LIGON

2022 Benefits Guide

Thompson Fabricating LLC
An Industry Leader
A Ligon Industries Company

GREAT BEND INDUSTRIES

HDM HYDRAULICS, LLC

Fisher Hydraulics

Seabee

Welcome to Ligon's Enrollment for your 2022 benefits. When enrolling in your benefits, please pay close attention to both the benefits provided by each plan, as well as the payroll deduction for each plan as your personal situations may have changed since you last enrolled.

Medical **Alabama Blue Cross Blue Shield**

Ligon offers a choice between the two medical plan options: the Enhanced (with FSA) plan and the Core (with HSA) plan. Ligon will also continue our health savings account (HSA) contribution matching program for those who enroll in the Core plan.

Please remember you have access to the Teladoc telemedicine program. This program will allow you to have convenient phone, video or mobile app visits for certain minor conditions. More information will be available in the online enrollment system.

Dental and Vision **Guardian Dental & VSP**

We are pleased to announce there are no changes in the Dental benefits plans or rates for 2022.

Term Life and Accidental Death and Dismemberment (AD&D) **New York Life**

There are no changes to the amount of coverage or rates.

Short Term and Long Term Disability **New York Life**

There will be no change in the disability benefits or coverage.

Accident and Critical Illness **Cigna**

Ligon will continue to offer Accident and Critical Illness coverage through Cigna. This offering is designed to complement the other benefits offered to you.

Online Enrollment Processing **Explain My Benefits**

Ligon has again partnered with Explain My Benefits (EMB) to conduct your 2022 enrollment. Employees are now able to log on at any time and from any location or wireless device during the enrollment period to make benefit elections. Of course, your HR manager will be available to help answer any questions.

We believe that continuing to offer competitive and affordable benefit options is a great investment in our employees. Thank you for your service to Ligon.

WHAT'S IN THE GUIDE?

401(k) Retirement Plan

Ligon Industries offers eligible employees the opportunity to participate in a 401(k) Retirement Plan. The plan is administered by Principal Financial Group with NBC Securities serving as the plan's financial advisor. For more information, contact Kimberly Moore at NBC Securities with any questions. Her email address is kmoore@nbcsecurities.com.

Important News

Ligon Industries, LLC

Understanding the value of your benefits and how they work is very important to you and your family.

WAITING PERIOD: First of the month following 60 days

ELIGIBILITY AND ENROLLMENT

You are eligible to participate in the benefits described in this guide if you are a full-time employee working 30 or more hours per week and have satisfied the waiting period.

You may enroll your eligible dependents (your spouse and your children) for coverage under the medical, dental, vision, life, accident and critical illness plans.

WHEN YOU MAY ENROLL

New hire initial enrollment and open enrollment provide the opportunity to enroll or change your coverage without a qualifying event.

Important! **Your medical, dental and vision payroll deductions are taken out of your paycheck on a pre-tax basis.**

QUALIFYING EVENT

Employees are encouraged to enroll in benefits when they are first eligible as a new employee. The only other time an employee can change benefit coverage during the plan year is within thirty (30) calendar days of a change in status, otherwise known as a qualifying event. Make sure to contact your HR Administrator within (30) calendar days of your qualifying event.

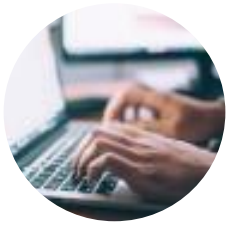
LIST OF QUALIFYING EVENTS

- Employee's marriage or divorce or death of employee's spouse
- Birth, adoption, legal guardianship, or death of a dependent child
- Change in employee's, spouse's, or dependent child's employment status that affects benefit eligibility
- Child becoming ineligible for coverage due to reaching age twenty-six (26)
- Employee's receipt of a qualified medical child support order or letter from the Attorney General ordering the employee to provide (or allowing the employee to drop) medical coverage for a child
- The employee, spouse, or dependent child becoming eligible or ineligible for Medicare or Medicaid
- Significant employer or carrier-initiated changes in or cancellation of the employee's, spouse's, or dependent child's coverage

Enrollment Process

Benefits Open Enrollment
November 1 - November 12

Options to Enroll



Self-Service Enrollment – Complete your enrollment online using any computer or smartphone with internet access.

- www.embbenefits.com/ligon
- Login instructions are on page 6
- Enrollment Available: **November 1 - November 12**

Call Center - Have questions regarding the enrollment system, benefits covered or need assistance enrolling? Contact the EMB Enrollment Call Center!

- Call Center Available - **November 1 - November 12**
- 888-892-6058
- November 1 - November 5 (9am - 7pm EST)
- November 8 - November 12 (9am - 8pm EST)

Reminders

- Be sure to review the Benefit Guide and plan summaries **prior** to going through any enrollment process.
- Be prepared by gathering dependent and beneficiary information (i.e. SSNs and Dates of Birth).

For more information about enrollment, videos and other important information, please visit:

www.embbenefits.com/ligon

Login Instructions

CREATE NEW ACCOUNT

A **Hover** over the question mark next to each field for specific instructions

B **Enter** the required Employee ID and PIN as instructed

C Click ***"Create New Account"***

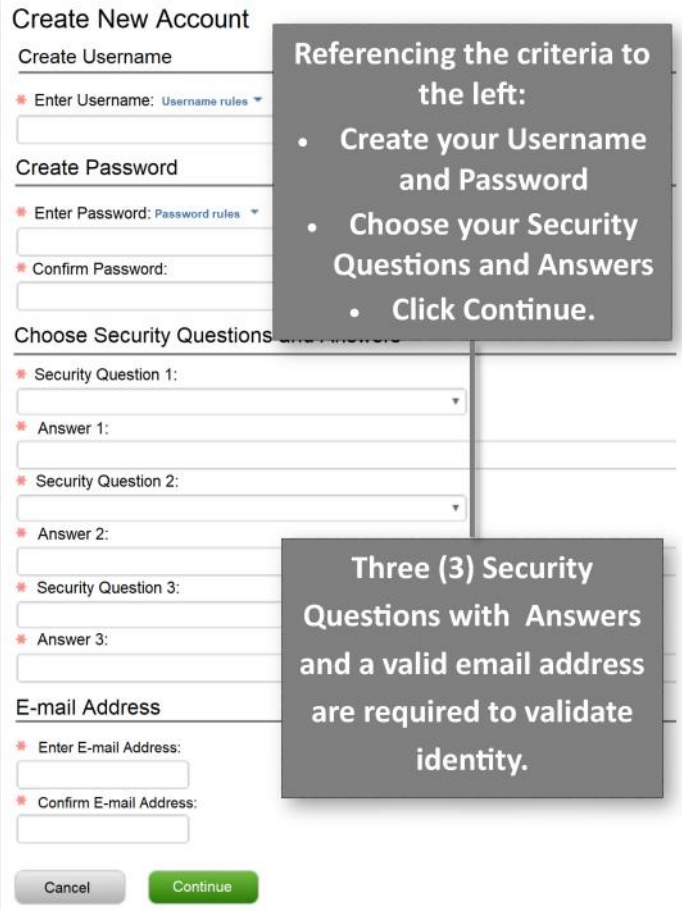
USERNAME AND PASSWORD CRITERIA

Username:

- At least one (1) letter and one (1) number
- Between 8 - 32 characters
- Not the same as your password
- No more than three sequential characters *(abc, cba, 123, 321)*
- No more than three repeating characters *(aaa, 111)*
- Permitted special characters: @ . - _ *
- Your username must be unique

Password:

- At least one (1) uppercase letter and one (1) lowercase letter
- At least one (1) number
- Between 8 - 20 characters
- Not the same as your username
- No more than three sequential characters *(abc, cba, 123, 321)*
- No more than three repeating characters *(aaa, 111)*
- Permitted special characters: @ . - _ *
- Password cannot be the same as your previous 10 passwords on this system



Explain My Benefits — www.ExplainMyBenefits.com

Overview

Medical and Pharmacy Plans

This year Ligon will continue to offer the Core Health Savings Account compatible High Deductible Health Plan (HDHP) as well as the Enhanced Plan. Both plans will now have a $3,000 calendar year deductible and $6,000 annual out-of-pocket maximum. There are also changes to coinsurance, copays and other plan details. Please compare plan details and rates carefully based on your individual healthcare needs.

ValueOne Network

The link below will take you to the BCBSAL provider search engine.
https://www.bcbsal.org/web/provider-finder#/deeplink/Pharmacy//
Within this search engine, you will input the appropriate zip code and enter "Pharmacy" in the search term box. You will be prompted to enter the first three letters of your policy number from your ID card.
Initially, you will be shown the pharmacies in all networks, which is what you have now. In the column at the left of the page, you can select the ValueOne Network to compare.

The Formulary Drug Lists have also changed for these plans. Core will use the Source 2.0 Formulary Drug List and the Enhanced Plan will use the Source 1.0 Formulary Drug List. Please go to the Benefit Resource Website at www.explainmybenefits.com/ligon to review these new Formulary Drug Lists.

Consumerism

The lower premium costs associated with the HDHP plan can help some employees plan and budget for medical expenses. Employees with known medical expenses may choose to select the Enhanced Plan to help them budget those expenses. Employees that are healthy or have no known medical conditions may choose to elect the Core Plan and take advantage of the Ligon Matching funds to help save for a medical "rainy day".

You have a choice where to access care. Good choices can significantly stretch your healthcare dollars.

- Choose in-network providers
- Shop around before choosing your provider
- Doctors Office vs. ER vs. Convenient Care
- Cost of advanced imaging (MRI, CAT, PET scans) varies significantly, even among network providers
- Discuss generic drug options with your physician

Teladoc

For those who elect the Enhanced Plan, the telemedicine encounter will be covered at the same copayment as a primary care physician visit. For those who elect the Core Plan, the telemedicine encounter is covered at a cost of $55. You will receive detailed information on this program by mail directly from Teladoc after open enrollment.

Wellness Program

Ligon will continue to offer employees the opportunity to participate in the Health Quotient program through Blue Cross and Blue Shield of Alabama. Let Blue Cross and Blue Shield of Alabama help you make some positive changes.

AlabamaBlue.com/myBlueWellness is a one-stop shop for improving your health. It is a comprehensive website powered by WebMD that provides Blue Cross members with up-to-date information about prevention strategies, illnesses and conditions, and the latest health news. Members get access to health trackers, assessments, self-help courses, care reminders, calculators, recipes, apps, videos and more on the website. You can even sync your health tracking devices or apps to make your site more personal!

Sign in today at www.AlabamaBlue.com/myBlueWellness.

Smoking Cessation

Employees who use tobacco or other nicotine products will be required to pay an additional surcharge of $25 per month. All employees will be asked to provide a tobacco and nicotine use attestation.

Spousal Surcharge

If an employee's spouse has credible coverage through their own employer, but chooses to enroll in the Ligon medical plan, a monthly surcharge of $127 will be charged. If an employee's spouse does not have coverage available through their employer, the employee must sign an affidavit to avoid the monthly spousal surcharge.

Employee Assistance Program

New York Life is providing their Life Assistance Program to all Ligon employees. The program provides Telephonic clinical and work/life support, up to 3 face to face counseling visits, referrals for community resources, free 30 minute financial and legal consultations, educational resources and webinars. If you are interested, you may access the program 24/7 at 800-538-3543.

Medical - Core Plan (HSA)

For a listing of in-network Blue Cross of Alabama providers visit: www.bcbsal.com and search for a physician.

Summary of Benefits		
Calendar Year Deductible	**Your In-Network Cost**	**Your Out-of-Network Cost**
♦ Individual ♦ Family*	$3,000 $6,000	$6,000 $12,000
Out-of-Pocket Maximum	**Your In-Network Cost**	**Your Out-of-Network Cost**
♦ Individual ♦ Family*	$6,000 $12,000	N/A for OON
Preventive Health Services	**Your In-Network Cost**	**Your Out-of-Network Cost**
♦ Routine Immunizations, Routine Preventive Services	Plan pays 100%	NA for OON
Physician Office Services	**Your In-Network Cost**	**Your Out-of-Network Cost**
♦ Primary Care Office Visit, ♦ Telemedicine Encounter (per encounter)	Ded + 20% Coins $55 Copay	Ded + 50% Coins
♦ Diagnostic Lab, X-Ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Ded + 20% Coins	Ded + 50% Coins
♦ Second Surgical Opinions	Ded + 20% Coins	Ded + 50% Coins
♦ Maternity Care	Ded + 20% Coins	Ded + 50% Coins
Services Received at a Facility	**Your In-Network Cost**	**Your Out-of-Network Cost**
♦ Inpatient Services	Ded + 20% Coins	Ded + 50% Coins
♦ Outpatient Surgery	Ded + 20% Coins	Ded + 50% Coins
♦ Emergency Room (Medical Emergency)	Ded + 20% Coins	Ded + 50% Coins
♦ Other Outpatient Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Ded + 20% Coins	Ded + 50% Coins
Therapeutic Services	**Your In-Network Cost**	**Your Out-of-Network Cost**
♦ Physical, Occupational and Chiropractic	Ded + 20% Coins	Ded + 50% Coins
♦ Durable Medical Equipment	Ded + 20% Coins	Ded + 50% Coins
Prescription Drugs Copay	**Your In-Network Cost**	**Your Out-of-Network Cost**
Tier 1 Generic / Tier 2 Preferred / Tier 3 Non-Preferred / Tier 4 Specialty	Deductible then copay $15 / $50 / $75 / $395	Not Covered
Mail Order Pharmacy (up to 90 day supply)		

Weekly Payroll Deductions	**Employee Only**	**Employee & Spouse**	**Employee & Child(ren)**	**Family**
	$23.80	$54.79	$52.72	$61.61

How HSA Employee Monthly Contributions Work with Ligon Matching Contributions

	EE Only	**EE + Spouse**	**EE + Child(ren)**	**Family**
Employee	$40/monthly	$75/monthly	$75/monthly	$125/monthly
Employer Match Max	$40/monthly	$75/monthly	$75/monthly	$125/monthly
Total Monthly Contribution	**$80**	**$150**	**$150**	**$250**

For an individual with Family (anything other than Single) coverage, under the Core plan, you would need to meet the full **aggregate Family deductible of $6,000, and would pay 100% of the first $6,000 of approved in-network expenses. After you reach your self-only Calendar Year Out-of-Pocket Maximum (even if you are covered under family coverage), applicable expenses for you will be covered at 100% of the allowed amount for the remainder of the calendar year.*

Health Savings Account (HSA)

A High Deductible Health Plan (HDHP) is a health insurance plan with lower premiums and a higher deductible. An HDHP works in conjunction with an HSA. All expenses under an HDHP must apply to the annual deductible, except for preventative services. An HDHP covers in-network preventative services at 100%. The HSA is administered by **Benefit Wallet.**

The Core Plan is HSA compatible. **The HSA account is a savings account that allows you to make pre-tax contributions to be used** for future medical expenses. Any funds contributed to the HSA account remain available to you.

Ligon will match dollar for dollar any contributions you make into the HSA account, up to a limit based on your dependent tier, ($40 per month individual, $75 per month employee spouse or employee children, or $125 per month family).

An HSA offers you the following advantages:

Tax Savings. You contribute **pre-tax dollars** to the HSA. Interest accumulates tax-free, and funds are tax-free to withdraw for medical expenses.

Reduce your out-of-pocket costs. You can use the money in your HSA to pay for eligible medical expenses and prescriptions. The HSA funds you use can help you satisfy your plan's annual deductible.

Invest the funds and take them with you. Unused account dollars are yours to keep even if you retire or leave the company. Additionally, you can invest your HSA funds, so that your available health care dollars can grow over time.

The opportunity for long-term savings. Save unused HSA funds from year to year - money you can use to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

Maximum Annual HSA Contributions (total of Ligon and employee contributions):

Individual - $3,650 Family - $7,300

If you are 55 years or older, you may contribute an additional $1,000 annually

If you answer YES to any of the following questions, you are NOT eligible to open or fund a Health Savings Account:

1. In 2022, will you be covered by another non-qualified medical plan such as a PPO, Medicare or Tricare?
2. In 2022, will you or a spouse participate in a *General Purpose* Flexible Spending Account?
3. In 2022, will you be enrolled in either Medicare Part A, Part B, Part C or Part D?
4. In 2022, if you are under age 26, will you be claimed as a dependent on your parents tax return, or covered under your parents health insurance plan?

Medical - Enhanced Plan

For a listing of in-network Blue Cross of Alabama providers visit: www.bcbsal.com and search for a physician.

Summary of Benefits		
Calendar Year Deductible	**Your In-Network Cost**	**Your Out-of-Network Cost**
♦ Individual	$3,000	$6,000
♦ Family	$6,000	$12,000
Out-of-Pocket Maximum	**Your In-Network Cost**	**Your Out-of-Network Cost**
♦ Individual	$6,000	N/A for OON
♦ Family	$12,000	
Preventive Health Services	**Your In-Network Cost**	**Your Out-of-Network Cost**
♦ Routine Immunizations	Plan pays 100%	NA for OON
♦ Routine Preventive Services		
Physician Office Services	**Your In-Network Cost**	**Your Out-of-Network Cost**
♦ Primary Care Office Visit, Telemedicine Encounter / Specialist	$30 Copay / $30 Copay	Ded + 40% Coins
♦ Diagnostic Lab, X-Ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Ded + 20% Coins	Ded + 40% Coins
♦ Second Surgical Opinions	Ded + 20% Coins	Ded + 40% Coins
♦ Maternity Care	Ded + 20% Coins	Ded + 40% Coins
Services Received at a Facility	**Your In-Network Cost**	**Your Out-of-Network Cost**
♦ Inpatient Services	Ded + 20% Coins	Ded + 40% Coins
♦ Outpatient Surgery	Ded + 20% Coins	Ded + 40% Coins
♦ Emergency Room (Medical Emergency)	Ded + 20% Coins	Ded + 40% Coins
♦ Other Outpatient Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Ded + 20% Coins	Ded + 40% Coins
Therapeutic Services	**Your In-Network Cost**	**Your Out-of-Network Cost**
♦ Physical, Occupational and Chiropractic	Ded + 20% Coins	Ded + 40% Coins
♦ Durable Medical Equipment	Ded + 20% Coins	Ded + 40% Coins
Prescription Drugs Copay	**Your In-Network Cost**	**Your Out-of-Network Cost**
Tier 1 Generic / Tier 2 Preferred / Tier 3 Non-Preferred / Tier 4 Specialty	$15 / $50 / $70 / $395	Not Covered
Mail Order Pharmacy (up to 90 day supply)	$37.50 / $125 / $175 / N/A	Not Covered

Weekly Payroll Deductions	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
	$57.87	$119.05	$113.67	$165.22

**This document is intended only to highlight your benefits and should not be relied on to fully determine coverage. Please refer to your Benefit Certificate for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.*

Medical - TELADOC

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, **a Teladoc doctor is just a call or click away**.

MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 20 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more!

WHY TELADOC?

It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or in the middle of the night
- For short term prescription refills

Talk to a doctor now for $45 or less.

Imagine waking up with flu symptoms, but you can't get in to see your PCP. What should you do? No worries...With Teladoc, connecting with a doctor is **EASY AS 1 - 2 - 3...**

SET UP YOUR ACCOUNT
Set up your account by phone, web or mobile app.

Online:
Go to Teladoc.com/Alabama and click **"set up account"**.

Mobile App:
Download the app and click **"Activate account"**. Visit teladoc.com/mobile to download the app.

Call Teladoc:
Teladoc can help you register your account over the pone.

PROVIDE MEDICAL HISTORY
Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

REQUEST A CONSULT
Once your account is set up, request a consult anytime you need care. And talk to a doctor by pone, web or mobile app.

Talk to a doctor now
Teladoc.com/Alabama | 1-855-477-4549

Teladoc can treat

- Cold & flu symptoms
- Respiratory infection
- Sinus problems
- Ear infection
- **And more!**

Use Teladoc when

- You need care now.
- You're considering the ER or urgent care for a non-emergency issue
- Traveling out of town

Teladoc's wait time

Talk to a doctor within **one hour** or less guaranteed

Available on the App Store

GET IT ON Google Play

Flexible Spending Account

Whatever your lifestyle status - married with children, single parent, single with no children - a Medical Flexible Spending Account (FSA) can save you money. A FSA allows you to set aside pre-tax dollars to cover qualified medical expenses that you would normally pay out of your pocket with post-tax dollars. The FSA is administered by **Prime Pay**.

- The Medical FSA maximum contribution is $2,750. If you elect this benefit, you will be provided a debit card.
- The Dependent FSA maximum contribution is $5,000. A debit card is not provided for the dependent care FSA.

Please make sure that you plan your FSA contributions carefully, as any funds not used by December 31, 2022 will be forfeited.

Employees have 90 days after the end of each Plan Year to submit requests for reimbursements for expenses incurred during the Plan Year.

The FSA program will not roll over into the next year. Re-enrollment is required each year.

Since premiums are deducted on a pre-tax basis, you cannot make a change or terminate the coverage elected during the plan year unless you experience a qualifying event. After the open enrollment period you cannot make changes to your elected coverage unless you experience a change in family status, such as:

- Loss or gain of coverage through my spouse
- Loss of eligibility of a covered dependent
- Death of my covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation
- Loss of eligibility under the plan

If you experience a qualifying event, you have 30 days from the date of the event to make changes to your current coverage election. You may change your elections each year during the open enrollment process. If you terminate employment, you understand that the Plan Document will control any continued participation under this Plan. By participating in the Plan your Social Security benefits may be affected because the above elections will be deducted before your wages are taxed.

NOTE: Flexible Spending cannot be used if electing to open an HSA account

Dental

For In-Network providers visit www.guardiananytime.com and search their networks.

Services	In-Network Benefits (Plan Pays)	Out-of-Network (Plan Pays)
Calendar Year Deductible		
♦ Per Individual (3 per family)	$50 each person	$50 each person
Maximum Benefit		
♦ Calendar Year Maximum Benefit (Non-Ortho)	$1,500 each person	$1,500 each person
♦ Lifetime Maximum Benefit (Ortho)	$1,000	$1,000
Preventive Services		
♦ Cleanings	100%	100%
♦ Oral Exams		
♦ Fluoride		
♦ Sealants (per tooth)		
♦ Full Mouth X-rays		
Basic Services		
♦ Fillings	90%	80%
♦ Perio Surgery		
♦ Periodontal Maintenance		
♦ Scaling & Root Planing (per quadrant)		
♦ Extractions		
♦ Root Canal		
♦ Anesthesia		
♦ Repair & Maintenance of Crowns, Bridges & Dentures		
Major Services		
♦ Bridges and Dentures	60%	50%
♦ Inlays, Onlays, Veneers		
♦ Single Crowns		
♦ Orthodontics	50%	50%

Weekly Payroll Deductions	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
	$6.30	$12.64	$16.43	$22.76

**Please refer to your Dental Benefit Certificate for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.*

Vision

For In-Network providers, visit www.vsp.com.

VSP Summary of Benefits	In-Network	Out-of-Network
Copayments		
♦ Eye Exam - ***Every 12 months***	$10 copay	Amount over $50
♦ Materials Copay (waived for elective contact lenses)	$25	See Below
♦ Frame Allowance (Retail) - ***Every 24 months***	80% of amount over $130	Amount over $48
Lenses - *One set every 12 months*		
♦ Single	$0	Amount over $50
♦ Lined Bifocal	$0	Amount over $48
♦ Lined Trifocal	$0	Amount over $67
♦ Lenticular	$0	Amount over $126
Contacts - every 12 months		
♦ Contact lenses (evaluation & fitting)	15% off UCR	No Discounts
♦ Elective	Amount over $120	Amount over $120
♦ Medically Necessary	$0	Amount over $210
Miscellaneous		
♦ Cosmetic Extras	Avg. 30% off retail	No Discounts
♦ Glasses (Additional pair of frames and lenses)	20% off retail	No Discounts
♦ Laser Correction Surgery	Up to 15% off usual charge or 5% off promo price	No Discounts

Weekly Payroll Deductions	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
	$2.47	$4.16	$4.25	$6.72

**Please refer to your Vision Benefit Certificate for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.*

Vision

For In-Network providers, visit www.davisvision.com.

Davis Vision Summary of Benefits	In-Network	Out-of-Network
Copayments		
♦ Eye Exam - ***Every 12 months***	$10 copay	Amount over $50
♦ Materials Copay (waived for elective contact lenses)	$25	Amount over $25
♦ Frame Allowance (Retail) - ***Every 24 months***	80% of amount over $130	Amount over $48
Lenses - *One set every 24 months*		
♦ Single	$0	Amount over $48
♦ Lined Bifocal	$0	Amount over $67
♦ Lined Trifocal	$0	Amount over $86
♦ Lenticular	$0	Amount over $126
Contacts - every 24 months		
♦ Contact lenses (evaluation & fitting)	No Discounts	No Discounts
♦ Elective	85% of amount over $130	Amount over $120
♦ Medically Necessary	$0	Amount over $210

Weekly Payroll Deductions	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
	$2.47	$4.16	$4.25	$6.72

**Please refer to your Vision Benefit Certificate for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.*

Life and AD&D Insurance

Basic Life and AD&D Insurance

Ligon Industries, LLC provides full-time employees with $10,000 in group life and accidental death and dismemberment (AD&D) insurance through New York Life. **Ligon Industries, LLC pays the full cost of this benefit.**

Voluntary Life Insurance and AD&D

Employees may choose to purchase Voluntary Life and AD&D insurance at an additional cost through New York Life. When you enroll yourself and/or your dependents in this benefit, **you pay** the full cost through payroll deductions. See rate table for increments and premium amounts below.

Employee voluntary life and AD&D amounts must be made in $1,000 increments. You may purchase up to the Guaranteed Issue amount without evidence of insurability when first eligible for coverage. If an employee wants to increase coverage on themselves or a dependent after the initial eligibility period, they must be approved by underwriting.

Voluntary Life and AD&D benefits reduce 60% at age 75, 35% at age 80, 27% at age 85, 20% at age 90 and 8% at age 95 of the benefit amount.

Guarantee Issue	Employee: $100,000 Spouse: $40,000
Maximum Benefit	Employee: $500,000 Spouse: up to 100% of employee coverage up to a max of $500,000
Child Life	
Birth to 6 months	$1,000
Age 6 months to 26 years	$2,500 / $5,000 / $7,500 / $10,000

Age	Employee & Spouse* Rate per $1,000	Age	Employee & Spouse* Rate per $1,000	Child Life Rates per $1,000
18-29	$0.081	50-54	$0.387	$0.20
30-34	$0.090	55-59	$0.648	
35-39	$0.117	60-64	$1.197	
40-44	$0.180	65-69	$2.007	
45-49	$0.261	70+	$2.925	

*Spouse coverage ends at age 70

Rates

Your specific rate will be calculated for you on the electronic enrollment system.

**Please refer to your Life Benefit Certificate for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.*

Short-Term Disability

The Company provides eligible employees with the opportunity to purchase short-term disability benefits through **New York Life**. In the event you become disabled from a non work related injury or sickness, disability income benefits are provided as a source of income. Short-term disability coverage begins after the specified elimination period below due to a medically certified reason. Benefits are payable up to the specified benefit duration period below. **The employee pays** the full cost of this coverage.

Elimination Period for sickness, accident or pregnancy: 7 days

Maximum Benefit Period: 26 weeks (including elimination period)

Weekly Benefit: 60% of your weekly earnings to a maximum benefit of $1,500

Pre-Existing Condition: If you received medical treatment, advice or consultation, care or services including measures, or had drugs or medicine prescribed or taken in the 3 months prior to your insurance effective date, disability related to that condition will not be covered for the first 12 months of the policy.

Short-Term Disability Rates per $10	
18-39	$0.433
40-44	$0.564
45-49	$0.680
50-54	$0.974
55-59	$1.275
60+	$1.577

EXAMPLE: Short-Term Disability Deduction		
Age	**Annual Pay**	**Premium per Month**
35	$31,200	/52 = $600 x .60 = $360 x 0.433 = $155.88 / $10 = $15.59 monthly deduction; or $3.60 weekly deduction

Rates

Your specific rate will be calculated for you on the electronic enrollment system.

**Please refer to your STD Benefit Certificate for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.*

Long-Term Disability

The Company provides eligible employees with the opportunity to purchase long-term disability benefits through **New York Life**. In the event you become disabled from a non work related injury or sickness, disability income benefits are provided as a source of income. Long-term disability coverage begins after the specified elimination period below due to a medically certified reason. This benefit is payable up to the specified benefit duration period below. **The employee pays** the full cost of this coverage.

Elimination Period for sickness, accident or pregnancy: 180 days

Maximum Benefit Period: Social Security Normal Retirement Age

Monthly Benefit: 60% of your monthly earnings to a maximum benefit of $6,000

Pre-Existing Condition: If you received medical treatment, advice or consultation, care or services including measures, or had drugs or medicine prescribed or taken in the 3 months prior to your insurance effective date, disability related to that condition will not be covered for the first 12 months of the policy.

Long-Term Disability Rates per $100 of Covered Payroll	
18-29	$0.120
30-34	$0.170
35-39	$0.210
40-44	$0.280
45-49	$0.390
50-54	$0.560
55-59	$0.730
60+	$0.890

EXAMPLE: Long-Term Disability Deduction		
Age	**Annual Pay**	**Premium per Month**
35	$31,200	/12 = $2,600 x 0.21 = $546 / $100 = $5.46 monthly deduction; or $1.26 weekly deduction

Rates

Your specific rate will be calculated for you on the electronic enrollment system.

**Please refer to your LTD Benefit Certificate for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.*

Voluntary Worksite Benefits

What are Voluntary Worksite Benefits?

Voluntary Worksite Benefits are offered to strengthen your overall benefits package. You can customize the benefit based on need and affordability.

- Ownership - Policies are fully portable and belong to you and your family if you leave your employer, same price and same plan
- Benefits are payroll deducted
- ***Cash benefits are paid directly to you, not to a hospital or to a doctor***
- ***Benefits are paid regardless of any other coverage you may have***
- Level premiums - Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out of pocket medical costs and other bills

The Voluntary Worksite Benefits offered through Cigna are **Group Accident** and **Group Critical Illness**.

Group Accident

The plan pays a lump sum cash benefit direct to the insured for a broad range of accident treatments and conditions, based on the schedule of benefits.

- Off the job coverage
- Family coverage available

Just a few examples of the benefits included in the plan:

- Emergency Room Visits - $200
- Hospitalization - $1,000 admission benefit, $200 per day benefit
- Fractures - up to $4,000
- Dislocations - up to $4,000

See brochure for a complete list of benefits.

Weekly Payroll Deductions	Employee	Employee & Spouse	Employee & Children*	Family*
	$4.09	$6.91	$6.77	$9.49

**Dependents up to age 26 can be covered regardless of student status.*

Voluntary Worksite Benefits

Group Critical Illness/Cancer

Critical Illness/Cancer is a benefit that will pay you a lump sum of money if you are diagnosed with a critical illness, heart attack, internal cancer or stroke. The cash benefit is provided upon the first diagnosis of a covered condition to help you with associated costs and beyond.

Guaranteed Issue

$20,000 employee / $10,000 spouse / $5,000 children

Regardless of other coverage in force, the benefit is paid out in a full lump sum.

Examples of covered conditions:
Cancer, Heart Attack, Stroke, Renal (Kidney) Failure, Major Organ Transplant, Paralysis, ALS (Lou Gehrig's Disease), Blindness, Coronary Artery Disease (surgery) (25% benefit), Carcinoma in situ (25% benefit)

A Health Screening Benefit is included in your Critical Illness/Cancer Policy and Cigna pays $50 for each insured. Each covered person will get one screening test per calendar year.

- Mammography
- Stress Test
- Serum Cholesterol
- Bone Marrow
- Pap Smear
- Colonoscopy
- Prostate Specific Antigen
- Chest X-ray

Also included is an Additional Benefit that provides an amount equal to the plan benefit amount and percentage of the covered person for the diagnosis or a subsequent and different covered condition after a 6 month separation period.

Rates
This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. **Your specific rate will be calculated for you on the electronic enrollment system.** See brochure for more details.

Annual Disclosures

WOMEN'S HEALTH AND CANCER RIGHTS ACT ENROLLMENT NOTICE

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: [insert deductibles and coinsurance applicable to these benefits].

If you would like more information on WHCRA benefits, call your plan administrator Arkansas BlueCross BlueShield at **800- 238-8379**.

CHIPRA NOTICE
Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)
If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

To see if any other states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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RIG 10202015

HIPPA NOTICE OF PRIVACY PRACTICES

Your Information, Your Rights

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost- based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to;

  200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

RIG 10202015

HIPPA NOTICE OF PRIVACY PRACTICES
Continued...

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

MARKETPLACE EXCHANGE NOTICE
NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Beginning in 2014, there is a new way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some Core information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one- stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

The 2015 open enrollment period for health insurance coverage through the Marketplace began on Nov. 15, 2014, and will end on Feb. 15, 2015. Individuals must have enrolled or changed plans prior to Dec. 15, 2014, for coverage starting as early as Jan. 1, 2015. After Feb. 15, 2015, you can get coverage through the Marketplace for 2015 if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent of your household income for the year (9.56 percent for 2015), or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact ***Human Resources.***

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

NEWBORNS' & MOTHERS' HEALTH PROTECTION ACT ENROLLMENT NOTICE

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

NOTICE OF CREDIBLE COVERAGE

Important Notice from Ligon Industries, LLC About
Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Ligon Industries, LLC and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Ligon Industries, LLC has determined that the prescription drug coverage offered by the Ligon Industries, LLC BlueCard PPO– Plan B & Plan C are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Ligon Industries, LLC coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Ligon Industries, LLC coverage, be aware that you and your dependents may not be able to get this coverage back.

If you drop your coverage with Ligon Industries, LLC and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Ligon Industries, LLC's Pharmacy Benefit:

PRESCRIPTION DRUGS	**IN-NETWORK (PPO)**	**OUT-OF-NETWORK (NON-PPO)**
- Non-maintenance - up to 30 day supply with one copay - Maintenance List Drugs - up to a 60 day supply with one copay - Some copays combined for diabetic supplies - Specialty drugs can be dispenses for up to a 30-day supply. The only in-network pharmacy for some specialty drugs is the **Prime Therapeutics Specialty Pharmacy** network. Go to: AlabamaBlue.com/web/pharmacy/drugguide for a list of these specialty drugs. - View the Prescription Drug Guide at AlabamaBlue.com	Participating Pharmacy: Prescription drugs will be covered at 100% after the following copay. Tier 1 Drugs: $10 copay per prescription* Tier 2: $35 copay per prescription* Tier 3: $60 copay per prescription	There are no benefits available for prescription drugs purchased from a non-participating pharmacy.
Mail Order Pharmacy Benefits - Up to 90-day supply with one copay - Mail Order drugs are available through PrimeMail© (Enroll online at AlabamaBlue.com or call 1-877-579-7627) - Maintenance and Non-Maintenance drugs can be purchased through mail order pharmacy - Specialty Drugs are not available through mail order	Participating Pharmacy: Prescription drugs will be covered at 100% after the following copay. Tier 1 Drugs: $25 copay per prescription* Tier 2: $87 copay per prescription* Tier 3: $150 copay per prescription*	There are no benefits available for prescription drugs purchased from a non-participating pharmacy.

*These services do not apply to the out-of-pocket maximums.

RIG 10202015

NOTICE OF CREDIBLE COVERAGE

In addition, your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage Ligon Industries, LLC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Ligon Industries, LLC changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.
For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325 - 0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Name of Entity/Sender:	Ligon Industries, LLC
Contact--Position/Office:	HR Department
Address:	
Phone Number:	

OMB 0938 -0990

FOR USE ON OR AFTER APRIL 1, 2011 **CMS Form 10182-CC Upd ated April 1, 2011** According to the Paperwork Reduction Act of 199 5, no person s are required to respond to a collection of in formation unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-099 0.

Carrier Contacts

Vendor	Phone Number	Website
Medical BCBS of Alabama	800-810-2583	www.bcbsal.com
Wellness BCBS of Alabama	800-810-2583	www.behealthy.com
HSA Administration BenefitWallet	877-472-4200	www.mybenefitwallet.com
Flexible Spending Prime Pay	877-446-9729	www.primepay.com
Dental Guardian	888-600-1600	www.guardiananytime.com
Vision VSP Davis Vision	 800-877-7195 800-999-5431	 www.vsp.com www.davisvision.com
Group Life/AD&D/Voluntary Life/ AD&D, STD and LTD New York Life	888-842-4462	www.mynylgbs.com
Voluntary Worksite Benefits Cigna	800-754-3207	www.mycigna.com

Benefit Guide Description

This summary of benefits is not intended to be a complete description of Ligon's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Ligon maintains its benefit plans on an ongoing basis, Ligon reserves the right to terminate or amend each plan in its entirety or in any part at any time.

For questions regarding the information provided in this overview, please contact your human resources representative.