

**POPS
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Employee Benefits Guide

2024



CLARKE & COMPANY
BENEFITS LLC

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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents are controlling. The plan documents will govern all plans covered in this Guide. The Guide is not a contract or a guarantee of your eligibility or benefit. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Clarke & Company Benefits. If you sign up for coverage that requires evidence of insurability, even though deductions may start, you are not considered enrolled in the plans until confirmed by the carrier. If declined, you will be reimbursed. This guide is not an express or implied contract of employment.



ENROLLMENT

Now is the opportunity to choose the benefits that are best for you and your place in life. This guide has been prepared with all the information you need to choose your benefits for your 2024 elections.

WHO IS ELIGIBLE

If you are a Pops Mart Fuels regular full-time employee, you are eligible for benefits. Employees who work over 30 hours a week and are not temporary are considered full time employees. You are also eligible to cover your family members in the medical, dental, and voluntary life insurance, through the Pops Mart Fuels employer sponsored benefit plans.

HOW TO ENROLL

If you would like to sign up for benefits through Pops Mart Fuels you can complete your enrollment via Employee Navigator. You are eligible for coverage the first day following 30 days of employment. All employees must log in and elect coverage.

WHEN TO ENROLL

If you would like to enroll in any of the Pops Mart Fuels benefits, now is your time. After your initial enrollment date, in order to make changes you will have to have a qualifying change in status.

Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer, commencement or termination of adoption proceedings, or change in spouse's employment status.

CONTRIBUTION

Pops Mart Fuels contributes toward medical, dental, and vision coverage and provides employees with Basic Life and AD&D.

Employee Premium Summary

	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Employee Weekly Payroll Deductions				
BCBS ICHRA Plans	See Navigator	See Navigator	See Navigator	See Navigator
Guardian - Dental Plan	\$3.43	\$11.57	\$13.76	\$22.99
Guardian - Vision Plan	\$.65	\$1.66	\$1.77	\$3.47
Guardian - Voluntary Life & AD&D	See Navigator	See Navigator	See Navigator	See Navigator
Colonial - Voluntary STD	See Navigator	n/a	n/a	n/a
Colonial - Critical Illness and Accident Coverage	See Navigator	See Navigator	See Navigator	See Navigator



Medical



South Carolina

Plan Benefits	In Network Benefits BlueCross BlueShield of SC Statewide Network		
	Gold 1 Plan	Silver 15 Plan	Bronze 6 Plan
Primary Care Physician	\$20 Copay	\$30 Copay	\$45 Copay
Specialist Physician	\$50 Copay	\$60 Copay	\$90 Copay
Blue Care on Demand	\$10 Copay	\$20 Copay	\$20 Copay
Preventive Screenings Preventive Maximum	\$0 Copay Unlimited	\$0 Copay Unlimited	\$0 Copay Unlimited
Other Physician Services	Deductible & Coinsurance	Deductible & Coinsurance	Copayments vary
Hospital Inpatient	Deductible & Coinsurance	Deductible & Coinsurance	\$2,100 per day, plus physician fees
Hospital Outpatient	Deductible & Coinsurance	Deductible & Coinsurance	\$100 Facility Charge, plus physician fees
Emergency Room Facility	\$300 Copay, then Deductible & Coinsurance	\$300 Copay, then Deductible & Coinsurance	\$1,600 Copay
Prescription Drugs	\$12 Generic \$40 Preferred \$100 Non-preferred 35% Coinsurance after Ded	\$30 Generic \$80 Preferred \$100 Non-preferred 30% Coinsurance after Ded	\$30 Generic \$175 Preferred \$3,000 Deductible, then 50% Coinsurance for all others
Deductible	\$2,500 (\$5,000 Family)	\$2,300 (\$4,600 Family)	\$0
Coinsurance Percentage (after deductible is met)	25% Employee, 75% BCBS	50% Employee, 50% BCBS	0% Employee
Max out of Pocket	\$4,900 (\$9,800 Family)	\$8,950 (\$17,900 Family)	\$8,900 (\$17,800 Family)
Life Maximum	Unlimited		

Medical



South Carolina

Plan Benefits	In Network Benefits BlueCross BlueShield of SC Extend National Network	
	HD Gold Extend 2	Silver Extend 1
Primary Care Physician	Deductible	\$30 Copay
Specialist Physician	Deductible	\$65 Copay
Blue Care on Demand	Deductible	\$20 Copay
Preventive Screenings	\$0 Copay	\$0 Copay
Preventive Maximum	Unlimited	Unlimited
Other Physician Services	Deductible	Deductible & Coinsurance
Hospital Inpatient	Deductible	Deductible & Coinsurance
Hospital Outpatient	Deductible	Deductible & Coinsurance
Emergency Room Facility	Deductible	\$500 Copay, then Deductible & Coinsurance
Prescription Drugs	Tiers 1-4 Deductible	\$15 Generic \$75 Preferred \$150 Non-preferred 35% Coinsurance after Deductible for Specialty Rx
Deductible	\$3,500 (\$7,000 Family)	\$4,400 (\$8,800 family)
Coinsurance Percentage (after deductible is met)	100% BCBS	35% Employee/65% BCBS
Max Out of Pocket	\$3,500 (\$7,000 Family)	\$8,800 including co-pays, deductible, & coinsurance (\$17,600 family)
Lifetime Maximum	Unlimited	Unlimited



Quality Care ...

ANYTIME AND ANYWHERE!

Why wait for the care you need now? You can see doctors when and where you want through video consults. Use your smartphone, tablet or personal computer to access faster and easier care. It's truly care on demand — no matter the time of day or night, or even where you happen to be!

It's free to enroll, and the cost of a consultation is the same as your primary care physician (PCP) benefit.

THE CARE YOU NEED

Doctors can treat many of the most common medical conditions, including:

- Colds
- Flu
- Fevers
- Rashes
- Abdominal pains
- Sinusitis
- Pinkeye
- Ear infections
- Migraines



WITH BLUE CARE ON DEMAND, YOU GET

- Choice of trusted, board-certified doctors
- Video visits using the Web or mobile app
- Consultation and diagnosis — even prescriptions (when appropriate)

AND CONVENIENT WAYS TO START A VISIT ...

- By downloading our free app from Google Play or the App Store
- At www.BlueCareOnDemandSC.com and signing up using your email address and password



South Carolina



BlueCareOnDemandSC.com

Blue Cross Blue Shield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

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Dental and Vision

We offer employees and their families a comprehensive dental plan. Our dental plan is administered by Guardian. Our plans includes coverage for preventive, basic, and major dental services (see certificate for full coverage details) and coverage for exams, frames, lenses, and contact lenses. You may visit the dental or vision provider of your choice but we also have a network available. Costs using a network provider are lower than a non-network provider. Go to www.guardiananytime.com to find a provider in your area.

Dental	Plan Benefits
	In and Out of Network Benefits
Preventive	Pays 100% of costs
Basic Services	Pays 80% of costs
Major Services	Pays 50% of costs
Deductible	\$50/Individual \$150/Family
Annual Maximum/Insured	\$2,000*
Waiting Periods	None

*UCR = Usual, Customary, and Reasonable Costs

Vision	Plan Benefits	
	In Network	Out of Network
Exam Co-Pay	\$10 Co-Pay	\$39 Max
Hardware Benefit	\$130 Benefit per year, 20% off balance	\$100 Max
Materials Co-pay	\$25	N/A
Contact Lenses	Under Hardware Benefit	Under Hardware Benefit

Life Insurance



Basic Life & ADD

Employees are provided with Group Basic Term Life in the amount of \$25,000 per employee at no cost to you. Our coverage includes accidental death & dismemberment coverage. For accidental death our plan pays 2 x's the benefit (See the certificate of coverage for dismemberment benefits). Our coverage may be portable and/or convertible to you if you meet certain requirements*. You have 31 days from the date of termination to contact Guardian to port or convert your coverage (see HR for details).

*see certificate of coverage for details

Voluntary Life & ADD for You, Your Spouse and Child(ren)

- Employees can elect a minimum of \$10,000 to \$250,000. Guarantee Issue at initial enrollment is \$100,000 (for those under age 65 when). **If coverage was not elected at initial enrollment or any amounts over the Guarantee will require Health Questions.**
- You can elect a minimum of \$5,000 to \$250,00 for your spouse. Guarantee Issue at initial enrollment (as a new hire) for your spouse is \$25,000.). **If coverage was not elected at initial enrollment or any amounts over the Guarantee will require Health Questions**
- You can elect a minimum of \$5,000 to a maximum of \$10,000 for your dependent child(ren). Guarantee issue at initial enrollment is \$10,000. **If coverage was not elected at initial enrollment Health Questions will be required.**

****Dependent Spouse and/or child(ren) coverage is only available if the Employee elects Voluntary Life coverage and it cannot exceed 100% of the Employees amount***

Additional Benefits from Colonial Life Offered to Employees include

Critical Illness, Accident Coverage, & Short Term Disability

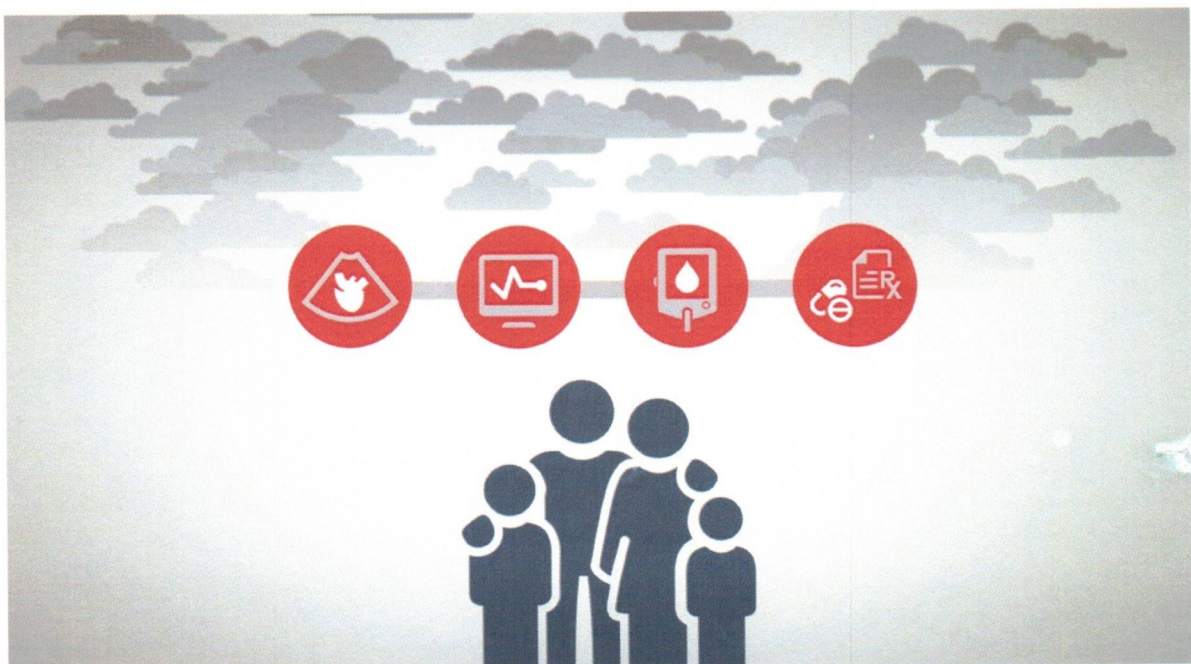


Critical Illness provides a lump sum benefit upon the diagnosis of a critical illness, as defined by the policy. Employees have the flexibility to use the cash benefit as they see fit, including payment for:

- Out-of-pocket medical expenses
- Mortgage/rent or child/adult care
- Daily living expenses

Accident coverage provides a lump sum benefit and covers the most common injuries due to accidents as defined by the policy.

Short Term Disability coverage will pay you a weekly amount based on your income if you can no longer work due to an injury or illness.



401(k) Retirement Account

Pops Mart Fuels offers a 401(k) retirement account administered by PayChex. Your 401(k) plan is designed to help you save for retirement with pre-tax deductions. All employees over 21 years of age are eligible immediately.

You are not required to contribute, however the company will match your contributions as follows: 3% discretionary – all employees will receive a 3% match of their gross earnings. In addition, Pops Mart Fuels will match \$0.50 of every dollar an employee contributes up to 5%, a maximum of 5% gross earnings.

The 2024 Contribution Limit for your 401(k) is \$23,000, an increase of \$500 from 2023. Employees 50 and older can contribute a Catchup amount of \$7,500 for a total of \$30,500 for 2024.

Contribution and Employer Match would be made every pay period with immediate rollover.



Important Contacts

Pops Mart Fuels Benefits Resources/Annual Enrollment Benefits Guide

	For questions about	Contact	Phone	Online
Clarke & Company Benefits	For questions pertaining to any of the benefits outlined in this benefit guide.	Norman Clarke (nclarke@clarkebenefits.com) Meg Diamond (mdiamond@simplesurancesc.com)	Columbia: 803-253-6997 or 803-251-9636 All other locations: 888-540-9403	www.clarkebenefits.com
BlueCross BlueShield of SC	Medical Benefits	General Number for Health Claims	1-888-410-2227	www.southcarolinablues.com www.southcarolinablues.com (My Health Toolkit)
BlueCare OnDemand	Telemedicine	BlueCare OnDemand	1-877-337-6622	www.bluecareondemandsc.com
OptumRX	Prescription Drugs or Pharmacy related issues	OptumRx	1-855-811-2218 (Retail & Mail Order) 1-877-259-9428 (Specialty Pharmacy)	
Dental Insurance	Dental Insurance Benefits	Guardian	1-800-986-3343	www.Guardianlife.com
Vision Insurance	Vision Insurance Benefits	Guardian	1-800-986-3343	www.Guardianlife.com
Life Insurance	Life & Accidental Death & Dismemberment Benefits	Guardian	1-800-986-3343	www.Guardianlife.com
Disability Insurance	Long Term Disability	Guardian	1-800-986-3343	www.Guardianlife.com
Worksite Benefits	Critical Illness, Accident Coverage, & Short Term Disability	Colonial	1-800-325-4368	www.coloniallife.com
Enrollment	Employee Navigator	Clarke & Company Benefits	803-253-6997	www.employeenavigator.com