



Groundbreaking Since 1908.

Bi-Weekly

Friends,

Open Enrollment is here. Online enrollment portals, UKG will become available on **May 1st and will close at midnight on May 19th**. During this time, please carefully review the materials and make your elections for medical, dental, vision, life, etc. The portals will provide guidance, copies of our summary plan descriptions and a running total of the per pay period cost of your elections. **NOTE - If you do not enroll at this time, you cannot enroll until next year's open enrollment period, which will be Apr/May 2026, unless you experience a "Qualifying Family Status Change Event" (examples are marriage, loss of job, birth or adoption of a child, divorce, etc.).**

This year Flintco will continue to offer three plans to maximize your individual families' choices. One plan will feature a **high deductible (High Deductible Health Plan or HDHP)** and a **Health Savings Account (HSA)** feature so you will have an option for the lowest possible monthly premiums, while saving money pre-tax for any qualified medical expenses you may incur. **Remember, you must actively enroll in the HSA. It is not automatic just because you have enrolled in the HDHP.**

You will have the opportunity to further reduce your premium expenses by participating in our healthy living initiatives. For example, you can earn cash incentives by being or becoming a non-tobacco user (\$40 per month) and/or by seeing your doctor at least once per year for an annual physical (\$20 per month). The forms to sign up are found at www.flintcobenefits.com. Please carefully read more about the new features and the three offered plans before selecting the one that works best for your family:

What's staying the same/changing:

- Medical
 - Blue Cross Blue Shield of Oklahoma is still our claims administrator
 - Blue Preferred network for Oklahoma
 - Outside of Oklahoma
 - Please make sure your providers are using the PPO network and not the EPP network – both are listed on your ID cards
 - Because of market conditions and plan experience over the last few years, we will be looking at an increase in premiums of approximately 7.5% across all plans and tiers.
- Prescription Medication
 - Rx Benefits is our pharmacy claims administrator for Optum Rx, our pharmacy benefit provider.
- Dental coverage is the same; however, our claims have been trending sharply up over the last three years. Therefore, there will be an increase in premium share of approximately 4%.
- Vision coverage will remain the same; premiums will remain at the current rate.
- Life, Voluntary Life, Accident, AD&D, STD and LTD coverage and premiums will have no changes.
 - The company provides a Life Insurance policy equal to your annual salary for all employees. Remember to **designate a beneficiary** for your life benefits.
- Kempton Premier Providers.
 - This zero-out-of-pocket plan is for certain common procedures like joint surgery/replacement, MRI/CAT scan, gallbladder removal, etc.
 - As long as you are enrolled in one of our medical plans, you will automatically be enrolled in the Kempton Plan at no additional cost to you.



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- ***NOTE – If you are enrolled in the Diamond Plan (High Deductible Health Plan), you must meet your deductible before you are eligible for the zero out-of-pocket benefit through Kempton.***
- Flexible spending for health care and for dependent care
 - We will be changing our third-party administration (TPA) firm from Luminare Health to Navia. The member experience is much more robust and helpful.
 - REMEMBER – the flex plans operate on the same plan year (June through May) as the rest of our benefits
 - For 2025, the IRS maximum for healthcare spending is \$3,300 per family and the maximum for dependent care spending per family is \$5,000.
 - FSA Carryover maximum from 2025 to 2026 is \$640, but because we are changing TPA vendors, we strongly recommend that you spend your flex balance prior to June 1st.
- Voluntary benefits:
 - Short Term Disability
 - Legal Insurance
 - Pet Insurance
 - YMCA – application forms are found at www.flintcobenefits.com

If you have any questions, or need additional assistance, please call or email Jill Lingle in Human Resources – (918) 710.2164 - jlingle@flintco.com.

Additional information is available at:

www.flintcobenefits.com



2025-2026

Benefits Guide

June 1, 2025 - May 31, 2026

HEALTH
WELLNESS
FINANCIAL



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ✓ Your spouse
- ✓ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.
- ✓ 401(K) eligibility - 18 Years or older, not an intern

When Coverage Begins

New Hires: You must complete the enrollment process before the effective date of coverage. If you enroll on time, coverage is effective on the first of the month following 30 days of continuous service.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until the next Open Enrollment period.

Open Enrollment:

Changes made during this Open Enrollment are effective June 1, 2025 thru May 31, 2026.

Required Information—When you enroll, you will be required to enter first, middle and last name, as well as a Social Security number (SSN) and date of birth for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have been offered coverage that is affordable. This information will be securely submitted to the IRS and will remain confidential.

Choose Carefully!

Because of IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ✓ Marriage or divorce
- ✓ Birth or adoption of a child
- ✓ Child reaching the maximum age limit
- ✓ Death of a spouse or child
- ✓ Change in child custody
- ✓ Change in coverage election made by your spouse during his/her employer's Open Enrollment period
- ✓ You lose coverage under your spouse's plan

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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Vision Plan

KPP^{Free}TM

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Employee Paid Voluntary Life

AD&D Insurance

Disability Insurance

Savings Plus Plan (a/k/a 401(k))

Enrollment

Bi-Weekly employees go to:

Alberici.okta.com There, you will find the UKG app. Click on the icon and begin your enrollment.

Weekly employees go to:

[Employee Navigator](#) to enroll. If you have not registered, you must do so **HERE first**. (the company identifier is flintco.)

Medical Plans

We are proud to offer you a choice of three medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

- Blue Cross Blue Shield PPO **Club Plan**
- Blue Cross Blue Shield PPO **Spade Plan**
- Blue Cross Blue Shield HDHP **Diamond Plan** (High Deductible Plan with a Health Savings Account [HSA])



You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Preferred Network. The plan-year deductible must be met before certain services are covered. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

	Club Plan \$750 Deductible		Spade Plan \$1,500 Deductible		Diamond Plan \$3,300 Deductible	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
	<u>Deductible</u>					
Individual	\$750.00	\$1,500.00	\$1,500.00	\$3,000.00	\$3,300.00	\$6,600.00
Family	\$1,500.00	\$3,000.00	\$3,000.00	\$6,000.00	\$6,600.00	\$13,200.00
Co-Insurance	80%	50%	80%	50%	80%	50%
	<u>Out-of-Pocket</u>					
Individual	\$3,500.00	\$7,000.00	\$5,250.00	\$10,500.00	\$7,500.00	\$15,000.00
Family	\$7,000.00	\$14,000.00	\$10,500.00	\$21,000.00	\$15,000.00	\$30,000.00
Office Visit	\$20.00	Deductible & Co-Insurance	\$30.00	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance
Specialty Office Visit	\$40.00	Deductible & Co-Insurance	\$50.00	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance
Emergency Room (co-pay waived if admitted)	\$250 Co-pay, then deductible and 20% Co-Insurance	\$250 Co-pay, then deductible and 20% Co-Insurance	\$250 Co-pay, then deductible and 20% Co-Insurance	\$250 Co-pay, then deductible and 20% Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance
In-Patient Services (pre-certification required or \$500 penalty applied)	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance
Preventative Services Including:	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
Annual GYN	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
Well Child Care	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
Immunizations (adult & child as recommended)	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
Annual PSA (one per calendar year for 40 years and over)	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
Office Visit for Preventative Services	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
Prescription:	Retail	Mail	Retail	Mail	Retail	Mail
Generic	\$10.00	\$20.00	\$15.00	\$30.00	Deductible & Co-Insurance	Deductible & Co-Insurance
Brand Formulary	\$35.00	\$70.00	\$45.00	\$90.00	Deductible & Co-Insurance	Deductible & Co-Insurance
Brand Non-Formulary	\$50.00	\$100.00	\$70.00	\$140.00	Deductible & Co-Insurance	Deductible & Co-Insurance
Specialty	\$75.00	\$75.00	\$100.00	\$100.00	Deductible & Co-Insurance	Deductible & Co-Insurance

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

2. Every dollar incurred on the Diamond Plan comes out of your pocket, including pharmacy, until you meet your deductible.

Dental Plan

Delta Dental of Oklahoma DPPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental of Oklahoma network.

Following is a high-level overview of the coverage available.

Key Medical Benefits	DPPO	
	In-Network Only	Out-of-Network ¹
Deductible (per plan year)		
Individual / Family	\$50/\$150	\$50/\$150
Benefit Maximum (per plan year; preventive, basic, and major services combined)		
Per Individual	\$1,500	\$1,500
Covered Services		
Preventive Services	No charge	No charge
Basic Services	20%*	20%*
Major Services	50%*	50%*
Orthodontia (Child Only)	50%; \$1,500 lifetime max benefit	

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. ***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Delta Dental HOW (Health through Oral Wellness) Program

If you qualify, your enhanced benefits will include greater frequency of cleanings, caries (tooth decay) susceptibility testing, sealants and more. Find additional information in your enrollment packet.



Vision Plan

We are proud to offer you a vision plan through Vision Service Provider (VSP). This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Vision Service Provider (VSP) network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network
Exam (once every 12 months)	\$10	Up to \$50
Materials Copay	\$25	N/A
Lenses (once every 12 months)	No charge after materials copay	Up to \$50
Single Vision		Up to \$75
Bifocal		Up to \$100
Trifocal		
Frames (once every 24 months)	Covered up to \$200	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$150	Up to \$105

Kempton Premier Providers

KPPFree™

If you are enrolled in a Flintco medical plan, you are automatically eligible for and enrolled in our bolt-on plan with Kempton Premier Providers, KPPFree™. KPPFree™ known also as Kempton Premier Providers™, is an exclusive group who offers a new type of pricing structure for select, self-funded plans. Their pricing is up-front, all-inclusive, deeply discounted, and completely transparent. These providers allow our clients to utilize this cash pricing because the claims are paid quickly and at 100%. Plan participants utilizing a Kempton Premier Provider™ for a qualified medical procedure benefit by incurring **no out-of-pocket costs** and the Plan receives substantial savings. It's a "win-win" for all parties involved!

NOTE – If you are enrolled in the High Deductible Health Plan (the Diamond Plan), then you must meet your deductible before you can be eligible for the “no out-of-pocket cost” benefit. You may still save money by using a KPP Provider, but you will have to pay the published rate until you meet your deductible.

Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered by **Luminare Health**. FSAs allow you to set aside a portion of your income before taxes to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2025, you may contribute up to \$3,300 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Examples of qualified expenses include:

- | | | |
|---------------|--------------------|------------------------|
| ✓ Coinsurance | ✓ Prescriptions | ✓ Eye exams/eyeglasses |
| ✓ Copayments | ✓ Dental treatment | ✓ Lasik eye surgery |
| ✓ Deductibles | ✓ Orthodontia | |

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf

Dependent Care FSA

For 2025, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers

Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

REMEMBER – Dependent Care FSA is NOT a Medical Flex Account for your Dependents. It is for Childcare/Babysitting/Senior Care expenses only.



FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: Unused funds of up to \$640 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$640 will **NOT** be returned to you or carried over to the following year.

Dependent care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through May 31, 2026, and must file claims by August 31, 2026

NOTE – if you enroll in the Diamond Plan (high deductible plan with the HSA), then you are not eligible for the FSA for Healthcare. You may still enroll in the FSA for Dependent Care.

Health Saving Accounts

We provide you with an opportunity to participate in a Health Saving account (HSA) that will be administered through HSA BANK. **In order to contribute to an HSA, you must be enrolled in a high deductible health plan (HDHP) (Flintco's Diamond Plan).**

An HSA allow you to set aside a portion of your income, before taxes, to pay for qualified health care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Savings Account

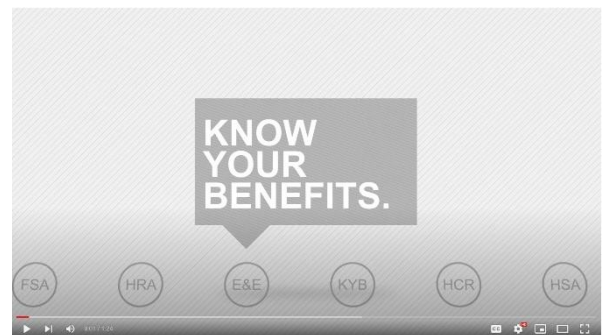
For 2025, you may contribute up to **\$4,300** per individual and **\$8,550** per family to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Examples of qualified expenses include:

- ✓ Coinsurance
- ✓ Copayments
- ✓ Deductibles
- ✓ Prescriptions
- ✓ Dental treatment
- ✓ Orthodontia
- ✓ Eye exams/eyeglasses
- ✓ Lasik eye surgery

The maximum includes contributions from your employer. For the plan year 2025-2026 Flintco will contribute \$20 per bi-weekly paycheck or \$10 per weekly paycheck (\$520 per year) for each person enrolled in HSA. So, for example, an individual can personally contribute only \$3,780 because the \$520 from Flintco will bring the total up to the allowed maximum.

For a complete list of eligible expenses, visit: <https://www.irs.gov/pub/irs-pdf/p502.pdf>.

NOTE – If you are 55 or over, you may contribute an additional \$1,000



<https://www.youtube.com/watch?v=G1go56lkX5A&t=4s>

View this and other helpful videos on the Flintco Benefits site – www.flintcobenefits.com.

Life Insurance

Life insurance provides your named beneficiary with benefits in the event of your death. Flintco, LLC offers company paid life insurance to you through New York Life (NYL).

Benefit Amount

1 time your annual salary up to a \$310,000 maximum



Voluntary Life Insurance

If you determine you need more than the Company-paid Basic Life coverage, you may purchase additional coverage for yourself and your eligible family members.

	Benefit Option	Minimum Available	Maximum Available	Guarantee Issue*
Employee	1, 2, 3, 4 or 5 times your annual earnings, up to the lesser of 5 times your annual earnings or \$750,000	1 time your annual salary	Lesser of 5 times your annual salary to \$750,000	Lesser of 5 times annual earnings or \$500,000
Spouse	\$10,000 increments up to \$250,000 (not to exceed 50% of the employee total Life amount)	\$10,000	Lesser of \$250,000 or up to half of employee combined basic and optional life amount to a maximum of	\$50,000
Child(ren)	Under age 26 - up to \$10,000	\$1,000	\$10,000	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (information about your health). Coverage amounts that require Evidence of Insurability will not be effective until and unless they are approved by the insurance carrier.

Voluntary AD&D Insurance

Accidental Death and Dismemberment (AD&D) Insurance through New York Life provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye, for example). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

	Benefit Option	Minimum Available	Maximum Available
Employee	1, 2, 3, 4, 5, 6, 7, 8, 9, or 10 times annual compensation rounded to the next higher \$1,000 if not already a multiple thereof	\$10,000	\$500,000
Spouse	50% of employee election	50% of employee election	\$250,000
Child(ren)	15% of employee election	15% of employee election	\$10,000

Long-term Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Long-Term Disability (Company-Paid)	
Provided at NO COST to you through New York Life.	
Benefit Percentage	60%
Monthly Benefit Maximum	\$10,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Medefy Benefits App

Be sure to download the Medefy App. Medefy helps you keep track of all your benefits, provides digital ID cards for medical, dental and vision, and helps you remember how much your deductible and out-of-pocket amounts are and how much you may have spent in the plan year. Medefy also provides 24/7 assistance from a live concierge who can help you with a number of tasks, including locating providers in your area, contacting KPPFree™, if appropriate, and even assisting with booking appointments, etc.

App Store Preview

Open the Mac App Store to buy and download apps.



Medefy Benefits App

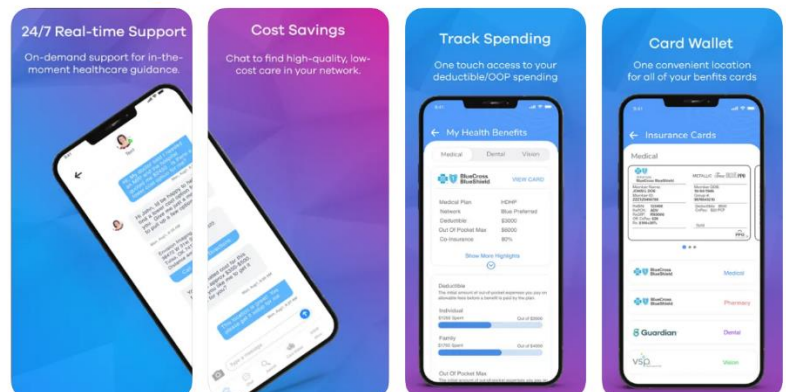
Medefy Health LLC

Designed for iPad

★★★★★ 4.0 • 118 Ratings

Free

Screenshots iPad iPhone



Flintco Savings Plus Plan

Pre-Tax Contributions

To help you prepare for the future, Flintco sponsors a 401(k) plan as part of its benefits package. The plan is comprised of a range of investment options, from aggressive to conservative funds. By saving on a before-tax basis, you delay paying income taxes on the money you save, as well as your account earnings, until you withdraw the money from the plan.

With this plan, you may defer up to 100% of your annual salary, up to an annual maximum of \$23,500 for 2025, on a before-tax basis. Special “catch-up” provisions may apply to plan participants age 50 & over and for participants ages 60-63. Flintco provides a generous match of your contributions:

- ✓ **Your first 3% of salary deferrals** \$1 Flintco match for each \$1 you contribute
- ✓ **Your next 2% of salary deferrals** \$.50 Flintco match for each \$1 you contribute

Roth Contributions

Roth contribution amounts are deducted from compensation but are subject to federal and state income tax, as well as FICA taxes. Therefore, Roth contributions effectively reduce your take home pay by a greater amount than the same percentage of pre-tax contributions. You should contact your tax advisor concerning the form of contributions you elect. If you elect a Roth contribution, the match will be placed in your pre-tax account, not your Roth account, because taxes will not have been taken from the company match. All earnings on Roth contributions are tax free!

Here are the facts:

- ✓ Four out of 10 people over age 55 have less than \$100,000 saved for retirement.
- ✓ Research indicates that American workers will need 80 to 100% of their current income to be comfortable during retirement.
- ✓ More than half of all American workers report having less than \$25,000 saved for retirement in total savings and investments.

How do I enroll in the Flintco 401(k) Plan?

All new employees are **automatically enrolled in the plan at 3%** deferral to the pre-tax bucket. In addition, each Jan. 1st, all employees who are contributing less than 5% will be increased by 1% each year until the employee is contributing at least 5%. Employees have 90 days to opt out of auto-enrollment or auto increase. In addition, this plan offers an open enrollment year round. Participants may access their accounts at any time 24/7 by visiting www.startright.bokf.com. Please contact Human Resources for further information regarding enrollment and the eligibility for the company match.



Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

Contact Information

Coverage	Carrier	Phone #	Website
Medical	Blue Cross Blue Shield	866-882-8363	www.bcbsok.com
Kempton Premier Providers	KPPFree™	888.841.7763	www.kemptonpremierproviders.com
Dental	Delta Dental of Oklahoma	800-522-0188	www.deltadentalok.org
Vision	Vision Service Plan (VSP)	800-877-7195	www.vsp.com
Life Assistance Program	New York Life	800-538-3543	www.guidanceresources.com WEBID is NYCGBS
Flexible Spending Accounts (FSA)	Luminare Health	800-990-9058	https://web9.hlthben.com/apps/um/login/hb_login.jsp
Health Spending Account (HSA)	HSA Bank	800-357-6246	https://myaccounts.hsabank.com/Login.aspx
Life/AD&D and Disability	New York Life	800-362-4462	https://www.mynylgbs.com/auth/employee-benefits/login
401(k) Retirement Savings	Bank of Oklahoma	800-876-9557	www.startright.bokf.com

Benefit Websites

Bi-weekly Employees - The UKG Site

can be accessed anytime you want additional information on our benefits program. Access the Okta Dashboard and select the UKG icon. You'll see Open Enrollment and Life Event. Choose the applicable option and proceed as prompted.

Weekly Employees – Employee Navigator

Likewise, the Employee Navigator site is available 24/7 for all weekly employees. Just log in and your Dashboard will appear. Select Open Enrollment or Life Event, as dictated by the situation and follow the online instructions.

Questions?

If you have additional questions, you may also contact:
Jill Lingle at 918-710-2164 or jlingle@flintco.com

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan and program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



RATES

2025-2026 EMPLOYEE CONTRIBUTIONS



Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

Medical Coverage Tier	Blue Cross Blue Shield of Oklahoma Employee Contributions								
	Diamond			Spade			Club		
	Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly
Employee Only	31.15	62.31	135.00	50.77	101.54	220.00	87.69	175.38	380.00
Employee + Spouse	80.77	161.54	350.00	111.92	223.85	485.00	188.08	376.15	815.00
Employee + Child(ren)	75.00	150.00	325.00	100.38	200.77	435.00	155.77	311.54	675.00
Employee + Family	87.69	175.38	380.00	126.92	253.85	550.00	219.23	438.46	950.00

Dental Coverage Tier	Delta Dental of Oklahoma Employee Contributions		
	Weekly	Bi-Weekly	Monthly
Employee Only	6.23	12.46	27.00
Family	13.38	26.77	58.00

Vision Coverage Tier	Vision Services Providers (VSP) Employee Contributions		
	Weekly	Bi-Weekly	Monthly
Employee Only	0.00	0.00	0.00
Employee + Spouse	1.20	2.39	5.18
Employee + Children	1.36	2.72	5.90
Family	2.89	5.79	12.54

ARAG Coverage Tier	ARAG Employee Contributions		
	Weekly	Bi-Weekly	Monthly
Ultimate Advisor	4.79	9.58	20.75
Ultimate Advisor	5.60	11.19	24.25

The Voluntary Life, AD&D and Short Term Disability rates are age banded and calculated on the amount selected.





YOUR HEALTH YOUR FAMILY YOUR LIFE

voluntary benefits

2025-2026 Guide

LEGAL INSURANCE
DISABILITY COVERAGE
PET INSURANCE
YMCA MEMBERSHIP

June 2025—May 2026

Legal Insurance

ENJOY LIFE WITH FEWER WORRIES – WITH LEGAL INSURANCE FROM ARAG®

Legal insurance from ARAG gives you a place to turn to help address and resolve life’s legal or financial issues – like disputing a contractor’s charges, getting your will done or receiving a traffic ticket.

For as little as \$20.75 per month, you’ll have access to a nationwide network of attorneys who can:

- Work with you in person, over the phone or online to consult with you on legal issues.
- Review or prepare documents.
- Make follow-up calls or write letters on your behalf.
- Represent you if needed.
- Work with you in-person, over the phone or online or to help resolve the matter.

SAVE TIME AND MONEY ON LEGAL MATTERS

Attorney fees for most covered legal matters are 100% paid in full when you work with a Network Attorney. That means you’ll avoid paying high-cost attorney fees (which currently average \$347 an hour*). It’s like having an attorney on retainer whenever you have a question or need guidance regarding a legal matter.

FACE LIFE’S LEGAL ISSUES WITH MORE CONFIDENCE

Count on a wide variety of benefits and services to help protect you when you encounter situations in life that could result in legal issues such as:

- Consumer and Fraud Protection Issues
- Wills and Estate Planning
- Real Estate Matters
- Family Law
- Civil Damage Claims (Defense)
- Criminal Matters
- Debt-Related Matters
- Dispute with a Landlord
- Government Benefits
- Small Claims Court
- Tax Issues
- Traffic Matters

Short Term Disability Coverage

from New York Life

Disability Insurance pays a portion of your salary if you’re unable to work due to a covered disability.

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
When Benefits Begin	7 Days
Maximum Benefit Duration	13 Weeks

Pet Insurance from Pets Best

Did you know 4 out of 5 pets will have a medical emergency in their lifetime? Pet insurance reimburses you for vet bills when your pet is sick or injured, to help take the financial worry out of vet visits.

- Use any veterinarian - including specialty and emergency clinics
- Exclusive employee discount on a Best Benefit plan
- You have to enroll directly with Pets Best through the website.
- Optional coverage for routine care

YMCA Membership

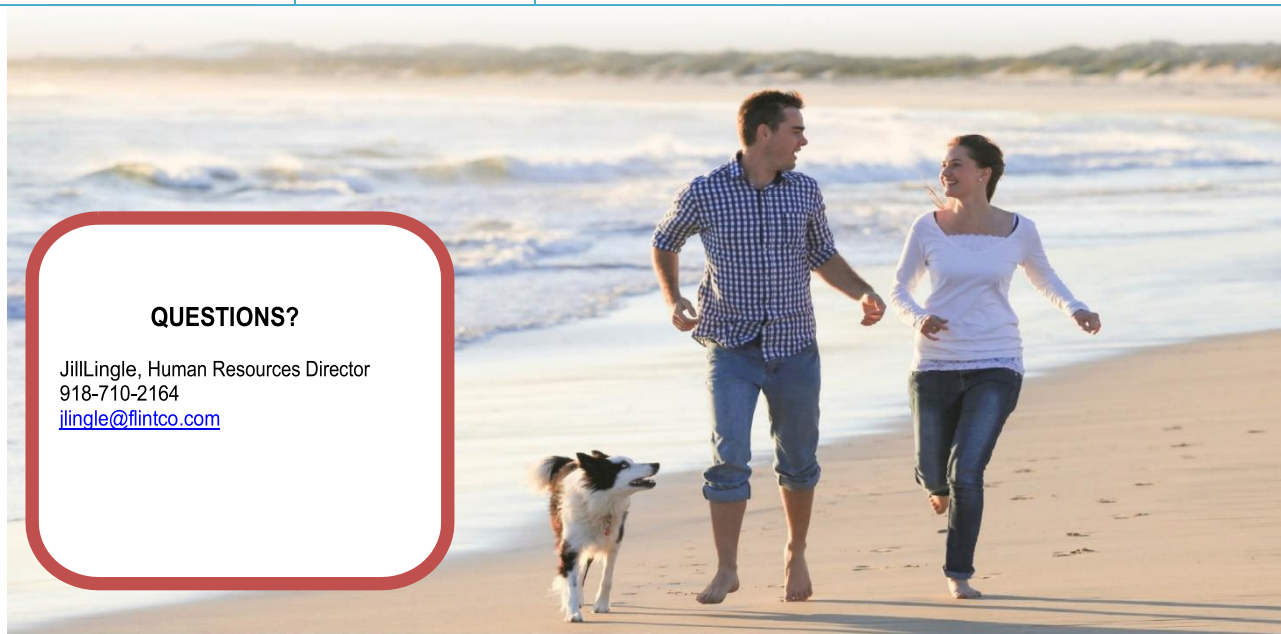
Flintco will contribute \$20 per month toward your monthly membership fee to your local YMCA. You may select Employee Only, Employee + 1 other Adult, Family, 65 +, Single Parent Family, etc., whatever fits your situation. Once you have enrolled, you will be able to visit hundreds of YMCA locations across the country.

Carrier Contact Information

Coverage	Carrier	Phone #	Website/Email
Legal	ARAG	800-247-4184	www.ARAGlegal.com
Short Term Disability	New York Life	800-362-4462	https://www.mynylgbs.com/auth/employee-benefits/login
Pet Insurance	Pets Best	888-984-8700	www.petsbest.com/FLINTCO
YMCA	Various	918-710-2164	Contact Jill Lingle for Assistance

QUESTIONS?

Jill Lingle, Human Resources Director
918-710-2164
jlingle@flintco.com



EASY AS 1-2-FREE!

When you choose KPPFree™, your medical service is covered at **100%**, with **no cost to you!** With more than 200 provider locations, and thousands of procedures, tests, imaging, and other services, using KPPFree™ is an easy choice!



Call us! Call our Kempton Care Advocate team at **(888) 841-7736** to find out if your procedure is available through KPPFree™, discuss your benefits, and see if using KPPFree™ is your best option.



Our team will assist you every step of the way. Remember, reasonable travel expenses can be reimbursed, including hotel, mileage, etc.



After your appointment is scheduled, you will be provided with a KPPFree™ Voucher to present to the provider at the time of service.

Services Available

There are thousands of medical services that can be performed through the KPPFree™ program.

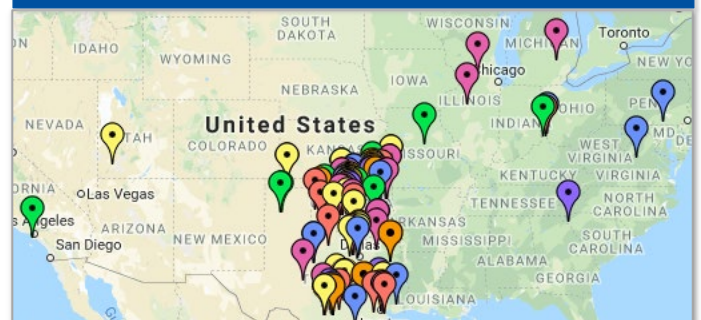
Examples of services available:

- General Surgeries
- Diagnostic Imaging
- Orthopedics
- Gastrointestinal
- Ear, Nose, & Throat
- Cardiac
- Oncology
- Gynecological
- Ophthalmological/Ocular
- Kidney
- Sleep Disorders

Don't forget your Preventive Services!

Many of your preventive screenings can be done through the KPPFree™ program. If a diagnosis is found, you can be confident that you won't receive surprise bills, and you may be able to get treatment from the same high-value provider.

KPPFree™ Locations



Don't have a KPPFree™ option near you or want to use your current medical provider? Ask us about how any provider can "price match" and be reimbursed at 100% with a Cash Price Agreement!

KPPFree™ Savings

KPPFree™ providers often charge 50-80% less than a traditional network provider. Since 2011, our clients have saved **\$61 million** over network discounts, while reducing or eliminating participant out-of-pocket cost.

To learn more:

Call us at (888) 841-7736 or visit us online at KPPFree.com



Kempton
Premier Providers



EASY AS 1-2-FREE!

When you choose KPPFree™, your medical service is covered at **100%**, with **no cost to you!** With more than 200 provider locations, and thousands of procedures, tests, imaging, and other services, using KPPFree™ is an easy choice!

Step 1

First, your doctor must have determined that you need a procedure or surgery. He/she will make the initial determination regarding the procedure or service that you need.

Following your doctor's diagnosis, **call our Kempton Care Advocates at (888) 841-7736** to see if your procedure is offered under KPPFree™.

Our Kempton Care Advocates offer full concierge service, including helping arrange travel, and providing you with a KPPFree™ voucher that will enable your procedure to be covered at 100%.

Step 2

After your appointment is scheduled, you will be provided with a KPPFree™ Voucher to present to the provider at the time of service.

When you arrive at your initial consultation, you will be required to produce your voucher. This helps to ensure that the claim goes through the proper channels and your procedure will be covered at 100%.

Free!

Well done! By making this valuable choice, all your out-of-pocket costs are waived, and your health plan has also saved!

Remember: not every procedure or service is eligible, and the list of qualified procedures is subject to change at any time. New KPPFree™ providers and services are added every day!



We are here to help! (888) 841-7736

Our Kempton Care Advocate team is available to assist you
Monday - Friday, 8:00 a.m. - 5:00 p.m. CST.

*KPPFree™ is only available for covered services. If a participant has other primary insurance, the benefit is not available. Neither the Plan or the Plan Administrator, make any warranty as to the quality of care that may be rendered by any provider. Under IRS guidelines, except for ACA mandated Preventive Services, participants enrolled in a Qualified High Deductible Health Plan must meet their deductible before receiving a 100% benefit. ©2019 all rights reserved.

TALKING TO YOUR DOCTOR...

KPPFree™ is a new type of enhanced benefit, which means your current doctor may not be familiar with the process.

Here are some talking points and a worksheet to assist you in discussing the program and getting the information you need.

If you are enrolled in a Qualified High Deductible Health Plan, or have other primary insurance, please review the information included at the bottom of this page and your Summary Plan Description.

Talking Points...

- "I am enrolled in a self-funded plan and I am cost conscious."
- "I have an enhanced benefit that reduces or eliminates my out-of-pocket costs."
- "If this is a diagnostic test or procedure, I will need a copy of the physician's orders to start the KPPFree™ process."
- "Can you tell me the exact type of surgery or procedure I need?"
- "What is the name or CPT code for this procedure?"

Ask Your Doctor...

What type of procedure do I need?

☐ Imaging ☐ Diagnostic Test ☐ Surgery ☐ Other: _____

Are physician's orders required for this procedure? If so, will you provide me with a copy of the orders so that I can begin the process?

Physician's orders are necessary for procedures that are diagnostic in nature.

☐ Yes, they are required, and I have received a copy. ☐ No, they are not required.

What is the exact name of the procedure or the CPT code(s)?

CPT codes are used to describe the procedure(s) or service(s) a patient needs to receive. More than one code may be utilized.

Procedure Name: _____

CPT Code 1: _____ CPT Code 2: _____ CPT Code 3: _____

What is the urgency level?

The KPPFree™ program is intended for voluntary and elective procedures that are not urgent in nature. If your medical service is urgent or time sensitive, we encourage you to consider using regular plan benefits.

☐ Not time-sensitive ☐ Time-sensitive; not urgent ☐ Urgent; consider using regular plan benefits

24-48 HOURS PRIOR TO APPOINTMENT

24-48 hours prior to your appointment, confirm that you have received the following information.

Have I received and printed my KPPFree™ voucher?	☐ Yes ☐ No	If you have not received your Voucher, please call our Kempton Care Advocates at (888) 841-7736 Monday - Friday 8:00 a.m. - 5:00 p.m. CST.
Do I know the location of my appointment?	☐ Yes ☐ No	Please confirm the location of your appointment with the KPPFree™ provider. For example, your consultation may be scheduled at a different location than your procedure.
I am traveling, do I have the details and reservation information?	☐ Yes ☐ No	If you have not received this information, please call our Kempton Care Advocates at (888) 841-7736 Monday - Friday 8:00 a.m. - 5:00 p.m. CST.

AFTER YOUR PROCEDURE

Check with your KPPFree™ provider to find out if you will need follow-up care or services and reach out to us to review the benefit available.

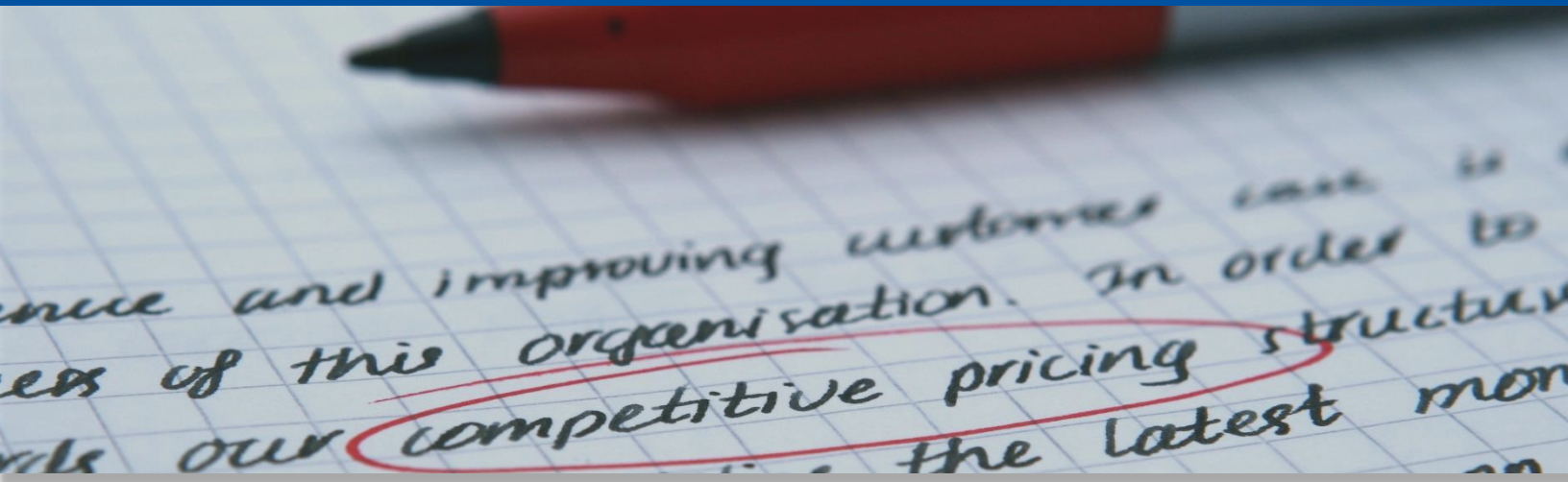
Do I need post-operative care or follow-up appointments?	☐ Yes ☐ No	Post-operative or follow-up appointments may not be included under KPPFree™ and may be covered under regular plan benefits.
Do I need any durable medical equipment?	☐ Yes ☐ No	Durable Medical Equipment (DME), such as crutches, walkers, and other equipment prescribed by your surgeon, may not be included for your specific procedure under the KPPFree™ benefit and may be covered under regular plan benefits.
Do I need physical therapy?	☐ Yes ☐ No	Physical therapy may not be included for your specific procedure under the KPPFree™ benefit and may be covered under regular plan benefits. Our Kempton Care Advocates can assist you in finding the best benefit for physical therapy.
Do I need any other continuing care or medical services?	☐ Yes ☐ No	These services may not be included for your specific procedure under the KPPFree™ benefit and may be covered under regular plan benefits. Our Kempton Care Advocates can assist you in finding the best benefit.



Kempton
Premier Providers

CASH PRICE
AGREEMENTS

CASH PRICE AGREEMENT



SAVE MONEY WITH A CASH PRICE AGREEMENT!

Talk to your provider about matching the KPPFree™ price so they can be reimbursed at 100% and you will have no out-of-pocket cost!*



Call Kempton to find out if your medical service is available through the KPPFree™ program, discuss your benefits, and see if a Cash Price Agreement is **your best option**.



Talk to your provider about the enhanced benefit available to you if they **agree to match**, or closely approximate, the KPPFree™ bundled price.



Remember, **all services** required for the service or procedure are **bundled** under KPPFree™. These same services **must** also be **included** in your provider's offer.



The Kempton Care Advocate will provide you with a **Cash Price Agreement**. If your provider signs the CPA, your procedure will be covered under the **KPPFree™ benefit**!



If you have questions or want to learn more, give us a call at (888) 841-7736 or visit us online at **KPPFree.com**.



FREQUENTLY ASKED QUESTIONS

What is KPPFree™?

KPPFree™ is a program that encourages self-funded employers to work directly with medical providers who believe in charging a fair price for high quality care.

Under KPPFree™, you can receive high quality care at an enhanced benefit, often with no out-of-pocket cost.* To encourage you to use this benefit, reasonable travel expenses are included.

Providers who are part of KPPFree™ are paid quickly, often at 100%.* They are reimbursed from a simple invoice rather than filing a claim through the PPO network.

What services are available through KPPFree™?

Medical services available through KPPFree™ are non-emergency procedures such as surgeries, tests, and diagnostic imaging. The up-front transparent prices for KPPFree™ services are bundled. This means the price includes all relevant items, such as surgeon, facility, and anesthesia.

What is a KPPFree™ Cash Price Agreement?

A KPPFree™ Cash Price Agreement enables participants to get the same enhanced KPPFree™ benefit with the medical provider they choose.

If your provider agrees to match, or closely approximate, the *bundled* price of a current KPPFree™ provider for a particular service or procedure, it can be covered under the KPPFree™ benefit.

All services required for the service or procedure are bundled under KPPFree™. These same services must also be included in the Cash Price Agreement.

Is a KPPFree™ Cash Price Agreement the best option for me?

Cash Price Agreements are consumer-driven. This means that you, as a smart consumer, are responsible for working with your provider(s) independently, and “owning” the process.

The relationship you have with your provider is very important to this process. There is a much higher possibility of success when the patient, you, leads the discussion.

However, this process is not for everyone.

If you are uncomfortable having this discussion with your provider, or you do not want to devote the time to the process, this option is not a good fit for you.

For medical issues that are urgent or time sensitive, we recommend using a current KPPFree™ provider, or your regular plan benefits for care.

Even if a Cash Price Agreement is not the best option for you, the enhanced benefit is still available by choosing a current KPPFree™ provider. You may also choose to use the regular plan benefits available to you.

Are all providers willing to do a KPPFree™ Cash Price Agreement?

No. Not all providers are willing, or able, to participate in this option.

If your provider is not willing or able to sign a Cash Price Agreement, you still have an enhanced benefit available if you choose to use a current KPPFree™ provider. You may also choose to use the regular plan benefits available to you.

What is the process?

1. Call the Kempton Care Advocates to find out if your medical service is available through the KPPFree™ program and discuss whether a Cash Price Agreement is your best option.
2. Talk to your provider about the enhanced benefit available to you. If they are willing to match, or closely approximate, the KPPFree™ bundled price, you can request a Cash Price Agreement to share with them.
3. The Kempton Care Advocate will provide you with a Cash Price Agreement to present to your provider for them to sign.
4. Once your provider has signed the agreement return it to the Kempton Care Advocate for review.
5. After the agreement is reviewed, and our team confirms that all necessary services are included in the bundled price, the Kempton Care Advocate will send an executed copy of the agreement to you.
6. Once the process is complete, you may schedule your appointment and your medical services will be covered under the enhanced KPPFree™ benefit!

Talking Points

- “How much will this treatment cost? I would like to know what the total cost will be, not just my out-of-pocket cost.”
- “My health plan is self-funded. I want to keep costs in mind when I am making this decision.”
- “I have an enhanced benefit that saves me significant money on my out-of-pocket costs.”
- “We have the option of working together so that I can still have my out-of-pocket costs reduced or waived, while not having to use a different provider.”
- If you are willing to work with me and match the bundled price of a provider who participates in KPPFree™, I get the enhanced benefit, but there are also benefits for you too. Can we discuss this option?”

Have Questions?

For assistance please call our Kempton Care Advocates Monday – Friday 8:00 a.m. - 5:00 p.m. CST.

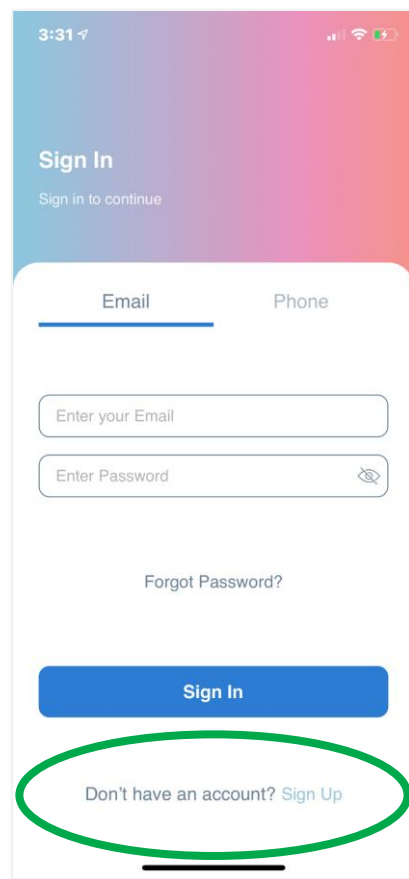
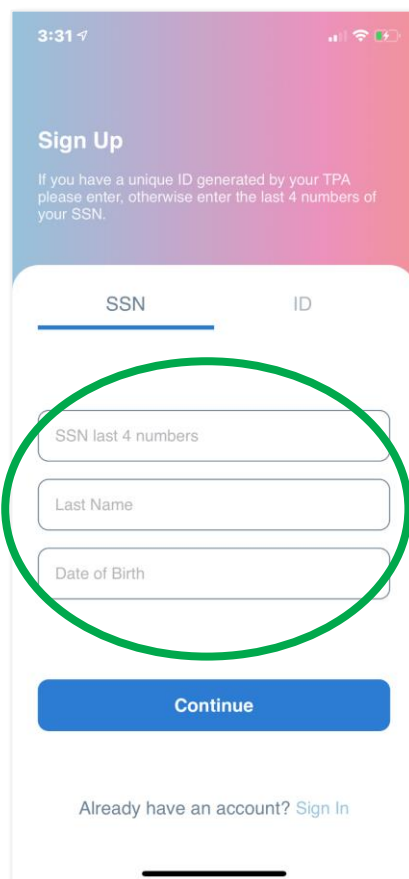
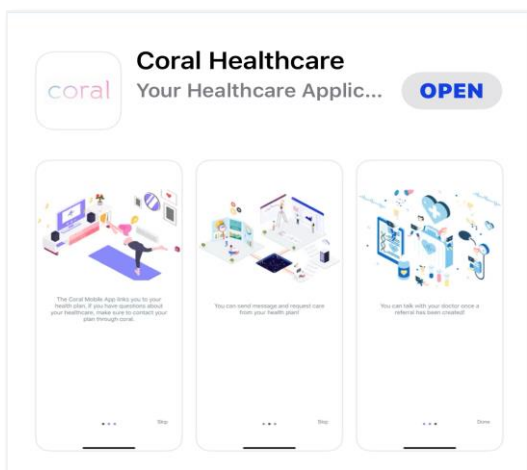


With the Coral Healthcare app, you can:

- View upcoming KPPFree™ appointments.
- Receive KPPFree™ Vouchers.
- Search KPPFree™ providers, facilities, and qualified procedures.
- Request assistance for an upcoming procedure or image thru the KPPFree program.

Instructions:

1. Search **Coral Healthcare** in the app store to download.
2. Select Sign Up.
3. Use your name, date of birth, and last 4 of your social to create your account. You can also create an account by using your member ID.
4. Once your account is created, start using the app!



Have
Questions?
Call us at
(888) 841-7736

Dental Program Highlights

For Employees of **FLINTCO, LLC • 0005782**
Delta Dental PPO – Plus Premier • June 2021

Your Program Highlights provides a brief description of the most important features of your group's dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma's Customer Service Department at **405-607-2100 (OKC Metro)** or **800-522-0188 (Toll Free)**.

Dental benefits for participants and covered dependents are payable for eligible dental treatment not otherwise limited or excluded, and shall be paid in accordance with the benefit provisions of your plan, as follows:

Percent Payable for Covered and Allowable Dental Services

Class I: Diagnostic and Preventive Services	100%
Class II: Basic Services such as amalgam and composite fillings	80%
Class III: Major Services such as crowns, dentures and implants	50%
Class IV: Orthodontic Services are available to dependent children under age twenty-six (26)	50%

Deductible and Maximum Amounts

Annual Maximum Benefit and Deductible Accumulation Period	June 1 - May 31
Annual Deductible Per Person – applies to Classes II and III	\$50*
Annual Maximum Benefit Per Person – applies to Classes I, II and III combined	\$1,500**
Lifetime Maximum Benefit Payment Per Child – applies to Class IV only	\$1,500

*Family Deductible not to exceed 3 times the Annual Deductible Per Person.

**Benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Annual Maximum Benefit Per Person for Classes I, II and III combined services.

Endodontics, Periodontics and Oral Surgery are covered benefits under Class II Services.

Eligible dependent children can be covered to age twenty-six (26).

Claims for orthodontic benefits if orthodontic treatment commences prior to the patient's effective date of orthodontic coverage under the Plan are excluded.

Late Enrollee limitations apply.

The information contained herein is not intended as a Summary Plan Description nor is it designed to serve as Evidence of Coverage for this program. Some benefits are subject to limitations such as age of patient, frequency of procedure, exclusions, etc.

Your dental benefits program allows payment for eligible services performed by any properly licensed dentist. However, maximum savings and lower out-of-pocket expenses are achieved when treatment is provided by a Delta Dental participating dentist. *Below is an illustration of a typical 100/80/50/50 plan, assuming annual deductible has been satisfied.*

Delta Dental PPO participating dentist		Delta Dental Premier participating dentist		Out-of-Network dentist	
Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85	Prevailing Fee	\$75
Plan pays 80% of PPO Allowable	\$56	Plan pays 80% of Premier Allowable	\$68	Plan pays 80% of Prevailing Fee	\$60
You pay 20% of PPO Allowable	\$14	You pay 20% of Premier Allowable	\$17	You pay Balance of the dentist charge	\$40

How to use your dental program:

Call the dental office of your choice and make an appointment. During your first appointment be sure to provide your dentist with the following information:

- Your Group name
- Your Group number
- The employee's social security or member ID number

Your dental program allows you to:

- Change dentists and visit a specialist of your choice at any time without preapproval
- Select a different dentist for each member of your family
- Receive dental care anywhere in the world

Find a Delta Dental participating dentist:

Two-thirds of the nation's practicing dentists are Delta Dental participating dentists. To find a participating dentist, refer to our National Dentist Directory at www.DeltaDentalOK.org or call Delta Dental's Customer Service Department at 405-607-2100 (OKC Metro) or 800-522-0188 (Toll Free).

Benefit Payment Procedure

Delta Dental pays participating dentists directly. You are responsible for any co-insurance percentages, deductible amounts, charges for non-covered services and amounts in excess of your annual maximum benefit. A Delta Dental participating dentist cannot charge you for amounts payable by Delta Dental. If you obtain treatment from a nonparticipating dentist, you may have to pay the entire bill in advance. Delta Dental will directly reimburse you, or any other participant or beneficiary, if required by law, up to your plan's maximum allowable amount.

The advantage of predetermination

If you are scheduled for dental treatment that will cost more than \$250, your dentist can request a predetermination of benefits by Delta Dental to determine if the proposed treatment is covered under your program, approximately how much the service will cost and your estimated share of the cost.

Filing your claim

A Delta Dental participating dentist will file your claim at no charge. If necessary, a printable claim form may be obtained on our website at www.DeltaDentalOK.org. Completed claim forms should be submitted to the address below:

Delta Dental of Oklahoma - Claims Processing Center
P.O. Box 548809
Oklahoma City, OK 73154-8809

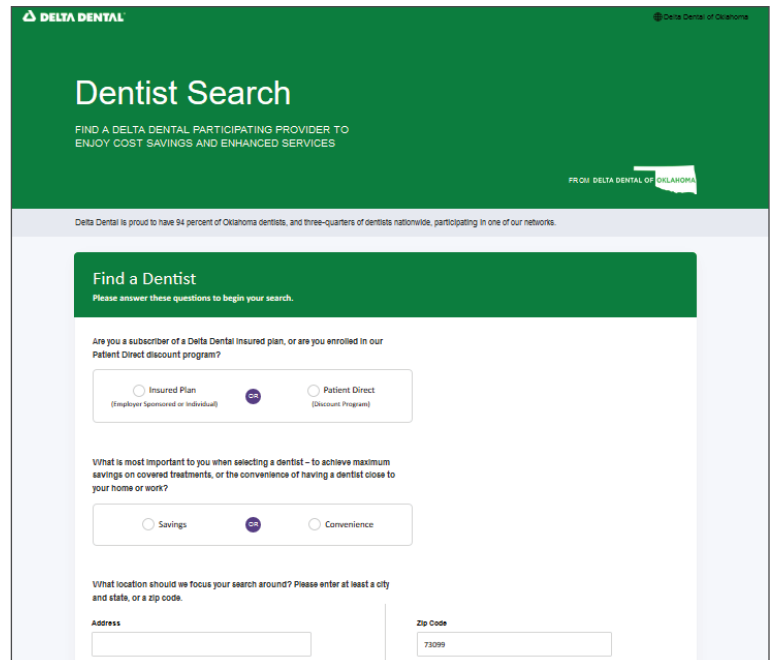
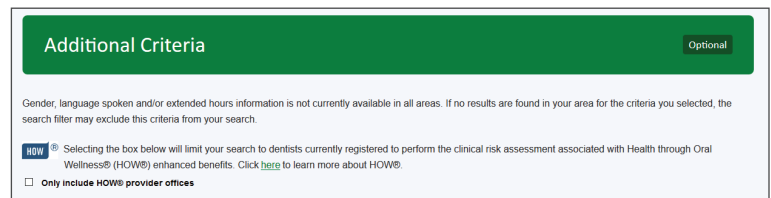
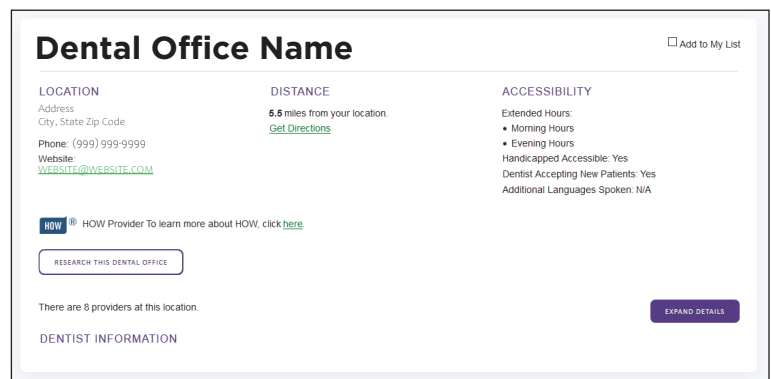
Finding a HOW® Dentist

Visit Delta Dental of Oklahoma's online Dentist Search tool from your **Spotlight** account or at DeltaDentalOK.org/DentistSearch.

Complete the required fields under 'Find a Dentist' and make any desired adjustments in the 'Distance & Number of Results' and 'Additional Criteria' sections and click 'Search' at the bottom of the page.

There is an optional field under 'Additional Criteria' to limit your search only to dentists registered to administer the HOW® approved assessment.

Dentists registered to conduct an assessment for HOW® enhanced benefits are identified with a HOW® logo in their listing.

If your dentist is not currently a HOW® provider, he/she is welcome to register at DeltaDentalOK.org/HOWReg.

Legal Insurance from ARAG®

Designed for Flintco



Save Time and Money with Legal Insurance

Legal insurance helps you address everyday situations like dealing with traffic tickets, resolving warranty issues or buying a home. When you need help, don't waste time looking for the right attorney or paying costly attorney fees, which average **\$347 per hour.**¹

What Do I Get for My Money?



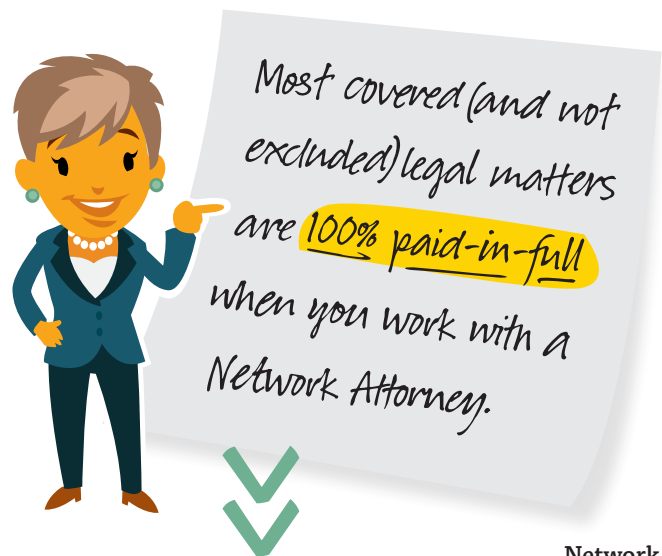
In-Office Services: You receive access to a nationwide network of more than **11,000 credentialed attorneys** who can advise and represent you.



Telephone Advice: You can call a Network Attorney for **unlimited legal advice** to help prepare documents, letters or a will.



Online Resources: ARAG provides online tools and useful information to learn more about legal issues on your own. Use our **DIY Docs®** to help you create any of 300+ state-specific, legally valid documents online.



Identity Theft Protection!

At ARAG, we constantly work to give members even more value for their money. That's why we've included identity theft protection with UltimateAdvisor Plus.*

This service can track your credit activity or online identity and you're notified immediately of suspicious activity.

Common Legal Issues:	Attorney Fees @ 347/hr. ¹	Network Attorney Fees with ARAG ²
Debt Collection Issues	\$2,603³	\$0
Neighbor Dispute	\$2,256³	\$0
Purchase a Home	\$2,169³	\$0
Standard Will Preparation	\$1,475³	\$0
Bankruptcy	\$3,123³	\$0
Minor Traffic Offense	\$1,128³	\$0

What Does it Cost?

UltimateAdvisor® Plus

Family: \$24.00 Per Month

UltimateAdvisor®

Family: \$18.50 Per Month



800-247-4184

ARAGLegalCenter.com, Access Code 1819ofc

Legal Insurance from ARAG®

Count on a wide range of coverage and services, like the examples shown below, that address the legal matters you encounter in life:

For your organization's complete list of covered matters and coverage levels, visit ARAGLegalCenter.com, Access Code 18190fc.

Plan Options	Ultimate Advisor®	Ultimate Advisor Plus™
Consumer Protection		
Auto Repairs, Buy/Sell a Car, Consumer Fraud, Contractors and More	•	•
Estate Planning		
Wills and Powers of Attorney	•	•
Revocable Living Trusts		•
Irrevocable Living Trusts		•
Estate Administration & Closing (9 Hours)	•	•
Family		
Adoption	•	•
Contested Divorce (15 Hours)		•
Contested Divorce (10 Hours)	•	
Uncontested Divorce	•	•
Child Support Enforcement (8 Hours)		•
Post Decree Enforcement (8 Hours)		•
Post Decree Defense (8 Hours)		•
Guardianship/Conservatorship	•	•
Uncontested Guardianship/Conservatorship	•	•
Name Change	•	•
Prenuptial Agreements	•	•
Domestic Violence Protection	•	•
Mental Incompetency or Infirmary	•	•
School Administrative Hearings	•	•
Caregiving		
Annual Checkup, Advice and Services		•
Real Estate		
Buy/Sell - Primary Residence	•	•
Buy/Sell - Secondary Residence	•	•
Refinance - Primary Residence	•	•
Real Estate Disputes - Primary Residence	•	•
Real Estate Disputes - Secondary Residence	•	•
Neighbor Disputes - Primary Residence	•	•
Neighbor Disputes - Secondary Residence	•	•
Easement	•	•
Zoning and Variances	•	•
Building Codes	•	•
Disputes with a Landlord - Contracts, Lease, Eviction, Deposits	•	•
Traffic and Vehicle		
Minor Traffic - 1 Use Per Year (Excluding DWI)	•	
Minor Traffic - Unlimited (Excluding DWI)		•
Driving Privilege Restoration (Excluding DWI)	•	•
Driving Privilege Protection (Excluding DWI)	•	•
Financial Services		
Financial Education and Counseling Services		•
Immigration		
Immigration Services	•	•
Benefits		
Social Security/Veterans/Medicare	•	•

Plan Options	Ultimate Advisor®	Ultimate Advisor Plus™
Identity Theft		
Identity Theft Services	•	•
Full Service Identity Restoration		•
\$1 Million Identity Theft Insurance*		•
Single-Bureau Credit Monitoring		•
Internet Surveillance		•
Child Monitoring		•
Lost Wallet Services		•
Credit Record Correction		•
Taxes		
Tax Services		•
IRS Audit Protection	•	•
IRS Collection Defense	•	•
State Tax Audit		•
Property Tax		•
Debt		
Bankruptcy	•	•
Defense of Debt Collection	•	•
Foreclosure	•	•
Defense of Garnishment	•	•
Criminal		
Criminal Misdemeanor Defense		•
Habeas Corpus	•	•
Parental Responsibilities	•	•
Juvenile Court	•	•
Civil Damage Defense		
Libel/Slander, Pet-Related Matters and More	•	•
General Coverages		
Small Claims Court	•	•
General In-Office Services (4 Hours)		•
Document Preparation and Review	•	•
Personal Property Protection	•	•
Premium Rate		
Family Per Month	\$18.50	\$24.00

You'll also receive a minimum **25% reduced fee** on a Network Attorney's normal rate for any other non-covered, non-excluded issues.



800-247-4184

ARAGLegalCenter.com, Access Code 18190fc

Limitations and exclusions apply. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.

*Average attorney rates in the United States of \$347 per hour for attorneys with 11 to 15 years of experience, Survey of Law Firm Economics, The National Law Journal and ALM Legal Intelligence, July 2015. *Attorney fees are 100% paid in full when using an ARAG Network Attorney for a covered legal matter. *Attorney costs calculated by multiplying the 2015 ARAG Claims Data by the average attorney rate in the United States of \$347 per hour for attorneys with 11-15 years of experience.

*Eligibility, coverage, limitations and exclusions are governed by a separate coverage document. Please see the identity theft plan summary for details.

Why Choose Pets Best Insurance?

Save up to
90%
on vet bills



4/5

GREAT COVERAGE? FAST CLAIMS? GREAT SERVICE? YES.

Pet insurance reimburses you for vet bills when your pet is sick or injured, to help take the financial worry out of vet visits.

- Get cash back fast! We process most claims in 5 days or less.
- Optional direct deposit and direct vet pay options.
- Use any veterinarian - including specialty and emergency clinics
- Exclusive employee discount on a BestBenefit plan²
- Optional coverage for routine care
- Free 24/7 veterinary helpline



Did you know?

4 out of 5 pets will have a medical emergency in their lifetime.¹

Flintco Employees

To begin, enroll at
petsbest.com/FLINTCO
or call
888-984-8700

reference discount code:
FLINTCO

Accident Only Plan

**As low as \$6/month for cats
and \$9/month for dogs in
most states.**

Designed for those on a limited budget who want great coverage for accidents like broken legs, snake bites, accidental swallowing and more.

Most Popular BestBenefit

**Our most comprehensive
coverage for Accidents
and Illnesses.**

With multiple levels of coverage, BestBenefit plans can be customized to meet the future medical needs of your four-legged family member and your budget.

Optional Routine Care

**Coverage to help pay for
regular and expected
veterinary visits.**

An EssentialWellness or BestWellness plan can be added to your BestBenefit plan, for an additional premium, to help cover items like vaccines, teeth cleanings, spays and neuters.

¹ 2015 Pets Best claims data

² Discounts available in most states

Pet Insurance is underwritten by American Pet Insurance Company. Please visit www.americanpetinsurance.com to review all available pet health insurance products.

The brokers or agents present during open enrollment may not be licensed property/casualty brokers or agents and therefore cannot confer with or advise employees about pet insurance, sell or attempt to sell pet insurance to them. Please contact a Pets Best representative for more information.

BSHZ-FLER-042018-V2-APIC

HOW PET INSURANCE WORKS



1. GET TREATMENT

If your pet becomes ill or injured, get treatment from any veterinarian of your choice.



2. FILE A CLAIM

We make it easy with online or mobile app claim filing, and there is no need to send medical records unless we request them.



3. GET CASH BACK FAST!

We process most claims in 5 days or less and can deposit reimbursements in your bank account. We also have an optional Vet Direct Pay service.

BESTBENEFIT PLAN COVERAGE

Annual Coverage Limit for Unexpected Accidents and Illnesses

Annual Deductible Options

Reimbursement Percentage Options

Accidents, Illnesses, Cancer, Hereditary Conditions, Emergency Surgeries & Rx Meds

Accident & Illness Exam Fees associated with the diagnosis of your pet for an eligible injury or illness. This is not intended to cover routine exams

Rehabilitative, Acupuncture & Chiropractic Coverage to treat eligible injuries and illnesses

Price varies on location, age and breed of pet. **Average monthly premium cost is \$25 - \$65.**

Essential

\$5,000 - Unlimited

\$50 - \$1,000

70% - 90%



Plus

\$5,000 - Unlimited

\$50 - \$1,000

70% - 90%



Elite

\$5,000 - Unlimited

\$50 - \$1,000

70% - 90%



Routine Care

Routine care coverage helps pay for your pets regular and expected veterinary visits for items like shots and teeth cleaning. With routine care there is no deductible to meet, and coverage begins the day after you enroll. It's an excellent way to budget for your pet's expected medical expenses. **EssentialWellness or BestWellness routine care coverage can be added to your BestBenefit plan for an additional \$16 or \$26/month** (in most states).

Accident Only Coverage

The Accident Only plan does not cover medical conditions such as illnesses or cancer, but provides up to \$10,000 in annual coverage for accidents like broken legs, snake bites, accidental swallowing and more. **Coverage starts as low as \$9 per month for dogs and \$6 per month for cats.**



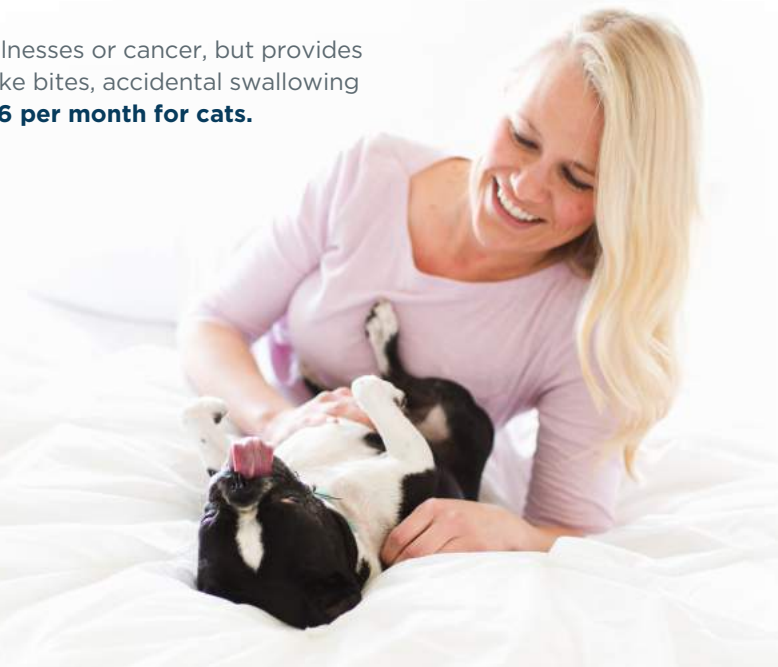
To begin, enroll at **petsbest.com/FLINTCO**

or call **888-984-8700**

reference discount code: **FLINTCO**

Coverage applies to conditions that are determined not to be pre-existing. Claim administration is subject to all terms, conditions, limitations and exclusions in the policy. Please review policy form APIC-PBI0001-ACC for complete details. Pet Insurance is underwritten by American Pet Insurance Company. Please visit www.americanpetinsurance.com to review all available pet health insurance products.

The brokers or agents present during open enrollment may not be licensed property/casualty brokers or agents and therefore cannot confer with or advise employees about pet insurance, sell or attempt to sell pet insurance to them. Please contact a Pets Best representative for more information.





Medefy Benefits App ⁴⁺

Medefy Health LLC

Designed for iPad

★★★★★ 4.9 • 117 Ratings

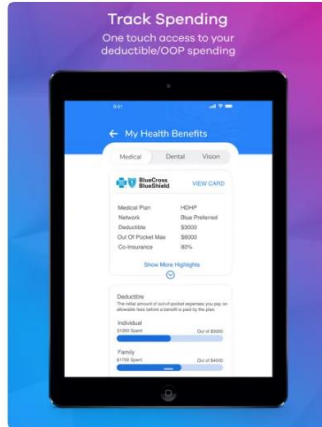
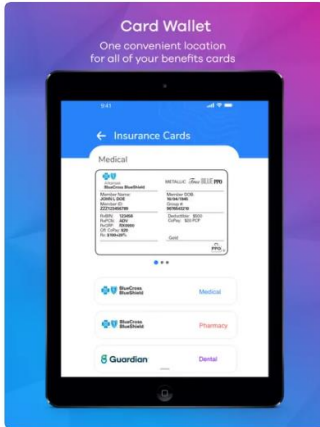
Free



Welcome to Medefy!
**The ultimate “ugh”
stopper.**

**We say “benefits” – you
say “ugh.”!!!**

Screenshots [iPad](#) [iPhone](#)



Copays, accumulators, networks – oh my.

**Medefy and your employer have you covered with a health benefits plan
navigation app that'll make your life easier.**

Imagine a world where hearing or thinking about that kind of lingo doesn't make you want to run for the hills. Or wonder what an accumulator is.

You don't have time to learn the ins and outs of the healthcare insurance industry – and would you really want to, anyway?

You just need clarity.

Knowing exactly how to use your health benefits plan.

Knowing where to find the right kind of care, when you need it (not five days later when that cold is already gone).



[medefy80263.lt.acemlnb.com]



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Open Enrollment **May 1st thru May 19th**

Plan Start Date is June 1, 2025



Medical

Blue Cross Blue Shield of Oklahoma



"First we're going to run some tests to see how your insurance reacts."

Which Plan is Right for Me?



Club



Spade



Diamond



Club

There are no changes to the network.

There are no changes to the coverage.

There are no changes to the deductible*.

Individual \$750

Family \$1,500

There are no changes to the out-of-pocket maximum*.

Individual \$3,500

Family \$7,000

*These are In-Network amounts.

Increase in premiums:

Single \$380 per month

EE+Sp \$815 per month

EE+Ch \$675 per month

Family \$950 per month



Spade

There are no changes to the network.

There are no changes to the coverage.

There are no changes to the deductible*.

Individual \$1,500

Family \$3,000

There are no changes to the out-of-pocket maximum*.

Individual \$5,250

Family \$10,500

Increase in premiums.

Single \$220 per month

EE+Sp \$485 per month

EE+Ch \$435 per month

Family \$550 per month

*These are In-Network amounts.





Diamond

The Diamond Plan is a high-deductible plan which allows us to institute a Health Savings Account (HSA) for our employees.

The plan uses the same network to which you are accustomed.

There are no changes to the network.

There are no changes to the coverage.

There is a small change to the deductible*.

Individual \$3,300

Family \$6,600

There are no changes to the out-of-pocket maximum*.

Individual \$6,000

Family \$12,000

*These are In-Network amounts.

The premium is very low.

Single \$135 per month

EE+Sp \$350 per month

EE+Ch \$325 per month

Family \$380 per month

This plan is designed to put you in control of how you spend your health care dollars.

You are responsible for dollar one of your expenses. When you go to the doctor or pick up a prescription, you can pay with money from your HSA or money that is not in your HSA in order to grow your balance.



Health Savings Account (HSA)

What is a Health Savings Account (HSA)

- Personal savings account attached to a High-Deductible Health Plan (HDHP) to which you can contribute pre-tax dollars up to \$4,300 for an individual and \$8,550 for a family. (**REMEMBER** – These limits include any funds contributed by Flintco to your account. If you contribute for an entire year, that amount is \$520.)
- If you are 55 or over, you may contribute an additional \$1,000 to your account.
- This money can be used to pay for qualified medical expenses.
 - Examples – Coinsurance, prescriptions, dental work, vision services (including Lasik)
- If you don't use your money, you will NOT lose it at the end of the plan year.
- You can accumulate a balance indefinitely (until age 65) and earn interest on it.
- Triple tax advantage
 - Contributions are pre-tax
 - Earnings are tax free
 - Spend the money tax free as long as the funds are used for qualified medical expenses
- If you pass away with a balance in your account, your heirs will inherit the funds as part of your estate.
- *Flintco will contribute up to **\$520** to your account!*



Health Savings Account (HSA)

How do I contribute?

Example:

- Let's say I need family coverage and was formerly enrolled in the Club Plan.
- If I stay with the same plan (the Club Plan), my premium will be \$950 per month.
- So, this year I'm going to try the Diamond Plan and contribute the difference between what I would pay toward the Club Plan premiums and the premiums I will pay toward the Diamond Plan into my HSA. So:
 - Club Plan premium = \$950 per month for family
 - Diamond Plan premium = \$380 per month for family (a savings of \$570 per month)
 - My contribution to my HSA = \$570 per month; HSA balance, if unused = \$6,840 per year
 - Flintco will contribute \$520 to my HSA for a first year ending balance of \$7,360.
 - After only three years in the plan, assuming no spending and no further contribution from Flintco, I would have a balance of \$22,080*

* This does not include any earnings my account will have experienced.



Health Savings Account (HSA) vs Flexible Spending Account (FSA)

Health Savings Account

Annual Contribution Limit

Individual - \$4,300

Family - \$8,550

- If you are 55 or over, you **can** contribute an additional \$1,000 per year.
- If you don't spend your funds, you may roll the entire balance over indefinitely.
- Upon your death, your HSA becomes part of your estate and can be inherited by your heirs.

Flexible Savings Account

Annual Contribution Limits

Healthcare - \$3,300

Dependent Care - \$5,000

- If you are 55 or over, you may **NOT** contribute any additional funds.
- If you don't spend your funds, you may roll over **only** \$640 into the following year and you must spend it by Dec 31st of the following year.
- Upon your death, your FSA funds revert to your employer.

	Club Plan \$750 Deductible		Spade Plan \$1,500 Deductible		Diamond Plan \$3,300 Deductible	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<u>Deductible</u>						
Individual	\$750.00	\$1,500.00	\$1,500.00	\$3,000.00	\$3,300.00	\$6,600.00
Family	\$1,500.00	\$3,000.00	\$3,000.00	\$6,000.00	\$6,600.00	\$13,200.00
Co-Insurance	80%	50%	80%	50%	80%	50%
<u>Out-of-Pocket</u>						
Individual	\$3,500.00	\$7,000.00	\$5,250.00	\$10,500.00	\$7,500.00	\$15,000.00
Family	\$7,000.00	\$14,000.00	\$10,500.00	\$21,000.00	\$15,000.00	\$30,000.00
Office Visit	\$20.00	Deductible & Co-Insurance	\$30.00	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance
Specialty Office Visit	\$40.00	Deductible & Co-Insurance	\$50.00	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance
Emergency Room (co-pay waived if admitted)	\$250 Co-pay, then deductible and 20% Co-Insurance	\$250 Co-pay, then deductible and 20% Co-Insurance	\$250 Co-pay, then deductible and 20% Co-Insurance	\$250 Co-pay, then deductible and 20% Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance
In-Patient Services (pre-certification required or \$500 penalty applied)	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance
Preventative Services Including:	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
Annual GYN	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
Well Child Care	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
Immunizations (adult & child as recommended)	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
Annual PSA (one per calendar year for 40 years and over)	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
Office Visit for Preventative Services	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
Prescription:	Retail	Mail	Retail	Mail	Retail	Mail
Generic	\$10.00	\$20.00	\$15.00	\$30.00	Deductible & Co-Insurance	Deductible & Co-Insurance
Brand Formulary	\$35.00	\$70.00	\$45.00	\$90.00	Deductible & Co-Insurance	Deductible & Co-Insurance
Brand Non-Formulary	\$50.00	\$100.00	\$70.00	\$140.00	Deductible & Co-Insurance	Deductible & Co-Insurance
Specialty	\$75.00	\$75.00	\$100.00	\$100.00	Deductible & Co-Insurance	Deductible & Co-Insurance

 Club

 Spade

 Diamond



Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

1.If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

2. Every dollar incurred on the Diamond Plan comes out of your pocket, including pharmacy, until you meet your deductible.

How much will be deducted from my paycheck?

Medical Coverage Tier	Blue Cross Blue Shield of Oklahoma Employee Contributions								
	Diamond			Spade			Club		
	Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly
Employee Only	31.15	62.31	135.00	50.77	101.54	220.00	87.69	175.38	380.00
Employee + Spouse	80.77	161.54	350.00	111.92	223.85	485.00	188.08	376.15	815.00
Employee + Child(ren)	75.00	150.00	325.00	100.38	200.77	435.00	155.77	311.54	675.00
Employee + Family	87.69	175.38	380.00	126.92	253.85	550.00	219.23	438.46	950.00

Online Access

www.bcbsook.com



**BlueCross BlueShield
of Oklahoma**

There's an App for that...



GO MOBILE WITH BLUE

Download our new mobile apps! 



BCBSOK APP

Features:

- » Find a doctor, hospital or urgent care facility
- » Access your claims, coverage and deductible information
- » Ability to view and email your ID
- » Available in Spanish

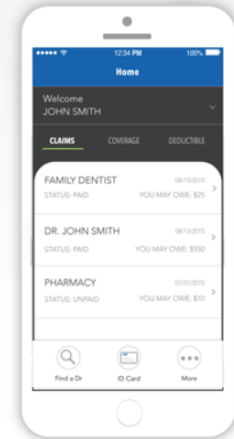
Text **BCBSOK APP** to **33633** to download *

Message and data rates may apply. [Terms & Conditions](#) and [Privacy](#)

[Policy](#).

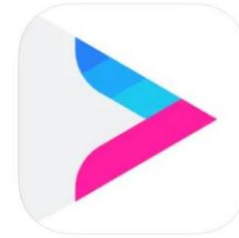
[Watch the video](#) 

Or visit store links below:





Don't forget...Medefy, the one-stop-shop mobile app for benefits is coming soon!



Medefy Benefits App 4.4

Medefy Health LLC

Designed for iPad

★★★★★ 4.9 • 117 Ratings

Free



[Español](#)

[Language Assistance](#)

[Messages](#)

[My Account](#) ▾

[Dashboard](#)

[Claims](#)

[Coverage](#) ▾

[Spending](#)

[Find Care](#)

[Wellness](#)

Wellness

- How do I view and print my EOB?
- How do I know how much of my deductible I've paid?
- How do I print a new or extra ID card?
- How do I find the healthy living tools offered by Blue Cross?
- How do I sign up for Identity Theft protection?

Programs

Well onTarget



Well onTarget has tools and resources to help you manage your health:

- Health Assessments to help you measure your health.
- Digital Self-Management Programs, lessons, and challenges to help you reach your wellness goals.
- With the Blue PointsSM program, you can earn points by completing activities and reaching goals. These points can be redeemed online for rewards.
- Track healthy habits, sync your fitness and nutrition devices with the Well onTarget portal or download the app.

[Visit Well onTarget](#)



Digital Mental Health



Do you struggle with anxiety, stress, depression, substance use, sleep problems or other mental health concerns? Learn to Live is an online resource that can help. Programs are based on therapy techniques with a track record of helping people feel better. Learn to Live is confidential, accessible anywhere and available at no added cost to you and your family. Choose the program for you by taking a quick assessment today.

Learn more about Learn to Live's programs by viewing this brief video.

[View the Learn to Live video.](#)

[Visit Learn to Live](#)



Pharmacy

No Change and Applies to All Plans



**"THESE PILLS ARE \$10 IF YOU'RE PAYING FOR THEM...
AND \$200 IF YOUR COMPANY IS PAYING FOR THEM."**

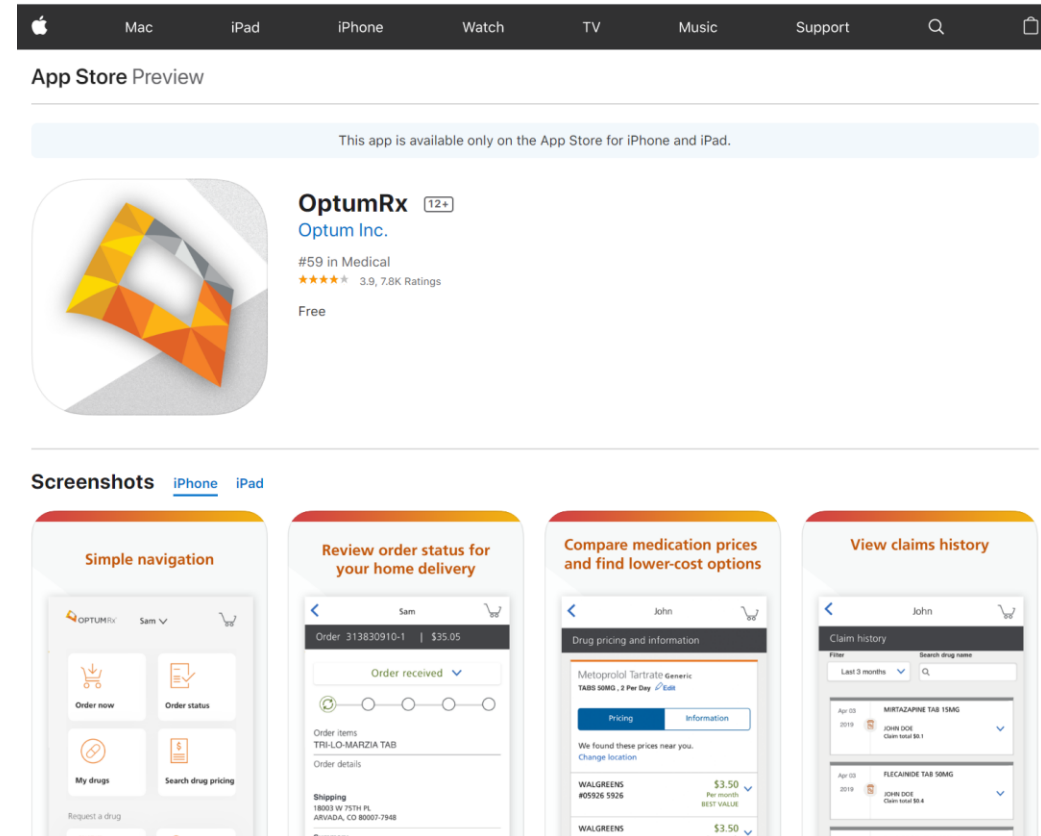
Online Access

www.optumrx.com



 **OptumRx > HealthSafe ID**

There's an App for that, too...



What is Kempton Premier Providers



Procedure	Premier Provider™	Billed Amount by Other Provider(s)	Amount After PPO Discount	Difference	% of Difference
Repair Hernia	\$3,190.00	\$19,384.00	\$14,974.00	\$11,784.00	78.7%
Carpal Tunnel	\$2,750.00	\$11,143.00	\$7,763.00	\$5,013.00	64.6%
Arthroscopic Knee Surgery	\$3,740.00	\$14,977.00	\$7,431.00	\$3,691.00	49.7%
Bilateral/Multiple Joint Knee Replacement	\$26,071.31	\$205,444.44	\$154,083.33	\$128,012.02	83.1%
Spinal Fusion	\$56,595.72	\$192,622.94	\$163,729.52	\$107,133.80	65.4%
Laparoscopic hysterectomy	\$11,500.00	\$51,609.90	\$40,109.90	\$28,609.90	71.3%
Open treatment of distal fibular fracture	\$8,704.14	\$32,599.13	\$23,894.99	\$15,190.85	63.6%
Total thyroid lobectomy, unilateral	\$6,160.00	\$24,691.89	\$18,531.89	\$12,371.89	66.8%
Adenoidectomy	\$3,300.00	\$14,991.19	\$11,691.19	\$8,391.19	71.8%
Repair arm tendon/muscle	\$4,950.00	\$37,472.51	\$32,522.51	\$27,572.51	84.8%
Major joint replacement lower extremity	\$19,400.00	\$93,905.99	\$74,505.99	\$55,105.99	74.0%
Vascular procedure with comorbidity	\$16,987.48	\$82,724.41	\$65,736.93	\$48,749.45	74.2%
TOTALS:	\$163,348.65	\$781,566.40	\$614,974.25	\$451,625.60	73.4%

transparency and its role in the health care revolution

NOTE – If you are enrolled in the HDHP (high deductible health plan – the Diamond Plan), you must meet your entire deductible before you qualify for the zero out-of-pocket benefit.

Dental

Delta Dental of Oklahoma



" Yes,I do have a question..What kind of dental plan do you have ? "

Do I need dental insurance?

Online access

Deltadentalok.com

- Delta does not issue ID cards
- Your provider will confirm your eligibility and coverage details using your SSN and date of birth
- Or you can print a card from the Delta site
- ***Flintco participates in the HOW (Health through Oral Wellness) program. Qualified patients receive additional cleanings, cavity checks, sealants and more at 100% benefit.***

**Delta Dental of Oklahoma**
Only Dental. Nothing Less.

Log in or Register 

Home | Blog  | Contact | About Us | [Select Your State](#)

Google Custom Search 

For Members | For Dentists | For Brokers | For Employers | For Individuals & Families |  Join Our Team



For Members

Your guide to great oral health!

Spotlight - Online Resource
for our Valued Members.

Watch the video ►



Welcome, Members!

Delta Dental of Oklahoma is committed to providing you and your family with the largest dental networks, exceptional customer service, and superior claims processing while serving as your trusted resource for great oral health.

Overviews

- [Spotlight – Online Benefit Information](#)
- [Benefax – Telephone/Fax-Based Information](#)
- [Understanding Your Benefits](#)
- [Oral Health Tips](#)

Tools

- [Spotlight Login](#)
- [Find a Dentist](#)
- [Forms & Resources](#)
- [Glossary of Dental Terms](#)
- [Frequently Asked Questions](#)
- [Subscriber Newsletter](#)

Spotlight Login

Online Benefit Information for Our Members ►

Questions?

Call us now:
800-522-0188 (Toll Free)
405-607-2100 (OKC Metro)

 [Email Us](#)

Find a Dentist

Use our NEW dentist search to find a participating dentist near you!

[Search Now](#) 



There's an App for that...

App Store Preview



Delta Dental Mobile

Delta Dental Plans Association

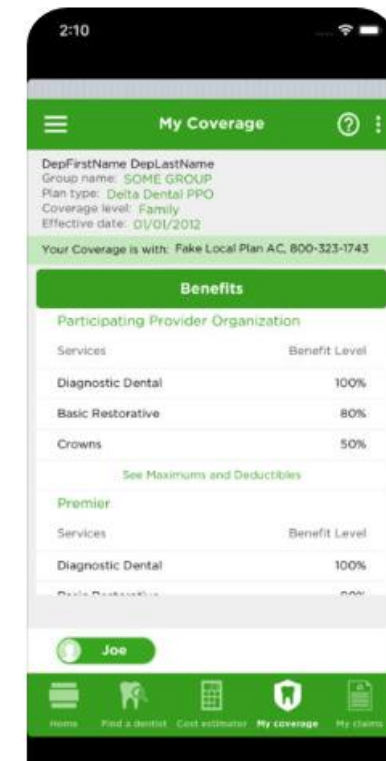
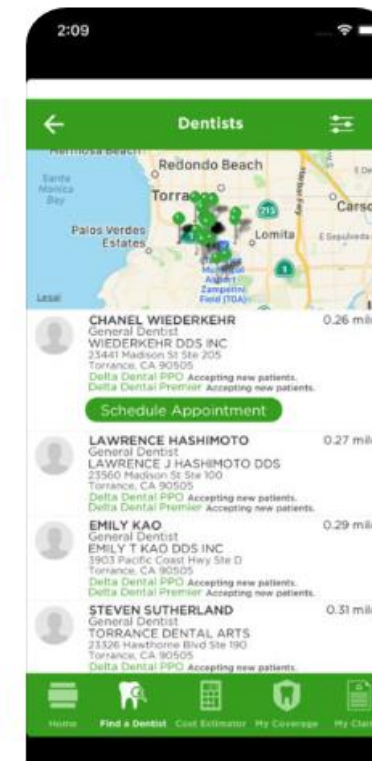
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#61 in Medical

★★★★☆ 2.4, 455 Ratings

Free

iPhone Screenshots

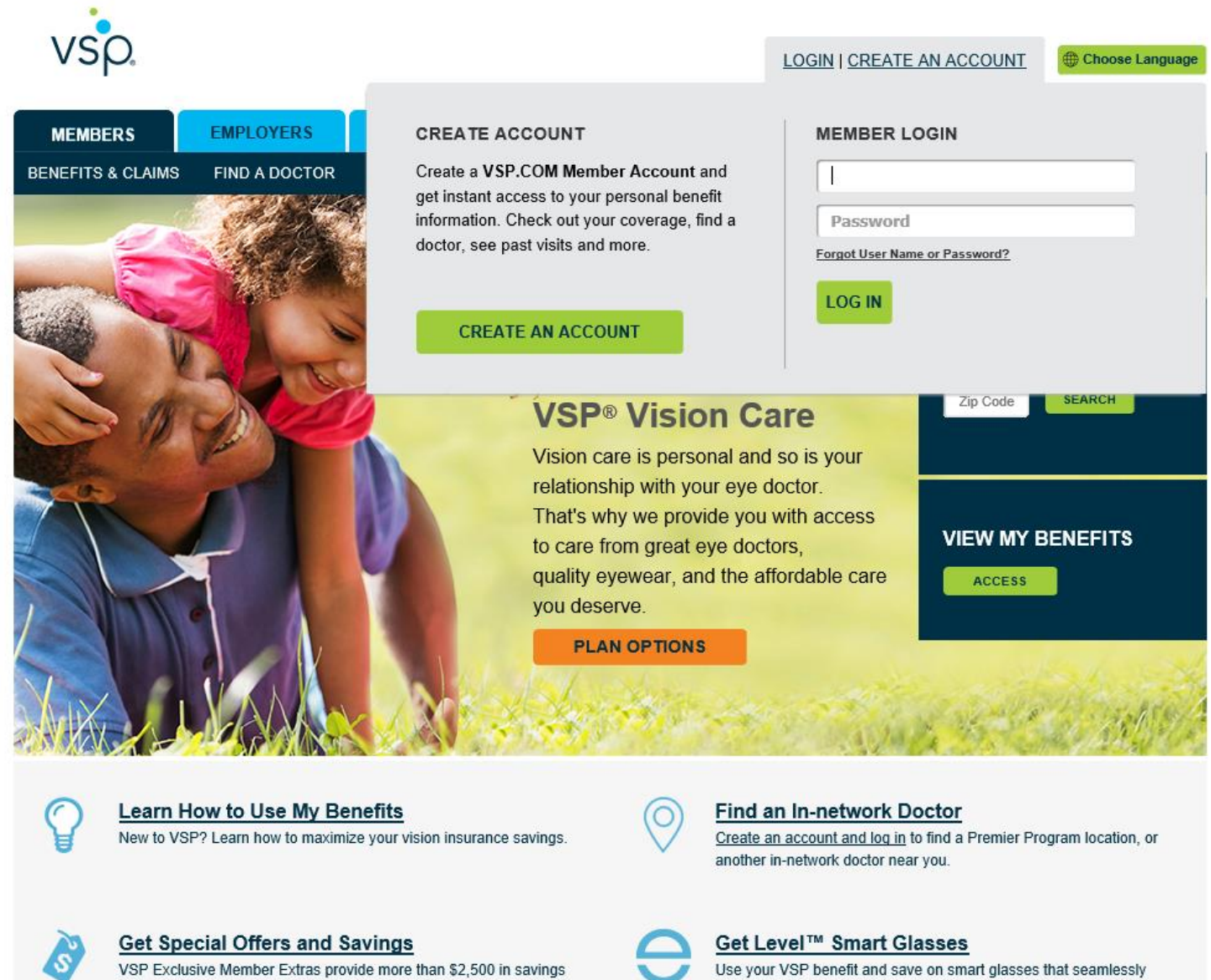


Vision

Vision Services Providers (VSP)

Can I get glasses AND contacts?

- www.vsp.com
- VSP does not issue ID cards
- Your provider will confirm your eligibility and coverage details using your SSN and date of birth
- Or you can print a card from the VSP site



vsp.

LOGIN | CREATE AN ACCOUNT | Choose Language

MEMBERS | **EMPLOYERS**

BENEFITS & CLAIMS | FIND A DOCTOR

CREATE ACCOUNT

Create a **VSP.COM Member Account** and get instant access to your personal benefit information. Check out your coverage, find a doctor, see past visits and more.

CREATE AN ACCOUNT

MEMBER LOGIN

[Forgot User Name or Password?](#)

LOG IN

VSP® Vision Care

Vision care is personal and so is your relationship with your eye doctor. That's why we provide you with access to care from great eye doctors, quality eyewear, and the affordable care you deserve.

PLAN OPTIONS

VIEW MY BENEFITS

ACCESS

Learn How to Use My Benefits
New to VSP? Learn how to maximize your vision insurance savings.

Find an In-network Doctor
[Create an account and log in](#) to find a Premier Program location, or another in-network doctor near you.

Get Special Offers and Savings
VSP Exclusive Member Extras provide more than \$2,500 in savings

Get Level™ Smart Glasses
Use your VSP benefit and save on smart glasses that seamlessly

Is there an
App for this,
too?



VSP Vision Care

VSP Global Health & Fitness

★★★★★ 17

Everyone

Add to Wishlist

Install



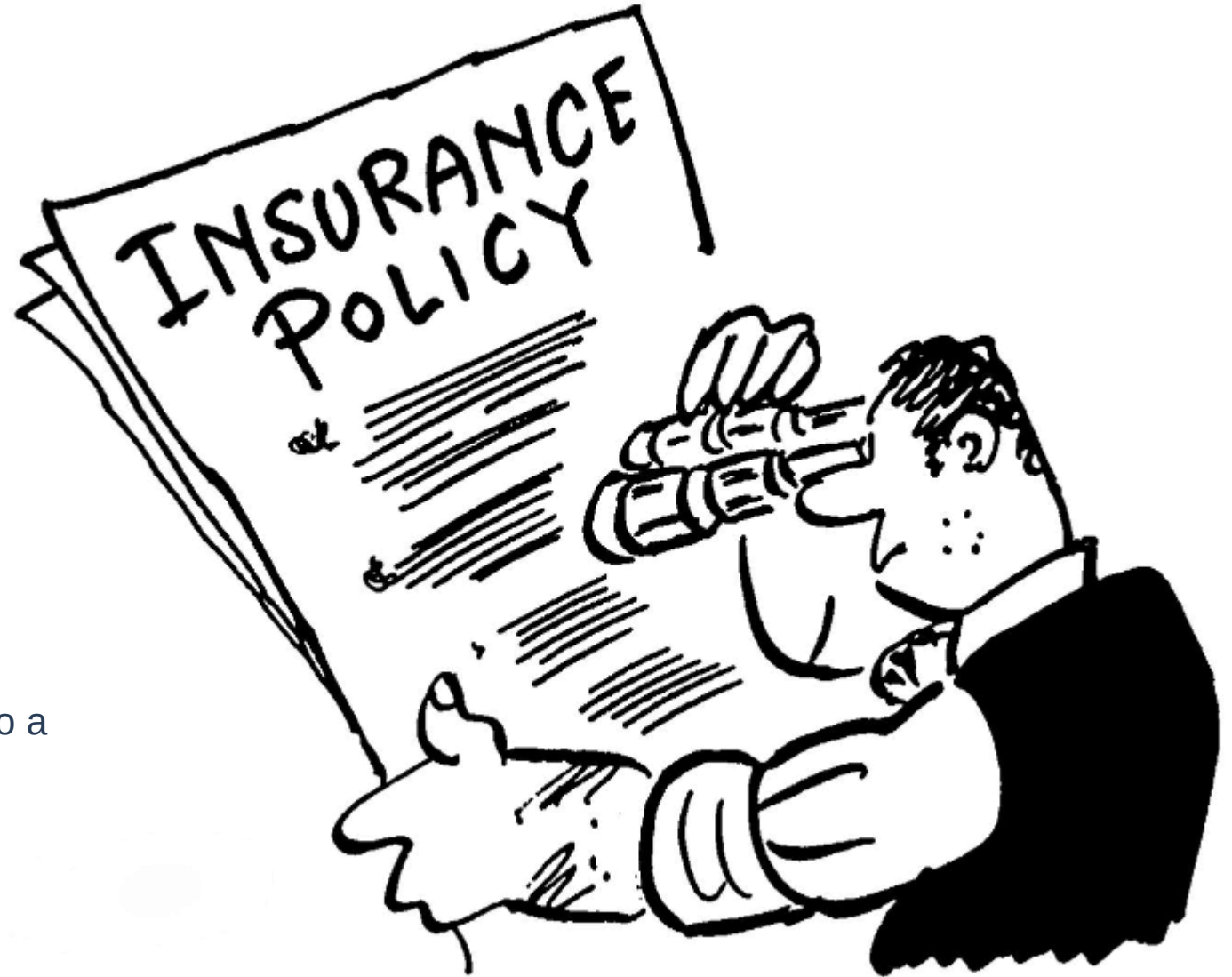
Manage your eye care needs at any time, and from anywhere. Find a doctor, view your benefits, access your vision card, and see special offers. Caring for your eyes has never been so easy.

Life
LTD
STD
AD&D
LAP **(Life Assistance Program)**



What are my options?

- Basic Life – 1X your annual pay up to \$310,000
- Long Term Disability
- Life Assistance Program
- Voluntary Life – up to 5 times your annual pay to a maximum of \$750k
- Voluntary Spouse Life
- Voluntary Child Life
- Voluntary AD&D
- Short Term Disability



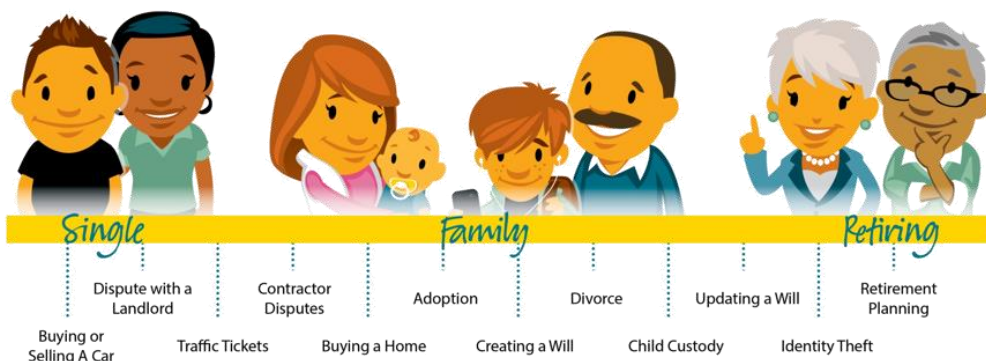
Voluntary Benefits

Legal – ARAG

Pet Insurance – Pets Best

YMCA

What is Legal Insurance?



How Can ARAG Help?

(+) Covered legal matter is only available with UltimateAdvisor Plus.

Civil Damage Claims (Defense)

- ✓ Civil Damage
- ✓ Pet-Related Matters

Consumer Protection Issues

- ✓ Auto Repair
- ✓ Buying a New or Used Vehicle
- ✓ Consumer Fraud
- ✓ Protection for Goods or Services
- ✓ Home Improvement Issues

Criminal Matters

- ✓ Habeas Corpus
- ✓ Juvenile Matters
- ✓ Misdemeanor Matters (+)

Debt-Related Matters

- ✓ Bankruptcy (Chapter 7 & 13) (+)
- ✓ Credit Records Correction (+)
- ✓ Debt Collection Matters

Family Law

- ✓ Adoption
- ✓ Alimony (8 hours) (+)
- ✓ Child Custody (8 hours) (+)
- ✓ Child Support (8 hours) (+)
- ✓ Divorce/Annulment/Separation (10 hours)
- ✓ Divorce/Annulment/Separation (15 hours) (+)
- ✓ Guardianship/Conservatorship

Incapacity

- ✓ Incapacity
- ✓ Name Change
- ✓ Parental Responsibilities
- ✓ Pre-marital Agreements
- ✓ School Issues

Government Benefits

- ✓ Medicare/Medicaid Disputes
- ✓ Social Security Disputes
- ✓ Veterans Benefits Disputes

Landlord / Tenant Matters

- ✓ Contracts/Lease Agreements
- ✓ Eviction
- ✓ Security Deposits
- ✓ Tenant Disputes with a Landlord

Preventative Legal Services

- ✓ Other Coverage (up to 4 hours per year) (+)

Real Estate Matters

- ✓ Buying/Selling a Home
- ✓ Building Codes/Zoning Variances
- ✓ Foreclosure
- ✓ Home Improvement/Contractor Issues
- ✓ Promissory notes
- ✓ Property Taxes (+)
- ✓ Refinancing
- ✓ Neighbor Disputes/Easements

Small Claims Court

- ✓ Small Claims Court Issues

Tax Issues

- ✓ IRS Audit Protection
- ✓ IRS Collection Defense
- ✓ State Tax Audit (+)
- ✓ Tax Services (+)

Traffic Matters

- ✓ Drivers License Suspension, Revocation and Restoration
- ✓ Traffic Tickets 1x per year
- ✓ Traffic Tickets Unlimited (+)

Wills and Estate Planning

- ✓ Codicil
- ✓ Complex Will
- ✓ Durable/Financial Power of Attorney
- ✓ Health Care Power of Attorney
- ✓ Living Will
- ✓ Standard Will
- ✓ Living Trusts (+)
- ✓ Irrevocable Trusts (+)

UltimateAdvisor Plus™ (+)
\$24.00 per month
UltimateAdvisor®
\$18.50 per month

ARAG

HOW PET INSURANCE WORKS



1. GET TREATMENT
If your pet becomes ill or injured, get treatment from any veterinarian of your choice.



2. FILE A CLAIM
We make it easy with online or mobile app claim filing, and there is no need to send medical records unless we request them.



3. GET CASH BACK FAST!
We process most claims in 5 days or less and can deposit reimbursements in your bank account. We also have an optional Vet Direct Pay service.

BESTBENEFIT PLAN COVERAGE	Essential	Plus	Elite
Annual Coverage Limit for Unexpected Accidents and Illnesses	\$5,000 - Unlimited	\$5,000 - Unlimited	\$5,000 - Unlimited
Annual Deductible Options	\$50 - \$1,000	\$50 - \$1,000	\$50 - \$1,000
Reimbursement Percentage Options	70% - 90%	70% - 90%	70% - 90%
Accidents, Illnesses, Cancer, Hereditary Conditions, Emergency Surgeries & Rx Meds	✓	✓	✓
Accident & Illness Exam Fees associated with the diagnosis of your pet for an eligible injury or illness. This is not intended to cover routine exams		✓	✓
Rehabilitative, Acupuncture & Chiropractic Coverage to treat eligible injuries and illnesses			✓

Price varies on location, age and breed of pet. Average monthly premium cost is \$25 - \$65.

Routine Care

Routine care coverage helps pay for your pets regular and expected veterinary visits for items like shots and teeth cleaning. With routine care there is no deductible to meet, and coverage begins the day after you enroll. It's an excellent way to budget for your pet's expected medical expenses. **EssentialWellness or BestWellness routine care coverage can be added to your BestBenefit plan for an additional \$16 or \$26/month** (in most states).

Accident Only Coverage

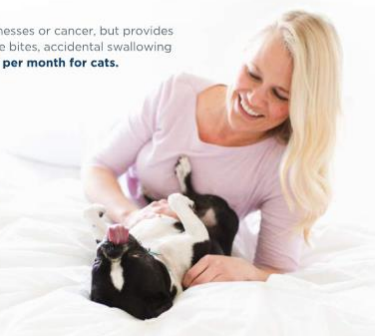
The Accident Only plan does not cover medical conditions such as illnesses or cancer, but provides up to \$10,000 in annual coverage for accidents like broken legs, snake bites, accidental swallowing and more. **Coverage starts as low as \$9 per month for dogs and \$6 per month for cats.**



To begin, enroll at petsbest.com/FLINTCO
or call **888-984-8700**
reference discount code: **FLINTCO**

Coverage applies to conditions that are determined not to be pre-existing. Claim administration is subject to all terms, conditions, limitations and exclusions in the policy. Please review policy form ABC-880009-ACC for complete details. Pet Insurance is underwritten by American Pet Insurance Company. Please visit www.americanpetinsurance.com to review all available pet health insurance products.

The brokers or agents present during open enrollment, may not be licensed property/casualty brokers or agents and therefore cannot assist with or advise employees about pet insurance, sell or attempt to sell pet insurance to them. Please contact a Pets Best representative for more information.



Why Choose Pets Best Insurance?

Save up to
90%
on vet bills



4/5

GREAT COVERAGE? FAST CLAIMS? GREAT SERVICE? YES.

Pet insurance reimburses you for vet bills when your pet is sick or injured, to help take the financial worry out of vet visits.

- Get cash back fast! We process most claims in 5 days or less.
- Optional direct deposit and direct vet pay options.
- Use any veterinarian - including specialty and emergency clinics
- Exclusive employee discount on a BestBenefit plan?
- Optional coverage for routine care
- Free 24/7 veterinary helpline



Flintco Employees

To begin, enroll at
petsbest.com/FLINTCO

or call
888-984-8700

reference discount code:
FLINTCO

Accident Only Plan

As low as \$6/month for cats
and \$9/month for dogs in
most states.

Designed for those on a limited budget who want great coverage for accidents like broken legs, snake bites, accidental swallowing and more.

Most Popular BestBenefit

Our most comprehensive
coverage for Accidents
and Illnesses.

With multiple levels of coverage, BestBenefit plans can be customized to meet the future medical needs of your four-legged family member and your budget.

Optional Routine Care

Coverage to help pay for
regular and expected
veterinary visits.

An EssentialWellness or BestWellness plan can be added to your BestBenefit plan, for an additional premium, to help cover items like vaccines, teeth cleanings, spays and neuters.

rollover VISION

FLEX

reimbursement

EMPLOYEES

FSA's

period

ription drugs

SPENDING

ACUPUNCTURE

TAX SAVINGS

contact lenses

CARRYOVER

DENTAL

CHIROPRACTOR

pre-tax

Flexible Spending Healthcare

Dependent Care (Child/Senior Care)

Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered by Navia. FSAs allow you to set aside a portion of your income before taxes to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2025, you may contribute up to \$3,300 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Examples of qualified expenses include:

- | | | |
|---------------|--------------------|------------------------|
| ✓ Coinsurance | ✓ Prescriptions | ✓ Eye exams/eyeglasses |
| ✓ Copayments | ✓ Dental treatment | ✓ Lasik eye surgery |
| ✓ Deductibles | ✓ Orthodontia | |

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf

Dependent Care FSA

For 2025, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

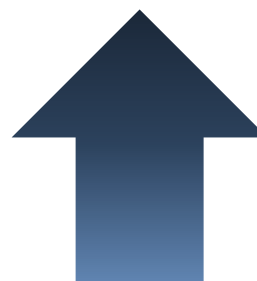
Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers

Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

REMEMBER – Dependent Care FSA is NOT a Medical Flex Account for your Dependents.

It is for Childcare/Babysitting/Senior Care expenses only.



FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: Unused funds of up to \$640 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$640 will **NOT** be returned to you or carried over to the following year.

Dependent care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

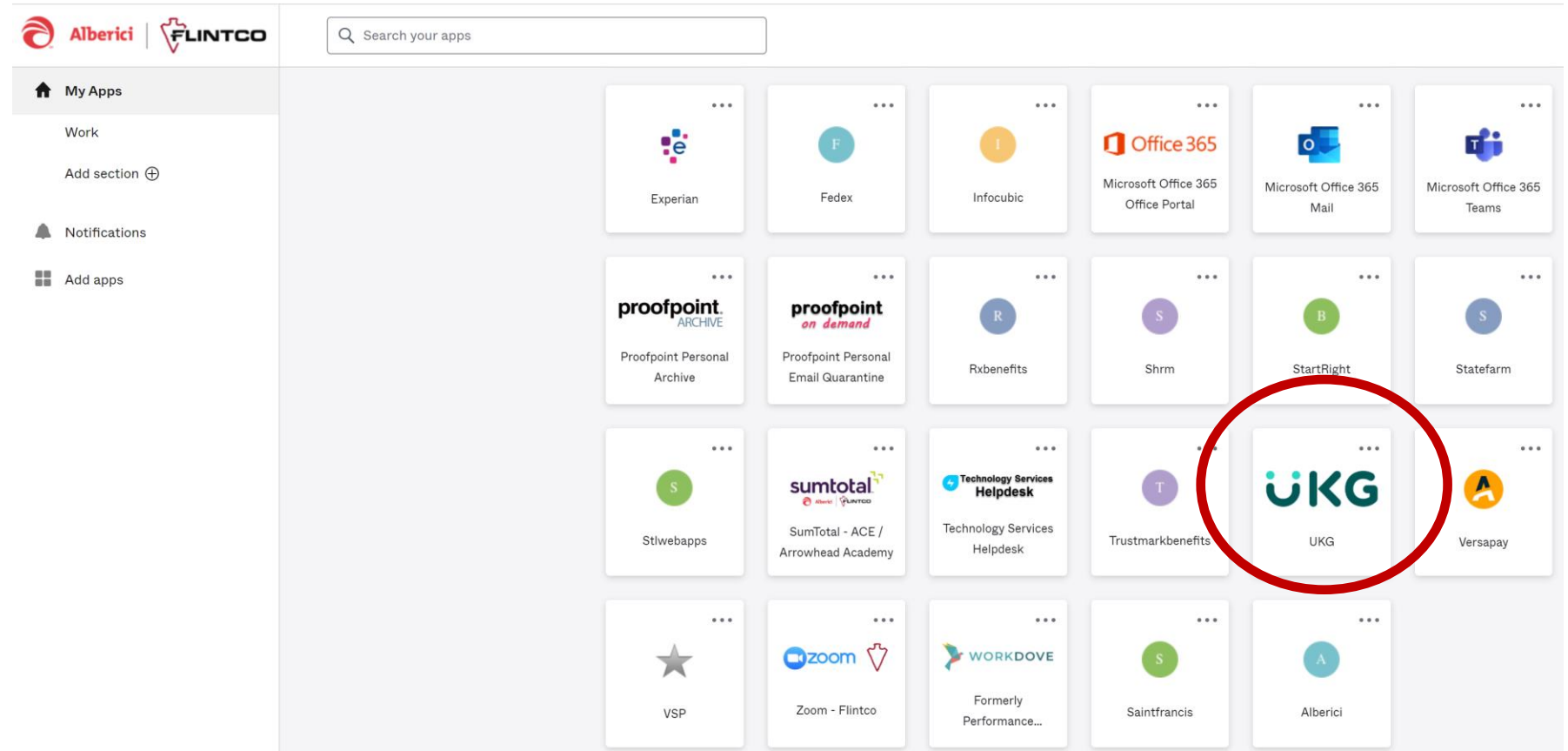
You can incur expenses through May 31, 2026, and must file claims by August 31, 2026

NOTE – if you enroll in the Diamond Plan (high deductible plan with the HSA), then you are not eligible for the FSA for Healthcare. You may still enroll in the FSA for Dependent Care.

Employees on the Bi-Weekly Payroll

Access UKG via Okta Dashboard

- Open the Okta Dashboard
- Select the UKG Icon



Open Enrollment Bi-Weekly - UKG

Click on “Open Enrollment” – Follow the instructions on the Screens that follow

FLINTCO Home

Myself

Search

Personal

My Company

Career & Education

Employee Voice

Pay

Benefits

Open Enrollment

Life Events

Documents

Prior Pay

Benefits and PTO

[Current Benefits Summary](#)

[Beneficiaries and Dependents](#)

[PTO Plans](#)

Mobile App

Download the UKG Pro Mobile App from the Apple or Google Play app stores.

Enter **thinksafe** for the Company Access Code

[View instructions](#)

Holiday Schedule

Holiday Schedule



2024:

New Year's Day - January 1, 2024 (Monday)

Memorial Day - May 27 (Monday)

Independence Day Observed - July 4 (Thursday)

Labor Day - September 2 (Monday)

Thanksgiving Day - November 28 (Thursday)

Day After Thanksgiving - November 29 (Friday)

Christmas Day - December 25 (Wednesday)

New Year's Day (2025) - January 1 (Wednesday)

CO

Passive Enrollment

Open Enrollment

If you plan to make no changes to your elections **AND** you are not enrolled nor do you plan to enroll in a **Flexible Spending Account** or **Health Savings Account**, you do not have to complete an Open Enrollment session.

However, if you do have or plan to have a **Flexible Spending Account** or a **Health Savings Account**, you must make those elections for the current plan year.

Also, if you open the election process to view your elections, you are committed to going through the entire Open Enrollment process and cannot participate in a Passive Enrollment. Instead, you must make an election for each screen, even if you always intended to make no changes. If you wish to view your current elections, access your Benefits Summary screen in UKG outside of the Open Enrollment environment.

If you have any questions about this requirement, please contact Jill Lingle - 918.710.2164 - jlingle@flintco.com.

☐ Make new elections

Review my existing plan year elections and/or make election changes. Please guide me through the Open Enrollment work event.

☐ Stay enrolled in current benefit plans

By choosing to stay enrolled in my current benefit plans, I understand that the costs and other plan details could change in the new plan year. (Note: To review your current elections, visit Myself > Benefits > Current Benefits).

OK

Cancel

IF:

- You want to keep everything the same,

AND:

- You DO NOT have or wish to have a Flex Spending Account or an HSA Account,

THEN:

- You may click “Stay enrolled in current benefits plans” and you have completed your open enrollment.



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Open Enrollment

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Cancel

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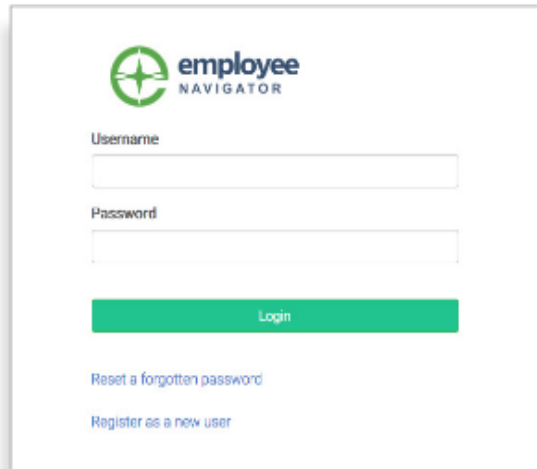
BUT:

- You click “Make new elections”, you must go through each screen of the open enrollment process, or your elections will not be recognized, **EVEN IF** you make no changes.



Employees on the Weekly Payroll

ENROLL IN YOUR BENEFITS: One step at a time



The image shows a screenshot of the Employee Navigator login page. At the top left is the logo, which consists of a green circle with a white compass rose inside, followed by the text "employee NAVIGATOR". Below the logo are two input fields: the first is labeled "Username" and the second is labeled "Password". Below these fields is a green rectangular button with the word "Login" in white text. At the bottom of the form, there are two links: "Reset a forgotten password" and "Register as a new user", both in a smaller, blue font.

Step 1: Log In

Go to <https://www.employeenavigator.com/benefits/Account/Login>

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

COMPANY IDENTIFIER: Flintco

Employee Navigator – Weekly Paid Employees



[← Hourly Demo](#)

[Home](#)

[Profile](#)

[Benefits](#)

Hello, Hourly!

✔ Your enrollment is complete.
You can still make changes for the next 0 days.

New Hire Enrollment

Complete

[Make changes](#)



View Profile



Document Library



Enrollment Summary



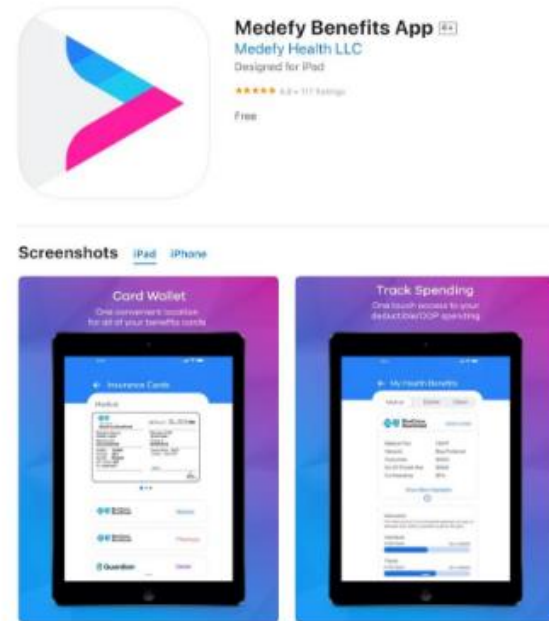
Total Compensation
Statement



Employee Directory

Medefy

- Mobile App
- One-Stop-Shop for All Flintco Benefit Plans
- 24/7 Concierge Service
- No “Bots”
- Find Providers
- Arrange Appointments
- Coordinate with Kempton
- Reduce your stress!
- Save You Money!



 **medefy**
Welcome to Medefy!
The ultimate “ugh”
stopper.

We say “benefits” – you
say “ugh.”!!!

Copays, accumulators, networks – oh my.

Medefy and your employer have you covered with a health benefits plan
navigation app that’ll make your life easier.

Imagine a world where hearing or thinking about that kind of lingo doesn’t make you want to run for the hills. Or wonder what an accumulator is.

You don’t have time to learn the ins and outs of the healthcare insurance industry – and would you really want to, anyway?

You just need clarity.

Knowing exactly how to use your health benefits plan.

Knowing where to find the right kind of care, when you need it (not five days later when that cold is already gone).

H - Health
E - Economics
A - Affirmation
R - Rewards
T - Tranquility



HEART Plan Financial Incentives

Tobacco Free Incentive

Flintco, LLC offers an incentive for those employees who do not use tobacco products or who are undergoing a cessation program during the plan year. To earn the incentive, employees must **not** use tobacco products, or employees who do **must enroll** in a tobacco cessation program through Blue Cross Blue Shield of Oklahoma or any other accredited program. If you're unsure what constitutes an accredited program, please contact Jill Lingle at 918.710.2164 – jlingle@flintco.com.

Enrollment in the HEART Plan for the Tobacco Free Incentive will be processed by submitting the affidavit to Jill Lingle.

Forms are found at www.flintcoopenenrollment.com

\$40 / Month*

Annual Physical Incentive

Flintco, LLC offers an incentive for those employees who have an annual physical that includes measurements of height, weight, BMI, Cholesterol, Glucose and Blood Pressure.

In addition, all covered dependents must also have a similar annual wellness check in order for the employee to qualify for the incentive.

Enrollment in the HEART Plan for the Annual Physical incentive will be processed by submitting the form and proof of physical exam to Jill Lingle.

Forms are found at www.flintcoopenenrollment.com

\$20 / Month*



* This incentive is considered taxable income by the IRS



FEED YOUR MIND



**I've signed up for
my incentives.
What now?**





Go to gyms and fitness studios near home and work¹

Packages as low as \$10 per month.²

[Enroll Now >](#)[Learn More](#)

1. Package 2. Members 3. Address 4. Checkout

What fitness package are you interested in?²

Please confirm your selection below.

BASE

\$19

/month

3,000 +
standard gyms

Included with purchase

Digital Content

Video & Live Streams

Studio Class Rewards

30% off every 10th class

CORE

\$29

/month

7,500 +
standard gyms

Included with purchase

Digital Content

Video & Live Streams

Studio Class Rewards

30% off every 10th class

POWER

\$39

/month

11,000 +
standard gyms

Included with purchase

Digital Content

Video & Live Streams

Studio Class Rewards

30% off every 10th class

ELITE

\$129

/month

11,000+
standard gyms

1 Elite gym choice
from 100+ available

Included with purchase

Digital Content

Video & Live Streams

Studio Class Rewards

30% off every 10th class

The Best Value.

DIGITAL CONTENT ONLY

\$10

/month

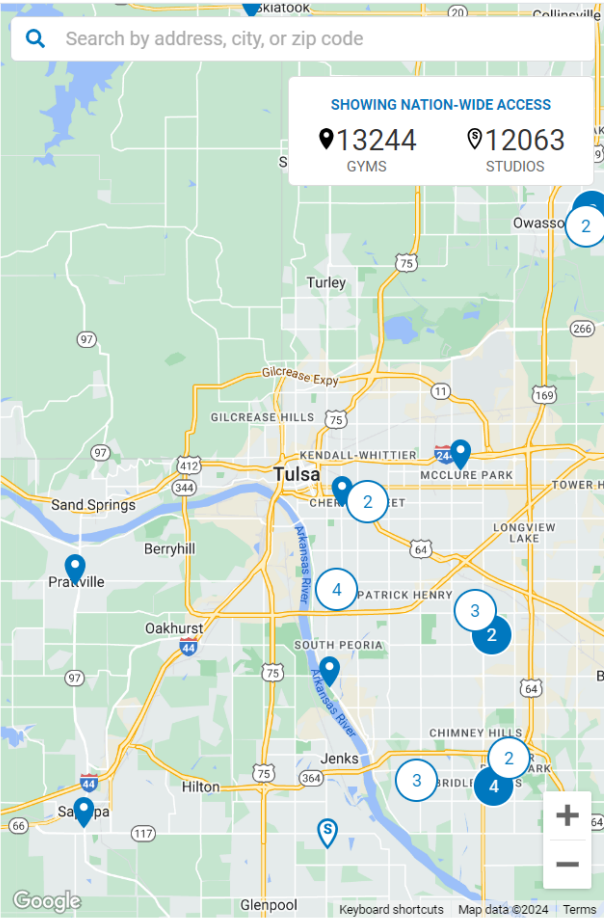
Add thousands of on-demand videos and live streams to your plan.

Content includes workouts, wellness videos, nutrition tutorials, and more!

Included with purchase

Studio Class Rewards | 30% off every 10th class

☐ I'm only interested in the Studio Class Rewards program and get 30% off every 10th class. Pay-as-you-go, at no cost to enroll.



Cancel

Save & Proceed

Health Club Network

If your health club is not listed in our network, submit a request to add it by sending accessing the following site.

<https://onlinesubmission.tivityhealth.com/>



YMCA

If you prefer to sign up for a health club membership with the YMCA, Flintco will contribute \$20 per month. There are a variety of memberships, i.e. family, single, over 65, etc. offered at discounted rates.

If you enroll, then the membership fee will be withheld from your check and sent to the YMCA on your behalf.

To enroll, send an enrollment form to Jill Lingle for processing. You will receive a welcome kit from the YMCA shortly thereafter.



Just review the [Membership Activation Information](#) and complete the [Membership Application Form](#). Send the forms to Jill Lingle - jlingle@flintco.com. You will receive a welcome kit from the YMCA with instructions on how to get your ID card, etc. and the monthly membership fee will be deducted from your check and remitted to the YMCA for you.

Monthly Rates Deducted from Your Check Each Pay Period

- Single - \$45.48
- Single Plus 1 Adult - \$65.88
- Senior - \$42.08
- Senior Plus 1 Adult - \$59.08
- Senior Plus Youth (under 24) - \$63.33
- Family - \$70.98
- Sole Parent Family - \$53.98

Healthy
Living
starts
here!

Español Language Assistance



BLUEPF ▾

Messages

My Account ▾

Dashboard

Claims

Coverage ▾

Spending

Find Care

Wellness

Hello, Jill!

Member ID Card

Contact Us

Coverage

BLUE PREFERRED

Plan Type: **BLUEPF**

Additional Benefits: [Pharmacy](#)

Effective Date: **06/01/2023**

End Date: -

ID Number: **FTC**

Group Number: **YNS023**

Subscriber: Jill Lingle

[View All Coverage >](#)

Find Care



Medical

Doctors and hospitals,
nurseline, hearing aids



[Find All Care >](#)

Most Recently Updated Claims

Provider	Your Responsibility	Visited on	Last Updated on	Status
TULSA MEDICAL LABORATORY LLC	\$0.00	Apr 10, 2024	Apr 22, 2024	Fully Paid >



Flintco LIFEline

Raise Your Voice

And here!

- [Suicide Crisis Lifeline](#)
- [Crisis Helpline](#)
- [I Need to Talk with Someone About Coping](#)
- [I Want to See a List of Resources](#)
- [OSHA Resources](#)
- [I Wish to Find a Psychiatrist or Other Professional](#)
- [I Need Help Deciding How to Start](#)
- [Order Mental Health Resources Materials](#)
- [Tips on Talking to Each Other](#)
- [Paid Time Off](#)

And wherever you are!



Notice of Privacy Practices

Group Health Plan Notice of Privacy Practices

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.

Summary

This Notice of Privacy Practices (the "Notice") describes the legal obligations of Flintco, LLC Welfare Benefits Plan (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- (1) your past, present, or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact Jill Lingle, Privacy Officer at 918-710-2164. This Notice is effective April 1, 2016.

Privacy Obligations of the Plan

The Plan is required by law to:

- ◆ maintain the privacy of your protected health information;
- ◆ provide you with certain rights with respect to your protected health information;
- ◆ provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- ◆ follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will mail a copy of our revised Notice of Privacy Practice to you within 60 days of such change.

How We May Use and Disclose Health Information About You

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following are the different ways we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose information about you to providers, including doctors, nurses, technicians, medical students,

or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or, to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities. These activities include underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and, business management and general Plan administrative activities.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Company protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

SPECIAL SITUATIONS. In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make the disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law enforcement official or any of the following:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal misconduct;
- about criminal conduct.

Coroners, Medical Examiners and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal offices for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

REQUIRED DISCLOSURES

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

OTHER DISCLOSURES

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that: (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such a person; (2) treating such person as your personal representative could endanger you; or (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

YOUR RIGHTS

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to Flintco, LLC Attn: Jill Lingle, Privacy Officer, 1624 W. 21st Street, Tulsa, OK 74107. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Privacy Officer.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or

does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period of not longer than six years and may not include dates before January 1, 2010. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge.

For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

Effective February 17, 2010 (or such other date specified as the effective date under applicable law), we will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, make your request in writing to the Plan Administrator. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may write to the Plan Administrator to request a written copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this Notice.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Plan Administrator at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred.

Note: You will not be penalized or retaliated against for filing a complaint.

Contact Information

If you have any questions about this notice, please contact:

Name of Entity/Sender: Flintco, LLC
Contact/Office: Jill Lingle, Privacy Officer
Address: 1624 W. 21st Street, Tulsa, OK 74107-2708
Phone Number: (918) 710-2164
Notice Effective Date: April 1, 2016

Medicare Prescription Drug Notice

Important Notice from Flintco, LLC About Your Prescription Drug Coverage and Medicare (Creditable Coverage)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Flintco, 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. Flintco, LLC has determined that the prescription drug coverage offered by Flintco, LLC's plan is, 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 Flintco, LLC coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Flintco, LLC coverage, be aware that you and your dependents will not be able to get this coverage back.

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 with Flintco, 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 Flintco, LLC at the phone number shown 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 Flintco, LLC. 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 "Medicare & You" handbook for their telephone number) for personalized help

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).

Date: April 1, 2016

Name of Entity/Sender: Flintco, LLC

Contact/Office: Jill Lingle, Privacy Officer

Address: 1624 W. 21st Street, Tulsa, OK 74107

Phone Number: 918-710-2164

COBRA Rights Notice

You are receiving this notice because you have recently become eligible for coverage under the Flintco, LLC Welfare Benefits Plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Flintco Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review your Summary Plan Description or contact the Flintco, LLC Employee Services Department.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of group health plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event occurs, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of a qualifying event. Qualified beneficiaries who elect COBRA continuation coverage must pay for that coverage.

You will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- ▮ Your hours of employment are reduced; or
- ▮ Your employment ends for any reason other than your gross misconduct.

Your spouse will become a qualified beneficiary if he or she loses coverage under the Plan because any of the following qualifying events happens:

- ▮ Your hours of employment are reduced;
- ▮ Your employment ends for any reason other than your gross misconduct;
- ▮ Your death;
- ▮ Your entitlement to Medicare benefits (under Part A, Part B or both); or
- ▮ You become divorced or legally separated.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- ▮ Your hours of employment are reduced;
- ▮ Your employment ends for any reason other than your gross misconduct;
- ▮ Your death;
- ▮ Your entitlement to Medicare benefits (under Part A, Part B or both);
- ▮ Your divorce or legal separation; or
- ▮ The dependent stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

Flintco, LLC will offer COBRA continuation coverage to qualified beneficiaries only after it has been notified that a qualifying event occurred. For the following qualifying events, Flintco, LLC will automatically process the qualifying event:

- ▮ Your hours of employment are reduced;
- ▮ Your employment ends;
- ▮ Your death; or
- ▮ Your entitlement to Medicare benefits (under Part A, Part B or both).

You Must Give Notice of Some Qualifying Events

For the following qualifying events, you or a family member must notify the Flintco, LLC Employee Services Department within 60 days after the qualifying event occurs:

- ▮ Your divorce or legal separation; or
- ▮ Your dependent's loss of eligibility for coverage as a "dependent child."

You must notify Flintco, LLC of the qualifying event by calling the Flintco, LLC Employee Services Department at (918) 710-2164.

How Is COBRA Coverage Provided?

Once Flintco, LLC receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. You may elect continuation coverage on behalf of your spouse and dependent children. Your spouse may also elect continuation coverage on behalf of your dependent children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is one of the following events, COBRA continuation coverage lasts for up to a total of 36 months for your spouse and dependent children:

- ▮ Your death;
- ▮ Your divorce or legal separation; or
- ▮ Your dependent stops being eligible for coverage under the plan as a "dependent child."

When the qualifying event is one of the following events, COBRA continuation coverage lasts for up to a total of 18 months for qualified beneficiaries:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

When the qualifying event is your reduction in hours or your termination of employment and you were entitled to Medicare benefits prior to the qualifying event, additional coverage for your spouse and dependents may be available. Your spouse and dependents would be eligible to receive up to 36 months of COBRA continuation coverage from the date of your entitlement to Medicare.

For example, if you became entitled to Medicare eight months before the date your employment terminates, COBRA continuation coverage for your spouse and dependent children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months prior to the qualifying event).

There are two ways in which an 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18 -Month Period of Continuation Coverage

COBRA coverage may be available for you and your family up to a total of 29 months at a higher premium if:

- You, your covered spouse or your covered dependents (including newborn and newly adopted children) are determined to be disabled, as defined by the Social Security Act, prior to the qualifying event or during the first 60 days of COBRA coverage;
- The Social Security Administration's disability determination is received within the disabled individual's 18 months of COBRA coverage;
- The disability lasts at least until the end of the 18-month period of continuation coverage; and
- Flintco, LLC is notified of the Social Security Administration's disability determination within 60 days of the disabled individual's receipt of a Social Security Disability award. If the disability determination occurred before COBRA coverage started, you're required to notify Flintco, LLC within the first 60 days of COBRA coverage.

You, your covered spouse or your covered dependents must notify Flintco, LLC within 60 days of receipt of the disability determination and prior to the end of the initial 18-month continuation period in order to receive the coverage extension. To notify Flintco, LLC of the disability determination, call 918-710-2164.

You, your covered spouse or your covered dependents must notify Flintco, LLC within 30 days of the date the disability ends by calling the Employee Services Department at 918-710-2164.

Second Qualifying Event Extension of 18 -Month Period of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, your spouse and dependent children can receive up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months. Additional continuation coverage is available only if the event would have caused your spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. These events include:

- Your death;
- Your entitlement to Medicare (under Part A, Part B or both);

- ▮ Your divorce or legal separation; or
- ▮ Your dependent stops being eligible for coverage under the plan as a “dependent child.”

You, your covered spouse or your covered dependents must notify Flintco, LLC within 60 days after the event occurs in order to receive this additional coverage. To notify Flintco, LLC of the qualifying event, call 918-710-2164.

Events That May Change Continued Coverage

Once your COBRA coverage begins, you may be able to change your COBRA coverage elections based on plan rules if you experience a qualified change in status. You, your covered spouse or your covered dependents must notify Flintco, LLC by calling 918-710-2164 within 60 days of the qualified change in status to change your COBRA coverage. See your Summary Plan Description for detailed information on allowable changes in status. Adding family members to COBRA coverage may result in a higher premium for this additional coverage.

You may also change COBRA coverage if a child is born to the covered employee or placed for adoption with the covered employee during the 18, 29 or 36-month continuation period. In such case, you must notify Flintco, LLC by calling 918-710-2164 within 60 days of the birth or placement to cover the new dependent as a qualified beneficiary under COBRA. There may be a higher premium for this additional coverage.

Events That End Continued Coverage

COBRA coverage will end automatically upon the expiration of the 18, 29 or 36-month continuation periods described on the previous pages. In addition, COBRA coverage will end automatically if any of the following situations occur:

- ▮ Flintco, LLC stops providing group health benefits;
- ▮ Premiums are not paid within 30 days of the due date (with the exception of the initial premium which is due within 45 days of your election date); or
- ▮ A person eligible for continued benefits becomes covered under any other group health plan (unless the health plan has an enforceable pre-existing condition clause) or becomes entitled to Medicare.

If your coverage ends because of expiration of the 18, 29 or 36-month limit, you may be able to convert coverage to an individual policy if this right currently exists in the Plan.’

Address Information

Be sure to keep your current address information up to date with Flintco, LLC. Doing so is the only way to ensure that important benefit information will reach you.

Your Rights Under ERISA

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit www.HealthCare.gov.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

For More Information

If you have any questions about COBRA continuation coverage, call the Flintco, LLC, Employee Services Department at 918-710-2164.

If you need additional information about your Flintco, LLC health coverage, call the Flintco, LLC, Employee Services Department at 918-710-2164

Newborn & Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, the Plan does not 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 delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

Mental Health Parity Act

The Mental Health Parity Act (MHPA) requires that annual or lifetime dollar limits on mental health benefits be no lower than any such dollar limits for health (medical) and surgical benefits offered by a group health plan or health insurance issuer offering coverage in connection with a group health plan.

The law:

- Generally requires parity of mental health benefits with health/surgical benefits with respect to the application of aggregate lifetime and annual dollar limits under a group health plan; and
- Provides that employers retain discretion regarding the extent and scope of mental health benefits offered to workers and their families (including cost sharing and requirements relating to medical necessity).

Foreign Language Assistance

This notice contains a summary in English of your legal rights under Flintco, LLC Welfare Benefits Plan. If you have difficulty understanding any part of this notice, contact Flintco, LLC Employee Services Department, the plan administrator, at their offices located at 1624 W. 21st Street, Tulsa, OK 74107-2718. Office hours are from 8:00 A.M. to 5:00 P.M. Monday through Friday. You may also call the plan administrator's office at (918) 710-2164 for assistance.

Este aviso contiene un resumen en inglés de sus derechos legales del plan bajo el salud y el bienestar de Flintco, LLC. Si tiene dificultad entendiendo cualquier parte de este informe, comuníquese con el administrador del plan, Flintco, LLC Recursos Humanos Departamento, en sus oficinas ubicadas en 1624 W. 21st Street, Tulsa, OK 74107-2708. Las horas de oficina son de 8:00 A.M. a 5:00 P.M. de lunes a viernes. También puede llamar a la oficina del administrador del plan al (918) 710-2164 para obtener ayuda.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be 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 basic information about the new Marketplace and employment-based health coverage offered by your employer.

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. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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% of your household income for the year, 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.¹

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 _____.

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, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ 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.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

- With respect to dependents:

☐ We do offer coverage. Eligible dependents are:

☐ We do not offer coverage.

- ☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

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)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ALASKA – Medicaid	INDIANA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
FLORIDA – Medicaid	KANSAS – Medicaid
Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512

KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
NEBRASKA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462

NEVADA – Medicaid	RHODE ISLAND – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2016, 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

OMB Control Number 1210-0137 (expires 10/31/2016)



Employee Services

Notice of Privacy Practices for Protected Health Information

THIS INFORMATION DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date of Notice: September 23, 2013

In this Notice, we sometimes refer to the Plan as "we" and sometimes as "the Plan." When we say "you" or "your" in this Notice, we mean any person entitled to benefits under the Plan.

Flintco, LLC ("Plan Sponsor") sponsors the Flintco, LLC Benefits Plan ("Plan") that includes group health plan benefits and is a hybrid covered entity under the Health Insurance Portability and Accountability Act's ("HIPAA's") privacy regulation ("Privacy Rule") ("Plan"). The Privacy Rule only applies to the portion of the Plan that provide group health plan benefits. The Privacy Rule regulates the Plan's use and disclosure of protected health information ("PHI") about you. This Notice describes how we may use and disclose your PHI, as permitted by the Privacy Rule. This Notice also describes your individual rights concerning your PHI.

Under the Privacy Rule, PHI generally means information that: (i) relates to your past, present or future physical or mental health condition or health plan coverage and (ii) may identify you.

Section 1. Plan Duties

Federal law says that we must maintain the privacy of your PHI, give you notice of our legal duties and privacy practices concerning your PHI and notify you of a breach (as defined in the Privacy Rule) of your unsecured PHI. We must follow the terms of this Notice, as currently in effect. However, we have the right to change the terms of this Notice at any time and to make the new Notice provisions effective for all PHI that we have then or will later have. We will provide you with a revised Notice at work or by mail if we make material changes to our privacy practices.

Section 2. How and When the Plan May Use or Disclose PHI

Sections A and B below describe the different ways in which we may use or disclose your PHI without your written authorization. We must have your written authorization for any other uses and disclosures. For example, subject to certain exceptions described in the Privacy Rule, we must obtain your authorization for: (i) a use or disclosure of your psychotherapy notes, (ii) a use or disclosure of your PHI for marketing and (iii) any sale of your PHI. You may revoke your authorization at any time, but only if you make the request to revoke in writing and give or send it to the Plan's Privacy Contact or Office at the address below. Your revocation of an authorization will not apply to any action the Plan has already taken in reliance on such authorization.

A. Primary Uses and Disclosures of PHI

Required Disclosures. The Privacy Rule says we must disclose your PHI to you when you ask to inspect or amend it, or if you ask for an accounting of certain types of disclosures. We must also disclose your PHI to the Secretary of the Department of Health and Human Services without your authorization for an investigation of our compliance with the Privacy Rule.

Treatment. We may disclose PHI about you for the treatment activities of a health care provider, as permitted by the Privacy Rule. These activities include a health care provider's providing, coordinating or managing your health care and related services, health care providers' consulting with one another about you, and referrals by one provider to another. For example, we may disclose your Plan enrollment status to a hospital in connection with a planned admission without your authorization.

Payment. We may use or disclose your PHI for our payment activities and those of other covered entities and health care providers, as permitted by the Privacy Rule. For example, without your authorization, we may disclose your PHI in order to collect your premiums or reimbursement for providing health care to you. In the same way, we may also disclose your PHI to another covered



Employee Services

Notice of Privacy Practices for Protected Health Information

entity or a health care provider for its payment activities. For example, without your authorization, we may disclose your PHI to a health care provider who has filed a claim for payment for health care services provided to you.

Health Care Operations. We may use or disclose your PHI for our own health care operations activities, as permitted by the Privacy Rule. We may also disclose your PHI to another covered entity its own health care operations activities. If we participate in an organized health care arrangement, we may also disclose PHI about an individual to another covered entity that participates in the organized health care arrangement for any health care operations activities of the organized health care arrangement. Health care operations activities for this purpose include: (i) quality assessment and improvement activities, (ii) population-based activities relating to reducing health care costs, (iii) case management and care coordination, (iv) evaluating health plan performance, (v) underwriting, enrollment, premium rating and similar activities and (vi) the general business management and general administrative activities of the entity for whom the health care operations activities are performed. For example, without your authorization, we may use or disclose information about your claims to project future benefit costs or audit the claims processing functions. We will not use or disclose your genetic information for underwriting purposes.

To the Plan Sponsor. We, or a health insurance issuer or HMO with respect to the Plan, may disclose your PHI to the sponsor of the Plan, as permitted by the Privacy Rule. For example, without your authorization, we may disclose your PHI to the Plan sponsor so that it may evaluate plan design changes.

B. Other Uses and Disclosures of PHI

Disclosures Required By Law. We may use or disclose your PHI when required by law, as permitted by the Privacy Rule, without your authorization.

For Public Health Activities. We may disclose your PHI without your authorization for certain public health activities, as permitted by the Privacy Rule. Examples of public health activities include: (i) activities to prevent or control disease, injury or disability (including reporting a disease), (ii) the conduct of public health surveillance, public health investigations and (iii) public health interventions.

About Victims of Abuse, Neglect or Domestic Violence. We may disclose your PHI if we reasonably believe that you are a victim of abuse, neglect, or domestic violence. We may only make this disclosure to a government authority (including a social service or protective services agency) authorized by law to receive reports of such abuse, neglect or domestic violence, as permitted by the Privacy Rule. We will make this type of disclosure only if you agree to the disclosure or if the disclosure is otherwise required or authorized by law.

For Health Oversight Activities. We may disclose your PHI without your authorization to a public health oversight agency for certain oversight activities authorized by law, as permitted by the Privacy Rule. Examples of oversight activities include: (i) audits, (ii) investigations, (iii) inspections, (iv) licensure and (v) other activities generally necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

For Judicial and Administrative Proceedings. We may disclose your PHI without your authorization in response to a court or administrative order issued in any judicial or administrative proceeding, as permitted by the Privacy Rule. We may also disclose your PHI in response to a subpoena, discovery request or other lawful purpose, without a court or administrative order, but only: (i) if we obtain an order protecting the information requested or (ii) if efforts have been made to tell you about the request for your PHI.

For Law Enforcement Purposes. We may disclose your PHI without your authorization to a law enforcement official for certain law enforcement purposes, as permitted by the Privacy Rule. Examples of this type of disclosure include: (i) disclosure in response to a court order, subpoena, warrant, summons or similar process and (ii) disclosure made in emergency circumstances to prevent a crime.



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To Coroners, Medical Examiners, and Funeral Directors. We may disclose your PHI without your authorization to a coroner or medical examiner for the purpose of: (i) identifying a deceased person, (ii) determining a cause of death or (iii) other duties as authorized by law, as permitted by the Privacy Rule. Also, we may disclose your PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties regarding the decedent.

For Organ and Tissue Donation Purposes. We may use or disclose your PHI without your authorization to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation, as permitted by the Privacy Rule.

For Research. We may use or disclose your PHI for research without your authorization, as permitted by the Privacy Rule. A number of conditions must be met before we use or disclose your PHI for research.

To Avert a Serious Threat to Health or Safety. We may use or disclose your PHI without your authorization when necessary to prevent a serious threat to someone's health and safety, as permitted by the Privacy Rule. We may only make that kind of disclosure, however, to someone able to lessen or prevent the threat.

For Specialized Governmental Functions. We may use or disclose your PHI without your authorization for specialized governmental functions, as permitted by the Privacy Rule. Examples of this kind of disclosure are: (i) disclosure of PHI of military personnel for activities deemed necessary by military command authorities and (ii) disclosure to authorized federal officials for lawful national security activities.

For Workers' Compensation. We may use or disclose your PHI without your authorization when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault, as permitted by the Privacy Rule.

For Care and Notification. We may use or disclose your PHI without your authorization to your family member, other relative or a close personal friend or other person you identify. Our disclosure will be limited to PHI that is directly relevant to your care or payment related to your care. This includes information about your location, general condition or death, as permitted by the Privacy Rule.

Incident to a Use or Disclosure Permitted by the Privacy Rule. We may make a use or disclosure of your PHI without your authorization if the use or disclosure is incidental to a use or disclosure otherwise permitted by the Privacy Rule. We will make reasonable efforts to limit PHI used and/or disclosed to the minimum necessary to accomplish the intended purpose of the use and/or disclosure. We have in place appropriate administrative, technical and physical safeguards to protect the privacy of your PHI.

Section 3. Your Rights

Right to Request Restrictions on PHI Uses and Disclosures

You have the right to request that we restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or in payment for your care, as permitted by the Privacy Rule. However, we are not required to agree to your request.

Your request for restrictions must be in writing to the Plan's Privacy Contact or Office at the address below.

Right to Receive Confidential Communications

You have the right to request that we make certain communications of your PHI to you by alternative means or to alternative locations, if the Plan's traditional means of communication could endanger you.



Employee Services
Notice of Privacy Practices for Protected Health Information

Your request for confidential communications of PHI must be in writing to the Plan's Privacy Contact or Office at the address below. Your request must include a statement that the disclosure of all or part of the information could endanger you.

Right to Inspect and Copy PHI

You have the right to request access to inspect or obtain a copy of certain types of PHI that the Plan has about you.

Your request for access must be in writing to the Plan's Privacy Contact or Office at the address below. If you ask for a copy of the information, we may charge a fee for the costs of copying, mailing or other charges related to fulfilling your request.

We may deny your request for access to inspect or obtain a copy of your PHI in certain circumstances, as permitted by the Privacy Rule.

Right to Amend PHI

If you feel that your PHI that we have is incorrect or incomplete, you may ask us to amend your information.

Your request for an amendment must be in writing to the Plan's Privacy Contact or Office at the address below. Your written request must also specify the basis for the amendment.

We may deny your request for an amendment in certain circumstances, as permitted by the Privacy Rule.

Right to Receive an Accounting of PHI Disclosures

You have the right to receive an accounting of certain disclosures of your PHI that we have made.

Your request for an accounting of disclosures must be in writing to the Plan's Privacy Contact or Office at the address below. Your written request must specify the time period for which you are requesting an accounting. That time period may not be longer than six years from the date of your request. Your written request should state the format (paper, electronic, etc.) in which you want to receive your accounting. We may charge a fee for the costs of responding to more than one accounting request in a 12-month period.

We may deny your request for an accounting in certain circumstances, as permitted by the Privacy Rule.

Right to Obtain a Paper Copy of Notice

You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive this notice electronically. To obtain a paper copy of this notice, please make your request in writing to the Plan's Privacy Contact or Office at the address below.

Section 4. Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, write to the Plan's Privacy Contact or Office at the address below. Your complaint must be submitted in writing. You will not be retaliated against for filing a complaint.

Section 5. Address

If you have any questions about the Plan's privacy practices or the information contained in this Notice, please contact the Plan's Privacy Contact or Office at: Flintco, LLC, ATTN: Employee Services, 1624 W. 21st St., Tulsa OK 74107-2708, (918) 710-2164.



Employee Services
HIPPA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the Company and enroll in the plan.

To request special enrollment or obtain more information, contact Jill Lingle, 918.710.2164 – jlingle@flintco.com.