



Photo courtesy of Atlanta Botanical Garden

Employee Benefits Enrollment Guide

Plan Year: January 1, 2025 – December 31, 2025

Welcome to Altman Specialty Plants, LLC!

We are delighted to celebrate the 50th Anniversary of Altman Specialty Plants! It is with great excitement that we welcome you to our team. We understand that you have many options for employment, and we are truly grateful that you have chosen us.

Our benefits program offers choice and flexibility, with incentives to save and invest, ensuring protection for you and your loved ones. We emphasize work-life balance, understanding that a fulfilling personal life is key to professional success. Our wellness program provides preventive health information through various channels to help you stay informed and live a healthy lifestyle.

We are also committed to your professional growth and career development, providing opportunities to help you thrive. Our company culture is built on the pillars of respect, integrity, innovation, and teamwork. We foster a supportive and dynamic work environment where every team member feels valued and empowered. Our mission is to cultivate a sustainable future by growing quality plants and fostering a culture of excellence and respect while taking care of our customers.

Thank you for choosing Altman Specialty Plants, LLC

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If you have Medicare Part D or will become eligible for Medicare Part D in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please refer to Medicare D notice in Annual Notices packet for more details.



Photo courtesy of Atlanta Botanical Garden

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Eligibility

Employees

You are eligible to participate in all plans if you are an active employee. Coverage begins first of the month following 30 days of continuous active employment.

Family Members

If you are an eligible employee, you may enroll the following dependents (you may be asked to provide a marriage or birth certificate recognized by the state of California):

- Spouse/Domestic Partner
- Children up to the age of 26 (natural, legally adopted, stepchildren, children for whom you are the legal guardian, foster children, children you are legally responsible to provide health coverage under a Qualified Medical Support Order (QMSCO)
- Disabled children over the age 26 if unmarried, incapable of self-support, dependent on your primary support and the disability occurred before the age of 26.

Making Changes to Your Benefits

Every year you will have the opportunity to make changes to your benefits when it is Open Enrollment. During Open Enrollment you may:

- Add, or cancel, change your coverage
- Add or remove eligible family members

When it is not Open Enrollment, you must have a qualifying event that satisfies federal regulations to make changes to your benefits.

Examples of Qualifying Events

You may not change your elections once selected until next open enrollment period unless you have a qualifying event.

If one of the following qualifying events below occurs, you may make adjustments to your benefits that are consistent with the event.

- Marriage, legal separation or divorce
- Birth or adoption of a child
- Change in eligibility of a child
- Death of a dependent family member
- Change in the employment status of your spouse
- Your spouse reaches age 65 and is covered by Medicare
- FMLA special requirements
- HIPAA special enrollment rights
- Become eligible for Medicaid
- Relocate outside of HMO plan service area

New Hires

Upon completion of your New Hire wait period, all elections must be submitted in ADP within 30 days of eligibility. If you decline or do not enroll within the 30-day time period you will not be eligible for benefits until the next open enrollment period, unless you have a qualifying event.

Waiving Coverage

If you are waiving medical coverage for yourself, you will need to provide proof of other medical coverage. You may not change your elections until the next open enrollment period, once selected, unless you have a qualifying event.

Wellness Program

Altman is interested in your wellbeing. Our wellness program is here to help you live a healthy lifestyle.

Join your program:

1. Visit altmanplantswellness.com.
2. Select JOIN NOW and follow the onscreen prompts.
Your unique ID is your employee ID.

Eligibility:

The program is open to all medically enrolled employees.

Tools & Resources:

- Complete Video Learning Courses.
- Join group and personal challenges.
- Recipes, articles, and health tracking.
- Sync apps and devices (or download the Navigate Wellbeing app.)
- Connect through the photo gallery and message center.

How to participate:

Complete program activities to earn rewards

Complete the required activities listed below to be eligible to receive your wellness incentive after 30 days following completion.

Your program activities

- Annual Physical
- Preventive Care Screening or Exam
- Wellbeing Survey
- Personal Challenge

Group Challenges

What are group challenges?

Group challenges are a great way to stay connected with your organization, engage in healthy activities, and earn points towards your wellness reward. You will have the opportunity to participate in an optional group challenge.

Benefit Advocate Center (BAC)

We have partnered with Gallagher to bring you a Benefit Advocate Team who is available to answer your questions, provide support and offer a one-stop-spot for maximizing your benefits plan and your health. Connect with them Monday through Friday 7am - 8pm CST.

833.940.3872

bac.altmanspecialtyplantsllccso@ajg.com



Questions?

Contact: info@navigatewell.com
(888) 817.9987

Medical

Medical HMO – Aetna

Altman Specialty Plants, LLC offers Medical coverage through Aetna Insurance Co. The Aetna medical options offer the flexibility of 3 HMOs (CA only). With an HMO Plan you must select a Primary Care Physician (PCP) and the plans offer IN-NETWORK benefits ONLY. Information about providers in your area is available online at www.aetna.com.

	Aetna AVN & Full HMO	Aetna 1500 Ded HMO
BENEFITS	Choose "AVN" Aetna Value Network or Full Network	Full Network
Lifetime Maximum	Unlimited	Unlimited
DEDUCTIBLE		
Individual	None	\$1,500
Family	None	\$3,000
OUT-OF-POCKET MAXIMUM		
Individual	\$2,500	\$6,350
Family	\$5,000	\$12,700
OUTPATIENT SERVICES		
Doctor Office Visit	\$35 copay	\$25 copay
Specialist Office Visit	\$45 copay	\$50 copay
Physical Therapy	\$45 copay	\$50/visit
Chiropractic — RIDER	\$15/visit; limited to 20 visits per calendar year	\$15/visit; limited to 20 visits per calendar year
Lab & X-Ray: Basic	\$35 copay	30% deductible waived
PREVENTATIVE CARE		
Adult Physical	No copay	No copay
Well Baby	No copay	No copay
Urgent Care	\$35 copay	\$25 copay
Emergency Room (Waived if admitted)	\$100 copay	Deductible, then \$250 copay
Hospitalization	\$750/admit	Deductible + 30%
Outpatient Surgery	\$350 copay	Deductible + 30%
PRESCRIPTION DRUGS		
Deductible	None	\$150 Brand Name deductible (3 max per family)
Formulary Generic: Tier 1	\$10	\$20
Formulary Brand: Tier 2	\$30	\$35
Non-Formulary Brand: Tier 3	\$50	\$60

Medical Per Pay Period	Aetna AVN HMO		Aetna HMO (Full Network)		Aetna 1500 HMO (Full Network)	
	With Wellness Credit	Without Wellness Credit	With Wellness Credit	Without Wellness Credit	With Wellness Credit	Without Wellness Credit
Employee	\$241.93	\$261.16	\$294.18	\$313.41	\$166.02	\$185.25
Employee + Spouse	\$930.21	\$949.44	\$1,047.24	\$1,066.48	\$658.61	\$677.84
Employee + Child(ren)	\$700.78	\$720.01	\$796.23	\$815.46	\$494.42	\$513.66
Family	\$1,446.48	\$1,465.72	\$1,612.04	\$1,631.28	\$1,028.04	\$1,047.27

Please note: FULL HMO will have the best provider access for your region.

Medical PPO – Aetna

Altman Specialty Plants, LLC also offers 4 PPOs Medical plans through Aetna Insurance Co. Information about providers in your area is available online at www.aetna.com for PPO. For the PPO plans, selecting a Primary Care Physician (PCP) is not mandatory, however it is recommended. For the PPO you may self-refer to a specialist on a PPO type plan— there is no pre-selection of a provider to oversee your care.

	Aetna OAMC PPO 1000		Aetna OAMC PPO 5000	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
DEDUCTIBLE				
Individual	\$1,000	\$1,500	\$5,000	\$10,000
Family	\$3,000	\$4,500	\$10,000	\$20,000
OUT-OF-POCKET MAXIMUM				
Individual	\$5,000	\$10,000	\$6,350	\$15,500
Family	\$10,000	\$20,000	\$12,700	\$31,000
COINSURANCE				
Doctor Office Visit	\$30 / deductible waived	40%	\$40 / deductible waived	50%*
Teladoc Doctor Visit	\$30 / deductible waived	40%	\$40 / deductible waived	50%*
Specialist Office Visit	\$30 / deductible waived	40%	\$40 / deductible waived	50%*
Preventative Care	No copay / deductible waived	40%	No copay / deductible waived	50%*
Lab & X-Ray: Basic	20%	40%	40%	50%*
HOSPITAL CARE				
Hospitalization	20%	40%	40%*	50%*
Emergency Room	\$150 Copay + 20%		\$150 copay + 40%	
Urgent Care	\$25 / deductible waived	40%	\$50 / deductible waived	50%*
Outpatient Surgery	20%	40% (benefit limited to \$350/admit)	40%*	50%*
PRESCRIPTION DRUGS				
Deductible	None		\$200 Rx deductible per member (max of 3 separate deductibles per family)	
Formulary Generic: Tier 1	\$15	40%; \$250 max	\$10 / deductible waived	50%; \$250 max
Formulary Brand: Tier 2	\$30		\$25	
Non-Formulary Brand: Tier 3	\$50		\$50	
Specialty: Tier 4	30%; Max. \$150	N/A	30%; max. \$150	N/A

NOTE: ALL services are after deductible unless noted otherwise.

	Aetna OAMC PPO 1000		Aetna OAMC PPO 5000	
Medical Per Pay Period	Employee Cost With Wellness Credit	Employee Cost Without Wellness Credit	Employee Cost With Wellness Credit	Employee Cost Without Wellness Credit
Employee	\$277.49	\$296.72	\$150.66	\$159.90
Employee + Spouse	\$998.34	\$1,017.57	\$612.73	\$621.96
Employee + Child(ren)	\$758.10	\$777.34	\$458.71	\$467.94
Family	\$1,539.07	\$1,558.30	\$959.33	\$968.56

Medical PPO – Aetna

Smaller Network=Lower Cost

	Aetna OAMC 6350 PPO	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Lifetime Maximum	Unlimited	Unlimited
DEDUCTIBLE		
Individual	\$6,350	\$15,000
Family	\$12,700	\$30,000
OUT-OF-POCKET MAXIMUM		
Individual	\$7,000	\$20,000
Family	\$14,000	\$40,000
COINSURANCE		
Doctor Office Visit	\$40 / deductible waived	50%*
Teladoc Doctor Visit	\$40 / deductible waived	50%*
Specialist Office Visit	\$40 / deductible waived	50%*
Preventative Care	No copay / deductible waived	50%*
Lab & X-Ray: Basic	40%	50%*
HOSPITAL CARE		
Hospitalization	40%*	50%*
Emergency Room	\$200 copay + 40%	
Urgent Care	\$50 / deductible waived	50%*
Outpatient Surgery	40%*	50%*
PRESCRIPTION DRUGS		
Deductible	\$200 Rx deductible per member (max of 3 separate deductibles per family)	
Formulary Generic: Tier 1	\$10 / deductible waived	50%; \$250 max
Formulary Brand: Tier 2	\$25	
Non-Formulary Brand: Tier 3	\$50	
Specialty: Tier 4	30%; max. \$150	N/A

*ALL services are after deductible unless noted otherwise.

Medical Per Pay Period	Aetna OAMC 6350 PPO	
	Employee Cost With Wellness Credit	Employee Cost Without Wellness Credit
Employee	\$99.01	\$108.24
Employee + Spouse	\$520.40	\$539.64
Employee + Child(ren)	\$372.54	\$391.77
Family	\$853.12	\$872.35

Dental

Dental coverage is an important part of your Aetna health care package.

With the DMO plan:

- You pay the premiums through convenient pretax payroll deductions.
- You may see any DMO network dentist.

With the PPO plan:

- You pay the premiums through convenient pretax payroll deductions.
- You may see any dentist.

	Aetna DMO	Aetna PPO
BENEFITS	IN-NETWORK	IN-NETWORK & OUT-OF-NETWORK
Annual Maximum	Unlimited	\$1,500
DEDUCTIBLE		
Individual	None	\$50
Family	None	\$150
Waived for Preventive, Y/N:	N/A	Yes
DIAGNOSTIC & PREVENTIVE	FEE SCHEDULE	FEE SCHEDULE UCR 80TH
Office Visit	\$5 copay	No charge
Exams	No charge	No charge
Cleanings	No charge	No charge
BASIC SERVICES		
Restorative: Fillings-Permanent	No charge	20%
Restorative: Fillings-Permanent	\$40 – \$105	20%
Periodontics Scaling:	\$65 per quadrant	20%
Endodontics (Root Canal): excluding final restoration	\$79 – \$309	20%
MAJOR SERVICES		
Crowns: excluding noble metal	\$293	50%
Dentures	\$318	50%
ORTHODONTIA		
Lifetime Maximum	N/A	N/A
Child(ren): (Add'l records and retainer fees may apply)	\$2,300 copay	Not covered
Adult: (Additional records and retainer fees may apply.)	\$2,300 copay	Not covered

Dental Per Pay Period	DMO
	Employee Cost
Employee	\$2.28
Employee + Spouse	\$8.84
Employee + Child(ren)	\$11.80
Family	\$15.80

Dental Per Pay Period	PPO
	Employee Cost
Employee	\$9.07
Employee + Spouse	\$21.67
Employee + Child(ren)	\$26.44
Family	\$41.40

Vision

There's no underestimating how important our sight is...

For that reason, Altman Specialty Plants, LLC offers a vision plan through Aetna.

- You pay the premiums through convenient pretax payroll deductions.
- This plan allows you to see any provider of your choice; however, you will pay fewer out-of-pocket expenses if you go to an in-network provider.
- Eye exam coverage may be available through your Primary Care Physician.

BENEFITS	Aetna Vision	
	IN-NETWORK	OUT-OF-NETWORK
Eye Exam and Allowance	\$10 copay	Up to \$25
Frequency	Every 12 months	Every 12 months
Frames and Allowance	\$130 allowance + 20% off remaining balance	Up to \$65
Frequency	Every 24 months	Every 24 months
Lenses and Allowance		
Materials—applies to entire purchase of eyeglasses (lenses and frames) or contacts in lieu of eyeglasses	N/A	N/A
Single	\$10 copay	Up to \$20
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$65
Frequency	Every 12 months	Every 12 months
Contact Lenses	In lieu of frame & lens benefits	
Medically Necessary	No copay	Up to \$250
Elective	No copay — \$130 allowance + 15% discount on remaining balance	Up to \$100
Frequency	Every 12 months	Every 12 months

Vision Per Pay Period	PPO Employee Cost
	Employee
Employee + Spouse	\$5.74
Employee + Child(ren)	\$6.04
Family	\$8.87



Life and AD&D

100% of premium cost paid by Altman Specialty Plants, LLC

Mutual of Omaha Life & AD&D	
LIFE BENEFITS	
Eligibility	Full Time Managers, Supervisors, Sales, Office Personnel, Drivers & Mechanics
Life Benefit Amount	\$15,000
Accidental Death and Dismemberment	\$15,000
AGE REDUCTION SCHEDULE	
First Reduction	35% at age 65
Second Reduction	50% at age 70

Supplemental Life and AD&D Insurance

If you are eligible for the Employer Sponsored Life and AD&D benefit, you are able to purchase this benefit. This benefit allows you to purchase additional life and AD&D insurance for yourself, your spouse or domestic partner and children. Below are the benefits and costs. **This benefit is 100% paid by employees through payroll contribution.**

Employee Life and AD&D Benefit	Increments of \$10,000 5x Salary to a Maximum of \$500,000 Guarantee Issue-\$150,000 Benefit reduces to 65% at Age 65 and 50% at Age 70
Spouse Life and AD&D Benefit	Increments of \$5,000 Benefit Maximum is \$250,000 not to exceed 100% of employee amount Guarantee Issue-\$50,000 Benefit Terms at Age 70
Child Life and AD&D Benefit	Increments of \$1,000 Minimum Benefit is \$2,000 not to exceed \$10,000

Age	Rates per \$1,000
0-19	0.06
20-24	0.06
25-29	0.06
30-34	0.06
35-39	0.08
40-44	0.12
45-49	0.21
50-54	0.35
55-59	0.54
60-64	0.84
65-69	1.52
70-74	2.71
75-79	4.48
80+	9.07
Child Rate	0.12
AD&D Rate	0.04



Every effort has been made to ensure that the information in this summary is accurate; however no warranty of complete accuracy is made. If a discrepancy is found between this summary and the benefits you selected or the Summary Plan Description (SPD), your selections and the provisions of the SPD will govern. All eligible employees need to provide beneficiary information during OE or when eligible.

Voluntary Benefits

Effective January 1, 2025, the below plans have been enhanced to pay additional benefits. Please refer to updated Benefit Summaries for additional information. **This benefit is 100% paid by employees through payroll contribution.**

Accident Insurance

(Cash in your pocket if one gets hurt – great coverage for children)

Pays lump sum benefits to you directly for specific injuries and losses you or a family member might suffer in an accident of any kind. Such as burns, dislocations, lacerations, fractures, dismemberment and other major or minor injuries. Protects against financial losses when emergency medical treatment is necessary. Millions each year are hospitalized with “accidental type of injuries”. Get your protection today!

Critical Illness Insurance

(Provides a lump-sum benefit upon the diagnosis of not only one covered illness, but for each covered illness)

Cancer, Heart Attack, Stroke, or Renal Failure that requires dialysis are all life-changing events. Medical coverage will help your employees with a large portion of the medical expenses associated with the treatment of critical illnesses. But, what about the out-of-pocket medical expenses? Consider an employee who suffers a stroke that leaves him paralyzed. Will medical insurance, life insurance or disability insurance pay for the construction of a wheelchair access ramp on the employee’s home? What about job training? Group Critical Illness insurance provides a lump-sum benefit payment to cover out-of-pocket medical expenses and the costs associated with life-changes following a covered critical illness.



**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call [800.318.2596](tel:8003182596) (TTY: 855.889.4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Hospital Indemnity

(Helps off set out of pocket copayments and deductibles)

Provides a lump-sum benefit for a covered hospital confinement and a covered outpatient surgery. This is to help offset the gaps caused by co-payments and deductibles that may or may not be covered by your major medical plans.

All benefits pay on top of each other so if you are hospitalized due to an accident and you have both Accident and Hospital plans, benefits from each plan are paid to you directly. There is no offset from payment by any other plan including your Medical plan.



Employee Assistance Program (EAP)

Altman Specialty Plants offers EAP at no-cost to you. This plan offers you and your household dependents a variety of financial, well-being, behavioral and mental health assistance 24/7/365 days a year.

Access services via phone or web.

- Call: **800.316.2796**
- Or go online to register for access at: mutualofomaha.com/eap

Legal and Identity Theft

Legal Shield

- Direct Access to your Own Provider Law Firm
- Unlimited Advice and Consultation
- Document Review and Preparation
- Speeding Ticket Assistance
- Will Preparation
- Debt Collection Assistance
- Letters and Phone Calls Made on your Behalf

ID Shield

- \$3 Million Identity Fraud Protection Plan
- Online Privacy and Reputation Management
- Device Protection
- Financial Account Monitoring
- Identity, Credit and Social Media Monitoring
- Credit Score Tracker
- Real-Time Alerts

Benefit	Per Pay Period
Legal Shield	\$17.50 (Family)
ID Shield	\$7.15 (Employee Only) / \$13.85 (Family)
Legal Shield & IDShield	\$23.65 (Employee) / \$29.35 (Family)

Pet Insurance

Altman Specialty Plants, LLC is pleased to offer insurance for your pets that provide an opportunity to save on veterinary care. There are many reasons why more pet parents cover their pets with ASPCA Pet Health Insurance mostly because they want to be sure that they will have the proper insurance in case their pet becomes ill or suffers an injury that needs attention. ASPCA offers you comprehensive coverage for ALL PETS that includes:

- Accidents
- Cancer
- Illnesses
- Hereditary Conditions
- Behavioral Issues

Customizable Options

- **Annual Limit** from \$5,000 to unlimited
- **Reimbursement Percentage:** 70%, 80%, 90% of your vet bill
- **Deductibles can be \$100, \$250 or \$500.** You will need to satisfy a 12 month policy period.
- **You can add Preventive care or Accident Only Coverage**

Visit or call for a customized quote and enroll today

www.aspcapetinsurance.com/altmanspecialtyplants | **1.877.343.5314**

YOUR PRIORITY CODE: EB21AltmanSpecialtyPlants

Flexible Spending Accounts

Get More For Less... Use Pre-Tax Dollars For Out-of-Pocket Medical Expenses Enroll in the flexible spending plan and cash in on great benefits:

- Reduce your taxable income and put money in your pocket.
- Manage and plan for larger expenses through convenient payroll deductions.

Use It or Lose It—Budget Wisely

At the end of the plan year, you have 60 days (claims run-out period) to submit your last requests for reimbursement. Any money not claimed after that 60-day period, is forfeited.

FSA IMPORTANT: The maximum amount you can set aside is \$3,300 for 2025. You must renew your participation each year in order for unused funds, up to \$660, to roll over into your next year's plan. If you do not renew there is no account for funds to roll over into. Maximize your FSA benefits before the year ends.

REMEMBER: You may be required to submit a claim form with a receipt to prove your purchase qualifies.

Medical Care Flexible Spending Account

- | | | | |
|---|--|---------------------------|---|
| ➤ Annual deductibles | ➤ Health care expenses (approved by the IRS) not covered by your health care plans | ➤ Hospital bills | ➤ Physical therapy |
| ➤ Copayments | ➤ Drug addiction treatment | ➤ Laboratory fees | ➤ X-Rays |
| ➤ Coinsurance amounts
Any expenses not fully covered due to your health care plan limits | ➤ Eyeglasses | ➤ Laser eye surgery/Lasik | ➤ Over the counter medications and women's monthly menstrual supplies are also eligible expenses. |
| | ➤ Hearing Devices | ➤ Optometrist | |
| | | ➤ Pain relievers-need Rx | |
| | | ➤ Pap Smears | |

Dependent Care Spending Account

The Dependent Care Spending Account allows you to pay for eligible dependent care expenses on a tax-free basis.

To be eligible, expenses must:

- Be used for a child under 13 years of age
- Be used to care for a disabled dependent adult
- Be necessary to enable you or your spouse to attend school or work on a full-time basis

Each year you may contribute up to a maximum of \$5,000 (deducted in equal amounts per pay period) in pretax dollars to your Dependent Care Spending Account. Exception: If you are married and file separate tax returns, your maximum contribution is \$2,500 (deducted in equal amounts per pay period).

The following expenses are eligible for reimbursement:

- At-home daycare provider (the person must not be a legal dependent).
- Summer day camps, daycare centers, nursery schools, preschool care, before and after school care.

It's easy to determine if an FSA will save you money. At enrollment time, you will need to determine your annual election amount. Estimate the expenses that you know will occur during the year. These include out-of-pocket expenses for yourself and anyone claimed as a dependent on your taxes. If you had \$100 or more in recurring or predictable expenses, the accounts can help you stretch your dollars.

Rollover is ONLY for the Healthcare FSA, not Dependent Care FSA.

Retirement 401(k) Plan

GROUP # G37149

Eligibility

Take advantage of this benefit opportunity to invest in your future with the company's 401(k) or ROTH 401(k) as soon as you have successfully completed 3 months of service with Altman Specialty Plants, LLC and are at least 18 years of age.

Investing in your 401K today is like sowing the seeds for a thriving financial future

Account Access

To enroll, change investments, check account balance, or review the featured plans offered please log on to One America.

www.oneamerica.com

(800) 249.6269

Contribution

You may contribute from your base salary on a pre-tax basis (traditional 401(k)) or after-tax basis Roth 401(k). You may contribute up to 25% of your compensation each year up to a maximum limit of \$23,000 and maximum catch up limit of \$7,500.

Financial Advisor

To choose what plan to invest your savings, you may contact NFP at (800) 959.0071 or retirementinfo@nfp.com.



Medicare

Allowing us to offer a no-cost consulting service to Medicare-eligible team members, family members, and friends.

1

Meet Your Advisor

Contact us to schedule your free one-on-one consultation.

2

Tell us What Matters

Discuss your insurance needs and enrollment status.

3

Ask Your Questions

How can we help you understand your coverage options?

4

Get Your Answers

Determine the right coverage for your needs.

Understanding Your Coverage Options

Employer-Sponsored Coverage

Health coverage that's offered through you or spouse's employer. Usually offered to active staff of the company, Federal laws allow you to extend employer coverage from 18-36 months after employment.

Original Medicare: Parts A & B

The most essential element of Medicare, Part A covers inpatient care and skilled nursing facilities. Part B, an extension of your coverage, focuses on outpatient and preventative services.

Medicare Part C

Also known as the Medicare Advantage Plan, Part C combines the coverage of other Parts in a comprehensive, privately-offered package.

Medicare Part D

Medicare Part D covers prescription drugs, giving you peace of mind about your medication expenses.

Medicare Supplement

Medicare supplements are insurance plans that fill the gaps in your Medicare coverage —like co-payments, coinsurance, and deductibles.

Web: LIGSolutions.com/Altman-Plants
Phone: (833) 246.9531

How to Find a Medical Provider

Provider Lookup

HMO – Visit www.aetna.com/docfind

- To select a Primary Care Physician (PCP), select 'Doctors (Primary Care)' under the category "Healthcare Professionals."
- Then select 'Choose Plan from an employer' or a specific type of doctor, and click 'Search.'
- Enter a zip code or city and state, and then click 'Search.'
- Depending upon the plan/network you choose, 'Select HMO' under the subcategory 'Aetna Standard Plans' for Full Network, 'CA Aetna Value Network HMO' under 'State Based Plans' for narrow network or 'HMO Deductible HMO' for the Deductible HMO plan. Select 'HMO' under the subcategory of 'Aetna Standard Plans' from the drop-down box and click 'Continue.'
- On the search results page, you will find a list of providers.
- Use the five- or six-digit Primary Office Number located below the medical group when completing your enrollment.
Example: Sharp Rees-Stealy Medical Group
Primary Office: **053089**

PPO – Visit www.aetna.com/docfind

- To select a Primary Care Physician (PCP), select 'Doctors (Primary Care)' under the category Healthcare Professionals.
- Then select 'All PCPs' or a specific type of doctor, and click 'Search.'
- Enter a zip code or city and state, and then click 'Search.'
- Select 'Managed Choice® POS (Open Access)' under the subcategory of 'Aetna Open Access® Plans' from the drop-down box and click 'Continue.' Note: Montana Employees Use "Open Choice PPO" under "Aetna Standard Plans".
- On the search results page, you will find a list of providers.

DMO – Visit www.aetna.com/docfind.

- To find a provider go under continue as a guest.
- Enter you location or Zip Code.
- On Select a Plan type DMO.
- Click on DMO/DNO then click continue.
- Scroll down to Dental care and click on it choose the type of dentist.

DPPO – Visit: www.aetna.com/docfind

- To find a provider go under continue as a guest.
- Enter you location or Zip Code.
- On Select a Plan type Dental PPO.
- Click on Dental PPO/PDN then click continue.
- Scroll down to Dental care and click on it choose the type of dentist.

Applies to all plans:

Deductible Expenses

1. Covered expenses add up toward both your in-network and out-of-network deductible at the same time.
2. You must first meet the deductible before the plan begins paying benefits, unless otherwise noted.
3. The amount you pay (cost sharing) for some medical services does not count toward your deductible.
4. Prescription drug costs do not count toward the deductible. Refer to your plan documents for details.
5. Your family will have one deductible. You will meet it when the expenses of several family members add up to the family deductible. **No person will have to pay more than the out-of-pocket limit.**

Out-of-Pocket Maximum Expenses

1. Covered expenses add up toward both your in-network and out-of-network out-of-pocket limit at the same time.
2. Your pharmacy expenses count toward your out-of-pocket limit.
3. In-network expenses include coinsurance/copays and deductibles.
4. Out-of-network expenses include coinsurance and deductibles. Penalty amounts do not apply.
5. Your family will have one out-of-pocket limit. You will meet it when the expenses of several family members add up to the family out-of-pocket limit. **No person will have to pay more than the out-of-pocket limit.**

Important Contact Information

Benefit	Group #	Administrator	Phone	Website/Email
Medical	231785	Aetna	HMO—877.445.5299 PPO—877.204.9186	www.Aetna.com
Dental	231785	Aetna	877.238.6200	www.Aetna.com
Vision	231785	Aetna	877.973.3238	www.Aetna.com
Flexible Spending Accounts	28812	Wex	800.492.0669	www.wexinc.com
Employer Paid Life/AD&D Voluntary Life and AD&D Voluntary Short-Term Disability Employee Assistance Program	G000C8BR	Mutual of Omaha	800.228.7104	www.mutualofomaha.com
Supplemental Coverage	N/A	Aetna	Contact HR	www.Aetna.com
Legal Plan	303719	Legal Shield	800.654.7757	www.legalshield.com
ID Theft	303719	IDShield	888.494.8519	www.idshield.com
401k	G37149	OneAmerica	800.249.6269	www.oneamerica.com
Retirement Advisors	G37149	NFP Retirement Advisors	800.959.0071	retirementinfo@nfp.com
Medicare	N/A	LIG Solutions	833.246.9531	partner.LIGsolutions.com/Altman-Plants
BenefitHub	N/A	Discounts	N/A	altmanplantperks.benefithub.com Code: YPAZ8V
Benefit Advocate Center (BAC)	N/A	Gallagher	833.940.3872	bac.altmanspecialtyplantsllccso@ajg.com

Altman Specialty Plants, LLC		
Your Human Resource Contacts	HR Direct Line 760.305.1818 Monday through Friday 6:30am - 5:30pm	Susana Bueno, HR Benefits Specialist 760.744.8191 Ext. 263 Benefits@altmanplants.com

Visit our benefits website: <https://c2mb.ajg.com/altmanplants/home/>



Notes



This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting