



# EMPLOYEE BENEFITS GUIDE



**EMPIRE**  
HEALTHCARE



# 2023

# 2024



A photograph of a woman with blonde hair, wearing a light blue button-down shirt and blue jeans, smiling and holding a grey folder. She is standing in a modern office hallway with wooden floors and recessed ceiling lights.

# INTRODUCTION

## SUCCESS THROUGH PEOPLE.

As an employee of Empire Healthcare, your health and wellbeing are of utmost importance to our organization. The health, satisfaction and peace of mind of you and your family are vitally important to helping all of us achieve our goals.

Your employer has worked hard to offer a competitive total rewards package for our staff for the 2023 plan year. This includes valuable and competitive health benefits. These programs reflect our commitment to keeping our staff healthy and secure.

We understand that each employee's situation is unique, and your employer is offering an overall benefits package with several options. These options can be chosen by you to fit your individual needs.

We hope this enrollment booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

– Your HR Team

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# KEY TERMS TO REMEMBER

## COINSURANCE

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

## COPAYMENT

A flat fee that you pay toward the cost of covered medical services.

## HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits.

## HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

## IN-NETWORK

Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

## OUT-OF-NETWORK

Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are SUBJECT to deductibles and copayments.

## OUT-OF-POCKET MAXIMUM (OOPM)

The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

## USUAL, CUSTOMARY AND REASONABLE (UCR) ALLOWANCE

The fee paid for services that is: (1) a similar amount to the fee charged from a health care provider to the majority of patients for the same procedure, (2) the customary fee paid to providers with similar training and expertise in a similar geographic area, and (3) reasonable in light of any unusual clinical circumstances.

# OVERVIEW OF BENEFITS

ELIGIBILITY  
BENEFIT TERM  
QUALIFYING EVENTS

## ELIGIBILITY

Employees must work a minimum of 30 hours per week in order to be eligible for the plans. Employees are eligible after 60 days. Terminations due to termination of employment are effective as of employees' last day worked. You can elect medical, dental, and vision coverage for your spouse and dependent/adult children up to 26 years old. Your employer reserves the right to request proof of marriage and birth certificates in order to add dependents.

## WHEN COVERAGE BEGINS AND ENDS

Your benefits become effective the 1st of the month following 60 days of hire provided you've submitted a completed enrollment with a benefit counselor within 30 days of your benefits effective date. Any applicable waiting periods or additional exceptions are covered under each benefit description.

Your coverage under the benefits plans will end the date on your last day worked, the day you no longer meet the plan's eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

## QUALIFYING EVENTS

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a Qualifying Event.

These may include, but not limited to: Changes in employment status, legal marital status or number of dependents, taking an unpaid leave of absence, Dependent satisfies or ceases to satisfy eligibility requirement, a COBRA-qualifying event, Entitlement to Medicare or Medicaid, or a change in the place of residence of the employee, resulting in the current carrier not being available.

## THINGS TO CONSIDER

Consider your personal situation and the difference between the plan options and their costs when making your decision. You may also elect to waive coverage.

Ask yourself the following questions

- Will your current doctor be in or out-of-network?
- Do you have any planned surgeries this year?
- How many family members will you cover?
- How often do you visit the doctor?
- Are you planning to have a baby this year?

By reading this guide cover to cover, you will become familiar with your benefits options. After enrolling, verify that your payroll deductions are correct. If not, please contact your payroll representative.

# MEDICAL Benefits

## BRONZE PLAN

## SILVER PLAN

## GOLD PLAN

| Basic Plan Details   | In-network   | Out-of-network    | In-network   | Out-of-network    | In-network                                  | Out-of-network   |
|--|--|-------------------|--|-------------------|---|------------------|
| <b>Deductible (Single/Family)</b>  | \$5,000/\$10,000   | \$10,000/\$20,000 | \$2,500/\$5,000  | \$5,000/\$10,000  | \$1,000/\$3,000                             | \$2,000/\$6,000  |
| <b>Out-of-Pocket Limit (Single/Family)</b>   | \$7,900/\$15,800   | \$15,000/\$30,000 | \$5,000/\$10,000   | \$10,000/\$20,000 | \$3,000/\$7,500                             | \$6,000/\$15,000 |
| <b>Health care provider's office or clinic visit</b>   |  |                   |  |                   |   |                  |
| <b>Primary care visit to treat an injury or illness</b>  | \$45 copay/ per visit  |                   | \$45 copay/ per visit  |                   | \$20 copay/ per visit                       |                  |
| <b>Specialist visit to treat an injury or illness</b>  | \$65 copay/ per visit  |                   | \$65 copay/ per visit  |                   | \$20 copay/ per visit                       |                  |
| <b>Preventive care/ screening/ immunization</b>  | No charge  |                   | No charge  |                   | No charge                                   |                  |
| <b>Lab Tests</b>   |  |                   |  |                   |   |                  |
| <b>Diagnostic test (x-ray, blood work)</b>   | \$100 copay/ per visit   |                   | \$75 copay/ per visit  |                   | \$50 copay/ per visit                       |                  |
| <b>Imaging (CT/PET scans, MRIs)</b>  | 30% coinsurance after deductible   |                   | 25% coinsurance after deductible                                 |                   | 20% coinsurance after deductible            |                  |
| Preauthorization is required for PET scans and non-orthopedic CT/MRI's. If Preauthorization is not obtained benefit may be reduced by \$400 of the total cost of the service.  |  |                   |  |                   |   |                  |
| <b>Prescription Drugs</b>  |  |                   |  |                   |   |                  |
| <b>Generic drugs (Tier 1)</b>  | \$20 copay Retail<br>\$40 copay Mail Order   |                   | \$15 copay Retail<br>\$30 copay Mail Order                       |                   | \$10 copay Retail<br>\$20 copay Mail Order  |                  |
| <b>Preferred brand drugs (Tier 2)</b>  | \$50 copay Retail<br>\$70 copay Mail Order   |                   | \$50 copay Retail<br>\$70 copay Mail Order                       |                   | \$30 copay Retail<br>\$60 copay Mail Order  |                  |
| <b>Non-preferred brand drugs (Tier 3)</b>  | \$80 copay Retail<br>\$130 copay Mail Order  |                   | \$80 copay Retail<br>\$140 copay Mail Order                      |                   | \$60 copay Retail<br>\$120 copay Mail Order |                  |
| <b>Specialty drugs (Tier 4)</b>  | Contact Specialty Drug Provider United/Xcel-Rx at 1-877-888-7282 or <a href="http://www.unitedxcelrx.com">www.unitedxcelrx.com</a> |                   |  |                   |   |                  |
| Deductible does not apply. Dispense as Written (DAW) provision does apply. Covers up to a 30-day supply (retail prescription); 90-day supply (mail order prescription). No cost for ACA preventive care drugs. Specialty drugs must be obtained directly from the Specialty Pharmacy program after initial fill at a retail pharmacy. Mandatory mail order and mail order pharmacy are required to be filled through United/Xcel-Rx at 877-888-7282 or visit <a href="http://www.unitedxcelrx.com">www.unitedxcelrx.com</a> after initial fill at a retail pharmacy. For the Silver and Bronze plans, preauthorization is required for injectables over \$2,000 per drug per month. More information about Tier 1, 2, and 3 prescription drug coverage is available at Pharmacy Member Services: 833-271-2374 Help for Pharmacists: 833-296-5039 |  |                   |  |                   |   |                  |
| <b>Outpatient Surgery</b>  |  |                   |  |                   |   |                  |
| <b>Facility fee (e.g., ambulatory surgery center)</b>  | 30% coinsurance after deductible   |                   | 25% coinsurance after deductible                                 |                   | 20% coinsurance after deductible            |                  |
| Preauthorization is required for certain services and surgeries, including infusion therapy costing over \$2,000 per drug per month. If Preauthorization is not obtained benefits may be reduced by \$400 of the total cost of service. See your plan document for details.  |  |                   |  |                   |   |                  |
| <b>Physician/surgeon fees</b>  | 30% coinsurance after deductible   |                   | 25% coinsurance after deductible                                 |                   | 20% coinsurance after deductible            |                  |
| <b>Immediate Medical Attention</b>   |  |                   |  |                   |   |                  |
| <b>Emergency room services</b>   | \$500 copay/per visit  |                   | \$400 copay/per visit  |                   | \$200 copay/per visit                       |                  |
| ER copay is waived if admitted as inpatient. All facilities are covered as in-network subject to meeting emergency criteria. Non-participating providers paid at the participating provider level of benefits.   |  |                   |  |                   |   |                  |
| <b>Emergency medical transit</b>   | 30% coinsurance after deductible   |                   | 25% coinsurance after deductible                                 |                   | 20% coinsurance after deductible            |                  |
| <b>Urgent care</b>   | \$50 copay/ per visit  |                   | \$25 copay/ per visit  |                   | No Charge                                   |                  |
| <b>Hospital Stay</b>   |  |                   |  |                   |   |                  |
| <b>Facility fee (e.g., hospital room)</b>  | \$250 copay/per admission, then 30% coinsurance after deductible   |                   | \$200 copay/per admission, then 20% coinsurance after deductible |                   | 20% coinsurance after deductible            |                  |
| <b>Physician/surgeon fees</b>  | 30% coinsurance after deductible   |                   | 25% coinsurance after deductible                                 |                   | 20% coinsurance after deductible            |                  |
| Preauthorization is required or benefit maybe reduced by \$400 of the total cost of the service.   |  |                   |  |                   |   |                  |

## BRONZE PLAN

## SILVER PLAN

## GOLD PLAN

### Plan Details continued

#### Mental Health, Behavioral Health, Or Substance Abuse Needs

|                            |   |   |   |
|----------------------------|---|---|---|
| <b>Outpatient services</b> | \$ 45 copay/per visit   | \$ 45 copay/per visit   | \$ 20 copay/per visit                                   |
| <b>Inpatient services</b>  | (Centers of Excellence)<br>Bella Monte and Core Centers providers \$1000 copay/per admission (facility charges)/No Charge (professional fees) |   |   |
|                            | All other Providers<br>\$250 copay/per admission, then 30% coinsurance after deductible   | All other Providers<br>\$200 copay/per admission, then 20% coinsurance after deductible | All other Providers<br>20% coinsurance after deductible |
|                            | Preauthorization is required or benefit may be reduced by \$400 of the total cost of the service.   |   |   |

#### Pregnancy

|  |  |  |                                       |
|--|--|--|---------------------------------------|
| <b>Office visits</b>                             | No Charge after initial<br>\$45 copay                            | No Charge after initial<br>\$45 copay                            | No Charge after initial<br>\$20 copay |
| <b>Childbirth/delivery professional services</b> | 30% coinsurance after deductible                                 | 25% coinsurance after deductible                                 | 20% coinsurance after deductible      |
| <b>Childbirth/delivery facility services</b>     | \$250 copay/ per admission then 30% coinsurance after deductible | \$200 copay/ per admission then 20% coinsurance after deductible | 20% coinsurance after deductible      |

Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Preauthorization is required for inpatient stay over 48 hours for a vaginal delivery or 96 hours for a cesarean section. If Preauthorization is not obtained benefit may be reduced by \$400 of the total cost of the service. Newborn does not count toward the mother's expense; therefore the family deductible may apply.

#### Recovery or Other Special Health Needs

|   |                                  |                                  |                                  |
|---|----------------------------------|----------------------------------|----------------------------------|
| <b>Home health care</b>   | 30% coinsurance after deductible | 25% coinsurance after deductible | 20% coinsurance after deductible |
| Maximum 60 visits per calendar year.<br>Preauthorization is required or benefit may be reduced by \$400 of the total cost of the service.   |                                  |                                  |                                  |
| <b>Rehabilitation services</b>  | \$65 copay/per visit             | \$65 copay/per visit             | \$20 copay/per visit             |
| Maximum 60 visits per calendar year per therapy (Physical therapy, speech therapy, and occupational therapy)  |                                  |                                  |                                  |
| <b>Habilitation services</b>  | Not covered                      | Not covered                      | Not covered                      |
| This exclusion will not apply to expenses related to the diagnosis, testing and treatment of autism, ADD or ADHD.   |                                  |                                  |                                  |
| <b>Skilled nursing care</b>   | 30% coinsurance after deductible | 25% coinsurance after deductible | 20% coinsurance after deductible |
| Maximum 60 visits per calendar year.<br>Preauthorization is required. If Preauthorization is not obtained benefits may be reduced by \$400 of the total cost of the service.  |                                  |                                  |                                  |
| <b>Durable medical equipment</b>  | 30% coinsurance after deductible | 25% coinsurance after deductible | 20% coinsurance after deductible |
| Preauthorization is required for certain items, including electric/motorized scooters, wheelchairs, and pneumatic compression devices. If Preauthorization is not obtained benefits may be reduced by \$400 of the total cost of the service. |                                  |                                  |                                  |
| <b>Hospice services</b>   | 30% coinsurance after deductible | 25% coinsurance after deductible | 20% coinsurance after deductible |
| Bereavement counseling is covered if received within 6 months of death.   |                                  |                                  |                                  |

#### Child Dental or Eye Care (Comprehensive Dental and Vision coverage on pages 12 & 14)

|                                   |   |   |   |
|-----------------------------------|---|---|---|
| <b>Children's eye exam</b>        | No Charge<br>One exam every 24 months       | No Charge<br>One exam every 24 months       | No Charge<br>One exam every 24 months       |
| <b>Children's glasses</b>         | Not Covered<br>Except ACA required services | Not Covered<br>Except ACA required services | Not Covered<br>Except ACA required services |
| <b>Children's dental check-up</b> | Not Covered<br>Except ACA required services | Not Covered<br>Except ACA required services | Not Covered<br>Except ACA required services |

## Participating Providers Only

### Basic Plan Details

|   |                       |
|---|-----------------------|
| <b>Primary care visit to treat an injury or illness</b><br><small>Limit of 3 visits per calendar year. Telemedicine covered at no charge with no limitations.</small> | \$25 copay/ per visit |
| <b>Specialist visit</b><br><small>Limit of 3 visits per calendar year</small>   | \$50 copay/ per visit |
| <b>Preventive care/screening/ immunization</b><br><small>Includes preventive health services specified in the health care reform law.</small>                         | No charge             |

### Lab Tests

|  |                        |
|--|------------------------|
| <b>Diagnostic test (x-ray, blood work)</b> <small>Limit of 2 visits per calendar year.</small> | \$50 copay/ per visit  |
| <b>Imaging (CT/PET scans, MRIs)</b> <small>Limit of 1 visit per calendar year.</small>         | \$350 copay/ per visit |

### Prescription Drugs (More information about prescription drug coverage is available at [www.magellanrx.com](http://www.magellanrx.com) or call 1-800-443-5715)

|   |   |
|---|---|
| <b>Generic drugs (\$600 Annual Maximum for Generic Drugs)</b> | \$10 Co-pay per retail prescription up to \$150 |
| <b>Preferred brand drugs</b>                                  | Not covered                                     |
| <b>Non-preferred brand drugs</b>                              | Not covered                                     |
| <b>Specialty drugs</b>  | Not covered                                     |

### Outpatient Surgery

|   |             |
|---|-------------|
| <b>Facility fee (e.g., ambulatory surgery center)</b><br><small>Preauthorization required. Limit of 1 visit per calendar year. Anesthesia included in OP Facility Benefit Limited to 1 day.</small> | \$350 copay |
| <b>Physician/surgeon fees</b>   | Not covered |

### Immediate Medical Attention

|  |                      |
|--|----------------------|
| <b>Emergency room care</b>   | Not covered          |
| <b>Emergency medical transportation</b>                                | Not covered          |
| <b>Urgent care</b> <small>Limit of 2 visits per calendar year.</small> | \$50 copay/per visit |

### Hospital Stay

|   |             |
|---|-------------|
| <b>Facility fee (e.g., hospital room)</b> | Not covered |
| <b>Physician/surgeon fee</b>              | Not covered |

### Mental Health, Behavioral Health, Or Substance Abuse Needs

|                            |             |
|----------------------------|-------------|
| <b>Outpatient services</b> | Not covered |
| <b>Inpatient services</b>  | Not covered |

### Pregnancy

|  |  |
|--|--|
| <b>Office visits</b>                             | Routine Prenatal: No charge Postnatal: Not covered |
| <b>Childbirth/delivery professional services</b> | Not covered  |
| <b>Childbirth/delivery facility services</b>     | Not covered  |

### Recovery or Other Special Health Needs

|                                  |             |
|----------------------------------|-------------|
| <b>Home health care</b>          | Not covered |
| <b>Rehabilitation services</b>   | Not covered |
| <b>Habilitation services</b>     | Not covered |
| <b>Skilled nursing care</b>      | Not covered |
| <b>Durable medical equipment</b> | Not covered |
| <b>Hospice service</b>           | Not covered |

### Child Dental or Eye Care

|                                   |  |
|-----------------------------------|--|
| <b>Children's eye exam</b>        | Not covered Except ACA required services |
| <b>Children's glasses</b>         | Not covered                              |
| <b>Children's dental check-up</b> | Not covered Except ACA required services |

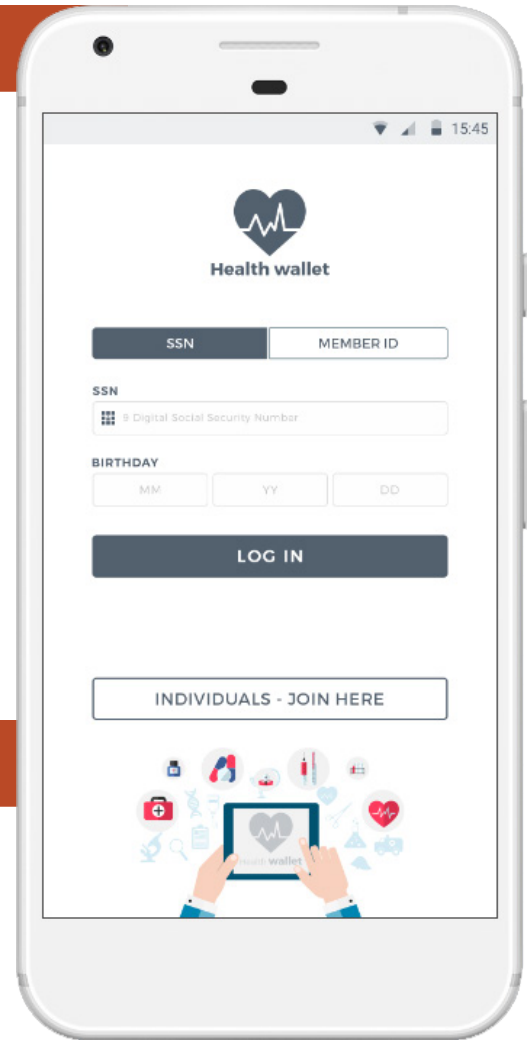




# HEALTH WALLET & Concierge

## How to use Health Wallet and Telemedicine

- Go to the Apple App store or Google Play store
- Type in The Health Wallet.
- Download The Health Wallet App.
- Open The Health Wallet App.
- To login, enter your SSN or Member ID, along with your birthday
- To connect to 1800MD for Telemedicine, call member services at 1.800.530.8666 to request a consult.
- If it is your first time requesting a consult, you must register yourself first by providing personal information to 1800MD
- A licenced physician will call you back within 16 minutes in average.



## Valenz NaVcare

With in-depth knowledge of our health plan and your individual healthcare needs, NaVcare navigators help ensure you receive the right care in the right place from the right providers. Care navigators work one on one with you to provide personalized, concierge-level guidance through each step of your patient journey, making it easier to follow your path to better health.

### Benefits of NaVcare Services:

- Minimizes out-of-pocket costs by ensuring the right care, right place, right time
- Navigates your care across multiple care settings
- Advocates for high-quality, low-cost care and services
- Elevates your experience across the care continuum

### NaVcare concierge-level services:

- Guides you to high-quality in-network care
- Coordinates virtual care where available
- Assists with claim denials and appeals
- Facilitates appointments, including rides as needed
- Coordinates cost-effective pharmacy solutions
- Answers questions about plan benefits and out-of-pocket costs
- Connects you to helpful resources

To begin using NaVcare services, call (877) 208-5952

## How can a case manager help you get the care you need?

- Work with you, your doctor and your other medical providers to achieve well-coordinated care
- Teach you about your complex condition
- Help you understand your treatment plan
- Provide information about your medications and side effect

## HealthLink Case Management

HealthLink's Case Managers help you navigate through the health care system and offer added support when you need it.

## The role of your Case Manager is to:

- Help you make the best use of your benefits to control your health
- To be your advocate in managing your health
- Assist you in understanding your medical condition, surgery or injury, treatment plan and medications
- Help you access special health care providers ordered by your doctor such as Home Care Services, Rehab, Dialysis or Infusion Centers, and/or Wound Care Specialists based on your specific needs
- Provide available Community Resources specific to your condition
- Help support your treatment and recovery plan

Coping with a complex medical condition, major surgery or injury can be both overwhelming and confusing. Fortunately, HealthLink Case Management is part of your plan benefits; they are here to help. The Case Managers are Registered Nurses that team up with you, and/or your family and your health care team to assist in your recovery.

## Three ways to begin participating:

- A Case Manager may contact you directly by phone or by mail
- You can request a Case Manager by calling HealthLink Case Management at 877-284-0102
- You can ask your Human Resource or Benefit Department to contact HealthLink Case Management on your behalf.

**You must agree to be part of the program in order to participate.**

## Start Building Your Support Plan Today

Once you are assigned a case manager, he or she will work with you to gain an understanding of your condition and personal wellness goals and then, create a support plan with you and your health care team.

HealthLink®, Inc., is an Illinois corporation. HealthLink, Inc. is an organizer of independently contracted provider networks, which it makes available by contract to a variety of payors of health benefits, including insurers, third party administrators or employers. HealthLink has no control or right of control over the professional, medical judgment of contracted providers, and is not liable for any acts or failures to act, by contracted providers. HealthLink, Inc. is not an insurance company and has no liability for benefits under benefit plans offered or administered by payors. HealthLink® is a registered trademark of HealthLink, Inc.



# BEHAVIORAL HEALTH Telemedicine

1.800MD is a national telehealth company specializing in convenient, quality medical care for individuals, families, employers, groups and others. Available 24 hours a day, seven days a week, 365 days a year, 1.800MD compliments your medical care portfolio and is an accessible and inexpensive alternative for acute conditions. With board-certified physicians in all 50 states\*, those in need can obtain diagnosis, treatment and a prescription, when necessary, through the convenience of a telephone and digital communications.

\*Subject to state regulations.

## Telemedicine Made Easy

**How does 1.800MD improve quality of care?**

1.800MD provides fast, convenient care for minor medical matters. Whether you don't have for the doctor's office, too sick to get off the couch, or it's a holiday weekend, you can get the relief & peace of mind just by picking up your phone 24/7/365.

**How does 1.800MD reduce health care costs?**

1.800MD saves you money by diagnosing and treating common ailments through our telehealth solutions, thus reducing unnecessary doctor's office and emergency room visits.

**What about the doctors?**

1.800MD has one of the largest networks of telemedicine physicians in the nation to ensure convenient care anywhere. With an average of 15 years of internal medicine, family practice or pediatrics experience, you can rest assured each physician is properly licensed, board-certified and verified.

**I have a pre-existing condition.**

We do not deny access to quality care because of pre-existing conditions.

**Consultation after hours or on weekends?**

Yes. 1.800MD is available 24 hours a day, seven days a week and 365 days a year.

## Behavioral Healthcare Made Easy

### 1.800MD PROVIDES MEMBERS & FAMILIES ACCESS TO QUALIFIED BEHAVIORAL HEALTHCARE PROVIDERS

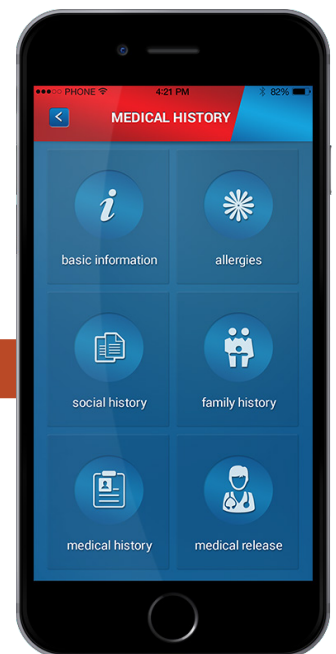
1.800MD's network of providers encompasses experienced clinicians specialized in behavioral health training for for a multitude of common conditions such as:

- Depression
- Anxiety
- Work-related stress
- Alcohol or Drug problems
- Grief and loss
- Eating Disorders
- Education
- Stress Management
- Marriage or relationship problems
- Eldercare, childcare, and parenting issues
- And much more

**Quality Care** Through assessment of their specific needs, the member will be connected with an experienced clinician who is highly suited to fit their needs.

**Continuity of Care** Real-time access to their Behavioral Health assessments and recurring treatment by the same clinician each time.

**Security and Privacy** Engage in Behavioral Health treatment services via our secure member portal from the comfort and privacy of the member's own home or other locations via Smart Phone and other connected devices



## How it Works

**Activate**

**Activate your account** online at [www.1800MD.com](http://www.1800MD.com) or by calling member services at 1.800.530.8666. Once activated, you will need to setup your member profile and complete your electronic health record. **Health and pharmacy information must be completed before requesting a consultation.**

**Consult**

Login to your account online or call member services at 1.800.530.8666 to request a consult anytime 24/7.

**Receive Care**

Receive diagnosis and treatment. 1.800MD provides quality care and peace of mind wherever you are.

# DENTAL Benefits



|   | In-Network                          | Out-of-Network                      |
|---|-------------------------------------|-------------------------------------|
| <b>Your Dental Plan</b>   | <b>PPO</b>                          |                                     |
| Individual deductible   | \$50                                | \$50                                |
| Family limit deductible<br><small>Waived for preventative</small> | 3 per family                        | 3 per family                        |
| Annual Maximum Benefit  | \$1500                              | \$1500                              |
| Maximum Rollover  | Yes                                 |                                     |
| Rollover Threshold  | \$700                               |                                     |
| Rollover Amount   | \$350                               |                                     |
| Rollover In-network Amount  | \$500                               |                                     |
| Rollover Account Limit  | \$1250                              |                                     |
| Dependent Age Limits  | 26 #                                | 26 #                                |
| <b>Preventive Services</b>  |                                     |                                     |
| Cleaning (prophylaxis)  | 100% covered<br>Once Every 6 Months | 100% covered<br>Once Every 6 Months |
| Fluoride Treatments   | 100% covered<br>Under Age 14        | 100% covered<br>Under Age 14        |
| Oral Exams  | 100% covered                        | 100% covered                        |
| Sealants (per tooth)  | 100% covered                        | 100% covered                        |
| X-rays  | 100% covered                        | 100% covered                        |
| <b>Basic Services</b>   |                                     |                                     |
| Anesthesia*   | 90% covered                         | 80% covered                         |
| Fillings‡   | 90% covered                         | 80% covered                         |
| Periodontal Maintenance Frequency:                                | 90% covered<br>Once Every 3 Months  | 80% covered<br>Once Every 3 Months  |
| Simple Extractions  | 90% covered                         | 80% covered                         |
| <b>Major Services</b>   |                                     |                                     |
| Bridges and Dentures  | 60% covered                         | 50% covered                         |
| Inlays, Onlays, Veneers**   | 60% covered                         | 50% covered                         |
| Perio Surgery   | 60% covered                         | 50% covered                         |
| Repair & Maintenance of Crowns, Bridges & Dentures                | 60% covered                         | 50% covered                         |
| Root Canal  | 60% covered                         | 50% covered                         |
| Scaling & Root Planing<br><small>(per quadrant)</small>           | 60% covered                         | 50% covered                         |
| Single Crowns   | 60% covered                         | 50% covered                         |
| Surgical Extractions  | 60% covered                         | 50% covered                         |
| <b>Orthodontia</b>  |                                     |                                     |
| Orthodontia Limits:   | 50% covered<br>Adults & Child(ren)  | 50% covered<br>Adults & Child(ren)  |
| Lifetime Orthodontia Maximum                                      | \$2,000                             | \$2,000                             |
| <b>Cosmetic Care</b>  |                                     |                                     |
| Bleaching   | Not Covered                         | Not Covered                         |

## About Your Benefits:

**DHMO Plan**, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

**PPO Plan**, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

## Key Features

Provides coverage for key preventive services such as regular checkups and cleanings to keep you and your family healthy

Helps offset potentially expensive dental procedures, such as crowns and fillings

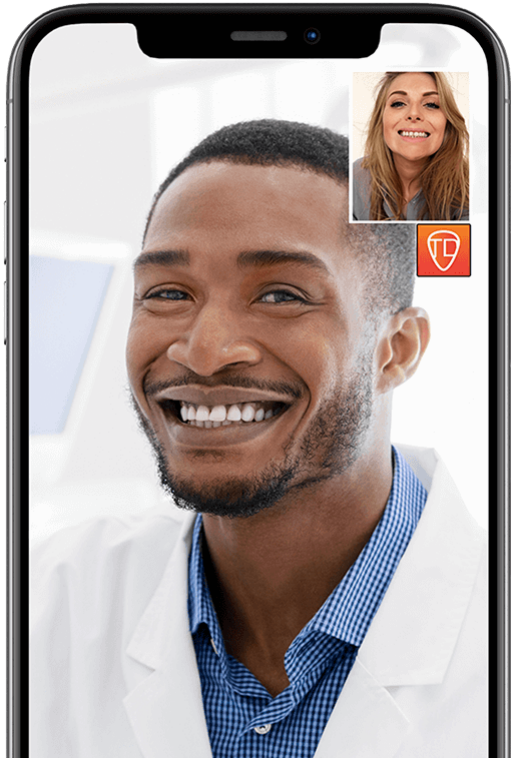
Gives you access to one of the nation's largest dental networks so care is convenient to you

Makes it easy to find a high quality certified network dentist by accessing guardiananytime.com or Guardian's find a provider mobile app

Fast and easy claim payments

#Family coverage for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for Child(ren) only, the orthodontic appliance must be placed prior to the age limit set by your plan; if full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for Adults and Child(ren) this limitation does not apply. \*General Anesthesia – restrictions apply. †For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings. (†Additional cleanings are available for an additional co-pay).

It is important to ensure our members have access to dental care and teledentistry helps make that happen. That's why Guardian is helping to provide an easy-to-use teledentistry option through TeleDentistry.com for when you or your family need urgent care and you don't have a dentist or your dentist is not available.



## How to use Health Wallet and Telemedicine

- A loose or lost crown
- Breaking a tooth or a filling
- Bleeding or swollen gums
- Pain or tooth sensitivity
- Tooth discoloration
- Grinding or clenching your teeth
- Muscle soreness or discomfort while chewing
- Oral sores or lesions

### How Guardian Teledentistry powered by TeleDentistry.com works:

- You sign up in the Virtual Visits patient portal or call 866-979-1116..
- You take photos of the problem area if necessary.
- You connect with a TeleDentistry.com dentist and begin the Virtual Visit

If additional care is needed after the Virtual Visit, a TeleDentistry.com dentist will refer you to an in-network dentist for diagnosis and treatment and will forward any consulting notes to your regular dentist

### During your virtual visit, a dental care professional can help you:

- Determine if you have a serious condition that requires urgent treatment.
- Suggest things you can do at home to relieve your symptoms.
- Assess toothaches, infections, and provide prescription medications if needed.
- Offer guidance and advice.
- Refer you to a Guardian network dentist if further care is needed

**To get started, simply visit:**  
**[teledentistry.com/insurance-carriers/guardian](https://teledentistry.com/insurance-carriers/guardian)**  
**or call 866-979-1116**

# VISION Benefits



For just a few dollars a month, this coverage saves you money on optical wellness, as well as providing discounts on eyewear, contacts, and corrective vision services

| Benefit Features  | In-Network   | Out-of-Network    |
|---|--|-------------------|
| <b>Eye Examination</b>  |  |                   |
| Exams Copay   | \$10   |                   |
| Materials Copay<br><small>(waived for elective contact lenses)</small>              | \$20   |                   |
| <b>Materials / Eyewear (Either Glasses or Contacts)</b>                             |  |                   |
| Eye Exams   | \$0  | Amount over \$50  |
| Single Vision Lenses  | \$0  | Amount over \$48  |
| Lined Bifocal Lenses  | \$0  | Amount over \$67  |
| Lined Trifocal Lenses   | \$0  | Amount over \$86  |
| Lenticular Lenses   | \$0  | Amount over \$126 |
| Frames  | 80% of amount over \$150* <sup>2</sup>   | Amount over \$48  |
| Contact Lenses  | 85% of amount over \$150*  | Amount over \$105 |
| Contact Lenses<br><small>(Planned replacement and disposable)</small>               | 85% of amount over \$150*  | Amount over \$105 |
| Contact Lenses<br><small>(Medically Necessary)</small>                              | \$0  | Amount over \$210 |
| Cosmetic Extras   | Avg. 40-60% off retail price   | No discounts      |
| Glasses<br><small>(Additional pair of frames and lenses)</small>                    | 50% at Visionworks<br>30% at other in-network providers                                    | No discounts      |
| Laser Correction Surgery Discount   | Savings of 40-50% off national average price thru Davis laser vision network               | No discounts      |
| <b>Service Frequencies</b>  |  |                   |
| Exams   | Every calendar year  |                   |
| Lenses<br><small>(for glasses or contact lenses)**</small>                          | Every calendar year  |                   |
| Frames  | Every two calendar years   |                   |
| Network discounts<br><small>(glasses and contact lens professional service)</small> | Applies to first purchase & courtesy discount from most providers on subsequent purchases. |                   |
| Dependent Age Limits<br><small>(Non-Student/ Student)</small>                       | 26   |                   |

## About Your Benefits:

Significant out-of-pocket savings available with your Full Feature plan by visiting one of Davis Vision's network locations including retail centers such as:

- Costco®
- Wal-Mart®
- JCPenney®
- Target®
- Sam's Club®
- Pearle®
- Visionworks®.

You can also use your network benefits online at:

- Visionworks.com
- glasses.com
- WarbyParker.com
- 1800contacts.com.

## Key Features

Extensive network of vision specialists

Affordable coverage

Quick and easy claim payments

• \*\*Benefit includes coverage for glasses or contact lenses, not both.

• Family coverage for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.

• Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.

• \*Due to lower prices available at Costco, Wal-mart and Sam's Club locations, some private providers may not allow discounts

• For Davis Vision, complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period. Only charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use.

• 2Extra \$50 at Visionworks stores and at Visionworks.com. Members can also use their in network benefits at Visionworks.com.

• Davis Vision offers 2,000 College Tuition Benefit Rewards, which are administered by SAGE CTB, LLC.



# GROUP Accident

Even when you live well, accidents happen. Treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly. Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

## Key Features

Guaranteed Issue coverage, meaning no medical questions to answer

Protection for accidental injuries on- or off-the-job, 24-hours a day  
Coverage available for spouse and child(ren)

Premiums are affordable and are conveniently payroll deducted  
Coverage can be continued, as long as premiums are paid to Aflac

## Benefits Specifications

### Hospital Confinement

Per day, Maximum days of confinement per covered accident: 365

### Intensive Care

Per day, max. 31 days/injury.

### Outpatient Physician's Treatment

1 visit/year, Hospital or Ambulatory Surgical Center  
2 visits/year, Dr's Office, UC or ER

### Accidental Death and Dismemberment, Dislocation, or Fracture

Multiple dismemberments, dislocations, and fractures from the same accident are limited to amount shown in Base Accident Benefits

\* Benefit dollar amounts shown are maximum amounts payable amount paid may vary based on severity of injury, benefits subject to limitations on a per accident basis. See plan design from Aflac for more details.

## Benefit Amounts\*

### Base Accident Benefits

|   |              | Plan 1    | Plan 2    |
|---|--------------|-----------|-----------|
| <b>Accidental Death and Dismemberment</b>                         | Employee     | \$40,000  | \$60,000  |
|   | Spouse       | \$20,000  | \$30,000  |
|   | Children     | \$10,000  | \$15,000  |
| <b>Common Carrier Accidental Death</b><br>(fare-paying passenger) | Employee     | \$100,000 | \$150,000 |
|   | Spouse       | \$50,000  | \$75,000  |
|   | Children     | \$25,000  | \$37,500  |
| <b>Paralysis</b>  | Paraplegia   | \$15,000  | \$22,500  |
|   | Quadriplegia | \$30,000  | \$45,000  |
| <b>Prosthesis</b>   |              | \$2,000   | \$3,000   |
| <b>Initial Hospital Confinement</b> (Pays once)                   |              | \$1,000   | \$2,000   |
| <b>Hospital Confinement</b> (Pays daily)                          |              | \$200     | \$400     |
| <b>Intensive Care</b> (Pays daily)                                |              | \$400     | \$400     |
| <b>Family Member Lodging</b> (Pays daily)                         |              | \$200     | \$300     |
| <b>Ambulance</b>  | Ground       | \$200     | \$300     |
|   | Air          | \$600     | \$900     |

### Benefit Enhancement Rider

|   |  | Plan 1   | Plan 2   |
|---|--|----------|----------|
| <b>Initial Treatment</b>  | ER/Urgent Care   | \$200    | \$250    |
|   | ER/Urgent Care with X-Ray  | \$350    | \$550    |
|   | Doctor's Office  | \$200    | \$150    |
|   | Doctor's Office with X-Ray   | \$300    | \$450    |
| <b>Major Diagnostic Testing</b>   |  | \$100    | \$100    |
| <b>Prescriptions</b>  |  | \$10     | \$15     |
| <b>Pain Management</b>  |  | \$100    | \$150    |
| <b>Blood/Plasma/Platelets</b>   |  | \$600    | \$900    |
| <b>Traumatic Brain Injury</b>   |  | \$600    | \$900    |
| <b>Coma</b>   |  | \$20,000 | \$30,000 |
| <b>Burns</b>  | Second Degree Burns  | \$500    | \$750    |
|   | Third Degree Burns   | \$10,000 | \$15,000 |
| <b>Eye Injury - removal of a foreign body</b>   |  | \$200    | \$300    |
| <b>Lacerations</b>  |  | \$100    | \$150    |
| <b>Outpatient Surgery and Anesthesia (per day)</b><br>Performed in a Hospital or Ambulatory Surgical Center |  | \$200    | \$300    |
|   | <b>Outpatient Surgery and Anesthesia (per day)</b><br>Performed in a Doctor's Office, Urgent Care Facility or Emergency Room | \$50     | \$50     |
| <b>Inpatient Surgery and Anesthesia (per day)</b>   |  | \$2,000  | \$3,000  |
| <b>Transportation</b>   | Plane  | \$400    | \$600    |
|   | Any ground transportation  | \$200    | \$200    |
| <b>Appliances</b>   |  | \$250    | \$375    |
| <b>Accident Follow-Up Treatment</b>   |  | \$100    | \$150    |
| <b>Rehabilitation Unit</b> (per day)  |  | \$200    | \$300    |
| <b>Therapy</b>  |  | \$60     | \$90     |
| <b>Chiropractic or Alternative Therapy</b>  |  | \$50     | \$50     |

# CONTINUED GROUP Accident



## Benefits Enhancement Rider Specifications

### Hospital Admission

Once per accident, within six months of the accident year. Not paid if Rehabilitation Unit benefit paid.

### Lacerations

Within 7 days after accident.

### Accident Follow-Up Treatment

2 visits within 6 months of the accident. Initial treatment is received within 7 days of the accident. Follow-up treatments may not include physical, occupational, or speech therapy, chiropractic and/or acupuncture procedures.

### Brain Injury Diagnosis

Must be diagnosed within 6 months after accident.

### Rehabilitation Unit

Per day, max. 30 days confinement, max. 60 days/ year. Not paid if Daily Hospital Confinement benefit paid.

### General Anesthesia

Within 1 year after accident.

### Appliance

Within 6 months after accident.

### Prosthesis -

Maximum of 2 devices per covered accident.

### Therapy

Maximum of 6 visits if initial treatment is received within 7 days of the accident.

### Non-Local Transportation

Per trip 100 miles or more from your home, max. 3 times/accident within 6 months of the accident

### Wellness Benefit

Payable for wellness tests performed as the result of preventative care, including tests and diagnostic procedures ordered in connection with routine examinations.

## INJURY BENEFIT SCHEDULE\*

Benefit amounts given are for Closed Reduction  
Open Reduction amount is 50%

| DISLOCATION                 | Plan 1  | Plan 2   |
|-----------------------------|---------|----------|
| Hip                         | \$8,000 | \$12,000 |
| Knee                        | \$5,200 | \$7,800  |
| Shoulder                    | \$4,000 | \$6,000  |
| Foot/Ankle                  | \$3,200 | \$4,800  |
| Hand                        | \$2,800 | \$4,200  |
| Lower Jaw                   | \$2,400 | \$3,600  |
| Wrist                       | \$2,000 | \$3,000  |
| Elbow                       | \$1,600 | \$2,400  |
| Finger/Toe                  | \$640   | \$960    |
| FRACTURE                    | Plan 1  | Plan 2   |
| Hip/Thigh                   | \$8,000 | \$12,000 |
| Vertebrae/Sternum           | \$7,200 | \$10,800 |
| Pelvis                      | \$6,400 | \$9,600  |
| Skull (Depressed)           | \$6,000 | \$9,000  |
| Leg                         | \$4,800 | \$7,200  |
| Forearm/Hand/Wrist          | \$4,000 | \$6,000  |
| Foot/Ankle/Kneecap          | \$4,000 | \$6,000  |
| Shoulder Blade/Collar Bone  | \$3,200 | \$4,800  |
| Lower Jaw                   | \$3,200 | \$4,800  |
| Skull (Simple)              | \$2,800 | \$4,200  |
| Upper Arm/Upper Jaw         | \$2,800 | \$4,200  |
| Facial Bones (except teeth) | \$2,400 | \$3,600  |
| Vertebral Processes/Sacrum  | \$1,600 | \$2,400  |
| Coccyx/Rib/Finger/Toe       | \$640   | \$960    |

Benefit dollar amounts shown are maximum amounts payable amount paid may vary based on severity of injury, benefits subject to limitations on a per accident basis. See plan design from Aflac for more details.

Surgical procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.





# HOSPITAL INDEMNITY Insurance

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital confinement and medical procedures and/or visits, which mean costly out-of-pocket expenses.

## BENEFITS OVERVIEW:

|  | High    | Low     |
|--|---------|---------|
| <b>HOSPITAL ADMISSION BENEFIT</b> per confinement<br>(once per covered sickness or accident per calendar year for each insured)<br>Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.<br>We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth). | \$1,500 | \$1,000 |
| <b>HOSPITAL CONFINEMENT</b> per day<br>(maximum of 10 days per confinement for each covered sickness or accident for each insured)<br>Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.   | \$150   | \$100   |
| <b>HOSPITAL INTENSIVE CARE BENEFIT</b> per day<br>(maximum of 10 days per confinement for each covered sickness or accident for each insured)<br>Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.<br>This benefit is payable in addition to the Hospital Confinement Benefit.  | \$150   | \$100   |

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. But having the right coverage in place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most.

Our Hospital Indemnity insurance pays a cash benefit for hospital confinements directly to you unless assigned. It is increasingly important to not only protect your finances if faced with an unexpected illness, but also to empower yourself to seek the necessary treatment.

## Plan Highlights

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation
- Coverage also available for your dependents
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

# CRITICAL ILLNESS Insurance



Critical illness insurance provides financial support in the event that you are diagnosed with a serious illness, such as cancer, heart attack, stroke, or kidney failure. These types of illnesses can be devastating not just emotionally and physically, but also financially. Medical bills, lost income, and other expenses can quickly add up and put a significant strain on your finances.

By purchasing critical illness insurance, you can have peace of mind knowing that you'll have financial support to help cover these expenses if you're ever faced with a serious illness. This can help alleviate some of the stress and anxiety that often comes with a diagnosis and allow you to focus on your recovery.

## Benefits of Critical Illness Insurance:

- Maintain your lifestyle:** If you're unable to work due to a serious illness, critical illness insurance can help cover your living expenses so you can maintain your lifestyle and avoid dipping into your savings or retirement funds.
- Provide additional support:** Even if you have health insurance, the out-of-pocket expenses associated with a serious illness can be substantial. Critical illness insurance can provide financial support to help cover these costs.
- Customized to your needs:** Choose the level of coverage that best meets your needs and budget, have peace of mind knowing that you're covered in the event of a serious illness.

Critical illness insurance is a valuable investment for anyone who wants to protect themselves and their finances from the unexpected. While nobody likes to think about the possibility of being diagnosed with a serious illness, critical illness insurance provides a sense of security and peace of mind.

## Plan Highlights

Guaranteed Issue Coverage (no medical questions)

Employee: \$30,000

Spouse & Child(ren): 50% of employee benefit

- Coverage available for dependants at no additional cost.
- Weekly premium rates are based on your age and the amount of coverage selected when you enroll.
- \$50 annual Wellness Benefit is payable for completing certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy or stress test.
- Coverage may be continued; refer to your certificate for details.

## Plan Benefits

### Base Benefits

|  |      |
|--|------|
| <b>Heart Attack</b> (Myocardial Infarction)          | 100% |
| <b>Coronary Artery Bypass Surgery</b>                | 25%  |
| <b>Major Organ Transplant*</b>                       | 100% |
| <b>Bone Marrow Transplant</b> (Stem Cell Transplant) | 100% |
| <b>Kidney Failure</b> (End-Stage Renal Failure)      | 100% |
| <b>Stroke</b> (Ischemic or Hemorrhagic)              | 100% |
| <b>Coma</b>  | 100% |
| <b>Loss of Hearing</b>                               | 100% |
| <b>Loss of Sight</b>                                 | 100% |
| <b>Loss of Speech</b>                                | 100% |
| <b>Paralysis</b>                                     | 100% |

### Cancer Benefits

|                                      |                         |
|--------------------------------------|-------------------------|
| <b>Cancer</b> (Internal or Invasive) | 100%                    |
| <b>Non-Invasive Cancer</b>           | 25%                     |
| <b>Skin Cancer</b>                   | \$250 per calendar year |
| <b>Metastatic Cancer</b>             | 25%                     |

### Health Screening Benefit

|  |      |
|--|------|
| <b>Health Screening</b> (Once per calendar year) | \$50 |
|--|------|

### Additional Benefits

|  |      |
|--|------|
| <b>Benign Brain Tumor</b>  | 100% |
| <b>Occupational HIV</b> (max 1 payment)                          | 100% |
| <b>Occupational Hepatitis B or C</b> (max 1 payment per disease) | 100% |
| <b>Advanced Alzheimer's Disease</b>                              | 100% |
| <b>Advanced Parkinson's Disease</b>                              | 100% |

Cancer Advocate Plus combines Financial Protection and Cancer Care and includes Genetic Cancer Screening to help you determine your risk for cancer and Pharmacogenomic Testing to determine their best treatment based on your own DNA.

## Key Features

Active employees 18 or older working <17.5 hours or more and spouses are eligible.

- **Proactive Cancer Screening**
- **Cancer Management**
- **Cancer Recovery**
- **Cancer Recurrence Monitoring**
- **Cancer Education & Empowerment**

## Featuring

### Confidentiality

Genetic information is not shared with the employer, Chubb, or healthOme. Only the prescribing physician, genetic counselor and the testing laboratory will see the genetic tests results. healthOme will not see genetic information unless the insured is diagnosed with cancer and utilizes cancer support services

### Conditional Renewability

Coverage is automatically renewed as long as the insured is an eligible employee, premiums are paid as due, and the Policy is in force

### Portability

Employees can keep their coverage if they change jobs or retire while the Policy is in force. Once ported, coverage cannot be cancelled as long as premiums are paid as due. Employees may not port coverage while they are actively employed by the Policyholder

### Attained Age Premium

Rates increase on the Policy Anniversary as employees move into new age brackets.

### HSA Compliant

Cancer Advocate Plus benefits do not disqualify employees from having a Health Savings Account.

## Financial Protection

### For Diagnosis of Cancer On or After the Effective Date

|                                  |                 |
|----------------------------------|-----------------|
| <b>Upon Cancer Diagnosis</b>     | <b>\$5,000</b>  |
| <b>6 Months After Diagnosis</b>  | <b>\$5,000</b>  |
| <b>12 Months After Diagnosis</b> | <b>\$5,000</b>  |
| <b>Total Cash Payment</b>        | <b>\$15,000</b> |
| <b>Recurrence</b>                | <b>25%</b>      |

Once Chubb pays a Cancer benefit, if there is a recurrence, we will pay a Recurrence Benefit as long as the insured was treatment free for 12 months and is in Complete Remission. Complete Remission is defined as having no signs or symptoms that can be identified to indicate the presence of Cancer.

## Service Benefits

### Heritable Cancer Screening

If an employee understands their genes known to increase the risk of cancer helps them reduce their risk and diagnose cancer early.

### Pharmacogenomic Testing (PGx)

PGx indicates how employee will respond to medications and identifies optimal dosages to avoid adverse reactions and medical trial and error.

### Genetic Counseling & Action Plan

Nurse oncologists explain results & empower employees to take control of their health.

### Oncology Nurse Advocate

Explain diagnosis, advocate on employee's behalf, and partner with doctors to act on genetic information.

### Expert Medical Review

Review of relevant medical records by cancer experts.

### Genetic Tumor Testing

Molecular diagnostic tests are used to define personalized medicines

### Clinical Trial Enrollment

Comprehensive clinical trial search and enrollment support.

### Precision Treatment Report

Shares actionable insights to treating physician and access to the experts who created it.

### Genetic-based Recurrence Monitoring

This is a breakthrough in identifying cancer early before it progresses and becomes more difficult to treat,

### healthOme Portal

A collection of videos and reference materials about genetics & cancer.

# SHORT-TERM Disability



All too often when we hear the words disability and insurance together, it conjures up an image of a catastrophic condition that has left an individual in an incapacitated state. Be it an accident or a sickness, that's the stereotype of a disabling injury that most of us have come to expect. An injury or sickness may slow you down, but it won't slow down your monthly bills.

Expenses such as house and car payments, or even daily expenses such as groceries and gas, will still need to be paid. Disability insurance can help replace your lost income and help ensure your finances are not depleted.

## Two Plan Options Available

3-month benefit duration period with a 14/14 day elimination period

12-month benefit duration period with a 30/30 day elimination period

## Key Features

- Benefits are paid when you are sick or hurt and unable to work, up to 60% of your salary (up to 40% in states with state disability).
- Flexible Monthly Benefit – \$300 to \$5,000
- Pays 50% of the monthly benefit when a covered employee is partially disabled and returns to work earning less than 80% of base income due to sickness or injury.
- Benefits are paid directly to you unless otherwise assigned.
- Coverage is portable. That means you can take it with you if you change jobs (with certain stipulations).
- Payroll Deduction – Premiums are paid through convenient payroll deduction.

## BENEFITS SPECIFICATIONS

**Total Disability** - Monthly benefit starts after the elimination period has been met. Benefits will not continue beyond the maximum benefit period.

**Partial Disability** - Pays 50% of the monthly benefit after at least one month of total disability. Payments continue while partially disabled for up to 3 months, but not beyond the maximum benefit period.

**Organ Donor** - Pays a benefit when disabled from donating an organ.

**Waiver of Premium** - Pays the premium after monthly disability benefits are payable for 30 days in a row, for as long as monthly benefits are payable.

**Concurrent Disability** - Being disabled from more than one cause does not extend the payment of benefits under the maximum benefit period.

**Recurrent Disability** - Pays a benefit when disabled from the same or related cause within 6 months without a new waiting period or maximum benefit period.

## Certificate Exclusions and Limitations

**benefits are not paid for:**

We will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

We will not pay benefits for a Disability that is caused by or occurs as a result of:

1. Any act of war, declared or undeclared; insurrection; rebellion; or act of participation in a riot;
2. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
3. An intentionally self-inflicted Injury;
4. A commission of a crime for which the Insured has been convicted; we will not
5. pay a benefit for any Period of Disability during which the Insured is incarcerated;
6. Travel in, or jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft;
7. Mental Illness as defined;
8. Alcoholism or drug addiction;
9. An Injury that arises from any employment;
10. Injury or Sickness that is covered by Worker's Compensation.

## BENEFITS SPECIFICATIONS

|                                    |   |
|------------------------------------|---|
| <b>Class Description</b>           | All Active Full Time Employees (30 Hours)                   |
| <b>Monthly Benefit</b>             | 60% of Predisability Earnings                               |
| <b>Maximum Monthly Benefit</b>     | \$10,000  |
| <b>Minimum Monthly Benefit*</b>    | \$100   |
| <b>Elimination Period</b>          | 90 Days or until the end of the STD Maximum Benefit Period. |
| <b>Own Occupation Period</b>       | 24 months   |
| <b>Pre-Existing Condition</b>      | 12/12   |
| <b>Social Security Integration</b> | Family Social Security                                      |
| <b>Benefit Duration</b>            | SSNRA   |

\*The minimum monthly benefit is subject to overpayment situations and any applicable rehabilitation incentives.

## Understanding Your Benefits

For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.

Earnings definition: Your covered salary excludes bonuses and commissions.

Special limitations: Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.

Work incentive: Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.

Just over 1 in 4 of today's 20 year-olds will become disabled before they retire and among the most common reasons for disability claims include cancer, pregnancy and mental health issues. That's why long term disability insurance is a vital protection that helps ensure an illness or injury won't permanently damage your financial confidence.

Sometimes referred to as income replacement, it pays you benefits to replace a portion of the income you lose if you're unable to work due to a prolonged illness or injury. You continue to receive benefits until you're able to work or until you reach the end of your benefit period.

If you become too injured or sick to work, and you have a long term disability policy in place, you'll submit a claim along with information about your condition from your doctor. The money is paid to you directly, and there are no limitations on how it can be spent.

## Guarantee Issue

The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.

## Pre-Existing Condition Limitation

A pre-existing condition includes any condition/symptom for which you, in the 12 months period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.

# LIFETIME BENEFIT TERM Life Insurance

# CHUBB®

CHUBB's Lifetime Benefit Term's innovative design provides lifetime guarantees at a fraction of the cost. And flexibility allows employees to customize benefits for LTC and double the benefit amount.

## Employee Coverage

| Issue Type                   | Issue Age     | Maximum Benefit Amount |
|------------------------------|---------------|------------------------|
| Guaranteed Issue             | 19 through 70 | \$100,000              |
| Conditional Guaranteed Issue | 19 through 70 | \$150,000              |
| Simplified Issue             | 19 through 70 | \$225,000              |
| Simplified Issue             | 71 through 80 | \$50,000               |

## Spouse Coverage

| Issue Type                   | Issue Age     | Maximum Benefit Amount |
|------------------------------|---------------|------------------------|
| Conditional Guaranteed Issue | 19 through 70 | \$75,000               |
| Simplified Issue             | 19 through 70 | \$112,500              |

## Dependent Child Coverage

| Type of Coverage                  | Issue Age   | Maximum Benefit Amount                        |
|-----------------------------------|---|---|
| Child Term Rider                  | 15 days through 25 years                              | \$25,000                                      |
| LifeTime Benefit Term Certificate | 15 days through 18 years<br>19 years through 25 years | \$25,000<br>The amount \$3/week will purchase |

### Guaranteed Benefits – During the Working Years

Death Benefit is guaranteed 100% when it is needed most during the working years when a family is relying on income. While the policy is in force, the death benefit is guaranteed for the longer of 25 years or through age 70.

Even after age 70, when income is less relied upon, the death benefit is guaranteed to never be less than 50% of the original death benefit.

### Guaranteed Premiums

Life insurance premiums will never increase and are guaranteed through age 100.

### Benefits for Long Term Care

Long Term Care is expensive, and LifeTime Benefit Term can help. It pays death benefits in advance for home health care, assisted living, adult day care and nursing home care.

## Employee Coverage

### Featuring

|   |  |
|---|--|
| <b>Permanent and Guaranteed Renewable</b> | Coverage cannot be cancelled as long as premiums are paid as due.  |
| <b>Full Portability</b>                   | Employees can keep their coverage at the same rate if they change jobs or retire.  |
| <b>Level Premium</b>                      | Life insurance premium will never increase and are guaranteed through age 100. After age 100 no premium is due.          |
| <b>Initial Eligibility</b>                |  |
| <b>Insured</b>                            | Actively employed working at least 30 hours per week aged 19 through 80.<br>Wait period for benefit eligibility: 90 days |
| <b>Spouse</b>                             | Legally married spouse, domestic partner and civil union partner aged 19 through 70.                                     |
| <b>Children</b>                           | Ages 15 days through 25 years  |

The legal plan provides full coverage for the most common personal legal matters with no additional out-of-pocket cost to employees.

## Plan features

|                               |  |  |   |
|-------------------------------|--|--|---|
| <b>Money Matters</b>          | <ul style="list-style-type: none"> <li>• Debt Collection Defense</li> <li>• Financial Education Workshops<sup>1</sup></li> <li>• Identity Management Services<sup>2</sup></li> <li>• Identity Theft Defense</li> </ul>       | <ul style="list-style-type: none"> <li>• Negotiations with Creditors</li> <li>• Personal Bankruptcy</li> <li>• Promissory Notes</li> <li>• Tax Audit Representation</li> </ul>   | <ul style="list-style-type: none"> <li>• Tax Collection Defense</li> <li>• Triple Bureau Credit Monitoring<sup>2</sup></li> </ul>   |
| <b>Home &amp; Real Estate</b> | <ul style="list-style-type: none"> <li>• Boundary &amp; Title Disputes</li> <li>• Deeds</li> <li>• Eviction Defense</li> <li>• Foreclosure</li> </ul>  | <ul style="list-style-type: none"> <li>• Mortgages</li> <li>• Property Tax Assessments</li> <li>• Refinancing &amp; Home Equity Loan</li> <li>• Sale or Purchase of Home</li> </ul>  | <ul style="list-style-type: none"> <li>• Security Deposit Assistance</li> <li>• Tenant Negotiations</li> <li>• Zoning Applications</li> </ul>   |
| <b>Estate Planning</b>        | <ul style="list-style-type: none"> <li>• Codicils</li> <li>• Complex Wills</li> <li>• Healthcare Proxies</li> </ul>  | <ul style="list-style-type: none"> <li>• Living Wills</li> <li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>   | <ul style="list-style-type: none"> <li>• Revocable &amp; Irrevocable Trusts</li> <li>• Simple Wills</li> </ul>  |
| <b>Family &amp; Personal</b>  | <ul style="list-style-type: none"> <li>• Adoption</li> <li>• Affidavits</li> <li>• Conservatorship</li> <li>• Demand Letters</li> <li>• Divorce (20 hours)</li> <li>• Garnishment Defense</li> <li>• Guardianship</li> </ul> | <ul style="list-style-type: none"> <li>• Immigration Assistance</li> <li>• Juvenile Court Defense, Including Criminal Matters</li> <li>• Name Change</li> <li>• Parental Responsibility Matters</li> <li>• Personal Properties Issues</li> </ul> | <ul style="list-style-type: none"> <li>• Prenuptial Agreement</li> <li>• Protection from Domestic Violence</li> <li>• Reproductive Assistance Law</li> <li>• Review ANY Personal Legal Document</li> <li>• School Hearings</li> </ul> |
| <b>Civil Lawsuits</b>         | <ul style="list-style-type: none"> <li>• Administrative Hearings</li> <li>• Civil Litigation Defense</li> </ul>  | <ul style="list-style-type: none"> <li>• Disputes Over Consumer Goods &amp; Services</li> <li>• Incompetency Defense</li> </ul>  | <ul style="list-style-type: none"> <li>• Pet Liabilities</li> <li>• Small Claims Assistance</li> </ul>  |
| <b>Elder-care Issues</b>      | Consultation & Document Review for Issues Related to Your Parents: <ul style="list-style-type: none"> <li>• Deeds</li> <li>• Leases</li> </ul>   | <ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Medicare</li> <li>• Notes</li> <li>• Nursing Home Agreements</li> </ul>   | <ul style="list-style-type: none"> <li>• Powers of Attorney</li> <li>• Prescription Plans</li> <li>• Wills</li> </ul>   |
| <b>Vehicle &amp; Driving</b>  | <ul style="list-style-type: none"> <li>• Defense of Traffic Tickets<sup>3</sup></li> <li>• Driving Privileges Restoration</li> </ul>   | <ul style="list-style-type: none"> <li>• License Suspension Due to DUI</li> </ul>  | <ul style="list-style-type: none"> <li>• Repossession</li> </ul>  |

1. MetLife administers the PlanSmart® programs, but has arranged for Massachusetts Mutual Life Insurance Company (MassMutual) to have specially-trained financial professionals offer financial education and, upon request, provide personal guidance to employees and former employees of companies providing these programs through MetLife.

2. These benefits provide the Participant with access to LifeStages Identity Management Services and FraudScout Triple Bureau Credit Monitoring, provided by CyberScout, LLC. CyberScout is not a corporate affiliate of MetLife Legal Plans.

3. Does not cover DUI.

4. Average hourly rate of \$370.00 based on years of legal experience, National Law Journal and ALM Legal Intelligence, Survey of Law Firm Economics (2018).

### Additional Features:

Telephone advice and office consultations on an unlimited number of personal legal matters. Trials for covered matters are covered from beginning to end, regardless of length, when using a network attorney.

### Reduced Fees:

For personal injury, probate & estate administration matters, provided by network attorneys.

### E-services:

Attorney locator; Law Firm E-Panel®; Self-Help Documents. Portability: Offers additional ease of use and flexibility.

# EMPLOYEE ASSISTANCE Program



Life presents us with challenges at work and at home on a daily basis. You do not have to face these challenges alone. Our Employee Assistance Program (EAP), available through Guardian, offers confidential services for a variety of important needs – all to support your well-being and help you think, feel, and perform your best.

## Employee Assistance Program (EAP) consultative services

### Face-to-face counseling

Up to 3 visits per employee/ household member per issue, per year

### Telephonic counseling

Unlimited, 24/7 consultations with master's- and doctoral-level counselors

### Bereavement

Support available through telephonic or face-to-face sessions; online resources available on EAP website

### Online modules and coaching

Learn, develop, and practice new skills to improve mental fitness; includes a well-being check, online modules selected specifically for you, and up to 3 coaching sessions

### EAP website resources

Comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP consultant or email an EAP counselor through the website

## Work/Life assistance and resources

### Work/Life services

Unlimited 24/7 access to Work/Life specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, balancing work and life responsibilities

### Child and elder care referral

Unlimited telephonic consultation with a Work/Life specialist (part of Work/Life services)

### Employee discounts

Access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more

### Medical bill negotiation tools

information and guidance on negotiating medical bills

## Legal/financial assistance and resources\*

### Legal consultation

Unlimited telephonic support and free initial 30-minute face-to-face consultation with an attorney, with a 25% discount on attorney services thereafter; online legal forms; extensive online law library

### Financial consultation

Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators

### ID theft

Free consultation with a trained Fraud Resolution specialist who will assist with ID theft resolution and education; ID theft educational materials available online

### Will preparation

Online self-service documents available on EAP website; discounted estate planning package options available includes: \$100 attorney assisted will package, \$179 couples will package, \$649 individual trust package, and \$999 couples trust package.

### Tax consultation

Tax questions only can be answered as part of the Financial Consultation offering Online self-service legal documents examples include, but are not limited to living trust, will, power of attorney, deeds

[worklife.uprisehealth.com](http://worklife.uprisehealth.com)

Access code: **worklife**

Phone: **1-800-386-7055**

**24 hour crisis help available.**

**Monday-Friday 9 am- 8 pm EST**



Your identity is made up of more than your Social Security number and your bank accounts. That's why PrivacyArmor Plus does more than monitor your credit reports and scores. We safeguard your personal information, the data you share, and the relationships you treasure.

PrivacyArmor Plus is better than ever. We've teamed up with Allstate to provide the next generation of protection. Our new proprietary tools stay one step ahead — allowing us to catch fraud as it happens. In the event of wrongdoing, you have a dedicated Privacy Advocate® available 24/7 to fully manage your recovery and restore your identity.

## Key Features

- Identity monitoring and alerts
- Full-service remediation
- Identity theft reimbursement†
- iOS and Android app

## How it works

### 1. Enroll in PrivacyArmor Plus

You're protected from your effective date. Our auto-on credit monitoring alerts, and support require no additional setup.

### 2. Get to know us

Explore additional features in our easy-to-use portal. The more we monitor, the safer you can be.

### 3. We're on the job

Our human operatives see more — like when your personal information is sold on the dark web. If you've been compromised, we alert you.

### 4. We'll do the heavy lifting

In the event of identity theft or fraud, Privacy Advocates® are available 24/7. They won't stop until you're in the clear.

### 5. We've got your back

Our \$1 million identity theft insurance policy covers out-of-pocket costs associated with identity restoration.†

## NEW!

### Allstate Digital Footprint™

All the incredible things you can do online require something from you — data. A digital footprint is a collection of all the data you've left behind that might expose your identity. Our new tool offers a simple way for you to see and secure your information, and help stop identity theft before it starts.

## BENEFIT FEATURES

Run your personalized Allstate Digital Footprint and see your digital exposure

Check your identity health score

View, manage, and clear alerts in real time

Monitor your credit scores and reports for any changes or errors

Receive alerts for withdrawals, balance transfers, and large purchases from any linked bank account

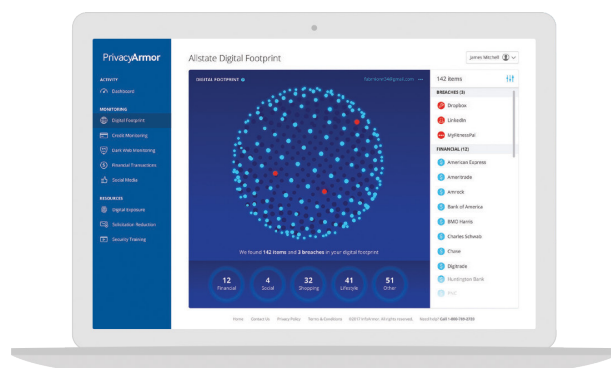
Monitor linked social media accounts for questionable content and signs of account takeover

Reduce solicitation attempts by opting out of credit card offers, telemarketing calls, commercial mail and email, and unrequested coupons

Protect your account with biometric authentication security in iOS and Android

Get reimbursed for stolen 401(k) & HSA funds; we'll also advance fraudulent tax returns†

†Identity theft insurance underwritten by insurance company subsidiaries or affiliates of Assurant. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policy described. Please refer to the actual policy for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.



# MEMBER APPRECIATION PROGRAM



An employee discount program is a marketplace of exclusive discounts, negotiated from top brands and local businesses. You can access your discounts through their Discount Portal and browse deals, search by brand or category, discover curated and personalized discounts relevant to your interests, and enjoy savings on a variety of products and services. PerkSpot's program drives financial wellness for you, putting money back into your pocket.



## Key Features

### Negotiated Discounts

Our expert team of negotiators is constantly hard at work making connections with top brands and local businesses to secure the best, exclusive discounts for you.

### Bundled Perks

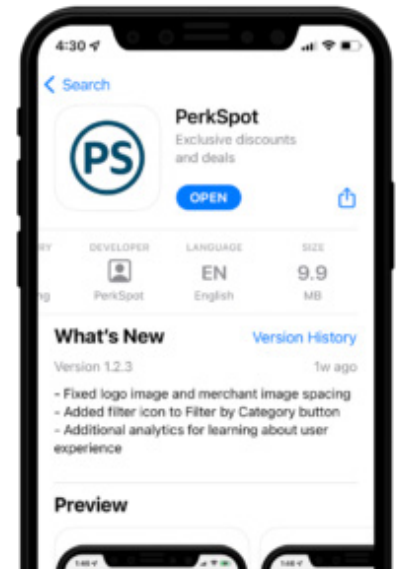
Once a discount is secured, it is vetted to ensure it complies with our guidelines and then it's conveniently added to the Discount Portal.

### Customized Marketplace

You get an easy-to-use portal, optimized for all devices creating a one-stop shop for employees' perks and discounts.

### Personalized Discounts

See the most relevant discounts for you. Our platform automatically tailors offers specifically for your unique interests, delivering savings of both time and money.



**Save on thousands of your favorite brands.**



### Create Your Account

Get started by creating your account at:  
[evergreenbenefitsgroup.perkspot.com](http://evergreenbenefitsgroup.perkspot.com)



### Subscribe to Weekly Perks

Subscribe to weekly emails to make sure you never miss a deal!



### Choose Your Perks

From travel to electronics, choose from over 25 different categories of perks!



### Explore the Local Map

Find deals in your neighborhood with the local map!

Get Started Now!

[evergreenbenefitsgroup.perkspot.com](http://evergreenbenefitsgroup.perkspot.com)

For assistance understanding and enrolling your benefits, reach the enrollment call center at **(312) 262-5182** Monday-Friday 8am-5pm CST

Below is contact information for each of the carriers of the specific benefits available to you for when you need to make a claim or have questions relating to a specific condition, coverage, or loss.

## Carrier Contact Information

|                                  |                             |                |  |
|----------------------------------|-----------------------------|----------------|--|
| Medical TPA                      | Leading Edge Administrators | (212) 278-0754 | leadingedgeadmin.com                             |
| Pharmacy                         | United/Xcel-Rx              | 877-888-7282   | unitedxcelrx.com                                 |
| MEC                              | Multiplan PHCS              | (800) 922-4362 | multiplan.us/members/                            |
| Medical Concierge                | Valenz                      | (877) 208-5952 | valenzhealth.com/                                |
| Medical Case Management          | HealthLink                  | (877) 284-0102 | healthlink.com/member                            |
| Behavioral Health & Telemedicine | 1.800MD                     | (800) 530-8666 | 1800MD.com                                       |
| Dental                           | Guardian                    | (866) 569-9900 | guardiandirect.com/contact-us                    |
| Teledentistry                    | Teledentistry.com           | (866) 569-9900 | Teledentistry.com                                |
| Vision                           | Guardian                    | (866) 569-9900 | guardiandirect.com/contact-us                    |
| Accident                         | AFLAC                       | (800)433-3036  | aflacgroupinsurance.com/customer-service         |
| Hospital Indemnity               | AFLAC                       | (800) 433-3036 | aflacgroupinsurance.com/customer-service         |
| Critical Illness                 | AFLAC                       | (800) 433-3036 | aflacgroupinsurance.com/customer-service         |
| Cancer Advocate                  | CHUBB                       | (877) 490-7427 | chubb.com/us-en/contact/contact-customer-support |
| Short Term Disability            | AFLAC                       | (800) 433-3036 | aflacgroupinsurance.com/customer-service         |
| Long Term Disability             | Guardian                    | (800) 530-8666 | guardiandirect.com/contact-us                    |
| Lifetime Benefit Term            | CHUBB                       | (877) 490-7427 | chubb.com/us-en/contact/contact-customer-support |
| Legal Services                   | METLIFE                     | (800) 821-6400 | www.legalplans.com                               |
| Employee Assistance Program      | Guardian                    | (800) 386-7055 | worklife.uprisehealth.com                        |
| Identity Theft Protection        | Info Armor                  | (800) 638-5433 | myinfoarmor.com                                  |
| Member Appreciation Program      | PerkSpot                    |                | evergreenbenefitsgroup.perkspot.com              |