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AIRSTREAM



2021 BENEFITS GUIDE

The information in this Enrollment Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

If you have any questions about this guide or if you need a copy of the plan documents please contact Human Resources.

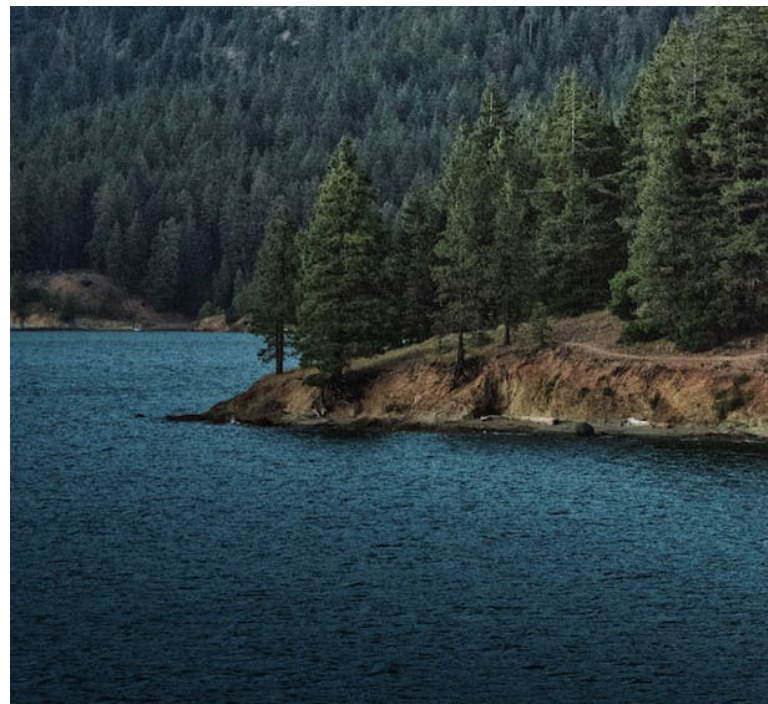
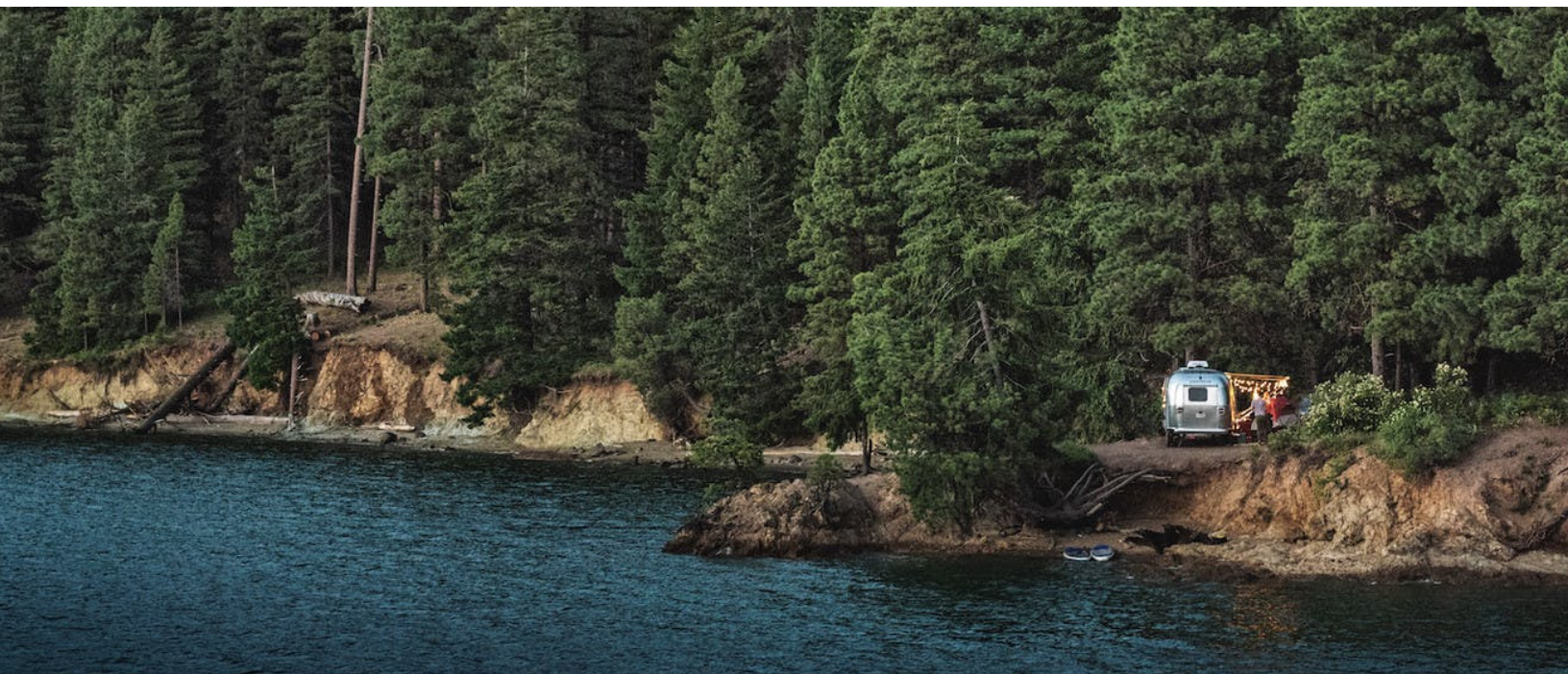


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GETTING STARTED

We are happy to provide you with this Benefit Guide summarizing your Benefits for the January 1, 2021 - December 31, 2021 plan year. Airstream recognizes that benefits are an important part of your total compensation package. Our benefit program provides competitive and valuable benefits for you and your dependents.

This document is not just an enrollment guide, it is a resource for you and your family to use throughout the year. In this guide you will find a summary of each of the benefit plans offered to eligible associates and their dependents. Our benefits program is designed to allow you to choose what works best for your needs and your budget, and this information will allow you to make informed decisions regarding the selection and continued management of the services and benefits provided to you as a Airstream associate.



When You Can Enroll

You can enroll in benefits at the following times:

- During your initial new hire eligibility period
- During the annual open enrollment period
- Within 31 days of a qualified life event (see examples below)

Mid-Year Enrollment Changes—Section 125 Cafeteria Plan

Associate's may take advantage of, at no cost to them, the tax benefits of a 125 Cafeteria Plan. This plan allows you to pay for your employee benefits on a pre-tax basis to be deducted from your paycheck. When you elect to pay for these authorized benefits pre-tax, you save because you are paying less in taxes. You do not pay Federal Income or Social Security taxes on these designated benefit dollars. Therefore, you lower your taxable income. This will allow you to take home more of your paycheck, decreasing the net cost of the benefit you are purchasing.

Current IRS regulations state that benefit choices cannot be changed in the middle of a plan year unless you experience a qualifying life event.

Changes must be reported within 31 days of the actual event. Some common qualifying events may include:

- Marriage, Divorce or Death of Spouse
- Birth, Adoption or change in legal custody
- Loss of other coverage
- Enrollment in the Marketplace Exchange
- Change in Medicare or Medicaid entitlement
- FMLA or Military Leave

Please Note: the IRS does not consider financial hardship a qualifying event to drop coverage.



ELIGIBILITY & ENROLLMENT

Your Eligibility

All full time associates working an average of 30 hours per week are eligible to enroll in benefits.

For specific details, please refer to the plan documents.

Dependent Eligibility

Legislation regulates eligibility requirements for dependent coverage on Medical insurance plans. It is important for everyone to understand what constitutes eligibility and what the implications could be for not following the eligibility guidelines.

Examples of Eligible dependents include:

- Spouse/Same Sex Spouse
- Dependent children

Healthcare reform legislation restricts a plan or issuer from denying coverage for a child under age 26 based on any of the following factors:

- Financial dependence on the employee
- Residency with the employee
- Student status
- Marital status
- Employment status

Dependent Verification of Eligibility

When you first enroll, and/or if you change coverage mid-year due to a qualifying event, you may be asked to provide the applicable documents from the following list:

- Spouse Verification Documentation: Marriage Certificate
- Child Verification Documentation: Birth Certificate, court document awarding custody or requiring coverage

2021 Payroll Deductions

You will have benefit deductions taken for your insurance benefits. For the 2021 plan year, Medical, Trustmark, and AFLAC benefits will be deducted over 52 pay periods. Vision, Dental, Voluntary Life, and Voluntary Disability will be deducted over 48 pay periods.

Sample of Savings Using Pre-Tax Deductions

	PRE-TAX CONTRIBUTIONS	POST-TAX CONTRIBUTIONS
Employee Gross Pay	\$35,000	\$35,000
Pre-Tax Premium	\$417	-
Taxable Income	\$34,583	\$35,000
Assumed Tax Rate ¹	25.65%	25.65%
Net Pay	\$25,712	\$26,023
After Tax Premium		\$417
Take Home Pay	\$25,712	\$25,605

¹Assumed Tax Rate of 18% Federal Income Tax and 7.65% FICA (Social Security and Medicare)



PAYROLL DEDUCTIONS

Medical Monthly Associate Rates Anthem

	Anthem Plan 33	Anthem Plan 50
Employee Only	\$216.21	\$114.53
Employee + Spouse	\$334.20	\$238.02
Employee + Child(ren)	\$333.61	\$238.02
Employee + Family	\$417.98	\$291.26

Dental Monthly Associate Rates Delta Dental of Indiana

	Delta Dental of Indiana
Employee Only	\$18.43
Employee + Spouse	\$37.52
Employee + Child(ren)	\$55.59
Employee + Family	\$82.55

Vision Monthly Associate Rates VSP

	VSP
Employee Only	\$5.05
Employee + Spouse	\$10.11
Employee + Child(ren)	\$10.82
Employee + Family	\$17.30



MEDICAL & PHARMACY

Medical coverage is important for you and your family. You can choose between two (2) different Anthem medical plan options. Both Medical plans are considered Affordable & meet ACA standards for Essential Coverage.

Below is a snapshot summary of your medical benefits and is not intended to replace your Summary of Benefits or Coverage.

	Plan 33		Plan 50	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical				
Deductible (Individual / Family)	\$750 \$1,500	\$1,500 \$3,000	\$1,500 \$3,000	\$3,000 \$6,000
Out-of-Pocket Maximum	\$2,500 \$5,000	\$5,000 \$10,000	\$4,000 \$8,000	\$8,000 \$16,000
Co-insurance (after deductible)	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%	You pay 30% Plan pays 70%	You pay 50% Plan pays 50%
Office Visit	\$25 co-pay	You pay 40% Plan pays 60%	\$40 co-pay	You pay 50% Plan pays 50%
Urgent Care	\$50 co-pay	You pay 40% Plan pays 60%	\$50 co-pay	You pay 50% Plan pays 50%
Specialist	\$35 co-pay	You pay 40% Plan pays 60%	\$60 co-pay	You pay 50% Plan pays 50%
Preventive Care*	Covered at 100%	You pay 40% Plan pays 60%	Covered at 100%	You pay 50% Plan pays 50%
Diagnostic Scans/Imaging	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%	You pay 30% Plan pays 70%	You pay 50% Plan pays 50%
Emergency Room Visit	\$200 co-pay	\$200 co-pay	\$200 co-pay	\$200 co-pay
Hospitalization	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%	You pay 30% Plan pays 70%	You pay 50% Plan pays 50%
Outpatient Surgery	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%	You pay 30% Plan pays 70%	You pay 50% Plan pays 50%
Prescription Drugs				
Retail (30 days)	\$10/\$30/\$50		\$10/\$30/\$50	
Mail Order (90 days)	\$20/\$60/\$100		\$20/\$60/\$100	
Specialty Drugs	25% to \$150 Max		25% to \$150 Max	

*If services other than Preventive Care Services outlined by the US Preventive Services Task Force are obtained during the visit, a copay, coinsurance, and/or deductible may apply.

LIVE HEALTHY, GET REWARDS

Sign up for Virgin Pulse today.

Join the Airstream Wellness Program to earn up to \$600 for Associates and up to \$300 for spouses. Visit join.virginpulse.com/airstream and register using your first name, last name, and date of birth.

For 2021 the Spouse Biometric Requirement has been waived.

Associates can schedule Biometrics Screening through the Onsite Health Center.

Before visiting the clinic or family doctor you must download the biometric form from the Virgin Pulse website.

Get the Virgin Pulse mobile app or go to join.virginpulse.com/airstream



Questions? Call Virgin Pulse Member Services at 888-671-9395, Monday–Friday, 8:00am–9:00pm EST. Email support at: support@virginpulse.com.



AIRSTREAM ONSITE HEALTH CENTER

Convenient care for you



Schedule an appointment at (937) 421-4081

Same-day visits available!

Services Available

- Individualized health history, evaluations and health risk assessments
- Chronic disease management
- Various acute infections (eye, upper respiratory, urinary, etc)
- Gastrointestinal disorders
- Sprains, strains, contusions
- Skin-related issues (rashes, lacerations , minor lesions, minor burns)
- Lab service administration
- Access to providers electronically via Mercy Health's MyChart 'e-visit' (internal access portal)
- Occupational health services including audio and respiratory testing
- Work-injury evaluation and treatment

Is there a cost for visits or other services?

No. Associates can use the clinic at no cost (family members will be able to use the clinic at a later date). Services such as sending out blood work, and referrals to specialist will still be billed through insurance.

Will the medical provider have authority to write prescriptions?

The Nurse practitioner does have prescription writing authority.

Will the facility be open during production hours only, or extended hours?

Monday - Friday 8:00am - 4:00pm. The Health Center will be closed on standard Airstream holidays.

Will I need to use PTO to visit the clinic?

You can schedule appointments during working hours without using PTO with approval from your supervisor.



WAYS TO CUT YOUR HEALTHCARE COSTS

ALWAYS USE IN-NETWORK PROVIDERS, WHENEVER POSSIBLE

In-network providers are contracted with your insurance company to provide services to plan members at pre-negotiated discounted rates. In general, if you visit an in-network provider, you will get your health care at a lower rate. Use www.Anthem.com to find a provider, by type of doctor, place, or name, labs, hospitals, and other health care providers.

KNOW YOUR COSTS BEFORE YOU GET CARE

Different doctors and hospitals may charge different amounts for the same service. Shop around using the ESTIMATE YOUR COST tool to see costs based on your own medical benefits. You can also compare the quality of different procedures.

- **Login at Anthem.com**
- **Choose the Estimate Your Cost Tool**
- **Search for the procedure you need & the tool will help guide you**
- **Quicker cost comparison- Use the MOBILE APPLICATION from Anthem**

KEEP DRUG COSTS DOWN

Be a wise health care consumer and possibly cut your prescription drug costs by up to 90%. Strategies to help you save money include:

- **Shop around at local pharmacies to find the best price**
- **Ask your doctor about generic or over-the-counter alternatives**

PRACTICE PREVENTION

In its broadest definition, prevention includes a healthy lifestyle, exercise, diet and other similar efforts. When preventive care services like physical examinations, screenings and immunizations are combined with a lifestyle that is focused on wellness, significant savings can be achieved.

LIVE HEALTH ONLINE (Talk to a doctor via your Smartphone)

LiveHealth Online lets you have a video visit with a board-certified doctor using your smartphone, tablet or computer with a webcam. NO appointments, driving, or waiting at an urgent care. Doctors are available 24/7 and 365 days a year to assess your condition and if needed, they can send a prescription to your local pharmacy. Your cost will not exceed \$59.

Go to www.LiveHealthOnline.com or use the mobile app, which is downloadable in the App Store or Google Play.

How to use LiveHealth Online for a video visit with a doctor



SEEKING CARE OPTIONS

Care Center	When to Go	Treatment Examples	Cost and Time Considerations
Airstream Onsite Health Center	Associates can use the clinic at no cost. You can schedule appointments during working hours without using PTO with approval from your supervisor. Common Medications can be prescribed. Medications, referrals, and lab work will be billed through insurance and may have a cost to you.	<ul style="list-style-type: none"> Chronic Disease Management Acute Infections Sprains, Strains, Contusions Work Injury Evaluation/Treatment 	<ul style="list-style-type: none"> No Cost to You Open Monday – Friday 8:00am to 4:00pm Closed on Airstream Holidays Schedule Appointment: 937.421.4081
Virtual Visit i.e. Live Health Online	Provides 24/7/365 access to a doctor through phone or video consults. Common Medications can be prescribed and called into your local pharmacy. It's important to set up your profile in advance of needing care.	<ul style="list-style-type: none"> Cold & Flu symptoms Allergies Sinus problems Pink Eye 	<ul style="list-style-type: none"> You can call anytime, from anywhere Sometimes requires a co-payment similar to doctor's office visit
Doctors Office	You need routine care for a current health issue. Your primary care doctor knows you and your health history, can access your medical records, provide preventive and routine care, manage your medications and refer you to a specialist, if necessary.	<ul style="list-style-type: none"> Routine Checkups Immunizations Preventive Services 	<ul style="list-style-type: none"> Usually Requires Payment (copayment and/or coinsurance) Little wait time with scheduled appointment
Convenience Care Clinic	In situations where you may not be able to get in to see your primary care doctor and your condition is not urgent or an emergency, you may want to consider a Convenience Care Clinic. Services at these types of clinics are usually available to patients 18 months of age or older.	<ul style="list-style-type: none"> Common Infections Minor Burns, Cuts, Scrapes Sprains and Strains Minor Fevers Cough, Colds, Flu Skin issues Head lice Insect Bites 	<ul style="list-style-type: none"> Usually Requires Payment (copayment and/or coinsurance) Cost similar to doctor's office visit and lower than urgent care and emergency room visit Walk in Patients welcome with no appointment necessary; wait times vary
Urgent Care Centers	In situations where you need medical care fast, but a trip to the emergency room is not necessary, you may want to consider an Urgent Care Center. You can be treated for many minor medical issues, usually at a lower cost and on quicker turn around than an emergency room.	<ul style="list-style-type: none"> Minor Broken Bones Wounds requiring Stitches Minor Burns, Cuts, Scrapes Severe Back Pain Severe Cough, Colds, Flu, Fevers Animal Bites 	<ul style="list-style-type: none"> Usually Requires Payment (copayment and/or coinsurance) Cost usually higher than doctor's office visit Walk in Patients welcome with no appointment necessary; wait times vary
Emergency Room	In situations where you or a covered dependent may be experiencing a true medical emergency you should go to the nearest Emergency Room or call 911. An emergent medical condition usually results in serious jeopardy to your health, impairment of bodily functions, or serious dysfunction of organs.	<ul style="list-style-type: none"> Loss of Consciousness Chest Pain Severe Trouble Breathing Sudden Loss of Vision, Numbness, Difficulty Speaking Severe Abdominal Pain Severe Bleeding Vomiting Blood Head Trauma Major Broken Bones Seizures / Convulsions 	<ul style="list-style-type: none"> Requires Payment (copayment and/or coinsurance) Cost much higher than office visit or urgent care visit Open 24/7 Wait time varies as patients with life threatening emergencies are treated first



DENTAL



Your Dental plan is provided through Delta Dental of Indiana. Find a dentist at www.deltadentalin.com. Your Plan pays **\$1,000 per person** total per Benefit Year. Your dentist will work directly with Delta Dental to determine your cost and will review these costs with you prior to your treatment.

You are responsible for a **\$50 Deductible** per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, sealants, and orthodontic services.

Supply your dental provider with your Social Security Number to verify benefits and coverage.

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non Participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment – to temporarily relieve pain	80%	80%	80%
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Relines and Repairs – to bridges, implants, and dentures	80%	80%	80%
Major Services			
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Prosthodontic Services – bridges, implants, and dentures	50%	50%	50%
Orthodontic Services \$1,000 Lifetime Max			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	Up to age 26	Up to age 26	Up to age 26

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation. *

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.



VISION



The VSP Advantage Plan is a full service plan that offers choice, flexibility, and value through a VSP Advantage Network Provider. Find a in-network provider at www.vsp.com/eye-doctor

Supply your eye care provider with your Social Security Number to verify benefits and coverage.

Benefits through a VSP Network Provider

Exam Services

- \$10 Co-pay / Covered Every 12 months
- Comprehensive WellVision Exam® covered in full*
- Routine retinal screening covered after a no more than \$39 copay

Lenses

- \$10 Co-pay / Covered Every 12 months
- Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full*

Lens Enhancements

Lens Enhancement	Single Vision	Multifocal
Anti-reflective coating	\$41	\$41
Polycarbonate - Adult	\$31	\$35
Polycarbonate - Children	Covered	Covered
Progressive	N/A	Covered
Photochromic	\$75	\$75
Scratch-resistant coating	\$17	\$17

Frame

- \$10 Co-pay / Covered every 24 months
- Frames covered up to the retail allowance of \$140.
- Members who select a featured frame brand, including Anne Klein, bebe®, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more, will receive an extra \$20 toward their frame allowance. (Featured frame brands subject to change).
- 20% off any amount above the retail allowance

Additional Pairs of Glasses

- Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor

Elective Contact Lenses (in lieu of frames & lenses)

- \$10 Co-pay / Covered every 12 months
- **Contact lens exam (fitting and evaluation):** Standard and Premium fits are covered in full after copay. Member receives 15% off of contact lens exam services and member's copay will never exceed **\$60**.
- Prescription contact lens materials are covered in full up to the retail allowance of **\$140** (in lieu of frame & lenses)

KidsCare Plan

- The VSP KidsCare Plan provides children two comprehensive eye exams, up to two pairs of lenses (with prescription change), and a frame every year, even when the subscribing member's plan only provides coverage for glasses every other year.

The VSP KidsCare Plan also provides coverage for contact lenses in lieu of glasses

Laser VisionCare Program

- Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase

Out of Network Schedule

Exam	\$45
Lenses:	
Single vision	\$30
Lined bifocal	\$50
Lined trifocal	\$60
Lenticular	\$75
Progressive	\$50
Frame	\$50
Elective contact lenses (in lieu of lenses and frame)	\$100
Medically necessary contact lenses	\$210

**Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by location. Benefits may also vary at participating retail chains. Walmart® or Costco® Optical allowance of \$65 is equivalent to the frame allowance at VSP doctor locations and participating retail chains*



LIFE INSURANCE



Life and accident insurance gives you financial protection by paying a benefit if you die or are seriously injured in an accident.

Basic Life Insurance (MetLife)

As an important part of your personal financial planning, Airstream provides you with life and accidental death and dismemberment (AD&D) insurance coverage through MetLife at no cost to you.

Voluntary Life Insurance (MetLife)

Airstream offers you the opportunity to purchase additional life insurance for yourself and your covered dependents through payroll deduction. Premiums are based on the amount of life insurance elected and the age of the insured. Note: Associate must be enrolled in voluntary life in order to elect spouse or dependent life.

Associate Coverage	Purchase in \$10,000 increments up to the greater of 5x salary or \$300,000 Statement of Health/EOI required for amounts over \$200,000 or if you enroll anytime after you were first eligible as a new hire
Spouse Coverage	Purchase in \$5,000 increments up to the greater of 50% of associates coverage or \$150,000 Statement of Health/EOI required for amounts over \$25,000
Child Coverage	\$10,000 benefit

EVIDENCE OF INSURABILITY (EOI)

If you are a new hire you may enroll for coverage up to the Guarantee Issue Amount (\$200,000 for yourself or \$25,000 for your spouse) without completing EOI/Statement of Health Form.

If you have existing coverage, you may add additional coverage for employee and/or spouse voluntary life if you complete a Statement of Health/EOI Form and are approved by MetLife. If you enroll after your initial new hire period you are required to complete Evidence of Insurability (EOI). If EOI is not completed or accepted by MetLife you will not be covered.

Premium for the voluntary life plan is based on the life amount chosen and the employee's age (for both employees and spouses). Detailed benefit summaries and premium costs are available through the HR Department.

Benefit in \$1,000	Age Rate	Weekly Premium
\$ _____	x _____	= \$ _____
Example \$50 = \$50K	x 0.0207692	= \$1.04

EMPLOYEE AGE	METLIFE RATE	WEEKLY COST
<25	0.09	\$0.0207692
25-29	0.09	\$0.0207692
30-34	0.09	\$0.0207692
35-39	0.11	\$0.0253846
40-44	0.19	\$0.0438462
45-49	0.33	\$0.0761538
50-54	0.56	\$0.1292308
55-59	0.94	\$0.2169231
60-64	1.22	\$0.2815385
65-69	2.11	\$0.4869231
70+	3.95	\$0.9115385



UNIVERSAL LIFE INSURANCE



Airstream offers you an opportunity to increase your life insurance coverage with a whole life insurance offering through Trustmark.

WHAT IS UNIVERSAL LIFE/LIFE EVENTS?

Trustmark Universal Life/LifeEvents® is permanent life insurance. It provides a death benefit to your beneficiaries if you pass away, but also builds cash value and features living benefits for long-term care services. Your price won't increase due to age, and your policy builds cash value over time.

WHAT IS LONG TERM CARE?

Long Term/Convalescent Care Benefit (LTC) pays 4% of your death benefit for up to 25 months for home healthcare, assisted living, nursing home care and adult day care. There is a 90-day elimination period before benefit can be paid. To receive benefits you must meet Conditions of Eligibility for Benefits. The LTC benefit does not reduce at age 70. Benefit Restoration restores the death benefit that is reduced to pay for LTC, so your family receives the full death benefit amount when they need it most.

For more information visit www.trustmarkvb.com



DISABILITY INSURANCE



Short Term Disability (STD) insurance plan provides a stable income source to carry you and your family through a temporary disability. In the event of a non-work related accident or any non-work related debilitating event, a portion of your salary will be continued for a period of time.

Long Term Disability (LTD) pays a portion of your salary in the event you are permanently disabled and unable to work.

You may have the option to purchase short term and long term disability insurance. EOI/Statement of Health is required if you elect coverage after your initial new hire eligibility window. It is not required if you transferred jobs within Airstream (i.e. you were previously considered a salary associate and are now a hourly associate).

Please email benefits@airstream.com for additional information or text Airstream to 474747 for additional information.



ACCIDENT & CRITICAL ILLNESS INSURANCE



You also have the opportunity to enroll in Accident and Critical Illness insurance through AFLAC.

WHAT IS CRITICAL ILLNESS INSURANCE?

Critical illness insurance provides a way for you to stay ahead of the medical and out-of-pocket expenses that can accompany certain covered medical events.

Consider the following advantages of this critical illness coverage offering:

- A set amount of money is paid directly to you to be used however you choose
- You can keep the policy even if you leave Airstream or retire, as long as you pay the premium
- Convenience of payroll deduction
- You can insure your spouse and children
- Policy enhancements are also available with your plan

WHY WOULD I NEED CRITICAL ILLNESS COVERAGE?

Most medical plans provide coverage for hospital and medical expenses associated with critical illnesses such as stroke, heart attack, kidney failure, major organ transplant, coma, and paralysis. Even so, there are many expenses that aren't covered that can be financially devastating. With critical illness coverage, you can be prepared financially for costs like:

- Copays, deductibles, and coinsurance
- Possible transportation and lodging needs
- Childcare and other domestic help expenses
- Possible loss of income

WHAT IS ACCIDENT INSURANCE?

Accident insurance provides a lump sum payment based on the accident/injuries sustained; it's paid directly to you, and you decide the best way to spend it. It's that simple. Whether it's to pay medical expenses, the mortgage, car payments or even utility bills, you decide. Other advantages of accident insurance are:

- Cash benefits for expenses that may not be covered under your medical insurance
- You can keep coverage even if you leave Airstream
- There are no health questions to answer
- You can cover your spouse and children
- There is no limit to the amount of accidents you can claim under the policy (with exception to policy rules)

WHY WOULD I NEED ACCIDENT INSURANCE?

Ride bikes or drive a car? Jog or play sports? Accidents can happen when you least expect it. Are you prepared financially to pay the expenses that can occur as a result? What about day-to-day activities that can lead to accidental injuries — cooking, walking down the stairs, or driving to work?

Accident insurance is a way to ensure you can stay ahead of the out-of-pocket expenses associated with medical treatments. Your medical plan's copays, coinsurance, and deductibles add up so quickly after a sudden or unexpected injury. While you can't predict when an accident will happen, you can be prepared financially.

For information on how to file a claim on line or to print out claim forms and instructions go to:

<https://www.aflacgroupinsurance.com/customer-service/file-a-claim.aspx>

Customer Service: 1-800-433-3036



401(K) RETIREMENT Fidelity Investments



Your Retirement Plan is a 401(k) plan that gives you a way to save for retirement through before or after tax contributions. You must be 18 years of age or older and have completed 3 months of service.

Easy Enroll

You are automatically enrolled on the first day of the month after 90 days at a 5% contribution. Choose a savings approach that suits you today – and adjust it any time to fit your changing needs. You can update your contributions online at [Netbenefits.com/easy](https://netbenefits.com/easy)

Take the important step of establishing your beneficiaries

It's important to name and regularly review and update beneficiaries for your 401(k) retirement plan benefits to prevent benefits being paid according to Plan rules, which might be different from the designation you would choose.

Please take a few moments today to name your beneficiaries (<https://netbenefits.fidelity.com/NBLogin/?option=Beneficiary>) to ensure that your benefits will be distributed according to your wishes.

To navigate to your beneficiary designations online:

1. Log into your account at www.netbenefits.com.
2. Click the Your Profile link.
3. Select Beneficiaries and follow the online instructions.

Once you have completed your beneficiary designations, you will be able to view them on NetBenefits®. Please be sure to review your choices regularly and update them after certain life events, such as a marriage, divorce, birth of a child, or a death in the family.

If you have questions or need help getting started call Fidelity at 1-800-835-5097.



MEDICARE COUNSELING



Airstream has partnered with the Grace Agency to help our associates and loved ones who may have questions about Medicare.

Medicare is confusing, and we want to make sure that we assist with understanding the options available to ensure you, a family member or friend make the best decisions possible.

Most Americans become eligible for Medicare at age 65. Sadly, they don't have a true understanding of what that means for them or what to do about it. Those who are still working and already passed age 65 typically just keep their work insurance without consulting with a Licensed Medicare expert for counsel.

The associates of Grace Agency are experts in Medicare insurance option and also understand the specifics of our current Group Insurance plan. Many Medicare plans have low or in some cases no premiums or deductibles and also come with Dental, Vision and other extras like Gym Memberships.

If you would like to contact them to evaluate your specific situation or to help a loved one, please call them at 800-791-4840. You can also email them at info@graceagency.org.



Associate Assistance Program



Achieve Balance through total well-being through Life Services EAP

Airstream recognizes our Associates are one of our most valuable resources. While everyone experiences stress, sometimes the effects of too much stress can disrupt work performance and personal wellbeing. The EAP and WorkLife Service is designed to help you and your family members deal with problems before they become unmanageable. Services offered through the EAP is often all you need.

Access is Easy

No matter when, no matter where, you and your family have access to professional support.

Toll free: 800-822-4847

Website: www.lifeserviceseap.com

Consultation and support

- 27/7/365 access
- Referrals to local counselors
- Free short-term counseling
- Referrals and follow-up
- Guaranteed Confidentiality

Legal Services

- Free initial consult
- 25% discount thereafter
- Free legal web services

Financial Services

- Credit counseling
- Debt management
- Budgeting
- Free financial web services

Assistance provided for:

- Childcare needs
- Eldercare needs
- Travel and Recreation
- Dining and Entertainment
- Consumer Issues
- Pet Care
- Community Resources
- Health and Wellness

WorkLife Services

- Free live webinars

Is Confidentiality Protected?

Yes, your call, online access, and all counseling appointments will be kept in the strictest confidence. No one will know about your participation unless you tell them. In all cases, your confidentiality is protected and respected.



Glossary

Commonly Used Terms

ANNUAL ENROLLMENT: Designated period of time during which an employee may enroll in group health coverage. Also, designated period of time during the year when individuals without group coverage may enroll in health coverage without needing medical underwriting.

CARRIER: The insurance company.

CLAIM: The request for payment for benefits received in accordance with an insurance policy.

COPAY: A co-payment, or copay, is a capped contribution defined in the policy and paid by an insured person each time a medical service is accessed. It must be paid before any policy benefit is payable by an insurance company.

COINSURANCE: A payment made by the covered person in addition to the payment made by the health plan on covered charges, shared on a percentage basis. For example, the health plan may pay 80% of the allowable charge, with the covered person responsible for the remaining 20%. The 20% amount is then referred to as the coinsurance amount.

DEDUCTIBLE: A deductible is the amount you must pay each year before your carrier begins to pay for services. If you have a PPO plan, there is usually a separate higher deductible for using out of network providers.

ELIMINATION PERIOD: This is the time period between injury or illness and the receipt of benefit payments.

EMBEDDED DEDUCTIBLE: An embedded deductible is a system that combines individual and family deductibles in a family health insurance policy. When a health plan has embedded deductibles, it just means that a single member of a family doesn't have to meet the full family deductible in order for after-deductible benefits to kick in, each individual only needs to meet the individual deductible in order for after-deductible benefits to kick in.

EOB (Explanation of Benefits): EOB stands for Explanation of Benefits. This is a document produced by your medical insurance carrier that explains their response and action (whether it is payment, denial, or pending) to a medical claim processed on your behalf.

EVIDENCE OF INSURABILITY (EOI):

This is the medical information you must provide that requires review and approval by the insurance company BEFORE coverage becomes effective. This may include medical records and a physical exam.

IN NETWORK: Refers to the use of providers who participate in the health plan's provider network. Many benefit plans encourage members to use participating in-network providers to reduce out-of-pocket expenses.

MAIL ORDER PRESCRIPTIONS: Used for maintenance drugs, members can order and refill their prescriptions via postal mail, Internet, fax, or telephone. Once filled, the prescriptions are mailed directly to the member's home.

MAINTENANCE DRUGS: A medication that is anticipated to be taken regularly for several months to treat a chronic condition such as diabetes, high blood pressure and asthma, this also includes birth control.

MAXIMUM OUT OF POCKET: The total amount a covered person must pay before his or her benefits are paid at 100%. Deductible, copayments, and coinsurance may apply towards the maximum out of pocket, depending on the plan.

NON-EMBEDDED DEDUCTIBLE: A non-embedded deductible is also referred to as an aggregate deductible. Under an aggregate deductible, the total family deductible must be paid out-of-pocket before after-deductible benefits kick in for the health care services incurred by any family member.

OUT OF NETWORK: The use of health care providers who have not contracted with the health plan to provide services. HMO members are generally not covered for out-of-network services except in emergency situations. Members enrolled in Preferred Provider Organizations (PPO) and Point-of-Service (POS) coverage can go out-of-network, but will pay higher out-of-pocket costs.

PARTICIPATING PROVIDER: Individual physicians, hospitals and professional health care providers who have a contract to provide services to its members at a discounted rate and to be paid directly for covered services.

PCP (PRIMARY CARE PHYSICIAN):

A physician selected by the member, who is part of the plan network, who provides routine care and coordinates other specialized care. The PCP should be selected from the network that corresponds to the plan in which you are a member. The physician you choose as your PCP may be a family or general practitioner, internist, gynecologist or pediatrician.

PREVENTIVE CARE: Care rendered by a physician to promote health and prevent future health problems for a member who does not exhibit any symptoms. Examples are routine physical examinations and immunizations.

REFERRAL: A written recommendation by a physician that a member may receive care from a specialty physician or facility.

SPECIALIST: A participating physician who provides non-routine care, such as a dermatologist or orthopedist.

MEDICAL AND PHARMACY

Member Services	Anthem	866-350-7596	www.anthem.com
24/7 Nurse Line	Anthem	888-596-9473	www.anthem.com
Mental Health/Substance Abuse (Pre-Certification)	Anthem	866-776-4793	www.anthem.com
Coverage While Traveling	Anthem	800-810-2583	www.anthem.com
Pharmacy Member Services	IngenioRX	833-284-7515	www.ingenio-rx.com
Prior Authorization	Anthem	833-293-0659	www.anthem.com
Home Delivery Pharmacy	Anthem	833-203-1742	www.anthem.com
Specialty Pharmacy	Anthem	833-255-0645	www.anthem.com

OTHER COVERAGES

Onsite Health Center	Harness Health Partners	937-421-4081	---
Wellness Benefits	Virgin Pulse	888-671-9395	join.virginpulse.com/airstream
Dental	Delta Dental	800-524-0149	www.deltadentalin.com
Vision	VSP	856-638-3931	www.vsp.com
Basic Group Life & AD&D	MetLife	856-638-3931 Prompt #2	www.metlife.com
Voluntary Life Insurance	MetLife	856-638-3931 Prompt #2	www.metlife.com
Short Term Disability (STD)	MetLife	800-638-2242	www.metlife.com
Long Term Disability (LTD)	MetLife	800-638-2242	www.metlife.com
401(k) Retirement Savings	Fidelity	866-260-9745	www.netbenefits.com/easy
Employee Assistance Program	LifeServices	800-822-4847	www.lifeserviceseap.com

For additional help please email benefits@airstream.com

