



2021

Employee Benefit Guide

OPEN ENROLLMENT IS NOVEMBER 2ND-13TH

This is your once-a-year opportunity to review and make changes to your benefits.



All benefit elections will be effective **January 1, 2021.**

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About this Guide

We hope this guide provides valuable information to help you make wise decisions and to tailor your benefit plans to your specific needs. It's intent is to answer most questions. However, if additional information is needed, please contact the Flyers Energy Human Resources department at (530) 885-0401.

This booklet provides a summary of plan highlights. Please consult the carrier's contract for complete information on covered charges, limitations, and exclusions. This is not a binding contract. The carrier's contract will prevail. If you have further questions, please contact the carrier or McGriff Insurance Services.

Welcome to Open Enrollment

At Flyers Energy, LLC, we're proud of our accomplishments and recognize the importance of delivering a comprehensive benefits program that is valuable to everyone. Our benefits program was developed in order to provide multiple benefit choices to support the needs of you and your dependents.

Some of our objectives in developing the benefits program include:

- Providing programs that promote a culture of wellness, with easy access to a variety of health resources
- Establishing a partnership with Team Members to control costs yet maximize benefits through wise consumerism
- Meeting the diverse needs of our Team Members by offering flexible benefit choices
- Providing financial protection for Team Members against illness, injury, death and disability
- Positioning our benefits program as a competitive tool to attract and retain a quality workforce
- Promoting and enhancing Team Members' understanding of all benefits offered and costs associated with the plan

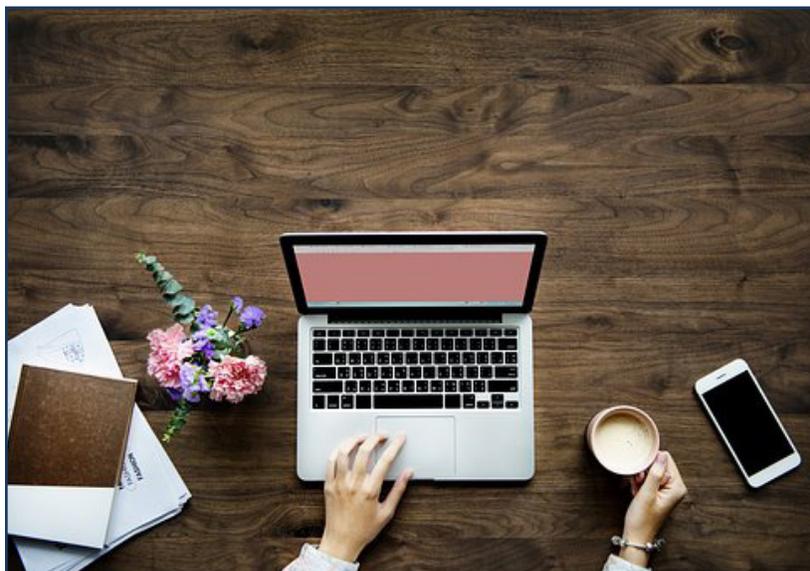
Considerations When Making Your Benefit Decisions

- Understand the benefit offerings provided in the plans
- Review the benefit costs associated with each benefit
- Think through your personal benefits needs

You may also want to:

- Determine if alternative coverage is available. Flyers Energy, LLC offers three Anthem Blue Cross medical plans to choose from. The Anthem Blue Cross PPO HSA plan is our "core" plan. However if you would like to elect one of the alternative plans, you may choose to do so. Please refer to our Medical Plan section for more details about these plans or access the Summary Plan Descriptions. If you would like to access the plan documents, please contact the Flyers Energy Human Resources department at (530) 885-0401.
- Evaluate your access to key medical and dental providers

This guide does not include all the plan details, but provides a summary of the information and issues you need to consider when making your choices.



Eligibility and Enrollment

Eligible Team Members

You may enroll in the Flyers Energy, LLC benefits program if you are an active, regular full-time Team Member working an average of at least 30 hours per week. Your benefit eligibility begins on the first day of the month following 30 days from your date of hire.

Eligible Dependents

As you become eligible for these benefits, so do your eligible dependents. In general, eligible dependents include your spouse or domestic partner, and children up to the age of 26. If your child is mentally or physically disabled, coverage may continue beyond the age of 26 once proof of the ongoing disability is provided. Children may include natural, adopted, foster, stepchildren, or domestic partner's children.

When Coverage Begins

New hires are eligible to enroll in the Flyers Energy, LLC benefits program the first of the month following 30 consecutive days of continuous service and when regularly scheduled to work an average of 30 hours per week.

For Team Members changing from working 29 hours or less to full-time regular status, working an average of at least 30 hours per week, coverage is effective on the first of the month following 30 days from status change date. (The Team Member must have completed 30 days of continuous employment.)

NOTE: If you do not make health benefit elections within 30 days of your eligibility date, you will be deemed to have waived coverage until the next open enrollment period.

Open Enrollment

Our plan year runs from January 1 through December 31. Elections you make during this open enrollment period will remain in effect from January 1 through December 31, 2021.

Changes In Benefit Elections

Each year, during Open Enrollment, you will have the opportunity to change your elections for the following plan year. Only during Open Enrollment will you have the opportunity to:

- Add or delete lines of coverage

- Add or delete dependents from coverage

Enroll or increase Voluntary Life Insurance amounts for yourself or your dependents

You can make some limited changes during the year due to a Qualified Status Change. You must notify the Flyers Energy Human Resources Department within 31 days of a Qualified Status Change.

Qualified Status Changes Include:

- Change of domestic partnership status, participant's legal marital status, including marriage, death of spouse, divorce, legal separation, or annulment
- Termination or commencement of employment by the participant, spouse/domestic partner, or dependent
- A reduction or increase in hours of employment by the participant, spouse/domestic partner, or dependent, including a switch between part-time and full-time status, strike or lockout, or commencement of or return from an unpaid leave of absence
- An event that causes the participant's dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age or any similar circumstance as provided in the health plan in which the participant participates
- A change in the place of residence or work of the participant, spouse/domestic partner, or dependent

When Coverage Ends

Coverage in Flyers Energy, LLC's medical, dental and vision plans for you and your eligible dependents ends on the last day of the month in which you leave employment. Life and disability coverage ends on your last day of employment.

Dependent children are covered until the end of the month in which they reach their maximum age of 26 (or age 25 for voluntary life and voluntary accident insurance).

Covered Team Members and qualified dependents are permitted to continue coverage at their own expense after leaving the company as provided by federal law (COBRA). Refer to [page 14](#) for additional details.

Prescription Drug Benefits

Anthem Blue Cross Prescription Drug Benefit Program

The Anthem Drug List/Formulary is a list of FDA-approved brand-name and generic medications that have been reviewed and recommended for their quality and effectiveness by the National Pharmacy and Therapeutics (P&T) Committee. The P&T Committee is an independent group of practicing doctors and pharmacists responsible for the research and decisions surrounding Anthem's drug list. This group meets regularly to review new and existing drugs and choose the top medications for our drug list—based on their safety, effectiveness and value.

Drugs on the Anthem drug list/formulary are grouped by “tiers”. A number of factors are considered when classifying drugs into tiers, including, but not limited to the absolute cost of the drug, the cost of the drug relative to other drugs in the same therapeutic class, the availability of over-the-counter alternatives, and other clinical and cost-effectiveness factors.

- **Tier 1** Lowest copayment – Drugs offering the greatest value within a therapeutic class. Some of these are generic equivalents of brand name drugs.
- **Tier 2** Medium copayment – Drugs on this tier are generally the more affordable brand-name drugs. Other drugs are on this tier because they are “preferred” within their therapeutic classes, based on clinical effectiveness and value.
- **Tier 3** Highest copayment – These are higher cost brand-name drugs. Some Tier 3 drugs may have generics or equivalents in Tier 1. In addition, some drugs on this tier may have been evaluated to be less cost-effective than equivalent drugs on lower tiers.
- **Tier 4** Many drugs on this tier are “specialty” drugs used to treat complex, chronic conditions and may require special handling and/or management.

You can visit www.anthem.com/ca, or call Anthem Blue Cross' Pharmacy Customer Service at the number listed to obtain a copy of Anthem's drug list/formulary.

Pharmacies

Anthem Blue Cross' pharmacy network includes major drugstore chains plus a wide variety of independent pharmacies, making it easy for you to

find a participating pharmacy. You can also find a participating pharmacy by going to Anthem Blue Cross' website at www.anthem.com/ca.



Specialty Pharmacies

Specialty medications (except insulin) such as self-injectables, infused or inhaled medicines which typically require special administration, monitoring, storage or handling, must be filled through a specialty pharmacy. The specialty pharmacy will send your medication to your home or doctor's office. You may have to pay the full cost of the medication if they are not obtained through the specialty pharmacy. Specialty drugs are limited to a 30-day supply for each fill.

Prescription Drug Tips:

- **Save money with generic drugs**

Generic prescription drugs cost 30–80% less than brand-name drugs. To review generic alternatives, visit www.anthem.com/ca and click on the pharmacy link.

- **Mail order prescriptions**

Consider filling your maintenance medication prescriptions through the mail order benefit to save time and money. Please contact Human Resources to obtain a mail order form, or contact Anthem Blue Cross Member Services at the number on the back of your member ID card.

Prescription Drug Benefits – Continued

Anthem Blue Cross Home Delivery Program

Anthem Blue Cross' Home Delivery Program allows you to purchase medications you use on a regular basis through the mail. If you regularly take a prescription drug for a permanent condition or will need drug treatment for a long-term illness, you may wish to take advantage of this program. By utilizing the Home Delivery Program, you can purchase a 90-day supply of medication:

- **Tier 1** medications are 1 times the applicable copay.
- **Tier 2** medications are 2 times the applicable copay.
- **Tier 3** medications are 2 times the applicable copay.

For more information regarding the Home Delivery Program or to request a Home Delivery Form, go online to: www.anthem.com/ca.

Prior Authorization

Prior authorization applies to a select pool of medications that are often a second line of therapy. To require prior authorization, a drug must meet specific criteria. This criteria is based on FDA-approved drug indications, targeted populations and the current availability of effective drug therapies. Prior authorization drugs are not covered unless you receive an approval from Anthem Blue Cross.

Anthem Blue Cross distributes instructions on how to obtain prior authorization to physicians and pharmacies so that you may obtain prior authorization for required medications. You may call Pharmacy Customer Service (at the toll-free number printed on your member ID card) or visit www.anthem.com/ca for information regarding the Specialty Pharmacy Program, as well as lists of medications requiring pre-authorization and their prior authorization of benefits form.

Helpful Terms to Understand

Health care and benefits “lingo” can be confusing. Being familiar with the meaning of the following terms may be helpful to you in understanding the benefits in this guide.

1) Explanation of Benefits (EOB): For PPO plans, an EOB is your record of the types of services you received, the total charges and the amount the administrator paid. Every time the plan administrator processes a claim, an EOB is sent to you and is also available online:

- For Anthem's medical EOB's, register at www.anthem.com/ca
- For Principal's dental EOB's and information on your Maximum Accumulation benefits, if any, register at www.principal.com

2) Out-of-Pocket Maximum: This is the maximum amount of covered expenses you'll pay in a plan year (HSA plans include the deductible). After you have reached the annual out-of-pocket maximum, the plan usually pays the full cost of covered expenses – up to the usual, customary and reasonable rates – for the rest of the plan year. Often there are expenses that are not counted toward the out-of-pocket maximum. See your Summary Plan Description for a list of these expenses.

3) Negotiated Fee: This is the amount allowable for a specific service. The insurance company determines eligible expenses for all services offered and does not pay benefits for charges that exceed the eligible expense level.

4) Domestic Partner: A domestic partner is a legal relationship between two same- or opposite-gender individuals legally registered with a government agency authorized to perform such registrations.

Anthem PPO HSA Medical Plan

The “core” Anthem PPO shown here is a high deductible plan with a pre-tax employee-funded spending account (Health Savings Account, or “HSA”) available to help you meet the deductible and any other out-of-pocket health care expenses. After meeting the deductible, most benefits are paid on a percentage basis rather than flat dollar copays. The HSA PPO offers freedom of choice in providers, but your costs will be much higher when seeing out-of-network providers, so be sure to see in-network providers whenever possible.

The Health Savings Account allows you to deposit up to \$3,600/year for singles, and \$7,200 for families. The money is deposited into the account pre-tax and provides tax savings in three ways:

- Tax-free contributions when you contribute to the account
- Tax-free interest on your HSA balance and investment gains
- Tax-free withdrawals for qualified medical expenses

High-level plan summary and your associated costs

Anthem PPO HSA Plan (Core Plan)		
Feature or Service	In-Network	Non-Network
Provider Network	CA: Anthem PPO (Prudent Buyer) Outside of CA: Blue Card PPO Providers	
Annual Deductible Full deductible must be met before copays apply	\$1,500 individual \$2,800 per member / \$3,000 per family	\$4,200 individual \$4,200 per member / \$9,000 per family
Lifetime Maximum Benefit	Unlimited	
Out of Pocket Maximum	\$3,000/member \$6,000/family	\$9,000/member \$18,000/family
Office Visit	10% of charges	30% of charges
Preventive	No copay (deductible waived)	30% of charges
Diagnostic X-Ray & Labs	10% of charges	30% of charges
Emergency Room Copay	10% of charges	10% of charges
Hospital Coverage		
Inpatient	10% of charges	30% of charges
Outpatient	10% of charges	30% of charges**
Pregnancy & Maternity		
Prenatal Office Visits	10% of charges	30% of charges
Delivery	10% of charges	30% of charges
Inpatient Hospital & Physician Services	10% of charges	30% of charges
Mental Health & Substance Abuse		
Inpatient	10% of charges	30% of charges
Outpatient	10% of charges	30% of charges
Prescription Drug Copay: Retail (30 day supply) *max \$250 copay per fill	After deductible: – Tier 1: \$15 – Tier 2: \$40 – Tier 3: \$60	30% of charges (retail only)
Prescription Drug Copay: Mail Order (90 day supply) *max \$250 copay per fill	After deductible: – Tier 1: \$37.50 – Tier 2: \$120 – Tier 3: \$180	30% of charges (retail only)

** Outpatient benefits are limited to \$350 per service for Non-network providers.

Anthem Blue Cross HMO Medical Plan

The Anthem Blue Cross Health Maintenance Organization (HMO) is designed to have you pay a copay for most services you receive. After that, most services are covered at 100%. There are no deductibles or coinsurances, but you must receive care from your Primary Care Physician (PCP) who coordinates your care and any specialist referrals. Under the HMO you and your family members must select a PCP by contacting Anthem member services.

Anthem Blue Cross PPO Medical Plan

The Anthem Blue Cross PPO offers freedom of choice in accessing care to all team members both in and outside of California. Under this plan, you are not required to select a PCP and you can access different physicians and specialists at your own discretion. Your out-of-pocket costs vary based on whether you seek care from network or non-network providers, and you will always save money by seeing in-network, Blue Cross PPO providers.

High-level plan summary and your associated costs

Feature or Service	Medical Plan Options		
	Anthem Value HMO	Anthem Classic PPO Plan	
	In-Network Only	In-Network	Non-Network
Provider Network	Anthem HMO (California Care)	CA: Anthem PPO (Prudent Buyer) Outside of CA: Blue Card PPO Providers	
Annual Deductible	None	\$750 member / \$2,250 family	\$2,250 member / \$6,750 family
Lifetime Maximum Benefit	Unlimited	Unlimited	
Out of Pocket Maximum	\$2,500/member \$5,000/family	\$5,000/member \$10,000/family	\$15,000/member \$30,000/family
Office Visit	\$30 copay primary	\$30 copay primary	40% of charges
Preventive	No copay	No copay (deductible waived)	40% of charges
Diagnostic X-Ray & Labs	No copay	20% of charges	40% of charges
Emergency Room Copay	\$150 per visit (copay waived if admitted)	\$150 + 20% of charges (copay waived if admitted)	\$150 + 20% of charges
Hospital Coverage			
Inpatient	\$500 per day (3 day max)	20% of charges	40% of charges
Outpatient	\$250 per admit	20% of charges	40% of charges**
Pregnancy & Maternity			
Prenatal Office Visits	\$30 copay	\$30 copay (ded. waived)	40% of charges
Delivery	\$500 copay per day (3 day max)	20% of charges	40% of charges
Inpatient Hospital & Physician Services	\$500 copay per day (3 day max) No copay for physician	20% of charges 20% of charges	40% of charges 40% of charges***
Mental Health & Substance Abuse			
Inpatient	\$500 copay per day (3 day max)	20% of charges	40% of charges***
Outpatient	\$30 copay	\$30 copay	40% of charges
Prescription Drug Copay: Retail (30 day supply) *max \$250 copay per fill	- Tier 1: \$20 - Tier 2: \$30 - Tier 3: \$50	- Tier 1: \$20 - Tier 2: \$30 - Tier 3: \$50	In-network copay + 40% in excess of max allowed amount
Prescription Drug Copay: Mail Order (90 day supply) *max \$250 copay per fill	- Tier 1: \$50 - Tier 2: \$90 - Tier 3: \$150	- Tier 1: \$50 - Tier 2: \$90 - Tier 3: \$150	Not covered

** Outpatient benefits are limited to \$350 per service for Non-network providers.

*** Anthem's maximum payment is up to \$1,000 per day for non-emergency admissions to Non-network providers.

Dental – Principal

Your Principal dental insurance includes a point of service design. A point of service design incorporates three benefit levels—Exclusive Provider Organization (EPO), Preferred Provider organization (PPO) and Non-Network. Your level of coverage varies by the provider you see for services. You may see any dentist, however, if you elect to use a dentist in the EPO network, you may save as much as 50%. The Principal PPO network discounts up to 30%. You will reduce your out-of-pocket costs because the plan normally pays a higher level of benefit when using network providers. If you use a non-network dentist, you may have to file your own claim and the dentist may bill you for his or her full fee. This means you pay the difference between Principal’s “allowable amount” and the dentist’s charge.

Principal offers a “Maximum Accumulation” benefit to all participants. If your dental claims in a plan year are less than 50% of your annual maximum of \$1,000, you can roll over 25% of the maximum (\$250) and accumulate up to 1x your annual maximum for use in the next year. However, if you do not see a provider in any given year for dental services, any accumulated roll over dollars are forfeited. You can login to www.principal.com to view your roll over funds balance.

	Principal Dental		
Network Usage	EPO	PPO	Non-Network
Deductible	\$0 per member \$0 per family	\$0 per member \$0 per family	\$50 per member \$150 per family
Deductible waived for Preventive care	Yes	Yes	No
Benefits			
Preventive / Diagnostic	100%	100%	70% of UCR*
Basic	90%	80%	70% of UCR*
Major	60%	50%	50% of UCR*
Orthodontia	Not Covered		
Calendar Year Max	\$1,000		
OON Reimbursement	80th UCR		

* “UCR” stands for “Usual, Customary and Reasonable” and will apply for coverage on out-of-network services. This is the rate Principal has deemed payable for a specific service and the plan does not pay benefits for charges that exceed this level.

Review the Principal Benefit Summary for full details about your dental benefit or call Principal at (800) 247-4695 to find out more information. You can look up Principal Dental providers online at www.principal.com.

Vision – Ameritas Vision

Flyers Energy, LLC provides vision benefits through Ameritas using the VSP Choice network. With Ameritas, you have the freedom to choose any VSP Choice provider. You can see either a VSP Choice network provider or use a non-network provider. However, if you use a non-network provider your benefits will be reduced. The vision plan also includes the VSP Affiliates Program. This allows you to receive in-network benefits through several popular retail chains, such as Costco Optical, Walmart, and Sam's Club.

All you have to do is locate a VSP Choice provider and call for an appointment. Ameritas will take care of the rest. The provider will contact Ameritas to verify your eligibility and benefit level. When you go in for your appointment, the provider will be able to tell you exactly what your out-of-pocket expenses will be. It's that simple!



Benefit Highlights	Ameritas VSP Choice Network	
	In-Network	Non-Network
Copays		
Exams		\$10 copay
Materials		\$25 copay
Allowance for Services		
Exams		Every 12 Months
Lenses or Contact Lenses		Every 12 Months
Frames		Every 24 Months
Benefit Level		
Eye Exam	100% Covered	Up to \$45
Frames	Up to \$130	Up to \$70
Lenses	100% Covered	Prices Vary
Contact Lenses (Elective)	\$130 Allowance	Up to \$105

Review the Ameritas Vision Benefit Summary for full details about your vision benefit or call VSP at (800) 877-7195 to find out more information. You can look up VSP providers online at www.vsp.com.

Life Insurance

Basic life insurance is provided through Anthem Blue Cross. Flyers Energy, LLC makes available on a voluntary basis a \$25,000 Life and Accidental Death & Dismemberment benefit to all full-time team members for only \$1.29 per pay check.

In addition, you have the option of purchasing additional supplemental life coverage for yourself, spouse/ domestic partner and children, at affordable prices. Rates are based on the team member's age.

If you're currently enrolled in the supplemental life plan, you do not need to complete a new form unless you'd like to increase your benefit amount.

For information or if you're interested in Supplemental Life Insurance, see the benefit summary and rates in the benefits portal.

For additional information, please refer to The Hartford benefit summary in the benefits portal.

Life Events Happen!

Make sure your life insurance beneficiary information is up to date

Voluntary Disability Insurance

Disability Insurance provides you with partial income replacement when you are unable to work due to a non-occupational illness or injury.

You are eligible to apply for the Voluntary Long Term Disability (LTD) benefit provided by The Hartford. The benefit pays you 60% of your pre-disability earnings, up to a maximum benefit of \$5,000 per month after you are disabled for 90 days.

Please be advised, you will be required to complete an Evidence of Insurability (EOI) at the time of enrollment.

For additional information, please refer to The Hartford benefit summary in the benefits portal.



Voluntary Worksite Benefits

Accident Insurance

Voluntary Accident Insurance provides lump-sum cash benefits for accidents that occur off-the-job. You can use your cash benefit to cover expenses arising from an unexpected injury, like deductibles, time lost from work/school, transportation expenses and copayments. Examples of covered injuries include:

- Burns
- Cuts repaired by stitches
- Concussions
- Fractures
- Torn ligaments
- Eye injuries

Group Critical Illness Insurance

Voluntary Critical Illness Insurance will pay a lump-sum cash benefit if you are diagnosed with a covered critical illness. This policy is designed to help you offset expenses associated with a critical illness such as deductibles, copayments, and transportation costs.

Covered illnesses include:

- Stroke
- Permanent paralysis
- Coma
- Heart Attack
- Cancer
- Major organ failure

For additional information, please contact the Flyers Energy Human Resources department at (530) 885-0401.

Resource Advisor Employee Assistance Program (EAP)

We understand that some of us face challenges that may be difficult to overcome so we provide all Team Members and the members of your household access to an Employee Assistance Program (EAP). The EAP is provided through Anthem's Resource Advisor support program. It gives you that little bit of help you may need, when you need support and don't know where to turn. This benefit is available 24 hours a day, seven days a week by phone or online. The program provides assistance on many family and work-related issues, such as parenting, financial counseling, alcohol and drug-related issues, and loss and death. You can also be referred for up to 3 face-to-face visits with a counselor if needed, at no cost to you.



Premiums

Benefit Highlights	Benefit Premiums Effective January 1, 2021	
	Total Monthly Plan Premium	Team Member Contributions Per Pay Period (bi-weekly)
Anthem Blue Cross HSA (Core Plan)		
Team Member only	\$657.73	\$48.00
Team Member + one	\$1,512.88	\$160.00
Team Member + two or more	\$2,039.16	\$230.00
Anthem Blue Cross PPO		
Team Member only	\$563.67	\$95.24
Team Member + one	\$1,296.49	\$281.95
Team Member + two or more	\$1,747.44	\$392.53
Anthem Blue Cross HMO (California Only)		
Team Member only	\$1,176.31	\$241.82
Team Member + one	\$2,705.47	\$619.07
Team Member + two or more	\$3,646.54	\$846.92
Dental – Principal PPO		
Team Member only	\$31.50	\$7.46
Team Member + one	\$62.76	\$21.47
Team Member + two or more	\$110.69	\$42.24
Vision – Ameritas		
Team Member only	\$7.04	\$3.25
Team Member + one	\$14.08	\$6.50
Team Member + two or more	\$19.81	\$9.14
Anthem Blue Cross– Life/AD&D		
Team Member only	\$4.85	\$1.29

**Taxation For A Domestic Partnership—Domestic partners are not currently recognized as IRS dependents. Therefore, the portion of premiums Flyers Energy, LLC pays on behalf of your domestic partner must be taxed. This process is called “imputed income”. Also, any premiums you pay which are attributable toward the domestic partner must be taxed. Therefore, these premiums are deducted on an after-tax basis versus pre-tax. (Assembly Bill 25, ‘AB25’ and other similar legislation, may have an impact on imputed income. Additionally, filing an Affidavit of Domestic Partnership through the “State of California” may have a tax-favored impact. It is the employee’s responsibility to communicate “State” filing to Human Resources. Any impact to your payroll check will occur the first pay period following the date State filing has been communicated. Please contact Human Resources for details.)*

COBRA (When Benefits End)

COBRA Coverage

In compliance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), Flyers Energy, LLC offers extended coverage for your medical, dental and vision plans. Extended coverage is offered when coverage under these plans would otherwise end.

You and your eligible dependents may extend coverage in these plans for 18 months if you lose coverage due to one of the following qualifying events:

- Voluntary termination
- Involuntary termination (except for Gross Misconduct)
- Reduction of hours (for example: strike, layoff, leave of absence (not FMLA))

COBRA may be extended from 18 to 29 months for qualified beneficiaries who are deemed by the Social Security Administration to have been disabled before the end of the first 60 days of COBRA continuation coverage.

Your eligible dependents may extend coverage for 36 months if any of the following qualifying events occur:

- Death of the employee
- Employee's Medicare entitlement
- Divorce or legal separation
- Dependent child ceasing to be a dependent

Even though more than one qualifying event may occur, 36 months of extended coverage is the maximum extension available.

You (or your dependent (s)) pay the full cost of the extended coverages you choose plus an administrative fee.

Receiving Extended Coverage

If an event takes place that qualifies you or your dependents for extended coverage, Human Resources or the carrier will contact you within 14 days after receiving notification of the qualifying event from you and/or your employer. Eligibility for extended coverage begins the day after the qualifying event occurs.

When COBRA Coverage Terminates

COBRA coverage will terminate due to any one of the following events:

- You reach the end of your initial coverage period (18, 29 or 36 months)
- Failure to pay COBRA premiums in a timely manner (specified timelines would apply)
- You become covered under another health plan without pre-existing condition limitations or exclusions applying to your or your beneficiaries' health plan
- You become entitled to Medicare
- Flyers Energy LLC's cancellation of all group plans

Once extended coverage ends for any reason, it will not be reinstated.

For additional details about COBRA continuation coverage, please refer to the Summary Plan Description (SPD) and the COBRA General Notice provided to you by McGriff Insurance Services.

Benefit Carrier Contact Information

Carrier / Plan Name	Group Number	Phone	Website
Flyers Energy Human Resources Department	N/A	530.885.0401	N/A
Anthem Blue Cross PPO HSA Plan (CA/Non-CA)	CA, EE Only: 279874-M025 CA, EE + Family: 279874M028 OOS, EE Only: 279874-M031 OOS, EE + Family: 279874M034	866.207.9878	www.anthem.com/ca
Anthem Blue Cross Classic PPO Plan (CA/Non-CA)	CA: 279874-M001 OOS: 279874-M007	800.888.8288	www.anthem.com/ca
Anthem Blue Cross Value HMO Plan (CA Team Members Only)	279874-H001	800.888.8288	www.anthem.com/ca
Benefit Wallet Health Savings Bank Account	N/A	866.686.4798	www.mybenefitwallet.com
Principal Dental EPO/PPO Plan	1031076	800.247.4695	www.principal.com
Ameritas Vision Plan	10-36736	800.877.7195	www.ameritas.com
Anthem Blue Cross Basic Employee Life/ AD&D	Life: 279874C001 AD&D: 279874B001	800.552.2137	www.anthem.com/employer/life-and-disability/
Anthem Blue Cross Optional Employee, Spouse & Child Life	EE: 279874S001 Dep: 279874SF01	800.552.2137	www.anthem.com/employer/life-and-disability/
Resource Advisor Employee Assistance Program (EAP)	N/A	888.209.7840	www.resourceadvisorca.anthem.com
The Hartford Voluntary Long Term Disability Insurance	882254	866.945.7801	www.hartfordlife.com
UNUM Voluntary Worksite Benefits Critical Illness and Accident Insurance	N/A	866.679.3054 or 800.635.5597	www.unum.com

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Human Resources Dept.

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