

Carolina
Ingredients, LLC



Your Benefits

Effective December 2024 – November 2025

Making benefit selections

Eligibility

For you

You are eligible for benefits as a full-time employee working at least 30 hours per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Children

Dependent children are eligible:

- **Medical, dental and vision:** until age 26 regardless of student or marital status
- **Child life insurance:** until age 21, or 26 if a full-time student

Enrolling in coverage

Your benefit plans are in effect December 1 – November 30 next year. In general, there are **three times** you can make benefit selections:

1 When you're first eligible

Your benefits begin on the first day of the month following 30 days of employment; this is your effective date. Be sure to submit your selections within your first 30 days of benefits eligibility.

Your benefit selections will be in effect through November 30 next year.

2 At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from December – November of the following year unless you have a qualifying life event.

3 If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within 30 days of your life event (60 days for changes involving Medicaid eligibility).

Documentation will be required.



Helpful terms & resources

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an out-of-network medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: *balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Pre/Prior-authorization

Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include – but are not limited to – surgery, imaging (CT, MRI) and certain prescription medications.

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Carolina Ingredients, LLC.

You can request a paper copy at no charge from:

Joe Plati

1-803-323-6550

jplati@carolinaingredients.com

How to handle medical bills
(2:04)

[Learn more](#)



[Download now](#)

Contact information

Your advocate is here to help you with claims, ID cards, coverage questions, and more!

1-866-736-6640
service@onedigital.com

Monday - Friday, 8am-8pm EST
Bilingual (Spanish) assistance is available



[CAC flyer](#)

Medical insurance	Cigna Group: 00637982	1-866-494-2111 www.mycigna.com
Health Savings Account (HSA)	HSA Bank	1-877-851-7041 email: hsaforms@hsabank.com
Flexible Spending Accounts (FSAs)	Catapult	1-866-271-4305 www.catapult.com
Dental insurance	Principal Group: 1025913	1-800-247-4695 www.principal.com
Vision insurance	Principal Group: 1025913	1-800-247-4695 www.principal.com
Life and AD&D insurance	Principal Group: 1025913	1-800-247-4695 www.principal.com

Medical insurance

[Enrollment form](#)

Select from two medical options through Cigna.

Both plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you get **care**,
- how **out-of-network** care is covered, and
- your annual **maximum cost for care** (out-of-pocket maximum).

[See your plan details for out-of-network information.](#)



	Open Access Plan HSA	Open Access Plus
In-network care	See plan details	See plan details
Annual Deductible (DED) [Plan year]	\$3,000/\$3,200 per person up to \$6,000 family max Each person has their own deductible with a combined maximum for the family.	\$1,000 per person up to \$3,000 family max Each person has their own deductible with a combined maximum for the family.
Out of pocket maximum	\$3,000/\$3,200 per person \$6,000 family max	\$4,000 per person \$8,000 family max
Pre-tax account availability	Health Savings Account (HSA)	Flexible Spending Accounts (FSAs)
Preventive care	100% covered	100% covered
Primary care visit	DED then you pay 0%	\$20 copay
Specialist visit	DED then you pay 0%	\$40 copay
Urgent care	DED then you pay 0%	\$40 copay
Emergency room	DED then you pay 0%	DED then you pay 10%
Inpatient hospital care	DED then you pay 0%	DED then you pay 10%
Outpatient surgery	DED then you pay 0%	DED then you pay 10%
Prescription drugs	(90 days)	(30 days 90 days)
Prescription deductible	Combined with medical	Does not apply
Generic	DED then you pay 0%	\$8 \$24
Preferred brand	DED then you pay 0%	\$35 \$105
Non-preferred brand	DED then you pay 0%	\$70 \$210
Specialty (30 days)	Available	You pay 20% up to \$500
Out-of-network care	Balance billing applies	Balance billing applies
Annual deductible	\$5,000 / \$10,000	\$2,000 / \$6,000
Out-of-pocket maximum	\$6,000 / \$12,000	\$8,000 / \$16,000
Your cost for coverage	Weekly	Weekly
Employee only	\$25.57	\$31.09
Employee + spouse	\$76.54	\$93.06
Employee + child(ren)	\$52.13	\$63.39
Employee + family	\$125.20	\$152.10

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Health Savings Account (HSA)

An HSA through HSA Bank is paired with a High Deductible Health Plan (HDHP).

Save pre-tax money for health care expenses – or retirement!



Contributions

You may contribute tax-free funds to save for current and future health expenses – and retirement!

	If you cover yourself only	If you cover dependents
2024 IRS maximum contribution	\$4,150	\$8,300

55 or older? You can contribute an extra **\$1,000** per year in catch-up contributions.

Eligibility

In order to make – or receive – contributions to a Health Savings Account (HSA), you must:

- **be enrolled** in a qualified High Deductible Health Plan (HDHP),
- **not be covered** under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- **not** be anyone else's tax dependent, and
- **not** be enrolled in Medicare A or B, Tricare, or certain VA benefits.

HSA funds

Using your money

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, OR
- Let your balance grow for retirement.

The money in your HSA is **always yours** and available for qualified health care expenses – even if you change jobs or health plans. Before retirement, any funds used for non-healthcare expenses are subject to tax penalties. **Keep your receipts!**

Growing your money + tax savings

HSA dollars go in tax-free, grow tax-free, and come out tax-free when you use them for qualified health expenses. You may also be able to invest part of your balance once it meets a certain level.

In retirement

At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties; regular income tax will still apply.



Learn how HSAs can help you save for today and tomorrow.

[Learn more](#)



Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using your Flexible Spending Account through Catapult.

Health care expenses can add up. Paying with tax-free funds can help. Enroll in one or more flexible spending accounts (FSAs) depending on your needs.

[Enrollment form](#)

Health care

Health care FSA

[See plan details](#)

Pay for eligible medical, prescription, dental, and vision expenses.

2024 maximum contribution	\$3,200
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Annual rollover amount	\$600
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Enrolled in an **HDHP** plan and eligible for HSA contributions? You're not eligible for a health care FSA.



Mental health

Support for your health, finances, and life.



Information when you need it

Access no-cost monthly resources designed to **support your wellbeing, understand your benefits, and manage your finances.**

Topics include:

- tips to connect with your child(ren),
- ways to ditch debt for good, and
- what to do when a medical bill arrives.



[Access now](#)

On-demand support

Access on-demand mental health resources on a platform built with your mobile device in mind.

The **Mental Health Hub** includes:

- Tips for managing day-to-day stressors,
- Resources for times of crisis,
- Practical information about mental health,
- and more!



[Access now](#)

Dental insurance

Your dental coverage is through Principal.

You'll get in-network preventive care at 100% along with coverage for basic and major dental services.

Orthodontic care is covered.

[Enrollment form](#)



[Learn about dental care categories](#)

Dental PPO

[See plan details](#)

In-network care

Annual Deductible (<i>DED</i>)	\$50 per person \$150 family max
Annual maximum benefit	\$2,000 per person
Preventive care	100% covered
Basic care	DED then you pay 20%
Major care	DED then you pay 50%
Orthodontic care	
Coverage	50% covered (children to age 19)
Lifetime maximum benefit	\$2,000 lifetime max benefit

Your cost for coverage

Weekly

Employee only	\$1.15
Employee + spouse	\$11.62
Employee + child(ren)	\$17.57
Employee + family	\$29.17



Stay in-network to avoid balance billing *(the difference between what an out-of-network provider charges and the amount your insurance pays).*

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Vision insurance



Your vision coverage is through Principal.

You'll get an annual exam with coverage for lenses and frames, or contacts in lieu of glasses.

[Enrollment form](#)

Vision PPO

In-network care

[See plan details](#)

Network name:	VSP
Annual eye exam (every 12 months)	\$10 copay
Materials copay (lenses & frames)	\$25 copay
Lenses (every 12 months)	Included in materials copay
Frames (every 12 months)	\$130 allowance, 20% off discount
Contact lenses (every 12 months)	Elective: \$130 allowance Med. nec: 100% covered after \$25 copay
Your cost for coverage	Weekly
Employee only	\$0.00
Employee + spouse	\$1.49
Employee + child(ren)	\$1.71
Employee + family	\$3.54

Your vision plan covers either glasses (lenses and frames) **or** contact lenses each year.
If you receive contact lenses, they will be instead of your glasses benefit.

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Life and AD&D insurance

Financial peace of mind through Principal.

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.

[Enrollment form](#)

Basic life and AD&D insurance

[See plan details](#)

Carolina Ingredients, LLC provides life and AD&D insurance at no cost to you.

	Basic life	Basic AD&D
Carolina Ingredients, Inc provides	\$25,000	\$25,000

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.

Voluntary life and AD&D insurance

[See plan details](#)

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For your child(ren)
Coverage increments	\$10,000	\$5,000	Options: \$2,500, or \$5,000, or \$7,500, or \$10,000
Coverage maximum	\$100,000	50% of your (employee) coverage amount to \$50,000	50% of your (employee) coverage amount to \$10,000 (under 14 days: \$1,000)
Medical question limit	\$100,000 (age 70+: \$10,000)	\$30,000 (age 70+: \$10,000)	Does not apply



What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Medical question limit

When you're first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.

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