

2022-2023 BENEFITS

BENEFITS ENROLLMENT GUIDE



FAIRFIELD®

CONTENTS

2	Welcome
3	Eligibility Requirements
4	Enrollment Information
6	Healthy Living
8	Access to Care
10	Preventive Care Coverage
12	BCBSNC Member Resources
15	Medical Plan
18	Dental Plan
19	Vision Plan
20	Flexible Spending Accounts
22	Life Insurance
24	Income Replacement Insurance
26	Employee Assistance Program
27	401(k) Plan
28	Required Notices
33	Contacts

WELCOME

Fairfield Chair welcomes you to your annual benefits options, and new hires for your initial benefit elections!

Our employees are our most valuable assets and this is why at Fairfield Chair, we are committed to providing a comprehensive employee benefit program that helps our employees and their families stay healthy, feel secure, and maintain a work/life balance.

Within the following pages, you will find a summary of our 2022 - 2023 benefit plans for the period of 10/1/2022 through 9/30/2023. This guide provides a general overview of your benefit choices so that you can select the coverage that is right for you and your family. Our program offers a broad range of plan options and has been carefully designed to grow and meet the needs of our diverse workforce.

With choice comes responsibility and planning. In order to maximize your benefits and minimize your costs, please take the time to:

- Enroll on time
- Read and understand each benefit offering
- Ensure that you and your family are educated consumers of health care services and choices

ABOUT THIS BENEFITS BOOKLET

This Benefit Guide describes the highlights of Fairfield Chair's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information in this guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guide and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Any and all elements of Fairfield Chair's benefits program may be modified in the future, at any time, to meet Internal Revenue Service (IRS) rules, ERISA or otherwise as decided by Fairfield Chair.



ELIGIBILITY

Fairfield Chair encourages the health and financial well-being of its employees by providing access to quality and affordable healthcare and well-being benefits. To determine the benefits for which you may be eligible, please refer to the chart below. You're eligible to participate in these plans upon meeting each plan's eligibility requirements. You also have the option to enroll your eligible dependents. Fairfield Chair may conduct an audit requesting supporting official documentation on all eligible dependents at any time during the plan year.

Please thoroughly review this Benefits Guide to learn more about these options.

DEPENDENT ELIGIBILITY

Eligible dependents may include:

- Your federally recognized legal spouse
- Dependent children to age 26, regardless of full time student status and marital status
- Your unmarried child(ren) of any age who, prior to age 26, is incapable of self-support due to a mental or physical disability and who are totally dependent on you

Additional information on the eligibility requirements is available in the Summary Plan Description (SPD) and/or Certificate for each line of coverage. Limitations and exclusions may apply.

IRS Qualified Life Event (QLE) / Change in Status

Once your open enrollment, or new hire elections have been made, you cannot make changes to your elections again until the next annual open enrollment period unless you experience a QLE such as:

- A change in your legal marital status (such as marriage, divorce or death of a spouse)
- A change in the number of dependents (such as birth, adoption of a child, or death of a dependent)
- A change in your spouse's employment status including commencement or termination of employment, a change from full-time to part-time status or vice versa)
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage

IMPORTANT NOTES:

Not every change in status permits a change in benefit plan elections. A change in election is permitted only when it is determined that the change in status affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan.

*Section 125 of the Internal Revenue Code (IRC) governs how employers provide benefits to employees on a pre-tax basis. After an employee has made an initial enrollment election, Section 125 does permit "change in status" changes outside of annual benefits Open Enrollment for certain, specific reasons as outlined in the Permitted Election Changes Regulation of Section 125 (1.125-4).

BENEFIT	Employment Status	New Hire Waiting Period & Effective Date
Medical, Prescription, Vision & Dental	Full-Time ≥ 30 hours per week	30 days Benefits are effective on the 1st of the month following 30 days of continuous employment
Basic & Voluntary Life/AD&D		
Short-Term & Long-Term Disability		
Flexible Spending Accounts (FSAs)		
Retirement Savings Plan 401(k)		

IMPORTANT ENROLLMENT INFORMATION

September 1— September 9, 2022

**2022– 2023 New Benefit Elections or Changes
Must Be Submitted During This Period!**

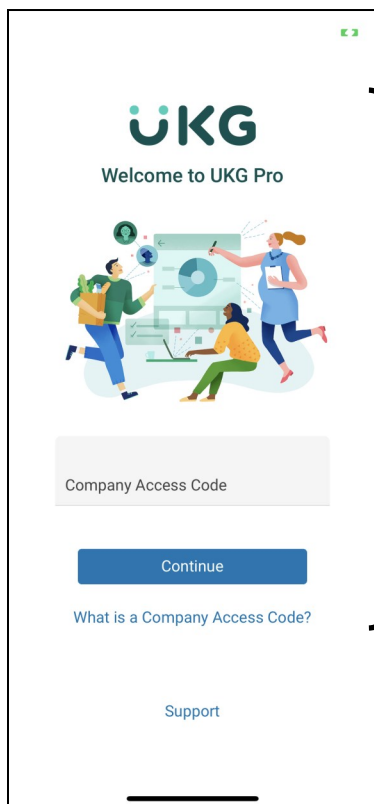
OPEN ENROLLMENT

Fairfield Chair’s plan year is from October 1, 2022 through September 30, 2023. Open enrollment for the 2022-2023 plan year will be from September 1 —September 9, 2022.

If you are not making any changes to your benefit elections, your elections will transfer. The only exception is your election to participate in our Flexible Spending Account (Medical or Dependent Care). Flexible Spending Account Plans require elections to be made annually.

To sign up for benefits with Fairfield Chair, you will first need to log in to your UltiPro account. Please see your HR Operations Specialist for your User Name and temporary password.

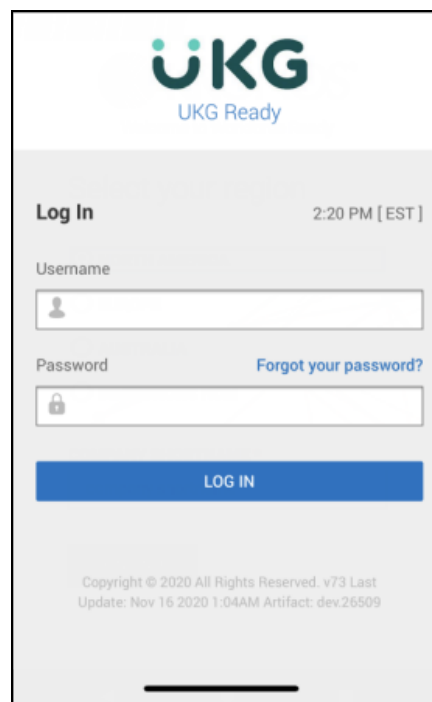
- When using a PC, please visit ew11.ultipro.com
- You can enroll in your benefits via the UKG Pro App. If you use the Mobile App, you will need to use **Fairfield1921** for the company access code
- Once you have registered with the UKG Pro App, you will need to download the UKG Ready App and



UKG Pro

Used to view:

- Benefits
- Pay Stubs
- Organization Charts
- News & Info



UKG Ready

Used to view:

- Time Clock
- Request Time off

HEALTHY LIVING

At Fairfield Chair, we want to encourage our employees to live a healthy lifestyle. There are many variables in our lives and in our world that we can't control. But we make choices everyday about things we can control: what we eat, how much we move, and whether we use tobacco products. These choices directly impact our health. While sometimes it's hard to see the correlation, over time the evidence is clear: health and quality of life is improved when we put the right food in our bodies, when we move the way we're supposed to move, and when we steer clear of tobacco – essentially when we take care of ourselves and treat our bodies well. Although that may sound easy, we know leading a healthy lifestyle can be anything but easy.

A first step in making better choices is “Knowing Your Numbers.” The chart below gives you key biometric measures, national standards and a place to track your numbers. Once you know your numbers you can begin to work with your healthcare provider on improving your health.

Biometric Measure	National Standards	What are your numbers?
Tobacco Use	None	
Cholesterol Ratio	< 4.0 or 200 mg/dl	
HDL	> 40 for men > 50 for women	
Blood Pressure	120 / 80 mm HG	
Blood Glucose	< 100 mg/dl (fasting) < 140 mg/dl (non-fasting)	
Waist Circumference	< 40 inches for men < 35 inches for women	
Body Mass Index (BMI) Underweight Healthy Weight Overweight Obese	< 18.5 = 18.5—24.9 = 25.0—29.9 >30	



HEALTHY LIVING

Regular exercise is a key step in improving your numbers! Whether that's walking in your neighborhood, following a couch to 5k exercise schedule, taking the stairs, or joining a gym, you just have to get started with "one thing."

It takes about **six to eight weeks to form a habit**, regardless of whether it is a healthy habit or one that's not so noble. And while we are forming that new, healthy habit, many folks sabotage themselves by being too aggressive in training, selecting the wrong training program, or not developing a plan to maintain an exercise program.

First, visit your physician for a check-up. Be sure your body is ready for exercise, especially if you haven't exercised in a long time. Some of us have conditions which need to be addressed before starting an exercise program.

Second, figure out your starting point. You need to know where to begin your journey. Don't compare yourself to a friend, significant other, co-worker or even the "you" you were 20 years ago when you were in high school. Don't compare yourself to the "you" you will be, or want to be, in six months. Rather, honestly assess how much exercise you have had in the last six months to a year. Recent athletic activity is a precursor for selecting a proper training program.

Not using Tobacco is another key to your health, but quitting can be very challenging even for the best of us. If you are a tobacco user, there are resources to help you quit.

BCBSNC will pay for tobacco cessation products, and there is a tobacco cessation program available through www.bcbsnc.com.

You can also access the website at www.smokefree.gov, which has information you need on the best ways to quit smoking and the tools to make it happen. You can build a "quit plan," read articles, take quizzes and get quick links to other resources like:

- Smokefree TXT is a text message program that provides daily encouragement, advice and tips to quit smoking successfully.
- The QuitGuide is a free smartphone app that teaches you the steps to quit and the skills you need to become and stay Smokefree. The app gives you extra support when you need it most. You can track your progress, cravings, triggers, and tag the times and places that make it hard for you to stay Smokefree.

WHERE AND WHEN TO GET HEALTHCARE

Telehealth Virtual Visits— Average wait time: 5 minutes

- **\$10 copay**
- Basic care from a board certified physician from your phone, laptop or tablet
- Available 24/7, even on weekends and holidays
- See registration instructions for 'virtual visits' through Teladoc on page 9

Retail Health Clinics— Average wait time: 15 minutes

- **\$20 copay**
- Basic care from a nurse practitioner on a walk-in basis with extended hours
- Used for minor health concerns that need care quickly
- Such as sore throats, ear infections, pink eye, skin rashes, bladder infections and those last minute sports physicals

Find the nearest Retail Health Clinic locations at:

- www.ccaclinics.org/membership/clinic-locations
- www.cvs.com/minuteclinic/clinic-locator
- www.walgreens.com/pharmacy/healthcare-clinic/locations
- www.riteaid.com/shop/info/pharmacy/services/rediclinic

Primary Care Physician— Scheduled Visits

- **\$25 copay**
- Helps you prevent disease and stay healthy
- Diagnose and treat a full range of health issues
- Refer you to the right care when you need a specialist
- Help with the healthcare needs of your whole family
- Costs less than the emergency room or urgent care centers

Urgent Care Clinics— Average Wait Time: 15-45 minutes

- **\$75 copay**
- When your doctor is unavailable, get immediate quality care on a walk-in basis with extended hours
For immediate attention for minor to moderate issues such as sports injuries, migraines, vomiting, sprains and back pain

Emergency Room— Average Wait Time: 4 hours

- **\$500 copay**
- Care available 24/7 for severe emergencies from trained clinicians
- If you are facing an issue that threatens your life or health, never hesitate to go straight to the emergency room

Things to think about:

- Non-emergency care delivered in the ER costs 5 times more than in a doctor's office or clinic
Research studies indicate that between 8-27% of ER visits are inappropriate and should have been treated in a less expensive setting
- ER doctors rarely have relationships with the patients they see, nor do they typically have your full medical history, so they must order expensive tests to determine a diagnosis and course of treatment
- Patients, when possible, should be treated by their primary care physician for non-emergency conditions in order to promote consistent, preventive and quality care

REGISTERING FOR TELEHEALTH

Prepare for the “what ifs” and activate your telehealth account today. This will ensure you have online access to board certified physicians, therapists, social workers, psychiatrists and psychologists. When you’re ready, they’ll be there for you.

Sunburn at the beach? Stomach bug on Thanksgiving? In a rural area with no doctors close by? Think you have the flu, but don’t feel up to driving to your doctor’s office?

These are just a few of the reasons people use telehealth. And you can too! Your Fairfield Chair health plan with BCBSNC includes Telehealth services from Teladoc, a time saver with extra convenience.

Skip the waiting room and the germs!

Telehealth offers these time-saving benefits:

- Video consults available 24 hours a day, seven days a week (even holidays)
- Takes just minutes to get connected with a board certified physician
- No appointment needed—though you can make one with a specific doctor
- Pediatricians are available if your covered child gets sick
- If you need a prescription, the Telehealth doctor can electronically send your prescription to the pharmacy of your choice
- Whether you are on the couch, at work or traveling— you can use Teladoc anywhere in the USA

Teladoc can handle many non-emergency health problems:

- | | | | |
|----------------------|-----------------------|-----------------------|-----------------------|
| • Acne | • Depression | • Insect bites | • Rash |
| • Addiction | • Diarrhea | • Joint aches & pains | • Sinus Problems |
| • Allergies | • Ear problems | • LGBTQ+ issues | • Sore throat |
| • Anxiety | • Family difficulties | • Marital issues | • Stress |
| • Asthma | • Fever | • Nausea/vomiting | • Urinary problems |
| • Constipation | • Grief counseling | • Pink eye | • Work pressures |
| • Cough, cold or flu | • Headache | • PTSD | • And so many more... |

Getting Started— Don’t wait until you’re sick— Sign up today!

There are several ways to activate your telehealth account: online by texting, downloading the mobile app or by phone.

- Online at Teladoc.com and click “set up account”
- Download the mobile app and click “Activate Account”
- Text “Get Started” to 1-469-844-5637
- Call 1-800-TELADOC (835-2362)



PREVENTIVE CARE SERVICES

The following services are covered without a co-pay, co-insurance or deductible when the services are provided by an in-network provider. The services listed may also be subject to age, gender and frequency guidelines.

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Immunizations				
Hepatitis A	X	X		X
Hepatitis B	X	X		X
Herpes Zoster	X	X		
Human Papillomavirus	X	X		X
Hemophilic Influenza Type b				X
Influenza (flu shot)	X	X		X
Inactive Poliovirus				X
Mumps, Measles & Rubella	X	X		X
Meningococcal	X	X		X
Pneumococcal	X	X		X
Rotavirus				X
Tetanus, Diphtheria, Pertussis	X	X		X
Varicella	X	X		X
Prevention & Preventive Medications				
Aspirin for the Prevention of Cardiovascular Disease	X	X		
Breast Cancer, medications		X		
Folic Acid Supplementation		X		
Gonococcal Ophthalmic Neonatorum, Medication				X
Iron Deficiency Anemia, Prevention				X
Tobacco Use in Children and Adolescents, Primary Care Interventions				X
Counseling				
Alcohol Misuse Screening & Behavioral Counseling	X	X	X	
Breastfeeding, Counseling		X	X	
Falls in Older Adults, Counseling & Medication	X	X		
Sexually Transmitted Infections, Counseling	X	X		X
Skin Cancer, Counseling	X	X	X	X
Tobacco Use in Adults, Counseling and Interventions	X	X		

PREVENTIVE CARE SERVICES

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Screenings				
Abdominal Aortic Aneurysm	X			
Bacteriuria			X	
BRCA-Related Cancer in Women		X		
Breast Cancer		X		
Cervical Cancer		X		
Chlamydial Infection		X	X	
Colorectal Cancer	X	X		
Congenital Hypothyroidism				X
Depression in Adults	X	X		
Diabetes Mellitus	X	X		
Gestational Diabetes Mellitus			X	
Gonorrhea		X	X	
Hearing Loss in Newborn				X
Hepatitis B Virus in Pregnant Women			X	
Hepatitis C Virus Infection in Adults	X	X		
High Blood Pressure in Adults	X	X		
HIV Infection	X	X	X	X
Intimate Partner Violence and Elderly Abuse		X		
Iron Deficiency Anemia			X	
Lipid Disorders in Adults	X	X		
Lung Cancer	X	X		
Major Depressive Disorder in Children & Adolescents				X
Obesity in Adults	X	X		
Obesity in Children and Adolescents				X
Osteoporosis		X		
Phenylketonuria (PKU)				X
Sickle Cell Disease in Newborns				X
Syphilis Infection (Pregnant Women)			X	
Visual Impairment in Children Ages 1 to 5				X

Note: *Source - USPSTF A and B Recommendations and www.healthcare.gov/preventive-care-benefits/

BCBSNC MEMBER RESOURCES

BCBSNC offers a wide range of resources . Below are some of those which may be available to you and your covered family members. We encourage you to take advantage of any of these that are appropriate for your specific needs.

Resources	Getting the most out of your plan
Blue Connect	Your online source for tools and info about your health plan is at BlueConnectNC.com
NEW - SmartShopper Program Blue Cross and Blue Shield of NC	New FREE program available to all the employees that participate in our Medical Plan. A SmartShopper Personal Assistant can help you find the best provider for over 100 procedures at high quality locations so you can earn cash rewards and save money out-of-pocket with SmartShopper . Call the Personal Assistance Team at 1-877-702-6661 Monday through Thursday 8am to 8pm and Friday from 8am to 6pm EST for more information.
Diabetes Free NC	Free educational and informational resources from a wellbeing test, to pre-diabetes, and full-on diabetes for anyone residing in NC. You do not have to be insured by a BCBSNC plan to access the information, programs and resources. Visit www.DiabetesFreeNC.com
Blue365	Find discounts and deals at bcbsnc.com/blue365
Healthy Outcomes Care Management	Find health and wellness programs available at BlueConnectNC.com and click on Wellness
Blue Distinction Centers & Blue Distinction Centers +	Find a center near you at BlueConnectNC.com , click on HealthNAV and select Find a Doctor, Facility or Medical Cost
Bluecard Program	Find in-network care away from home at BlueConnectNC.com , click on HealthNAV and select Find a Doctor, Facility or Medical Costs or call BlueCard Access at 800-810-BLUE (2583).
HealthNav	Find the right care, read reviews and get cost estimates for care at BlueConnectNC.com and click on HealthNAV.

Setting Up a Blue Connect Account

- Go to www.bluecrossnc.com
- Select the Members tab
- Click on Register for Blue Connect
- Enter your Subscriber ID (from your BCBSNC ID Card), Date of Birth, Zip Code
- Create a User ID and Password
- Choose a Security Question and Answer
- Enter your preferred email and Click Finish

NEW BENEFIT from Blue Cross Blue Shield of NC

Earn Cash Rewards by using Smart Shopper

MRI: \$1200
Reward: \$150

MRI: \$1500
Reward: \$50

MRI: \$3000
Reward: \$0

You have SmartShopper!

Prices for the same in-network, high-quality procedure can vary dramatically. You can shop for medical care, compare costs and save money with SmartShopper. And you can earn a cash reward as a share of the savings.

Medical procedure costs vary by location.

Use SmartShopper to compare in-network prices for 100+ procedures at high-quality locations. Call or shop online so you can earn cash and save money out-of-pocket with SmartShopper!

Here's how it works

Compare prices and rewards by shopping online or calling the Personal Assistant Team at **877-702-6661**.

Schedule your appointment or let the Personal Assistant Team do it for you.

Earn your cash reward by having your appointment within the year.



Visit [BlueCrossNC.com/SmartShopper](https://www.bluecrossnc.com/SmartShopper) or call the SmartShopper Personal Assistant Team at **877-702-6661**. The Personal Assistant Team is available to help you shop, find a location, compare costs, confirm rewards, and even schedule your appointment. Call today! **Go Green by going paperless! Contact us or scan this code to register your email today.**



The Personal Assistant Team is available Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.



The SmartShopper program is offered by Sapphire Digital, an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with primary coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.

Smart Shopper makes earning Cash Rewards as Easy as 1 2 3 4

The four easy steps to savings - for any shoppable procedure



1

"I need a service"

Jim's doctor recommends a medical service or procedure



2

"I need help selecting"

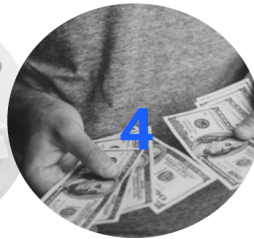
Jim called a concierge for a high-quality, lower cost site. She scheduled his appointment.



3

"I got the service"

His appointment was confirmed and he had the procedure.

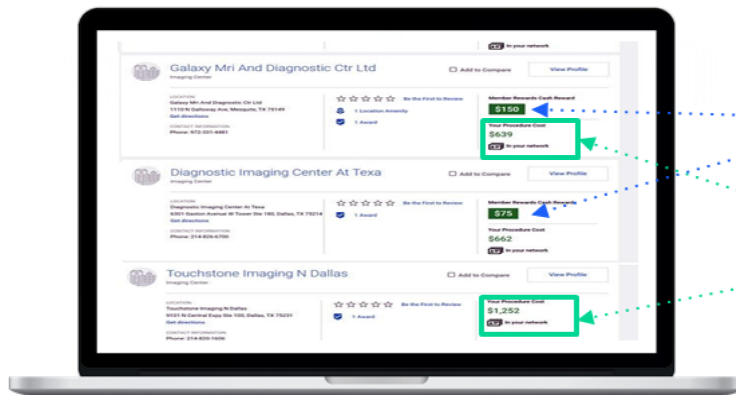


4

"Hey, thanks for the cash!"

After claim was paid, Jim received an incentive check in the mail.

Shopping Results Page – REWARDS and Costs



Rewards for COST-EFFECTIVE Providers

COSTS VARY

SmartShopper®

MEDICAL & PRESCRIPTION DRUG PLAN

Fairfield Chairs' medical and prescription drug plan is administered by BCBSNC. You have the option of using both in-network and out-of-network providers, but you will realize your biggest savings when using in-network providers whenever possible. Be sure to visit BCBSNC at www.bluecrossnc.com to confirm your current provider(s) in or out of network status or to locate a new provider. Below is a brief summary of benefits:



Benefit Plan Summary	PPO	
	In-Network (negotiated rate)	Out-of-Network
Plan Year Deductible		
Individual	\$2,000	\$5,000
Family	\$4,000	\$10,000
Plan Year Out-of-Pocket Maximum	Includes deductibles, coinsurance and copays	
Individual	\$4,000	\$12,700
Family	\$8,000	\$25,400
Office Visits		
Preventive Services	No Charge	Not Covered
Telehealth	\$10 per visit	N/A
Retail Health Clinic	\$20 per visit	40% coinsurance, after deductible
Primary Care	\$25 per visit	40% coinsurance, after deductible
Specialist	\$50 per visit	40% coinsurance, after deductible
Urgent Care	\$75 per visit	\$75 per visit
Emergency Room	\$500 per visit	\$500 per visit
Inpatient	20% coinsurance, after deductible	40% coinsurance, after deductible
Outpatient	20% coinsurance, after deductible	40% coinsurance, after deductible
Coinsurance	Member pays 20%, Plan pays 80%	Member pays 40%, Plan pays 60%

Medical PPO Deductions	Weekly	Semi-Monthly
Employee	\$39.27	\$85.10
Employee + Spouse	\$96.73	\$209.59
Employee + Child(ren)	\$84.98	\$184.13
Employee + Family	\$127.47	\$276.20

PRESCRIPTION DRUGS

Benefit Plan Summary	PPO		
	Retail (up to a 30 day supply)	Retail (31-60 day supply)	Mail Order (90 day supply)
Tier 1	\$10	\$20	\$20
Tier 2	\$40	\$80	\$80
Tier 3	\$60	\$120	\$120
Tier 4	25% coinsurance <i>There is a \$60 per Prescription Minimum and a \$250 per Prescription Maximum for each 30-day supply of Tier 4 drugs.</i>	N/A	N/A
Out-of-Network	You are responsible for charges over the allowed amount		
Formulary	Enhanced 4 Tier Commercial		
Pharmacy Network	Broad Plus		
Dispense as Written (DAW) Rule	MAC B Pricing. You will be charged a Penalty when a Generic Equivalent is available and the Provider does not require a Brand to be dispensed. The Penalty does not count toward your Out-of-Pocket Limit		
Specialty Pharmacy	You must use Accredo Specialty Pharmacy for your Specialty Medications. Visit www.accredo.com or call 833-599-0513 for more information		

How to save on your Prescription Drug Costs

- Use a pharmacy that is in-network, and most major pharmacies are in the network. Use your local pharmacy for a 30-day supply or less.
- Use mail order for prescriptions of maintenance medications at a lower cost— Mail order copay is 2x the cost of a 30 day retail fill, but for up to a 90 days supply. Maintenance drugs are those that are taken every day.
- Use Tier 1 drugs (usually generics) whenever possible. Generics are “copies” of brand name drugs whose patent protection has expired, are approved by the FDA and are typically less expensive to you.
- Discuss the preferred drug list (aka formulary) with your doctor. If a Tier 1 or generic drug is not an option, using preferred formulary prescription drugs will save you money over non-preferred brand name drugs.

How Mail Order Works For You

If you take any medications on a regular basis, we strongly encourage you to use the mail order home delivery program. Home delivery is safe, and saves you time and money! Whether you have a new prescription or need to transfer an existing prescription, it’s easy to get started with Express Scripts.

- Visit BlueConnectNC.com to use your existing BCBSNC login — or go directly to <https://www.esrx.com/BCNC> or call 833-599-0449.
- Transfer your prescriptions from a retail pharmacy to home delivery
 - Fill out the online form and Express Scripts will take care of the rest
 - Be sure to have your BCBSNC member ID handy because you’ll be prompted to enter your ID number
- **NEW**—BCBS NC now offers Amazon Pharmacy—MedsYourWay. Some drugs may be available at lower prices with a discount card. MedsYourWay discount card pricing is not insurance; however, all prescribed and covered purchases, whether paying a copay or using the discount card pricing, will automatically count toward your annual out-of-pocket maximum. Sign up and learn more at www.amazon.com/bluecrossNC



PRESCRIPTION DRUGS

Prior Authorization (PA)

Certain medications need approval from BCBSNC before your plan will cover them. These medications have a **(PA)** next to them on your drug list. What types of medications typically need approval? Medications that:

Your plan will only cover these medications if your doctor's office requests and receives approval from BCBSNC.

- May be unsafe when combined with other medications
- Are often misused or abused
- Have lower-cost, equal effectiveness alternatives
- Should only be used for certain health conditions

Step Therapy (ST)

Certain high-cost medications are part of the Step Therapy program. These medications have a **(ST)** next to them on your drug list. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to:

- ADD/ADHD
- Allergies
- Depression
- High Blood Pressure/Cholesterol
- Skin Conditions
- Sleep Disorders

Drug Utilization Review (DUR)

Your plan is designed to provide you with quality health care coverage, and that includes a cost-effective pharmacy benefit. Certain medications on your drug list have extra requirements before your plan will cover them. This helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

Other Ways You May Be Able To Save On Prescription Drugs

Generic Drug Programs

Outside of your BCBSNC prescription drug coverage, Wal-Mart, Sam's Club, Target, and Walgreens may offer generics that are on their "**approved**" list for a lower cost than your drug copay with BCBSNC. Some of them offer \$4.00 per prescription, per month. Their lists are available on each of their respective websites (Walmart.com, Samsclub.com, Target.com, Walgreens.com).

Mobile Apps for Prescription Savings

There are free mobile apps for your iPhone, Android, or Windows phone. These apps will compare prescription drug costs in your area. **Rx Saver** and **Good Rx** are just two of the available mobile apps. **(Cannot be used in conjunction with your BCBSNC Plan)**

MedsYourWay

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is now offering access to Amazon Pharmacy, which lets you easily order and quickly get NON-SPECIALTY medicines delivered at home. PLUS you'll get access to MedsYourWay prescription drug discount card pricing. The prescription discount card gives you up to 80% savings on brand and generic medicines and is seamlessly built-in to the Amazon Pharmacy experience. You can get the lowest cost available on your prescription, all while saving time and money. Using the MedsYourWay discount card is not insurance; however, using it for covered medicines will count toward your Blue Cross NC out-of-pocket maximum. Sign up and learn more at www.amazon.com/bluecrossNC.

Partnership for Prescription Assistance

As the cost of prescription drugs rise, Partnership for Prescription Assistance (PPA) is a free service that connects individuals with payment assistance programs for prescriptions and other medical supplies. PPA provides a single point of access to more than 475 patient assistance programs. For a full list of patient assistance programs visit www.pparx.org/.

DENTAL INSURANCE



Your Dental Plan will be administered by MetLife in the 2022-2023 plan year. MetLife gives you the freedom to choose whether you would like to visit a participating dentist or an out-of-network dentist. You may seek treatment from the dentist of your choice, but you will realize your greatest savings by using in-network providers. Below is a brief summary of benefits:

Benefit Plan Summary	PPO	
	In-Network (negotiated rate)	Out-of-Network
Calendar Year Deductible Individual Family	\$50 \$150	
Annual Maximum Benefit	\$2,000	
Diagnostic & Preventive Routine teeth cleaning, topical fluoride treatment, sealants, x-rays and oral exams	100%	
Basic Fillings, non-surgical extractions, non-surgical residual root removal, non-cast prefabricated crowns, emergency exams, space maintainers and appliances	80% after deductible	
Major Crowns, inlays and onlays, removable or fixed bridgework, dentures, oral surgery, periodontics and endodontics	50% after deductible	
Orthodontia Dependent children up to age 19	50% after deductible \$2,000 lifetime maximum	



Dental PPO Deductions	Weekly	Semi-Monthly
Employee	\$7.03	\$15.24
Employee + Spouse	\$14.33	\$31.06
Employee + Child(ren)	\$15.95	\$34.56
Family	\$24.90	\$53.96

VISION INSURANCE



Your Vision Plan continues to be administered by Community Eye Care (CEC). CEC gives you the freedom to choose whether you would like to visit a participating eye doctor or an out-of-network eye doctor. You may seek treatment from the eye doctor of your choice, but you will realize your greatest savings by using in-network providers. Below is a brief summary of benefits:

Benefit Plan Summary	160 Plan	
	In-Network	Out-of-Network
Routine Eye Exam	\$10 copay	<p>CEC allows you to use your full benefit when visiting an out-of-network provider. You'll need to submit an out-of-network claim form and will be reimbursed for the cost of the exam (minus the co-pay) and for the cost of the eyewear, up to the amount of the eyewear allowance (minus the co-pay).</p> <p>Note that co-pays for out-of-network visits are deducted from reimbursements. Reimbursement generally occurs within 60 days of submission. To learn more about filing an out-of-network claim, go to cecvision.com/oonform.</p>
Routine Retinal Screening	Up to \$39 copay	
Eyewear (lenses & frames)	\$15 copay with a \$160 allowance; 20% discount on glasses, and 10% discount on contacts for anything over the allowance	
Contact Lens Fitting, Re-Fit or Evaluation	\$15 copay	
Service Frequencies Exam Contact Lenses Eyewear (lenses & frames)	Once Per Year	

Vision Deductions	Weekly	Semi-Monthly
Employee	\$1.26	\$2.73
Employee + Spouse	\$2.52	\$5.46
Employee + Child(ren)	\$2.65	\$5.74
Family	\$3.78	\$8.19



FLEXIBLE SPENDING ACCOUNTS (FSAs)



CALENDAR YEAR PLAN BASIS:
January 1—December 31, annually

Fairfield Chair offers Flexible Spending Accounts (FSAs), administered through Flores & Associates. You can **INCREASE** your take-home pay while paying for eligible health care and/or day care expenses. An FSA can help you save money by providing a way to pay for eligible types of health care and dependent care on a pre-tax basis. The contributions you make are deducted from your pay **BEFORE** your federal, state or Social Security taxes are calculated. There are two types of **FSAs**, the [Health Care Account](#) and [Dependent Care Account](#).

A [Health Care FSA](#) may be used for eligible expenses not fully covered by your medical, dental or vision plans for you and/or your eligible dependents. Your full election amount is available on day one of the coordinating plan year, as you make payroll contribution deductions throughout the year. If you participated in a Healthcare FSA this past plan year, and are electing to participate again for the upcoming plan year, you may continue to use your same Flores Debit Card for Healthcare FSA expenses. Therefore, please keep your Flores Debit Card.

Your [Healthcare FSA](#) has a **ROLLOVER** provision. This provision allows any money left in your account at year-end to “roll over” into the next plan year, up to a maximum of **\$570**. Funds left in your account over the **\$570** are **forfeited** by you once the time period for incurring and submitting expenses has passed.

A [Dependent Care FSA](#) may be used for eligible expenses which allow for you to work and that are related to the care and supervision of your children (to age 13) or adult dependents that are claimed on your tax return.

How an FSA Works

Every year during our open enrollment period, you decide how much money you want to contribute to each account for the year - see annual IRS limits below. The second advantage to Health Care FSAs is your entire election balance is **available on day 1** while you make equal installments throughout the year via payroll

Annual IRS Contribution Limits	Minimum	IRS Maximum for 2022*
Health Care FSA	\$100	\$2,850
Dependent Care Account (DCA)	\$100	\$5,000 If you are married and filing separately, your DCA limit is \$2,500
Health Care FSA Rollover Amount		\$570

*The IRS has not announced the 2023 maximum allowed contributions .

Please see the chart below for important dates about when eligible expenses may be incurred and the time period for submitting those expenses.

Important Dates For Your FSA	Expense Incurred	Submit Expenses for Reimbursement
Health Care	January 1, 2023 - December 31, 2023	January 1, 2024 - March 31, 2024
Dependent Care	January 1, 2023 - March 15, 2023	January 1, 2024- March 31, 2024

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Use the worksheet(s) provided below to estimate you and your families Health Care and/or Dependent Care expenses for the 2023 plan year. Remember, you can elect one or both of the Flexible Spending Accounts (FSAs), even if you have not elected to be covered under the Fairfield Chair medical plan. You may use your FSA plan to pay for eligible expenses for anyone in your family that you claim on your federal tax return.

IMPORTANT NOTE: You are not eligible to participate in the Fairfield FSAs if you are contributing to a Health Savings Account (HSA). Contact Human Resources for further details if you are unsure or have questions.

Plan Carefully!

The IRS has a **“Use it or Lose it Rule.”**

Check your FSA account balance and expenses throughout the year to avoid forfeiting any of your hard earned money! If you end up with money in your account at the end of the year, call Flores for suggestions on how you can spend those dollars so that you donot forfeit them.

Health Care Expense Worksheet					
Medical/Rx		Vision		Dental	
Deductibles	\$	Exams	\$	Routine Exam	\$
Copays	\$	Eye Surgery	\$	Filling/Crowns	\$
Prescriptions	\$	Lenses & Frames	\$	Orthodontia	\$
Other	\$	Contacts	\$	Other	\$
Total	\$	Total	\$	Total	\$
\$570 Rollover Provision				Health Care Total	\$

Dependent Day Care Expense Worksheet					
	Dependent 1	Dependent 2	Dependent 3		
Childcare Centers	\$	\$	\$	\$	
Before/After School Care/Day Camps	\$	\$	\$	\$	
Adult Daycare	\$	\$	\$	\$	
Other	\$	\$	\$	\$	
				Dependent Care Total	\$



Mobile App
Flores e-receipt



Debit Card
All FSA participants will receive a debit card that can be used to purchase eligible items with a card swipe that accesses their available funds without having to pay first and submit a claim for reimbursement. The card is secure, with transactions provided by MasterCard, and will only work to purchase eligible and authorized items. In many cases the claim will be completed at the point of purchase; in others, participants will receive a request for a receipt after the claim has been paid.

BASIC LIFE AND AD&D



GROUP BASIC LIFE INSURANCE & AD&D

Fairfield Chair provides Basic Term Life and Accidental Death & Dismemberment (AD&D) in the amount of \$15,000 to all active full-time employees working 30 or more hours per week at no cost to you. Coverage is provided through Sun Life. Please remember to review and update your beneficiary designation annually. Below is a brief summary of benefits.

Benefit Plan Summary	Basic Term Life
Life Insurance Amount	\$15,000 *
Basic AD&D Amount	Matches Life amount
Age Reduction Schedule	Reduces to 65% of benefit at age 65, Reduces to 50% of benefit at age 70
Waiver of Premium	If disabled prior to age 60, the premium is waived until age 65
Conversion & Portability	You must contact Sun Life within 30 days of your termination to take advantage of either of these options

* If you are an officer or an exempt employee, and hired on or before September 30, 2022, you may qualify for a different benefit. Please see HR for more information.



VOLUNTARY LIFE AND AD&D



NEW! Employees who would like to supplement their Basic Term Life and AD&D coverage may purchase additional coverage through Sun Life. If you elect Voluntary Life Insurance, it comes with a matching AD&D benefit. Employees pay the total cost through convenient payroll deductions. Employee participation is required to enroll a spouse or dependent child(ren).

For the October 1, 2022 Open Enrollment Only, you may elect Voluntary Life and matching AD&D coverage up to the Guaranteed Issue (GI) levels without providing Evidence of Insurability (EOI) sometimes called a medical questionnaire. If you want to purchase coverage in an amount higher than GI, EOI will be required. Amounts above GI will not be effective or payroll deducted until approval is received from SunLife. Until approval is received, you will see deductions for the amount that is equivalent to the GI level.

If after this initial enrollment, you want to elect coverage and you are not a new Hire within your waiting period, EOI will be required and may be denied by SunLife. Below is a brief summary of benefits.

Benefit Plan Summary	Voluntary Life and AD&D Insurance
Employee Amount	Increments of \$10,000 up to the lesser of \$500,000 or 5x annual salary
Employee Guarantee Issue	\$100,000
Spouse Amount Includes Matching AD&D	Increments of \$5,000 up to the lesser of 50% of Employee amount or \$150,000
Spouse Guarantee Issue	\$30,000
Age Reduction Schedule	Reduces to 67% at age 70, 50% at age 75 Spouse coverage terminates at age 70
Child(ren) Amount Includes matching AD&D	Birth to 14 days: \$0 14 days to 6 mos.: \$500 6 mos. to age 26: \$1,000 increments up to \$10,000
Conversion & Portability	You must contact Sun Life within 30 days of your coverage being termi-

Monthly Voluntary Life and AD&D Premiums (per \$1,000)		
Age	Employee	Spouse
< 25	\$0.158	\$0.109
25-29	\$0.158	\$0.109
30-34	\$0.158	\$0.109
35-39	\$0.187	\$0.134
40-44	\$0.252	\$0.181
45-49	\$0.393	\$0.276
50-54	\$0.566	\$0.385
55-59	\$0.885	\$0.591
60-64	\$1.347	\$0.890
65-69	\$1.966	\$1.339
70-74	\$4.010	Spouse coverage terminates at age 70.
75-79	\$8.640	
80-84	\$17.057	
85 and over	\$33.164	

Monthly Voluntary Life and AD&D Premiums (per \$1,000)	
Dependent Child Rate	\$0.260
Please note, your dependent child election is one election and one rate to cover any/all dependent children, all at the same benefit amount. You can <u>not</u> choose different benefit levels for different children.	

DISABILITY INCOME BENEFITS



VOLUNTARY SHORT-TERM DISABILITY (STD)

Fairfield Chair provides full-time employees with the option to purchase Short-Term Disability benefits. This plan is administered by Sun Life. You pay the full cost for this coverage through weekly or monthly payroll deductions. In the event you become disabled from a non work-related injury or sickness, disability income benefits are there to help provide a source of income. You are not eligible to receive Short-Term Disability benefits if you are receiving worker's compensation benefits. Below is a brief summary of benefits:

Benefit Plan Summary	Exempt Class 1 *	Non-Exempt Class 2 **
Elimination Period (illness and accident)	30 days	14 days
Maximum Duration Inclusive of the elimination period	26 weeks	26 weeks
Benefit Percentage	60%	60%
Maximum Weekly Benefit	\$1,250	\$1,250
Pre-Existing Condition Exclusion	3/12**	3/12

* **For October 1, 2022 Open Enrollment ONLY:** You may elect Short Term Disability coverage without providing EOI and the pre-existing limitations are waived. If you wish to apply for coverage outside of this opportunity and for the first time at a later date, EOI will be required and pre-existing limitations will apply.

** If you did not purchase voluntary coverage when you first became eligible and would like to purchase coverage now, you will need to complete an Evidence of Insurability (EOI) form. Coverage is subject to approval by Sun Life and may be denied.

Monthly STD Rate (per \$10 of weekly benefit)		
Age	Exempt Class 1	Non-Exempt Class 2
Under age 25	\$0.176	\$0.711
25-29	\$0.205	\$0.812
30-34	\$0.313	\$0.801
35-39	\$0.292	\$0.730
40-44	\$0.258	\$0.580
45-49	\$0.352	\$0.669
50-54	\$0.372	\$0.833
55-59	\$0.453	\$1.108
60-64	\$0.628	\$1.370
65-69	\$0.669	\$1.596
70 and over	\$0.662	\$1.700

Voluntary Short-Term Disability Sample Premium Calculation (Exempt Class 1 employee, age 30, \$30,000 annual salary)	
Voluntary STD Rate	\$0.313
Yearly Salary	\$30,000
Weekly Income (\$30,000 / 52 weeks)	\$576.92
Weekly Benefit Amount (\$576.92 x 60%)	\$346.15
Monthly Premium (\$346.15 x \$0.313/\$10 of benefit)	\$10.83
OR Weekly Premium (\$10.83 x 12 months / 52 weeks)	\$2.50

Employees living in a state that has a mandated short-term disability program are not eligible to participate in the Fairfield Chair short-term disability plan. States and USA Territories with Mandated Short-Term Disability Plans:

- California
- Hawaii
- New Jersey
- New York
- Rhode Island
- Puerto Rico

DISABILITY INCOME BENEFITS



VOLUNTARY LONG-TERM DISABILITY (LTD)

Fairfield Chair provides full-time employees with the option to purchase Long-Term Disability benefits administered through Sun Life. You pay the full cost for this coverage through weekly or monthly payroll deductions. In the event you become disabled due to a qualified injury or sickness, disability income benefits are there to help provide a source of income. Employees who reach 180 days of consecutive absence will be removed from active status and contacted by HR.

Benefit Plan Summary	
Elimination Period	180 days
Benefit Percentage	60% of your base salary
Maximum Monthly Benefit	Up to \$5,000 per month
Maximum Benefit Duration	Social Security Normal Retirement Age
Pre-Existing Condition Exclusion	3/12

If you do not elect Long-Term Disability benefits when you are first eligible as a new hire and wish to add coverage at a later date, you will be required to go through the Evidence of Insurability (EOI) process which involves answering health questions. Coverage is subject to approval by Sun Life and may be denied.

Monthly LTD Rate (per \$100 of monthly covered payroll)	
Age	Rate
Under age 25	\$0.303
25-29	\$0.260
30-34	\$0.278
35-39	\$0.453
40-44	\$0.791
45-49	\$0.823
50-54	\$0.958
55-59	\$0.938
60-64	\$1.105
65-69	\$0.929
70 and over	\$0.351

Voluntary Long-Term Disability Sample Premium Calculation (40 year old employee)	
Voluntary LTD Rate	\$0.791
Yearly Salary	\$30,000
Monthly Income (\$30,000 / 12 months)	\$2,500
Monthly Premium (\$2,500 x \$0.791/\$100 of monthly salary) \$19.78	
OR Weekly Premium (\$19.78 x 12 months / 52 weeks)	\$4.56

SUNLIFE EMPLOYEE ASSISTANCE PROGRAM ESSENTIALS

We all face difficulties in our life. During those times, having outside help can make the difference between solving a problem and continuing to struggle through periods of confusion, indecision and personal crisis. Fairfield Chair is pleased to offer an Employee Assistance Program (EAP) administered by ComPsych, in partnership with Sun Life. Your EAP gives you confidential access to a licensed professional counselor who will provide short-term assistance with issues that are having an impact on your life and ability to focus on work. Fairfield Chair will not even know you called or visited their website.

Your ComPsych GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them. Our confidential counseling, self-improvement tools and solutions for everyday issues can help you be your best, at home and at work. These no-cost services are confidential and available all day, every day to you and your household members.

Confidential Emotional Support



Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions



Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

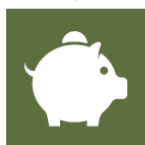
Legal Guidance



Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources



Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Online Support



GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Contact your EAP Anytime!

Call: 800-460-4374

Online: [guidanceresources.com](https://www.guidanceresources.com)

App: GuidanceResources® Now



401(k) RETIREMENT SAVINGS PLAN



The Fairfield Chair 401(k) Retirement Savings Plan is a valuable benefit program offered to you as an employee. It can help you put money aside for a financially secure retirement. Through the plan, you can save for retirement now so that you will have the income you'll need after you stop working.

Participation is easy. You contribute a portion of your pay to your 401(k) account through a convenient pre-tax payroll deduction. These contributions are then invested in the Plan's investment options you select. If you make no investment elections, your contribution will be placed in the default fund. You can always re-allocate any balances and/or re-direct future contributions into the investments you prefer. Remember to designate a beneficiary and review and/or update annually.

There are tax benefits to contributing. Your pre-tax contributions, associated employer Match and all earnings on your account are not subject to current federal or state income tax, until you withdraw them from the Plan.

To give you the most flexibility in how you contribute to your 401(k) plan, you can also make after-tax (ROTH) contributions to your account. You can have a mix of pre-tax and after-tax contributions. However, the combination of either or both types of contributions can not be more that the IRS contribution limits.

IRS Contribution Limits	2021	2022	2023
Contributions	\$19,500	\$20,500	The IRS has not yet announced 2023 contribution limits
Catch-Up (Age 50+)	\$6,500	\$6,500	

Benefit Plan Summary	401(k) Retirement Plan	
Contribution Types	Pre-tax	ROTH (After-tax)
Enrollment	Automatic 3%	Election Only
Eligibility	1 month of service and 18 years of age	
Contribution	1% — 100% of your pay	
Employer Match	100% on the first 3%, then 50% on the next 2%	
Vesting Schedule	100% immediately vested	
Employee Contributions		
Employer Match	Year 1— 0% Year 2— 20% Year 3— 40% Year 4— 60% Year 5— 80% Year 6— 100%	

REQUIRED NOTICES

Summary of Material Modification (SMM)

This Benefit Enrollment Guide is your Summary of Material Modification (SMM). Please keep a copy of the SMM with your Summary Plan Description (SPD) for each plan, as these documents must be read together for a full understanding of your benefits. Copies of the SPDs are posted on the UKG portal by going to: **Menu>Myself>MyCompany>CompanyInfo**. Printed copies are available upon request from your Human Resources/Benefits Department.

Health Care Reform Requirements

Under the Patient Protection and Affordable Care Act (PPACA), Fairfield Chair is required to provide health coverage that meets certain standards.

Pursuant to PPACA guidelines, the medical coverage offered by Fairfield Chair meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages. According to PPACA regulations, if you have an offer of health coverage from your employer that meets the minimum value standard, **you will not be eligible for a tax credit through the Health Insurance Marketplace.**

Note: If you decide to purchase a health plan through the Marketplace instead of accepting health coverage offered by Fairfield Chair, then you would also lose the employer contribution Fairfield Chair pays toward the cost of your health coverage. In addition, this employer contribution, as well as your employee contribution, is pre-tax and excluded from income for Federal and State income tax purposes. Premiums you would pay for coverage through the Marketplace would be made on an after-tax basis. For more information, please visit <http://www.healthcare.gov/>.

PPACA also requires Fairfield Chair to provide a Summary of Benefits and Coverage (SBC) to you. The SBC is intended to help you make an informed choice by summarizing, in a standard format, important information about the Fairfield Chair health coverage options. The SBC contains:

- Comparison of medical plans
- Glossary of terms
- Claim examples

We encourage you to review the SBCs, which are housed on the benefit enrollment portal <https://ew11.ultipro.com/>.

REQUIRED NOTICES

HIPAA 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 towards your or your dependents' other coverage). However, you must request enrollment within [insert "30 days" or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Fairfield Chair HR Operations at fairfieldhr@fairfieldchair.com or 828-758-5571.

REQUIRED NOTICES

The Newborns' and Mothers' Health Protection Act

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

The Women's Health and Cancer Rights Act Annual and Enrollment Notice

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under our plans. Therefore, deductibles and coinsurance apply based on the option in which you are enrolled. The plan deductibles and coinsurance that apply can be found on page 13 of this guide.

If you would like more information on WHCRA benefits, contact the Claims Administrator, BCBSNC. See page 33 for contact details.

REQUIRED 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.

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](tel:1-877-KIDS-NOW) or 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 or call [1-866-444-EBSA \(3272\)](tel:1-866-444-EBSA).

You may be eligible for assistance paying your employer health plan premiums. The following is current as of July 31, 2022. Contact your State for more information on eligibility –

State	Program	Website	Phone Number
North Carolina	Medicaid	https://medicaid.ncdhhs.gov/	919-855-4100

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either: U.S. Department of Labor, Employee Benefits Security Administration, www.dol.gov/agencies/ebsa, [1-866-444-EBSA \(3272\)](tel:1-866-444-EBSA). U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services, www.cms.hhs.gov, [1-877-267-2323](tel:1-877-267-2323), Menu Option 4, Ext. 61565.

REQUIRED NOTICES

Genetic Information Nondiscrimination Act “GINA”

On November 9, 2010, the Equal Employment Opportunity Commission (“EEOC”) issued the final rule implementing Title II of the Genetic Information Nondiscrimination Act (“GINA”), which applies to all employers with fifteen or more employees, as well as unions, employment agencies and labor management training programs. This final rule is effective January 10, 2011, and prohibits the use of genetic information in the employment context, restricts an employer’s deliberate acquisition of genetic information, requires employers to maintain employee genetic information as confidential, and strictly limits employers from disclosing genetic information.

Prohibition on Use of Genetic Information by Employers

According to GINA, an employer may not discriminate against an applicant, employee or former employee on the basis of genetic information in hiring, compensation, promotion or demotion, seniority, discipline, employment termination, or any other term, condition or privilege of employment. GINA also prohibits employers from limiting, segregating, or classifying employees based on genetic information and prohibits entities from causing an employer to discriminate based on genetic information.

What is Genetic Information?

Genetic information is defined broadly to include:

- Genetic tests of an individual or a family member
- The manifestation of a disease or disorder in an individual’s family medical history
- An individual’s request or receipt of genetic services
- Participation in genetic clinical research by an individual or a family member
- The genetic information of a fetus carried by an individual or a pregnant family member
- The genetic information of any embryo held by an individual or a family member using assisted reproductive technology information about the sex or age of an individual or a family member; however, is specifically excluded from the definition of genetic information

The Practical Effects of GINA

The following guidelines are designed to help employers comply with GINA’s requirements:

1. Post the revised Equal Employment Opportunity (“EEO”) poster, which includes GINA information and can be found at <http://www1.eeoc.gov/employers/poster.cfm>.
2. Update medical requests, such as Family and Medical Leave Act (“FMLA”) and fitness-for duty forms, to include the new safe harbor language.
3. Review and revise employee handbooks or other EEO statements and anti-discrimination/anti-retaliation policies to include genetic information in the list of protected traits.
4. Review and revise, as necessary, social media policies to prevent GINA liability for inadvertent acquisition of information from employee social media profiles.
5. Train managers about casual conversations/communications with employees concerning their health or the health of their family members.
6. Maintain all genetic information in a separate and confidential medical file. However, there is no need for a separate GINA section if a medical file already exists, as genetic information can be kept in an ADA file.
7. Confirm that all company-sponsored wellness programs are compliant with the final rule. To learn more information regarding GINA please refer to the following website:
<http://www.eeoc.gov/laws/statutes/gina.cfm>.

CONTACTS

For any questions or concerns you may have regarding your 2022 - 2023 Benefits, contact the following;

Fairfield Chair HR Operations
fairfieldhr@fairfieldchair.com
828-758-5571



Medical and Prescription Drugs
(888) 206-4697
www.bluecrossnc.com



Dental
800-GET-MET8
www.mybenefits.metlife.com



Vision
(888) 254-4290
www.cecvision.com



Flexible Spending Accounts
(800) 532-3327
www.flores247.com



Life and AD&D, Voluntary STD, Voluntary LTD
800-247-6875
www.sunlife.com



Employee Assistance Program
800-460-4374
www.guidanceresources.com



401(k) Retirement Plan
800-835-5097
www.401k.com

FAIRFIELD[®]

2022-2023 EMPLOYEE BENEFITS

The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.