTICES

## 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](http://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-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.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](http://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 January 31, 2023. Contact your State for more information on eligibility –

|  |   |
|--|---|
| <p style="text-align: center;"><b>ALABAMA – Medicaid</b></p> <p>Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br/>Phone: 1-855-692-5447</p>   | <p style="text-align: center;"><b>ALASKA – Medicaid</b></p> <p>The AK Health Insurance Premium Payment Program<br/>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br/>Phone: 1-866-251-4861<br/>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br/>Medicaid Eligibility:<br/><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a></p> |
| <p style="text-align: center;"><b>ARKANSAS – Medicaid</b></p> <p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br/>Phone: 1-855-MyARHIPP (855-692-7447)</p>   | <p style="text-align: center;"><b>CALIFORNIA – Medicaid</b></p> <p>Website:<br/>Health Insurance Premium Payment (HIPP) Program<br/><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br/>Phone: 916-445-8322<br/>Fax: 916-440-5676<br/>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>   |
| <p style="text-align: center;"><b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p> <p>Health First Colorado Website:<br/><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br/>Health First Colorado Member Contact Center:<br/>1-800-221-3943/ State Relay 711<br/>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br/>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br/>Health Insurance Buy-In Program<br/>(HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br/>HIBI Customer Service: 1-855-692-6442</p> | <p style="text-align: center;"><b>FLORIDA – Medicaid</b></p> <p>Website:<br/><a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a><br/>Phone: 1-877-357-3268</p>  |

# LEGAL NOTICES

| GEORGIA – Medicaid  | INDIANA – Medicaid  |
|---|---|
| GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br>Phone: (678) 564-1162, Press 2  | Healthy Indiana Plan for low-income adults 19-64<br>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br>Phone 1-800-457-4584 |
| IOWA – Medicaid and CHIP (Hawki)  | KANSAS – Medicaid   |
| Medicaid Website:<br><a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br><a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br>Hawki Phone: 1-800-257-8563<br>HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a><br>HIPP Phone: 1-888-346-9562   | Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br>Phone: 1-800-792-4884<br>HIPP Phone: 1-800-766-9012   |
| KENTUCKY – Medicaid   | LOUISIANA – Medicaid  |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br><a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br>Phone: 1-855-459-6328<br>Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a><br>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> | Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br>Phone: 1-888-342-6207 (Medicaid hotline) or<br>1-855-618-5488 (LaHIPP)   |
| MAINE – Medicaid  | MASSACHUSETTS – Medicaid and CHIP   |
| Enrollment Website:<br><a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br><a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br>Phone: 1-800-977-6740<br>TTY: Maine relay 711  | Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br>Phone: 1-800-862-4840<br>TTY: (617) 886-8102  |
| MINNESOTA – Medicaid  | MISSOURI – Medicaid   |
| Website:<br><a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br>Phone: 1-800-657-3739  | Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br>Phone: 573-751-2005   |
| MONTANA – Medicaid  | NEBRASKA – Medicaid   |
| Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084<br>Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>  | Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178   |



# LEGAL NOTICES

|  |  |
|--|--|
| <p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfnv.gov">http://dhcfnv.gov</a><br/>           Medicaid Phone: 1-800-992-0900</p>  | <p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br/>           Phone: 603-271-5218<br/>           Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p> |
| <p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:<br/> <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br/>           Medicaid Phone: 609-631-2392<br/>           CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br/>           CHIP Phone: 1-800-701-0710</p> | <p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br/>           Phone: 1-800-541-2831</p>  |
| <p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br/>           Phone: 919-855-4100</p>  | <p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br/>           Phone: 1-844-854-4825</p>  |
| <p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br/>           Phone: 1-888-365-3742</p>   | <p align="center"><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br/> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a><br/>           Phone: 1-800-699-9075</p>   |
| <p align="center"><b>PENNSYLVANIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a><br/>           Phone: 1-800-692-7462<br/>           CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a><br/>           CHIP Phone: 1-800-986-KIDS (5437)</p>                         | <p align="center"><b>RHODE ISLAND – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br/>           Phone: 1-855-697-4347, or<br/>           401-462-0311 (Direct Rite Share Line)</p>  |
| <p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br/>           Phone: 1-888-549-0820</p>  | <p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br/>           Phone: 1-888-828-0059</p>  |
| <p align="center"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a><br/>           Phone: 1-800-440-0493</p>   | <p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br/>           CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br/>           Phone: 1-877-543-7669</p>   |
| <p align="center"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br/>           Phone: 1-800-250-8427</p>  | <p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a><br/> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a><br/>           Medicaid/CHIP Phone: 1-800-432-5924</p>  |
| <p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br/>           Phone: 1-800-562-3022</p>  | <p align="center"><b>WEST VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br/> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br/>           Medicaid Phone: 304-558-1700<br/>           CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>   |
| <p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website:<br/> <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br/>           Phone: 1-800-362-3002</p>   | <p align="center"><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br/>           Phone: 1-800-251-1269</p>   |

# LEGAL NOTICES

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/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, 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 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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

# LEGAL NOTICES

## **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 Arnold's Fabricating and Machine 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.

**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 Arnold's Fabricating and Machine changes. You 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 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](http://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).**

# LEGAL NOTICES



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

### PART A: General Information

When key parts of the healthcare 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 in your area.

#### 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.

**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 visit [www.MyAFMBenefits.com](http://www.MyAFMBenefits.com).

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

# LEGAL NOTICES

## 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<br>Arnold's Fabricating and Machine                              |                | 4. Employer Identification Number (EIN)<br>62-1123093 |  |
| 5. Employer address<br>3333 Reynoldsburg Rd                                       |                | 6. Employer phone number<br>731-584-3601              |  |
| 7. City<br>Camden   | 8. State<br>TN | 9. ZIP code<br>38320                                  |  |
| 10. Who can we contact about employee health coverage at this job?<br>BenefitHelp |                |   |  |
| 11. Phone number (if different from above)<br>901-201-5040, option #2             |                | 12. Email address<br>service@benefithelp.com          |  |

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

- As your employer, we offer a health plan to:
  - Eligible employees who work full time.

### With respect to dependents:

We do offer coverage. Eligible dependents are your spouse, children under age 26 that are classified as natural, adopted, step, foster, court ordered, under full time employees. A handicapped child, age 26 years or over, who was insured under the medical plan before reaching age 26, is also eligible.

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

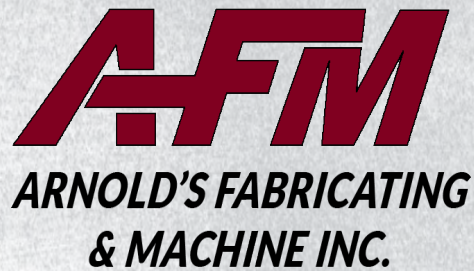
- ^^ Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your 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.



# Notes

# Notes



# WE'VE GOT YOU COVERED

Visit [MyAFMBenefits.com](https://MyAFMBenefits.com) to learn more about  
your employee benefits.

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.

Arnold's Fabricating and Machine BENEFITS GUIDE

© BenefitHelp