2027



ARBA Health Trust

ARBA Health Plan

EMPLOYEE BENEFITS GUIDE

Enclosed in this book you will find a brief overview of your ARBA company benefits for the upcoming year. Please reach out to your HR Manager, for additional information.

www.ARBABenefits.com

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This Benefit Enrollment Guide highlights recent plan design changes and is intended to fully comply with the requirement under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description(s). Copies of the summary plan descriptions are available free of charge by contacting the HR department. The information in this benefit guide is presented for illustrative purposes. The text contained in this guide was taken from various summary plan descriptions and benefit materials. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this guide and the actual plan documents, the actual plan documents will prevail. Nothing contained in this guide should be construed as a contract for employment, either expressed or implied.



ARBA is committed to providing employees with a benefits program that is both comprehensive and competitive. Our program offers a broad range of plan options to meet the needs of our diverse workforce. We know that your benefits are important to you and your family. This program is designed to assist you in providing for the health, well–being and financial security of you and your covered dependents. Helping you understand the benefits ARBA offers is important to us and that is why we have created this Employee Benefits Guide.

We encourage you to review each section and to discuss your benefits with your family members. This guide is not an employee/employer contract. It is not intended to cover all provisions of all plans but rather is a quick reference to help answer most of your questions. Information presented here does not cover all details and limitations for the plans. Additional information is found in Summary Plan Booklets. The legal plan documents and master insurance policies are the final authority in determining benefits. ARBA reserves the right to amend its plans from time to time and has the right at any time to terminate any plan or benefit. Participation in the plan described does not constitute any contract of employment.

Please see your Summary Plan Description for complete details. We hope this guide will give you a clear explanation of your benefits and help you be better prepared for the enrollment process.

ARBA

ELIGIBILITY & ENROLLMENT

WELCOME TO YOUR NEW EMPLOYEE BENEFITS

WHO IS ELIGIBLE

You are eligible for benefits if:

- Your employer has completed an ARBA participating employer agreement and
- You are a full-time associate working at least 30 hours per week or 130 hours per month

EFFECTIVE DATE OF COVERAGE

During the plan year, eligible new hires will be subject to a waiting period determined by the applicable benefit. Most plans will become effective the first of the month following the waiting period. If you enroll in benefits during Open Enrollment, your benefits will be effective January 1st.

WHEN TO ENROLL

Benefit eligible associates have the two following opportunities to enroll in the associate benefits program:

NEW HIRE ENROLLMENT. New hires have thirty days from their date of hire to enroll in ARBA's benefit coverages. Most plans become effective first of the month following 30 days. Associates not enrolling during this period must wait until the next open enrollment to elect coverage. If you have questions, please contact your manager.

OPEN ENROLLMENT. For the 2027 plan year, ARBA's annual open enrollment period will take place beginning Monday, November 16, 2026, and will close Friday, December 4, 2026. All changes and elections will be effective January 1.

HOW TO ENROLL

If your company has completed a ARBA participating employer agreement you may complete your employee enrollments online at arba.simon365.com or contact your HR Department

We are here to help!
To learn about your plan please visit arbabenefits.com.

If you need support with the SIMON system, please email arba@vimly.com

ELIGIBILITY & ENROLLMENT

WELCOME TO YOUR NEW EMPLOYEE BENEFITS

WHEN YOU CAN MAKE CHANGES

ARBA benefits plan year is from January 1 to December 31. Generally, you can only change your benefit choices during the annual Benefits Enrollment period.

You are also allowed to make benefit changes if you have an IRS "Qualifying Event" during the year, which includes:

- Marriage or Divorce
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that results in cancellation of your benefits
- Your dependent child is no longer eligible
- Loss of coverage through a parent's plan
- Becoming eligible for Medicare or Medicaid during the year

If you have a life event change, you must submit notification to your manager within 30 days of the qualifying event. Depending on the type of change, you may need to provide proof document-tation (for example, a marriage license or birth certificate). If you do not submit notification within 30 days, you will have to wait until the next annual Open Enrollment period to make benefit changes.

WHEN COVERAGE ENDS

Benefits end on the last day of the month in which your employment ends, or when you cease to meet eligibility guidelines.



MEDICAL INSURANCE

BLUE CROSS BLUE SHIELD OF ALABAMA

ARBA offers three medical plan options administered by Blue Cross Blue Shield of Alabama. These plans are Preferred Provider Organization plans.

These plans use the same network of providers who have agreed to charge discounted rates to plan members. The amount you pay for health care will vary depending on whether or not you use in- network providers and facilities. You always have the choice to go to any provider, but you'll pay less if you stay within the Blue Cross Blue Shield of Alabama network.

	PREMIER PLAN	GOLD PLAN	VALUE PLAN
	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible *Individual* *Family* *Coinsurance*	$500 $1,000 20%	$500 $1,000 0%	$5,000 $10,000 20%
Out-of-Pocket Max. *Individual* *Family*	$2,500 $5,000	$5,000 $10,000	$7,000 $14,000
Inpatient Services *Inpatient Facility*	20% Coinsurance	$200 - $400 copay	20% Coinsurance
Emergency Room	20% Coinsurance	$200 copay	20% Coinsurance
Physician Office Visits *Preventive Care* *Primary Care* *Specialist Office*	100% Covered $35 Copay $50 Copay	100% Covered $35 Copay $50 Copay	100% Covered $35 Copay $50 Copay
Outpatient Services *Outpatient Surgical*	20% Coinsurance	$200 - $400 copay	20% Coinsurance
Diagnostic X-Ray Lab	20% Coinsurance	$200 - $400 copay	20% Coinsurance
Mental Health / Substance Abuse	20% Coinsurance	$50 daily copay	20% Coinsurance
Prescription Drug *Tier 1* *Tier 2* *Tier 3* *Tier 4*	$15 Copay $60 Copay $100 Copay $425 Copay	$15 Copay $40 Copay $60 Copay $100 Copay	$15 Copay $60 Copay $100 Copay $425 Copay

MEDICAL INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS			
	PREMIER PLAN	GOLD PLAN	VALUE PLAN
Single	$835.83	$1,005.39	$726.67
Employee + Spouse	$1,678.52	$1,995.81	$1,438.36
Employee + Child	$1,535.04	$1,848.75	$1,333.10
Family	$2,377.72	$2,839.16	$2,044.78

MEDICAL INSURANCE

MEDICAL PLAN OVERVIEW

MEDICAL INSURANCE BASICS

DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay.

CO-INSURANCE

The percentage of costs of a covered health care service you pay after you have paid your deductible (20% for example).

OUT-OF-POCKET MAXIMUM

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits for the remainder of the year.

WHICH PLAN IS RIGHT FOR ME?

PREMIER PLAN

The premier plan provides a higher level of benefit coverage. While the premium is also higher, it is for good reason. When you elect the high plan you are automatically enrolled in secondary medical coverage. Secondary medical coverage provides a layer of additional insurance protection designed to significantly lower your overall out of pocket costs. This plan may be the best fit for you and your family if you anticipate regularly using the plan or historically have various medical expenses throughout the year.

GOLD PLAN

The premier plan provides a high level of benefit coverage. The cost is higher because the overall benefit has a much lower deductible for individual and families. This plan may be the best fit for you and your family if you anticipate using the plan.

VALUE PLAN

The value plan provides a basic level of insurance coverage. The cost of the plan is less because the overall benefit has much higher deductible and overall out of pocket costs. This plan may be the best fit for you and your family if your goal is to have protection against a catastrophic and unexpected medical expense and do not historically have medical expenses.



MEDICAL INSURANCE

SECONDARY MEDICAL PLAN OVERVIEW

WHAT IS SECONDARY MEDICAL?

You are automatically enrolled in secondary medical coverage when you elect the Premier Medical Plan coverage option through ARBA. Secondary medical coverage provides additional protection by allowing coverage for various eligible medical expenses that you would traditionally pay out of pocket for.

Eligible Secondary Medical Expenses include (but are not limited to):

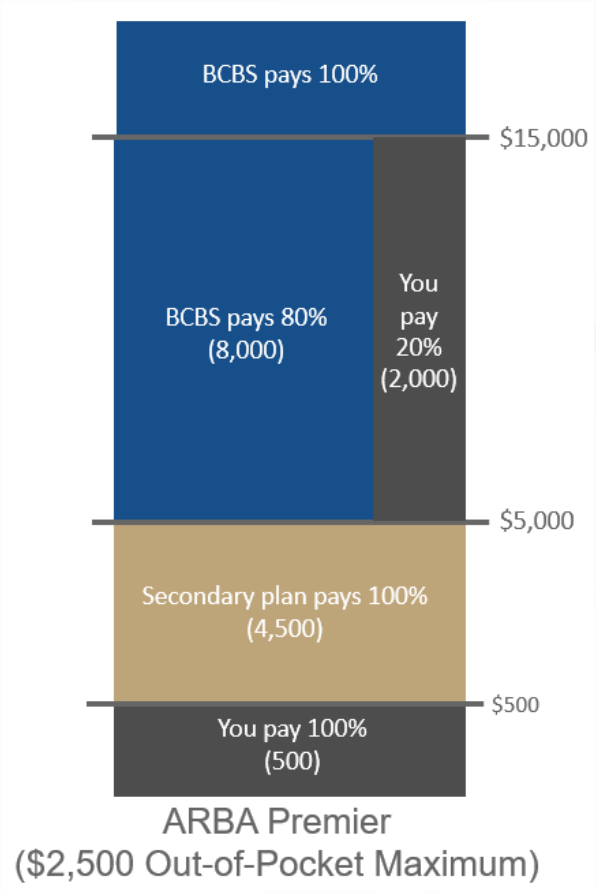
- Diagnostic tests (such as lab work)
- Hospital charges (facility & physician)
- MRI's, X-rays, Chemotherapy, Radiation, etc.
- Ambulance transportation
- Emergency Room expenses
- Procedures performed at an outpatient facility
- Other covered services (Physical Therapy, Chiropractic care, etc.)
- Mental, Nervous & Substance Abuse

HOW THE PLAN WORKS

- By electing the Premier Medical Plan, you will be responsible for covering your first $500 in eligible medical expenses.
- Your secondary coverage plan will then step-in to pay the next $4,500 of you BCBS deductible. At this point the BCBS Deductible has been met. (Excluding copays - as they do not apply to the deductible).
- Next, BCBS's pays 80% coinsurance and the you will pay 20%, until the out-of-pocket (OOP) maximum has been met.
- Once you have met your total $2,500 out-of-pocket maximum, your BCBSAL plan will pay 100% for covered medical expenses for the rest of the year!

Please Note: Secondary coverage does not cover office visits or prescription drug co-pays .

*Example shown reflects single coverage.



ARBA Premier
($2,500 Out-of-Pocket Maximum)

USING YOUR BENEFITS

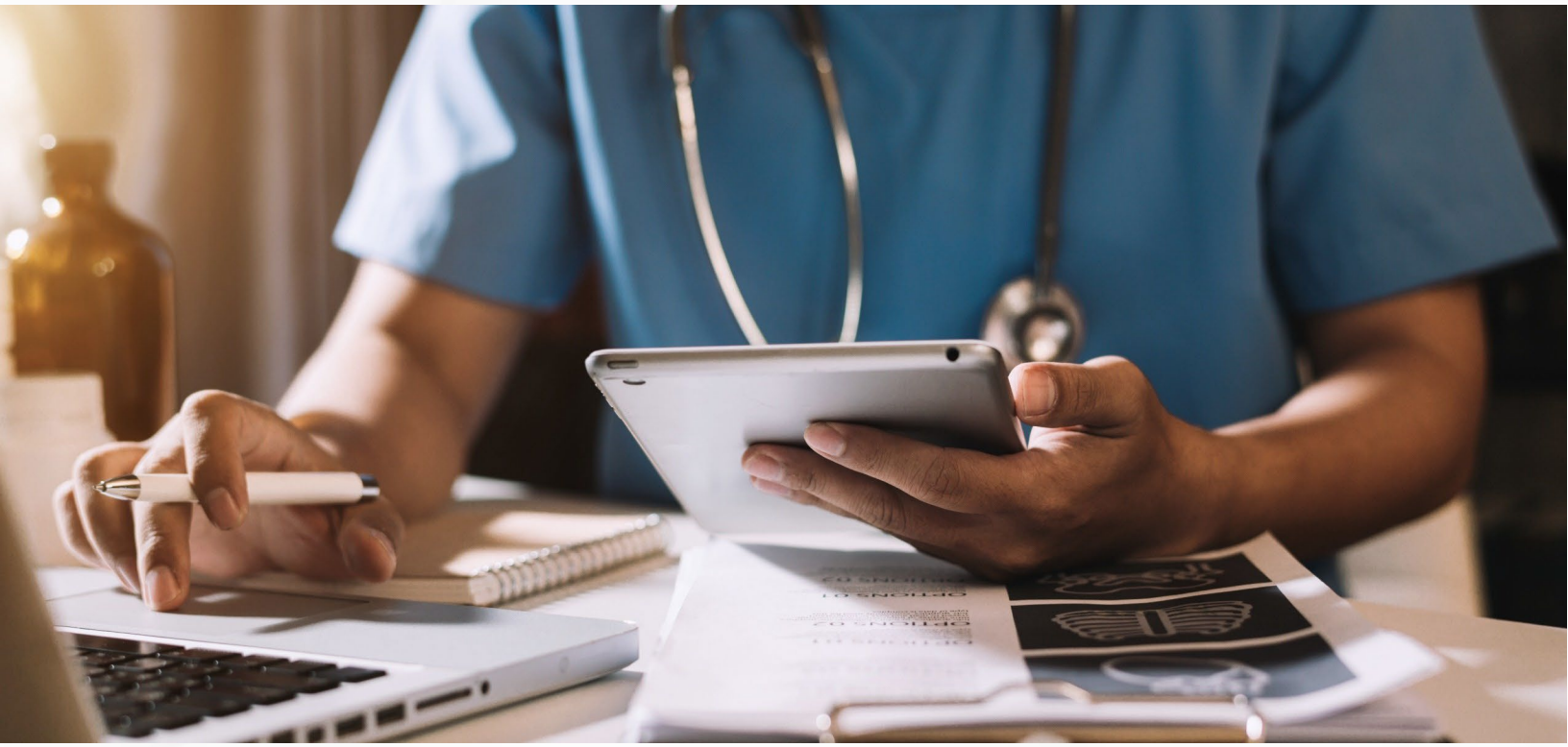
Members will receive ID cards for both Blue Cross Blue Shield of Alabama and MedPlus. When visiting a medical provider or any other healthcare facility, you will provide **both** insurance cards for proper claims processing.





TELEMEDICINE

DOCTOR ON DEMAND



Telephone and online video consultations are available for all associates & family members enrolled in medical coverage.

You've got anytime access to top doctors and therapists 24/7/365 with Doctor on Demand by Included Health. Get treatment for 90% of all common ER complaints, from common colds to uncommon rashes. Plus, connect with a therapist or psychiatrist whenever and wherever you're comfortable. To enroll in Doctor on Demand, download the app and activate your account. Once active choose a doctor and connect face-to-face to get help with all your health needs, mental and physical.

WHAT DOCTOR ON DEMAND TREATS:

Allergies and asthma
Urinary tract infections
Sinus Infections
Depression and anxiety
Flu / cold / cough / ear infection
Prescriptions and refills

WHEN TO USE DOCTOR ON DEMAND:

Non-emergency medical assistance
Physician unavailable
After normal hours of operation
On vacation / out-of-town
Short-term prescription refill
Second medical opinions

DENTAL INSURANCE

BLUE CROSS BLUE SHIELD OF ALABAMA

ARBA offers dental coverage to you through Blue Cross Blue Shield of Alabama. Your dental plan provides coverage to help with the cost of many dental services including routine cleanings, x-rays, restorative and prosthetic services. The plan includes an extensive network of dental providers. Maximize your benefits by selecting an in-network dentist to save more on all covered services and avoid balance billing.

DENTAL INSURANCE		
	DENTAL ENHANCED PLAN	DENTAL BASIC PLAN
BENEFITS	IN-NETWORK	IN-NETWORK
Annual Maximum per Individual	$1,500	$1,000
Type I – Diagnostic & Preventive Exams, Cleanings, Flouride Treatment, Space Maintainers, X-Rays, Sealants	100%	100%
Type II – Basic Services Fillings, Simple Extractions, General Anesthesia, Oral Surgery, Endodontics	100%	80%
Type III – Major Services Crowns, Inlays, Onlays, Bridges, Dentures, Periodontic, Implants, TMJ	50%	50%
Type IV – Orthodontic Services	50% (Child)	50% (Child)
Calendar Year Deductible Applies to: Individual Family	 $25 single $75 family	 $50 single $150 family
Lifetime Orthodontia Maximum	$1,500	$1,500

DENTAL INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS		
COVERAGE TIER	ENHANCED PLAN	BASIC PLAN
Single	$33.63	$28.92
Employee + Spouse	$67.26	$57.83
Employee + Child	$84.81	$73.87
Family	$124.73	$108.22

VISION INSURANCE

VSP

ARBA offers vision coverage to you through VSP. Receive the maximum benefits and pay less out-of-pocket by visiting an in-network provider. The network includes provider access points nationwide. A comprehensive vision exam is available every 12 months and you may purchase eyewear in the form of an eyeglass frame and lenses, or contact lenses.

VISION INSURANCE		
CLASS DESCRIPTION	**IN-NETWORK**	**OUT-OF-NETWORK**
Eye Examination Comprehensive exam of visual functionsand prescription of corrective eye wear.	$20 Copay	$45 Allowance
Contact Lens Evaluation and Fitting Elective Medically Necessary	Up to $60 Copay $130 Allowance Covered in full	Not Covered $105 Allowance $210 Allowance
Materials / Eye wear Single Vision Eyeglass Lenses Lined Bifocal Eyeglass Lenses Lined Trifocal Eyeglass Lenses Lenticular Eyeglass Lenses	 $20 Copay $20 Copay $20 Copay $20 Copay	 $30 Allowance $50 Allowance $60 Allowance $100 Allowance
Frame Allowance Standard Frame	$130 Allowance (extra $50 off on select frames) + 20% off balance	$70 Allowance
Lens Upgrades PolyCarbonate (single vision/multi-vision) Anti-Reflective (single vision/multi-vision) Scratch Resistant (single vision/multi-vision) Transitions / Photochromic (single vision/ multi-vision)	 $31 / $35 $41 / $41 $17 / $17 $75 / $75	 Not Covered Not Covered Not Covered $70 Allowance
Progressive Lens Standard Multi-Vision Premium Multi-Vision Custom Multi-Vision	 No-Copay $95-$105 $150-$175	 Not Covered
Laser Vision Correction	15% - 20% off Laser Correction	

VISION INSURANCE EMPLOYEE MONTHLY CONTRIBUTIONS	
COVERAGE TIER	**RATE**
Employee Only	$11.79
Employee + Spouse	$16.47
Employee + Child(ren)	$16.73
Employee + Family	$24.52

VALUE ADDED PROGRAMS

BLUE CROSS BLUE SHIELD OF ALABAMA

Blue Cross members have access to electronic newsletters and personalized health tools such as health trackers and assessments. Additionally, Blue Cross offers a number of support tools and resources to help you and dependents take charge of your healthcare. Login to your myBlueCross portal to learn more.

BLUECARE HEALTH ADVOCACY

Your BlueCare Health Advocate serves as a coach and advisor to you and your covered dependents. Find out what your Health Advocate can do for you by calling 1-888-759-2764 today!

MY HEALTH ASSISTANT PROGRAMS

These web-based health courses offer step-by-step assistance to help you change unhealthy behaviors and make better choices. Areas of focus include nutrition, exercise, weight management, tobacco cessation, emotional health and stress management.

PERSONAL HEALTH RECORD

The Personal Health Record allows you to keep your health information in one secure, central location. Information can be entered manually, and automatically added from two years of processed claims. Health Trackers allow you to chart your personal health over time.

CHRONIC CONDITION MANAGEMENT

Chronic Condition Management incorporates a holistic, personalized approach to managing your healthcare. This telephone-based program assists members with Asthma, Coronary Artery Disease, COPD, Diabetes and Heart Failure. The main goal is to help you stay healthy. Talk to a Chronic Condition Management health professional at 888-841-5741.

BABY YOURSELF® MATERNITY PROGRAM

Expecting mothers can receive telephone or e-mail support from an experienced registered nurse throughout pregnancy. The Baby Yourself app provides additional information, trackers and easy access to your nurse through one-button dialing. Once your baby arrives, the Lactation Program provides encouragement and information designed to improve the well-being of infants and their families. You can enroll once you learn you are pregnant. Call 1-800-222-4379 to enroll or visit www.bcbsal.org/web/health/baby.html .

To access your wellness tools, visit AlabamaBlue.com/mybluewellness.

BLUE365 DISCOUNT PROGRAM

Take advantage of healthy deals and discounts exclusively for BlueCross members. With discounts on fitness gear, healthy eating options, personal care and more saving is easy. Visit AlabamaBlue.com/Blue365 to learn more.

FITNESS YOUR WAY

Whether your goals are physical, such as losing weight and maximizing energy, or emotional like dealing with stress and improving your mood, Fitness Your Way can help you meet your goals, on your budget. Sign up with a $29 enrollment fee and pay just $29 per month, plus local tax. You can visit any participating fitness location—anytime, anywhere — as often as you like. To sign up, visit AlabamaBlue.com/Blue365.

VALUE ADDED PROGRAMS

BLUE CROSS BLUE SHIELD OF ALABAMA - MY BLUE REWARDS

Taking steps toward a healthy lifestyle provides many rewards.

By taking charge of your health, you can increase your energy, decrease your chance of developing several preventable illnesses, and – best of all – you simply feel better! Because Blue Cross and Blue Shield of Alabama cares about you and your health, we want to encourage healthier choices through the *my*BlueRewards program. This program offers you a $50 gift card and other health benefits that come with a healthy lifestyle.

What is the *my*BlueRewards program?

All covered members and dependents age 18 and over can participate in the *my*BlueRewards program through their health plan(s). Participants will be rewarded with a $50 gift card when they complete a preventive office visit and the Health Assessment. To access the Health Assessment online, participants must register or log in to *my*BlueCross at AlabamaBlue.com and select "Health Assessment" under *my*Health in the main navigation. Participants must complete the activities within the current calendar year to be eligible for a gift card.

CONTACT INFORMATION

CONTACT LIST FOR YOUR EMPLOYEE BENEFITS



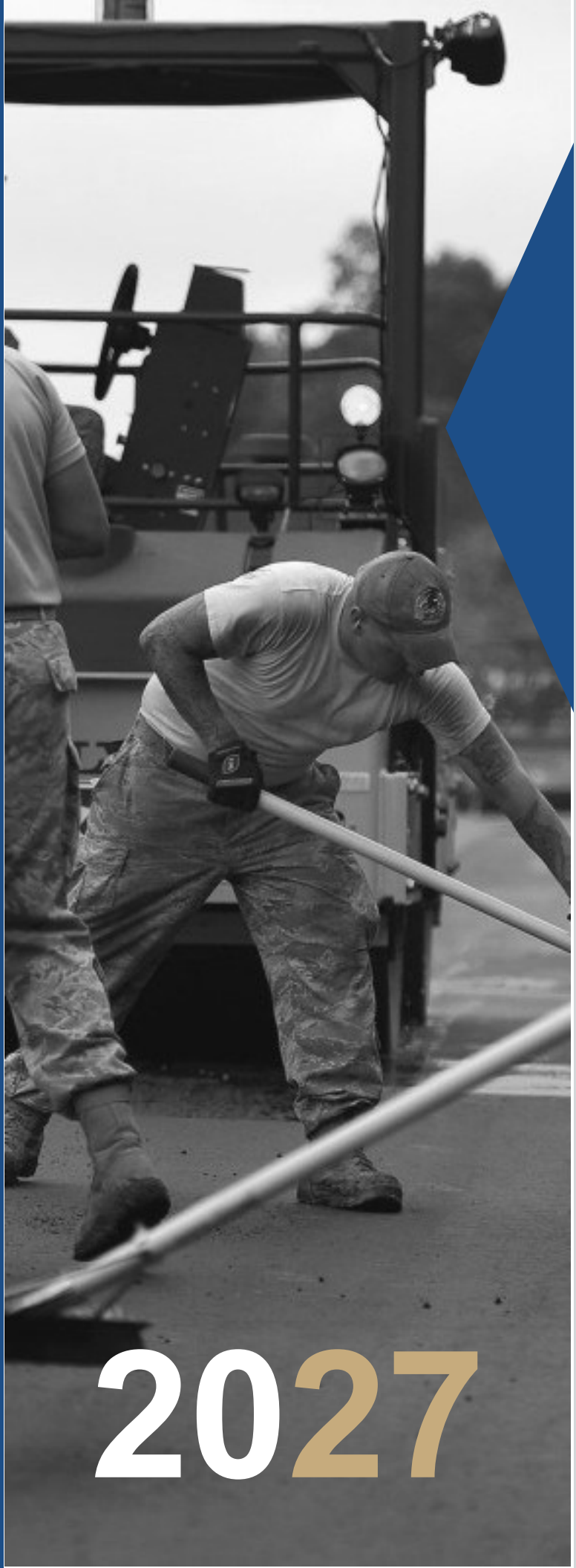
CONTACT INFORMATION			
BENEFIT	**PROVIDER**	**PHONE**	**WEBSITE/EMAIL**
Medical	Blue Cross Blue Shield of Alabama	800.292.8868	bcbsal.org
Telemedicine	Doctor on Demand	Doctor on Demand app	Doctorondemand.com/alabama
Dental	Blue Cross Blue Shield of Alabama	800.292.8868	bcbsal.org
Vision	VSP	800.877.7195	vsp.com
SIMON	Vimly	888.819.5418	arba@vimly.com
Benefits	CAC Agency	205.874.1226	arba@cacgroup.com

NOTES

USE THIS PAGE FOR INFORMATION YOU FIND HELPFUL

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