



2023-2024 PLAN YEAR

Benefits Enrollment Guide

Asa Healthcare
Solutions



TABLE OF CONTENTS

Enrollment and Eligibility

Medical Plan

Accident Plan – **New Carrier!**

Critical Illness Plan – **New Carrier!**

Cancer Plan – **New Carrier!**

Dental Plan – **New Carrier!**

Vision Plan – **New Carrier!**

Voluntary Life/AD&D Plan – **New Carrier!**

Carriers, Vendors & Contacts

Required Notices

Confidentiality Notice

Glossary of Health Coverage and

Medical Terms



The following descriptions of available benefit elections options, are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance provider for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular benefit option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition or element of the policies or certificates of coverage that govern the benefit options described in this summary.

Presented by:



ENROLLMENT AND ELIGIBILITY

Offering a comprehensive and competitive benefits package is one way we recognize your contribution to the success of the organization and our role in helping you and your family to be healthy, feel secure and maintain work/life balance. This enrollment guide has been designed to provide you with information about the benefit choices available to you. Remember, open enrollment is your only opportunity each year to make changes to your elections, unless you or your family members experience an eligible "change in status."

How to Enroll in the Plans

Read your materials and make sure you understand all of the options available.

- **You will be provided with an enrollment form to make your plan elections.**
- If you have questions or concerns, please contact your HR department.

Whom Can You Add to Your Plan?

Eligible:

- Legally married spouse
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for adoption

Ineligible:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- Domestic partners, unless your employer states otherwise
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

Change in Status

Generally, you may enroll in the plan, or make changes to your benefits, when you are first eligible. However, you can make changes/enroll during the plan year if you experience a change in status. As with a new enrollee, you must submit your paperwork within 30 days of the change or you will be considered a late enrollee.

Examples of changes in status:

- You get married, divorced or legally separated
- You have a baby or adopt a child
- You or your spouse take an unpaid leave of absence
- You or your spouse has a change in employment status
- Your spouse dies
- You become eligible for or lose Medicaid coverage
- Significant increase or decrease in plan benefits or cost

Did you know?



Open Enrollment is the only chance to make changes, unless you experience a "change in status."

MEDICAL PLAN 1

For this plan year, you can choose the following medical option. Refer to the carrier benefits summaries for the exact benefit levels.

Carrier Name	UHC	
Name of Plan	CAZH Rx Plan: UE0Y	
Type of Plan	POS	
Office Visits	In Network	Out of Network
Primary	\$25 Copay	Deductible then 30%
Specialist	\$50 Copay after Ded.	Deductible then 30%
Preventive	Covered at 100%	Deductible then 30%
Pharmacy		
Deductible	N/A	
Tiers 1-4	\$10/\$45/\$85/\$125	\$10/\$45/\$85/\$125
Specialty Tiers 1-4	\$10/\$150/\$350/\$500	\$10/\$150/\$350/ \$500
Mail Order (90 days - Standard)	2.5X Copay	N/A
Common Services		
In-Patient Facility	\$1,000 Copay, 1 st 3 days / \$3,000 max	Deductible then 30%
Out-Patient Facility	\$350 copay per visit	Deductible then 30%
Emergency Room	\$500 Copay + Deductible	
Annual Deductible		
Individual	\$3,000	\$10,000
Family	\$6,000	\$20,000
Coinsurance	0%	30%
Annual Out of Pocket		
Individual	\$8,150	\$15,000
Family	\$16,300	\$30,000
Maximum Benefits	Unlimited Lifetime Maximum	



The UHC provider search can be accessed through this link www.welcometouhc.com

Your Cost Per Week:

EE Only – \$ 41.00
 EE + Spouse – \$ 275.00
 EE + Children – \$ 195.00
 Family – \$ 395.00

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

With the higher deductibles that are now commonplace for most health plans, an unexpected accident may cause a serious financial burden for even the most well prepared individual or family.

The Guardian Accident Plan: Reduces or eliminates the financial risk if you or a family member suffers an accidental injury.

These benefits do not replace your health insurance – your health insurance will continue to pay the incurred claims. This money can be used to pay your portion of your medical expenses such as your deductible or office visit copays. Or, you can use it to buy that flat screen TV to watch while you’re recovering! It’s paid to you, to use as you see fit.

The best part! The cost of this plan can be offset if you have a qualified health screening exam. Guardian will pay YOU and your SPOUSE **\$125*** each upon receiving proof of a completed wellness exam or test. This reduces the net cost to make the accident plan affordable for everyone!

DESCRIPTION OF BENEFITS	PLAN 1	PLAN 2
Initial Hospitalization Benefits	\$1,500	\$1,500
Accident Hospital Confinement (up to 365 days per accident)	\$0	\$225/day
Accident Hospital ICU Confinement (up to 15 days per accident)	\$0	\$450/day
Accident Emergency Room Treatment	\$100	\$100
Major Diagnostic Examination Benefits	\$100	\$100
Accident Follow-up Treatment Benefits (up to 6 treatments)	\$50	\$50
Physical Therapy Benefits (up to 10 days)	\$35	\$35
Dislocation Benefits	Up to \$2,000	Up to \$2,000
Fracture Benefits	Up to \$2,000	Up to \$2,000
Ambulance Benefits	\$300-\$1,500	\$300-\$1,500
Accidental Death and Dismemberment	\$0	Up to \$15,000
Burns	\$0	Up to \$12,000
Coma	\$0	\$15,000
Rainy Day Fund	\$200	\$300
Child Organized Sports Benefit (applies to children under the age of 18)	25% Increase in benefit	
Injury-Free Benefit - Automatically pays if no accident claims are filed for 5 years	\$200	\$200
Annual Wellness Benefits for employee & covered spouse*	\$125	\$125

WEEKLY PREMIUM	PLAN 1	PLAN 2
Employee Only	\$2.89	\$4.33
Employee & Child(ren)	\$3.35	\$5.48
Employee & Spouse	\$4.46	\$6.70
Employee & Family (including spouse and children)	\$4.92	\$7.85

<p>Employee only annual premium = \$150.00 Annual Wellness Benefit = \$125.00* Net Annual Cost \$ 25.00</p>	<p>Employee & Spouse annual premium = \$231.84 Annual Wellness Benefit = \$250.00* Net Annual Profit \$ -18.16</p>
<p>Employee & Child(ren) annual premium = \$174.24 Annual Wellness Benefit = \$125.00* Net Annual Cost \$ 49.24</p>	<p>Employee & Family annual premium = \$256.08 Annual Wellness Benefit = \$250.00* Net Annual Cost \$ 6.08</p>

*Benefit is payable per calendar year for one annual health screening test for the covered employee/member and one test for a covered spouse

PLEASE SEE PLAN CERTIFICATE OF COVERAGE/BROCHURE FOR COMPLETE DETAILS

Critical Illness Insurance



The **Guardian Group Critical Illness plan** reduces the financial risk of a family member getting one of the serious illnesses covered by this plan. This plan will pay **\$10,000** directly to YOU for a covered illness, which could then be used to pay your deductible and other out-of-pocket expenses.

No physical exams or blood tests are required and coverage is 100% portable. Benefits are paid directly to you – or anyone you choose – in addition to any other insurance.

Benefits	\$10,000 Benefit
Heart Attack / Heart Failure	100%
Invasive Cancer	100%
Stroke	100%
Organ Failure	100%
Blindness and/or Deafness	100%
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	100%
Benign Brain Tumor	75%
Alzheimer's Disease	50%
Multiple Sclerosis (MS)	30%
Coronary Arteriosclerosis	30%
Carcinoma in situ	30%
Skin Cancer	\$250 Per Lifetime
Childhood Conditions (Down's Syndrome, Muscular Dystrophy, Type 1 Diabetes, Cerebral Palsy, Cystic Fibrosis, Cleft Palate, Club Foot)	100% of child benefit
Critical Illness Screening Wellness Benefit Rider for employee & covered spouse	\$125

Weekly Rates for \$10,000 (Spouse Benefit = 100% of employee benefit) A \$2,500 Benefit is Included per child at no extra cost.		
Age	Employee Only - Non Tobacco	Employee + Spouse - Non Tobacco
18-29	\$2.72	\$4.45
30-39	\$2.82	\$4.97
40-49	\$4.08	\$7.50
50-59	\$6.58	\$11.86
60-64	\$14.01	\$26.56
65+	\$15.44	\$29.19

This plan also has a wellness exam benefit of **\$125** for YOU and your SPOUSE to help off-set the plan premiums.

PLEASE SEE PLAN CERTIFICATE OF COVERAGE/BROCHURE FOR COMPLETE DETAILS

The **Guardian Cancer Plan** is designed to provide you and eligible family members with benefits for costs associated with cancer treatment. Multiple years of cancer treatment means multiple years of deductibles and out of pocket costs! No physical exams or blood tests are required and coverage is 100% portable. Benefits are paid directly to you – or anyone you choose – in addition to any other insurance.

Benefits Include: Hospital Benefits, Surgery, Chemotherapy, Immunotherapy

Benefit Category	Description of Benefits	Policy Pays
Benefits	Initial Diagnosis	\$2,000
	Hospital Confinement	\$300/day
	ICU Confinement	\$400/day
	Radiation and Chemotherapy	Up to \$5,000
	Blood, Plasma, Platelets	Up to \$5,000
	Attending Physician	\$25/day
	Hospice Care	\$50/day
	Surgical Benefits	Up to \$2,750
	Anesthesia	25% of surgery benefit
	Prosthesis	\$200 - \$2,000
	Second Surgical Opinion	\$200
	Hormone Therapy (up to 12 per year)	\$25/treatment
	Skin Cancer	Up to \$600
	Ambulance (2 trips per confinement)	\$200/trip
	Air Ambulance (2 trips per confinement)	\$250/trip
Immunotherapy	\$500/month	
Calendar Year Cancer Screening Benefit Per Covered Person for employee and covered spouse		\$125

Weekly Premiums

Employee	Employee + Child(ren)	Employee + Spouse	Employee + Family
\$3.46	\$3.92	\$6.69	\$7.15

This plan includes an annual cancer screening benefit of **\$125** each for YOU and your SPOUSE.

Employee only annual premium = \$180.00 Annual Wellness Benefit = <u>\$125.00</u> Net Annual Cost \$ 55.00	Employee + Spouse annual premium = \$348.00 Annual Wellness Benefit = <u>\$250.00</u> Net Annual Cost \$ 98.00
Employee + Child(ren) annual premium = \$204.00 Annual Wellness Benefit = <u>\$125.00</u> Net Annual Cost \$ 79.00	Family annual premium = \$372.00 Annual Wellness Benefit = <u>\$250.00</u> Net Annual Cost \$122.00

PLEASE SEE PLAN CERTIFICATE OF COVERAGE/BROCHURE FOR COMPLETE DETAILS

Accident, Critical Illness and Cancer Insurance

How much do these plans actually cost if I get my physical? The last column on the right shows your “net” cost after you received your wellness benefit from both plans.



	Accident	Critical Illness++	Cancer	Annual Wellness*	**Weekly out of pocket
	Premium	Premium	Premium	Benefit Combined	expense
Issue Age: 18-29					
Individual	\$2.89	\$2.72	\$3.46	\$375.00	\$ 1.86
Individual and Child(ren)++	\$3.35	\$2.72	\$3.92	\$375.00	\$ 2.78
Individual and Spouse	\$4.46	\$4.45	\$6.69	\$750.00	\$ 1.18
Family	\$4.92	\$4.45	\$7.15	\$750.00	\$ 2.10
Issue Age: 30-39					
Individual	\$2.89	\$2.82	\$3.46	\$375.00	\$ 1.96
Individual and Child(ren)++	\$3.35	\$2.82	\$3.92	\$375.00	\$ 2.88
Individual and Spouse	\$4.46	\$4.97	\$6.69	\$750.00	\$ 1.70
Family	\$4.92	\$4.97	\$7.15	\$750.00	\$ 2.62
Issue Age: 40-49					
Individual	\$2.89	\$4.08	\$3.46	\$375.00	\$ 3.22
Individual and Child(ren)++	\$3.35	\$4.08	\$3.92	\$375.00	\$ 4.14
Individual and Spouse	\$4.46	\$7.50	\$6.69	\$750.00	\$ 4.23
Family	\$4.92	\$7.50	\$7.15	\$750.00	\$ 5.15
Issue Age: 50-59					
Individual	\$2.89	\$6.58	\$3.46	\$375.00	\$ 5.72
Individual and Child(ren)++	\$3.35	\$6.58	\$3.92	\$375.00	\$ 6.64
Individual and Spouse	\$4.46	\$11.86	\$6.69	\$750.00	\$ 8.59
Family	\$4.92	\$11.86	\$7.15	\$750.00	\$ 9.51
Issue Age: 60-64					
Individual	\$2.89	\$14.01	\$3.46	\$375.00	\$ 13.15
Individual and Child(ren)++	\$3.35	\$14.01	\$3.92	\$375.00	\$ 14.07
Individual and Spouse	\$4.46	\$26.56	\$6.69	\$750.00	\$ 23.29
Family	\$4.92	\$26.56	\$7.15	\$750.00	\$ 24.21

++ Critical Illness - If enrolled, children receive \$2,500 benefit at no extra cost.

*You must have a qualified health screening test/exam during the plan year to obtain this benefit.

** This is your net cost after payment of premiums and receipt of wellness benefits, shown on a monthly basis. Premiums are deducted each pay period and the wellness benefit reimbursement is received as a lump sum payment. For illustrative purposes only. Refer to carrier brochures for details and exclusions.



For this plan year, you can choose the following dental option. Refer to the carrier benefits summary for the exact benefit level associated with your plan.

Carrier Name	GUARDIAN	
Name of Plan	Network Access Plan (PX – 10)	
Type of Plan	PPO	
Class	In Network	Out of Network
Preventive	0%	0%
Basic Restorative	20%	20%
Major Services	50%	50%
Orthodontia	Not Covered	Not Covered
Plan Details		
Network	DentalGuard Preferred	
Endodontics/Periodontics: Basic or Major	Major	Major
Waiting Periods Applied	None	None
Deductible		
Person - Calendar Year	\$50	\$50
Family - Calendar Year	\$150	\$150
Plan Maximums		
Calendar Year Max <i>(Plus Rollover – details on the next page)</i>	\$1,500	\$1,500

Did you know?

One can of soda is the amount of sugar recommended for three days for a child. Sugary Sodas are a major risk factor for tooth decay*

*Source: American Dental Association (ADA)

Your Cost Per Week:

EE only - \$7.19 EE+Spouse - \$14.60 EE+Children - \$ 17.49 Family - \$26.48

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Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	Maximum rollover account limit
\$1,500 Maximum claims reimbursement	\$700 Claims amount that determines rollover eligibility	\$350 Additional dollars added to a plan's annual maximum for future years	\$1,250 The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

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Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

VISION PLAN



For this plan year, you can choose the following vision option. Refer to the carrier benefit summary for the exact benefit level associated with your plan.

Carrier	GUARDIAN	
Name of Plan	Full Feature – Choice B	
Network	VSP Choice Network	
Exam/Materials	In Network	Out of Network
Copay	\$10	\$39 max
Frequency	Every Calendar Year	
Lenses		
Frequency	Every Calendar Year	
Single	\$25	\$23 max
Bifocal	\$25	\$37 max
Trifocal	\$25	\$49 max
Contacts – Medically Necessary	Covered after \$25 copay	\$210 max
Elective Fitting and Evaluation	Pay up to \$60 ; 15% discount on the fee	Included in the Contact Lens Allowance
Contacts – Elective	\$130 Allowance (Copay waived)	\$100 max (Copay waived)
Frames	\$130 Allowance + 20% off balance	\$46 max
Frequency	Every other calendar year	
Locate a provider at www.vsp.com		



Did you know?

Your eyes need a rest even while you're awake. Use the 20-20-20 rule to reduce eyestrain. After working for 20 minutes, look away about 20 feet in front of you for about 20 seconds.*

Source: National Eye Institute
<https://nei.nih.gov/health/healthyeyes>

Your Cost Per Week:

EE Only - \$1.54 EE+Spouse - \$2.91 EE+Children - \$2.97 Family - \$4.70

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VOLUNTARY LIFE AND AD&D INSURANCE PLAN



Employee Paid Voluntary Life and AD&D

Carrier Name	GUARDIAN
Employee Life and AD&D Benefit	Up to \$500,000 in \$10,000 increments
Dependent Life and AD&D Benefit	Spouse: Up to \$250,000 in \$5,000 increments Child(ren): \$10,000
Guarantee Issue	Employee: \$100,000 Spouse: \$25,000 Child(ren): \$10,000
Benefit Reductions	35% at age 65 50% at age 70
Conversion	Included



Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style.

Weekly premiums displayed. Cost of AD&D is included.

Employee	Policy Election Cost Per Age Bracket								
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69 [†]
\$10,000	\$.24	\$.26	\$.34	\$.45	\$.66	\$ 1.05	\$ 1.63	\$ 2.59	\$ 5.59
\$20,000	\$.48	\$.51	\$.67	\$.90	\$ 1.31	\$ 2.10	\$ 3.25	\$ 5.17	\$ 11.18
\$30,000	\$.72	\$.77	\$ 1.01	\$ 1.34	\$ 1.97	\$ 3.14	\$ 4.88	\$ 7.76	\$ 16.78
\$40,000	\$.96	\$ 1.03	\$ 1.35	\$ 1.79	\$ 2.62	\$ 4.19	\$ 6.51	\$ 10.35	\$ 22.37
\$50,000	\$ 1.20	\$ 1.28	\$ 1.69	\$ 2.24	\$ 3.28	\$ 5.24	\$ 8.14	\$ 12.94	\$ 27.96
\$60,000	\$ 1.44	\$ 1.54	\$ 2.02	\$ 2.69	\$ 3.93	\$ 6.29	\$ 9.76	\$ 15.52	\$ 33.55
\$70,000	\$ 1.68	\$ 1.79	\$ 2.36	\$ 3.13	\$ 4.59	\$ 7.33	\$ 11.39	\$ 18.11	\$ 39.14
\$80,000	\$ 1.92	\$ 2.05	\$ 2.70	\$ 3.58	\$ 5.24	\$ 8.38	\$ 13.02	\$ 20.70	\$ 44.73
\$90,000	\$ 2.16	\$ 2.31	\$ 3.03	\$ 4.03	\$ 5.90	\$ 9.43	\$ 14.64	\$ 23.28	\$ 50.32
\$100,000	\$ 2.40	\$ 2.56	\$ 3.37	\$ 4.48	\$ 6.55	\$ 10.48	\$ 16.27	\$ 25.87	\$ 55.92
\$110,000	\$ 2.64	\$ 2.82	\$ 3.71	\$ 4.93	\$ 7.21	\$ 11.53	\$ 17.90	\$ 28.46	\$ 61.51
\$120,000	\$ 2.88	\$ 3.07	\$ 4.04	\$ 5.37	\$ 7.87	\$ 12.57	\$ 19.52	\$ 31.04	\$ 67.10
\$130,000	\$ 3.12	\$ 3.33	\$ 4.38	\$ 5.82	\$ 8.52	\$ 13.62	\$ 21.15	\$ 33.63	\$ 72.69
\$140,000	\$ 3.36	\$ 3.59	\$ 4.72	\$ 6.27	\$ 9.18	\$ 14.67	\$ 22.78	\$ 36.22	\$ 78.28
\$150,000	\$ 3.60	\$ 3.84	\$ 5.05	\$ 6.72	\$ 9.83	\$ 15.72	\$ 24.40	\$ 38.80	\$ 83.87
\$160,000	\$ 3.84	\$ 4.10	\$ 5.39	\$ 7.16	\$ 10.49	\$ 16.76	\$ 26.03	\$ 41.39	\$ 89.47
\$170,000	\$ 4.08	\$ 4.36	\$ 5.73	\$ 7.61	\$ 11.14	\$ 17.81	\$ 27.66	\$ 43.98	\$ 95.06
\$180,000	\$ 4.32	\$ 4.61	\$ 6.07	\$ 8.06	\$ 11.80	\$ 18.86	\$ 29.29	\$ 46.57	\$ 100.65
\$190,000	\$ 4.56	\$ 4.87	\$ 6.40	\$ 8.51	\$ 12.45	\$ 19.91	\$ 30.91	\$ 49.15	\$ 106.24
\$200,000	\$ 4.80	\$ 5.12	\$ 6.74	\$ 8.95	\$ 13.11	\$ 20.95	\$ 32.54	\$ 51.74	\$ 111.83
\$210,000	\$ 5.04	\$ 5.38	\$ 7.08	\$ 9.40	\$ 13.76	\$ 22.00	\$ 34.17	\$ 54.33	\$ 117.42
\$220,000	\$ 5.28	\$ 5.64	\$ 7.41	\$ 9.85	\$ 14.42	\$ 23.05	\$ 35.79	\$ 56.91	\$ 123.01
\$230,000	\$ 5.52	\$ 5.89	\$ 7.75	\$ 10.30	\$ 15.07	\$ 24.10	\$ 37.42	\$ 59.50	\$ 128.61
\$240,000	\$ 5.76	\$ 6.15	\$ 8.09	\$ 10.75	\$ 15.73	\$ 25.15	\$ 39.05	\$ 62.09	\$ 134.20
\$250,000	\$ 6.00	\$ 6.40	\$ 8.42	\$ 11.19	\$ 16.39	\$ 26.19	\$ 40.67	\$ 64.67	\$ 139.79
\$260,000	\$ 6.24	\$ 6.66	\$ 8.76	\$ 11.64	\$ 17.04	\$ 27.24	\$ 42.30	\$ 67.26	\$ 145.38
\$270,000	\$ 6.48	\$ 6.92	\$ 9.10	\$ 12.09	\$ 17.70	\$ 28.29	\$ 43.93	\$ 69.85	\$ 150.97
\$280,000	\$ 6.72	\$ 7.17	\$ 9.43	\$ 12.54	\$ 18.35	\$ 29.34	\$ 45.55	\$ 72.43	\$ 156.56
\$290,000	\$ 6.96	\$ 7.43	\$ 9.77	\$ 12.98	\$ 19.01	\$ 30.38	\$ 47.18	\$ 75.02	\$ 162.16

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$300,000	\$7.20	\$7.69	\$10.11	\$13.43	\$19.66	\$31.43	\$48.81	\$77.61	\$167.75
\$310,000	\$7.44	\$7.94	\$10.45	\$13.88	\$20.32	\$32.48	\$50.44	\$80.20	\$173.34
\$320,000	\$7.68	\$8.20	\$10.78	\$14.33	\$20.97	\$33.53	\$52.06	\$82.78	\$178.93
\$330,000	\$7.92	\$8.45	\$11.12	\$14.77	\$21.63	\$34.57	\$53.69	\$85.37	\$184.52
\$340,000	\$8.16	\$8.71	\$11.46	\$15.22	\$22.28	\$35.62	\$55.32	\$87.96	\$190.11
\$350,000	\$8.40	\$8.97	\$11.79	\$15.67	\$22.94	\$36.67	\$56.94	\$90.54	\$195.70
\$360,000	\$8.64	\$9.22	\$12.13	\$16.12	\$23.59	\$37.72	\$58.57	\$93.13	\$201.30
\$370,000	\$8.88	\$9.48	\$12.47	\$16.57	\$24.25	\$38.77	\$60.20	\$95.72	\$206.89
\$380,000	\$9.12	\$9.73	\$12.80	\$17.01	\$24.91	\$39.81	\$61.82	\$98.30	\$212.48
\$390,000	\$9.36	\$9.99	\$13.14	\$17.46	\$25.56	\$40.86	\$63.45	\$100.89	\$218.07
\$400,000	\$9.60	\$10.25	\$13.48	\$17.91	\$26.22	\$41.91	\$65.08	\$103.48	\$223.66
\$410,000	\$9.84	\$10.50	\$13.81	\$18.36	\$26.87	\$42.96	\$66.70	\$106.06	\$229.25
\$420,000	\$10.08	\$10.76	\$14.15	\$18.80	\$27.53	\$44.00	\$68.33	\$108.65	\$234.85
\$430,000	\$10.32	\$11.02	\$14.49	\$19.25	\$28.18	\$45.05	\$69.96	\$111.24	\$240.44
\$440,000	\$10.56	\$11.27	\$14.83	\$19.70	\$28.84	\$46.10	\$71.59	\$113.83	\$246.03
\$450,000	\$10.80	\$11.53	\$15.16	\$20.15	\$29.49	\$47.15	\$73.21	\$116.41	\$251.62
\$460,000	\$11.04	\$11.78	\$15.50	\$20.59	\$30.15	\$48.19	\$74.84	\$119.00	\$257.21
\$470,000	\$11.28	\$12.04	\$15.84	\$21.04	\$30.80	\$49.24	\$76.47	\$121.59	\$262.80
\$480,000	\$11.52	\$12.30	\$16.17	\$21.49	\$31.46	\$50.29	\$78.09	\$124.17	\$268.39
\$490,000	\$11.76	\$12.55	\$16.51	\$21.94	\$32.11	\$51.34	\$79.72	\$126.76	\$273.99
\$500,000	\$12.00	\$12.81	\$16.85	\$22.39	\$32.77	\$52.39	\$81.35	\$129.35	\$279.58

Policy Election Amount

Spouse									
\$5,000	\$.12	\$.13	\$.17	\$.22	\$.33	\$.52	\$.81	\$1.29	\$2.80
\$10,000	\$.24	\$.26	\$.34	\$.45	\$.66	\$1.05	\$1.63	\$2.59	\$5.59
\$15,000	\$.36	\$.38	\$.51	\$.67	\$.98	\$1.57	\$2.44	\$3.88	\$8.39
\$20,000	\$.48	\$.51	\$.67	\$.90	\$1.31	\$2.10	\$3.25	\$5.17	\$11.18
\$25,000	\$.60	\$.64	\$.84	\$1.12	\$1.64	\$2.62	\$4.07	\$6.47	\$13.98
\$30,000	\$.72	\$.77	\$1.01	\$1.34	\$1.97	\$3.14	\$4.88	\$7.76	\$16.78
\$35,000	\$.84	\$.90	\$1.18	\$1.57	\$2.29	\$3.67	\$5.69	\$9.05	\$19.57
\$40,000	\$.96	\$1.03	\$1.35	\$1.79	\$2.62	\$4.19	\$6.51	\$10.35	\$22.37
\$45,000	\$1.08	\$1.15	\$1.52	\$2.02	\$2.95	\$4.72	\$7.32	\$11.64	\$25.16
\$50,000	\$1.20	\$1.28	\$1.69	\$2.24	\$3.28	\$5.24	\$8.14	\$12.94	\$27.96

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
\$55,000	\$1.32	\$1.41	\$1.85	\$2.46	\$3.61	\$5.76	\$8.95	\$14.23	\$30.75
\$60,000	\$1.44	\$1.54	\$2.02	\$2.69	\$3.93	\$6.29	\$9.76	\$15.52	\$33.55
\$65,000	\$1.56	\$1.67	\$2.19	\$2.91	\$4.26	\$6.81	\$10.58	\$16.82	\$36.35
\$70,000	\$1.68	\$1.79	\$2.36	\$3.13	\$4.59	\$7.33	\$11.39	\$18.11	\$39.14
\$75,000	\$1.80	\$1.92	\$2.53	\$3.36	\$4.92	\$7.86	\$12.20	\$19.40	\$41.94
\$80,000	\$1.92	\$2.05	\$2.70	\$3.58	\$5.24	\$8.38	\$13.02	\$20.70	\$44.73
\$85,000	\$2.04	\$2.18	\$2.86	\$3.81	\$5.57	\$8.91	\$13.83	\$21.99	\$47.53
\$90,000	\$2.16	\$2.31	\$3.03	\$4.03	\$5.90	\$9.43	\$14.64	\$23.28	\$50.32
\$95,000	\$2.28	\$2.43	\$3.20	\$4.25	\$6.23	\$9.95	\$15.46	\$24.58	\$53.12
\$100,000	\$2.40	\$2.56	\$3.37	\$4.48	\$6.55	\$10.48	\$16.27	\$25.87	\$55.92
\$105,000	\$2.52	\$2.69	\$3.54	\$4.70	\$6.88	\$11.00	\$17.08	\$27.16	\$58.71
\$110,000	\$2.64	\$2.82	\$3.71	\$4.93	\$7.21	\$11.53	\$17.90	\$28.46	\$61.51
\$115,000	\$2.76	\$2.95	\$3.88	\$5.15	\$7.54	\$12.05	\$18.71	\$29.75	\$64.30
\$120,000	\$2.88	\$3.07	\$4.04	\$5.37	\$7.87	\$12.57	\$19.52	\$31.04	\$67.10
\$125,000	\$3.00	\$3.20	\$4.21	\$5.60	\$8.19	\$13.10	\$20.34	\$32.34	\$69.89
\$130,000	\$3.12	\$3.33	\$4.38	\$5.82	\$8.52	\$13.62	\$21.15	\$33.63	\$72.69
\$135,000	\$3.24	\$3.46	\$4.55	\$6.04	\$8.85	\$14.14	\$21.96	\$34.92	\$75.49
\$140,000	\$3.36	\$3.59	\$4.72	\$6.27	\$9.18	\$14.67	\$22.78	\$36.22	\$78.28
\$145,000	\$3.48	\$3.71	\$4.89	\$6.49	\$9.50	\$15.19	\$23.59	\$37.51	\$81.08
\$150,000	\$3.60	\$3.84	\$5.05	\$6.72	\$9.83	\$15.72	\$24.40	\$38.80	\$83.87
\$155,000	\$3.72	\$3.97	\$5.22	\$6.94	\$10.16	\$16.24	\$25.22	\$40.10	\$86.67
\$160,000	\$3.84	\$4.10	\$5.39	\$7.16	\$10.49	\$16.76	\$26.03	\$41.39	\$89.47
\$165,000	\$3.96	\$4.23	\$5.56	\$7.39	\$10.81	\$17.29	\$26.84	\$42.68	\$92.26
\$170,000	\$4.08	\$4.36	\$5.73	\$7.61	\$11.14	\$17.81	\$27.66	\$43.98	\$95.06
\$175,000	\$4.20	\$4.48	\$5.90	\$7.84	\$11.47	\$18.34	\$28.47	\$45.27	\$97.85
\$180,000	\$4.32	\$4.61	\$6.07	\$8.06	\$11.80	\$18.86	\$29.29	\$46.57	\$100.65
\$185,000	\$4.44	\$4.74	\$6.23	\$8.28	\$12.13	\$19.38	\$30.10	\$47.86	\$103.44
\$190,000	\$4.56	\$4.87	\$6.40	\$8.51	\$12.45	\$19.91	\$30.91	\$49.15	\$106.24
\$195,000	\$4.68	\$5.00	\$6.57	\$8.73	\$12.78	\$20.43	\$31.73	\$50.45	\$109.04
\$200,000	\$4.80	\$5.12	\$6.74	\$8.95	\$13.11	\$20.95	\$32.54	\$51.74	\$111.83
\$205,000	\$4.92	\$5.25	\$6.91	\$9.18	\$13.44	\$21.48	\$33.35	\$53.03	\$114.63
\$210,000	\$5.04	\$5.38	\$7.08	\$9.40	\$13.76	\$22.00	\$34.17	\$54.33	\$117.42

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$215,000	\$5.16	\$5.51	\$7.24	\$9.63	\$14.09	\$22.53	\$34.98	\$55.62	\$120.22
\$220,000	\$5.28	\$5.64	\$7.41	\$9.85	\$14.42	\$23.05	\$35.79	\$56.91	\$123.01
\$225,000	\$5.40	\$5.76	\$7.58	\$10.07	\$14.75	\$23.57	\$36.61	\$58.21	\$125.81
\$230,000	\$5.52	\$5.89	\$7.75	\$10.30	\$15.07	\$24.10	\$37.42	\$59.50	\$128.61
\$235,000	\$5.64	\$6.02	\$7.92	\$10.52	\$15.40	\$24.62	\$38.23	\$60.79	\$131.40
\$240,000	\$5.76	\$6.15	\$8.09	\$10.75	\$15.73	\$25.15	\$39.05	\$62.09	\$134.20
\$245,000	\$5.88	\$6.28	\$8.26	\$10.97	\$16.06	\$25.67	\$39.86	\$63.38	\$136.99
\$250,000	\$6.00	\$6.40	\$8.42	\$11.19	\$16.39	\$26.19	\$40.67	\$64.67	\$139.79
Policy Election Amount									
Child(ren)									
\$10,000	\$0.38	\$0.38	\$0.38	\$0.38	\$0.38	\$0.38	\$0.38	\$0.38	\$0.38

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Infant coverage is limited for the first two weeks of infant's life.

Spouse coverage premium is based on Employee age.

†Benefit reductions apply.

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-I-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

For AD&D: We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-I-R-ADCLI-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

CARRIERS, VENDORS & CONTACTS

Program	Vendor Policy/Group #	Contact Information
Medical/Rx	UHC	www.myuhc.com Member Services: (866) 801-4409
Dental	Guardian Policy/Group # 00052111	www.guardiananytime.com Member Services: (888) 600-1600
Vision	Guardian Policy/Group # 00052111	www.guardiananytime.com Member Services (888) 600-1600
Accident Critical Illness Cancer	Guardian Policy/Group # 00052111	www.guardiananytime.com Member Services: (888) 600-1600

Know Where to Go!



Additional Benefit Information



EXPENSIVE MISTAKES PEOPLE MAKE ON THEIR INSURANCE PLANS

- Not verifying if your Doctor/Hospital is an In-Network provider with your insurance carrier. This is your responsibility, and the doctor might not tell you if they are not In-Network.
- Not pre-authorizing a non-emergency operation more than 48 hours prior to the operation. Your doctor should know this is required but make sure they actually follow through with this requirement.
- Not “shopping” for your drugs. Try using GoodRx or other Rx shopping apps!
- Not getting a referral to a Specialist if one is required by your plan.
- Non-Emergency use of the Emergency Room
 - Non-Emergency use of ER is NOT covered under ANY circumstance. Please DO NOT go to ER unless it is a true emergency.
- Out of Network Doctor prescribes medication
 - The out of network coinsurance and deductible will apply if a non-network physician writes the RX for a drug listed on the preferred drug formulary.
- In Network Doctor prescribes a non-formulary drug
 - Non-formulary drugs may not be considered a covered RX or covered at a much higher copayment.
- Not getting a generic drug when one is available.
- Using an out of network pharmacy.
- Seeing a Doctor while you are on vacation
 - Be sure to call your insurance carrier if you are on vacation and need to seek medical attention. Customer service line can put you in touch with an in-network physician where you are located. A true emergency needs immediate attention.
- Mentioning “medical issues” during a preventive visit. This triggers a “diagnosis” visit and you will pay for the visit.



GOODRX: FREE ONLINE PRESCRIPTION SAVINGS

What is GoodRx?



Our Mission

We know drug prices are too high. And we want to help. We gather prices for more than 70,000 pharmacies across the U.S. to bring you up-to-date information about what drugs cost and how you can save.

Our team of experts—from doctors and pharmacists to data scientists and economists—scours the latest research and news from the FDA and other sources to bring you the latest insights about medications and your health.

More than 10 million Americans trust GoodRx to help them find better information and prices every month. Since we opened in 2011, we've helped people save more than \$9 billion in prescription drug expenses. Our app is consistently ranked as #1 in the medical category on Apple's App Store and Google Play, and fully one-third of doctors recommend GoodRx to their patients.

Search for your prescription

Q Type your drug name (like Atorvastatin, Sildenafil, etc)

FIND DRUG PRICES

Popular searches: Atorvastatin, Sildenafil, Zolof, Lexapro, Losartan, Amitriptyne

What is GoodRx?

Why do I need GoodRx?

Prescription drug prices are not regulated. The cost of a prescription may differ by more than \$100 between pharmacies across the street from each other!

Insurance isn't helping like it used to. In the past 10 years, insurance companies have passed 25-80% more of the cost of drugs onto patients.



How can GoodRx help me?

GoodRx gathers current prices and discounts to help you find the lowest cost pharmacy for your prescriptions. The average GoodRx customer saves \$276 a year on their prescriptions.

GoodRx is 100% free. No personal information required.



WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

How it can help



Access simple documents including wills and power of attorney letters



Speak with consultants to discuss estate planning



Prepare your will with the assistance or support of an attorney

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WillPrep Services are provided by Uprise Health, and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of Will Prep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and Uprise Health reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer.



How to access

To access WillPrep Services, you'll need a few personal details.



Visit

willprep.uprisehealth.com



Username

WillPrep



Password

GLIC09

For more information or support, you can reach out by phoning **1 877 433 6789**.

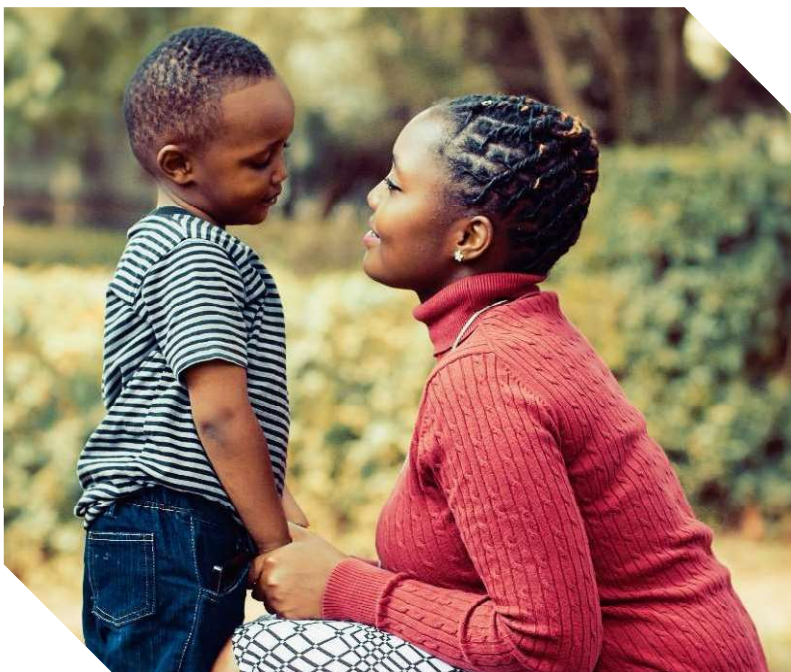
REQUIRED NOTICES

Newborn and Mothers' Health Protection Act

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

Women's Health and Cancer Rights Act

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully. As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following benefits: 1. All stages of reconstruction of the breast on which the mastectomy has been performed; 2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3. Prostheses and treatment of physical complications of the mastectomy, including lymphedemas. Health plans must provide coverage of mastectomy related benefits in a manner to determine in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and insurance amounts that are consistent with those that apply to other benefits under the plan.



REQUIRED CHIP NOTICE

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

REQUIRED CHIP NOTICE (CONT)

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancpremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462

REQUIRED CHIP NOTICE (CONT)

NEBRASKA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
TEXAS - Medicaid	WEST VIRGINIA - Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH - Medicaid and CHIP	WISCONSIN - Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT - Medicaid	WYOMING - Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

HIPAA NOTICE



HIPAA Privacy Notices

HIPAA requires group health plans to provide a notice of current privacy practices regarding protected personal health information (PHI) to enrolled participants. All employers must distribute HIPAA Privacy Notices if the plan is self-funded or if the plan is fully-insured and the employer has access to PHI. If the employer maintains a benefits website, the HIPAA Privacy Notice must be included on the website.

The HIPAA Privacy Notice must be written in plain language and must describe three things: (1) the use and disclosures of PHI that may be made by the group health plan; (2) plan participants' privacy rights; and (3) the group health plan's legal responsibilities with respect to the PHI.

The Department of Health and Human Services (HHS) has developed three different model Privacy Notices for health plans to choose from: booklet version, layered version, and full-page version.

More information can be found at: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/privacy-practices-for-protected-health-information/index.html>

Link to OneDigital's privacy policy: <https://www.onedigital.com/privacy-policy/>

Model Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within the appropriate time period that applies under the plan after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within the appropriate time period that applies under the plan after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the appropriate plan representative.

For additional information on your employer's privacy policy, please contact your HR department.

CONFIDENTIALITY NOTICE

Digital Insurance LLC dba OneDigital Health and Benefits does not sell or share any information we learn about our clients and understands you may have to answer sensitive questions about your medical history, physical condition and personal health habits as required by our insurance carrier partners.

We collect nonpublic personal information from the following sources:

- Information from you, including data provided on applications or other forms, such as name, address, telephone number, date of birth and Social Security number
- Information from your transactions with us and/or our partners such as policy coverage, premium, claim, and payment history.

OneDigital Health and Benefits recognizes the importance of safeguarding the privacy of our clients and prospective clients, and we pledge to protect the confidential nature of your personal information. We understand our ability to provide access to affordable health insurance to businesses and individuals can only succeed with an environment of complete trust.

In the course of business, we may disclose all or part of your customer information without your permission to the following persons or entities for the following reasons:

- To an insurance carrier, agent or credit reporting agency to detect, prevent or prosecute actual or potential criminal activity, fraud, misrepresentation, unauthorized transactions, claims or other liabilities in connection with an insurance transaction.
- To a medical care institution or medical professional to verify coverage or benefits, to inform you of a medical problem of which you may or may not be aware or to conduct an audit that would enable us to verify treatment.
- To an insurance regulatory authority, law enforcement or other governmental authority to protect our interests in detecting, preventing or prosecuting actual or potential criminal activity, fraud, misrepresentation, unauthorized transactions, claims or other liabilities in connection with an insurance transaction.
- To a third party, for any other disclosures required or permitted by law. We may disclose all of the information that we collect about you, as described above.

Our practices regarding information confidentiality and security: We restrict access to your customer information only to those individuals who need it to provide you with products or services, or to otherwise service your account. In addition, we have security measures in place to protect against the loss, misuse and/or unauthorized alternation of the customer information under our control, including physical, electronic and procedural safeguards that meet or exceed applicable federal and state standards.

Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your [plan](#) or [health insurance policy](#). Some of these terms also might not have exactly the same meaning when used in your policy or [plan](#), and in any case, the policy or [plan](#) governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or [plan](#) document.)
- [Underlined](#) text indicates a term defined in this Glossary.
- See page 6 for an example showing how [deductibles](#), [coinsurance](#) and [out-of-pocket limits](#) work together in a real life situation.

- **Allowed Amount**

This is the maximum payment the [plan](#) will pay for a covered health care service. May also be called "eligible expense", "payment allowance", or "negotiated rate".

- **Appeal**

A request that your health insurer or [plan](#) review a decision that denies a benefit or payment (either in whole or in part).

- **Balance Billing**

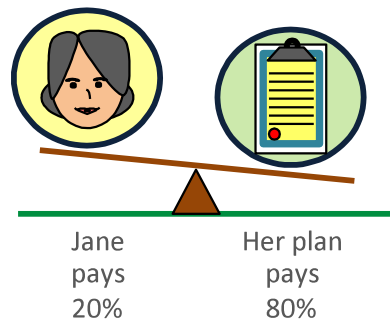
When a [provider](#) bills you for the balance remaining on the bill that your [plan](#) doesn't cover. This amount is the difference between the actual billed amount and the [allowed amount](#). For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an [out-of-network provider \(non-preferred provider\)](#). A [network provider \(preferred provider\)](#) may not bill you for covered services.

- **Claim**

A request for a benefit (including reimbursement of a health care expense) made by you or your health care [provider](#) to your health insurer or [plan](#) for items or services you think are covered.

- **Coinsurance**

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the [allowed amount](#) for the service. You generally pay coinsurance plus any [deductibles](#) you owe. (For example, if the [health insurance](#) or [plan's](#) allowed amount for an office visit is \$100 and you've met your [deductible](#), your coinsurance payment of 20% would be \$20. The health insurance or [plan](#) pays the rest of the allowed amount.)



(See page 6 for a detailed example.)

- **Complications of Pregnancy**

Conditions due to pregnancy, labor, and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section generally aren't complications of pregnancy.

- **Copayment**

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

- **Cost Sharing**

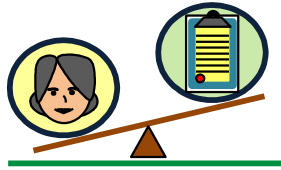
Your share of costs for services that a [plan](#) covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are [copayments](#), [deductibles](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductibles](#) and [out-of-pocket](#) costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your [premiums](#), penalties you may have to pay, or the cost of care a [plan](#) doesn't cover usually aren't considered cost sharing.

- **Cost-sharing Reductions**

Discounts that reduce the amount you pay for certain services covered by an individual [plan](#) you buy through the [Marketplace](#). You may get a discount if your income is below a certain level, and you choose a Silver level health plan or if you're a member of a federally-recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation.

- **Deductible**

An amount you could owe during a coverage period (usually one year) for covered health care services before your [plan](#) begins to pay. An overall deductible applies to all or almost all covered items and services. A [plan](#) with an overall deductible may also have



Jane pays	Her plan pay
pays	
100%	0%
(See page 6 for a detailed example.)	

separate deductibles that apply to specific services or groups of services. A [plan](#) may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

- **Diagnostic Test**

Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

- **Durable Medical Equipment (DME)**

Equipment and supplies ordered by a health care [provider](#) for everyday or extended use. DME may include: oxygen equipment, wheelchairs, and crutches.

- **Emergency Medical Condition**

An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. If you didn't get immediate medical attention you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

- **Emergency Medical Transportation**

Ambulance services for an [emergency medical condition](#). Types of emergency medical transportation may include transportation by air, land, or sea. Your [plan](#) may not cover all types of emergency medical transportation, or may pay less for certain types.

- **Emergency Room Care / Emergency Services**

Services to check for an [emergency medical condition](#) and treat you to keep an [emergency medical condition](#) from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for [emergency medical conditions](#).

- **Excluded Services**

Health care services that your [plan](#) doesn't pay for or cover.

- **Formulary**

A list of drugs your [plan](#) covers. A formulary may include how much your share of the cost is for each drug. Your [plan](#) may put drugs in different [cost sharing](#) levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different [cost sharing](#) amounts will apply to each tier.

- **Grievance**

A complaint that you communicate to your health insurer or [plan](#).

- **Habilitation Services**

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/ or outpatient settings.

- **Health Insurance**

A contract that requires a health insurer to pay some or all of your health care costs in exchange for a [premium](#). A health insurance contract may also be called a "policy" or "[plan](#)".

- **Home Health Care**

Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed health care [providers](#). Home health care usually doesn't include help with non-medical tasks, such as cooking, cleaning, or driving.

- **Hospice Services**

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

- **Hospitalization**

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some [plans](#) may consider an overnight stay for observation as outpatient care instead of inpatient care.

- **Hospital Outpatient Care**

Care in a hospital that usually doesn't require an overnight stay.

- **Individual Responsibility Requirement**

Sometimes called the “individual mandate”, the duty you may have to be enrolled in health coverage that provides [minimum essential coverage](#). If you don’t have [minimum essential coverage](#), you may have to pay a penalty when you file your federal income tax return unless you qualify for a health coverage exemption.

- **In-network Coinsurance**

Your share (for example, 20%) of the [allowed amount](#) for covered healthcare services. Your share is usually lower for in-[network](#) covered services.

- **In-network Copayment**

A fixed amount (for example, \$15) you pay for covered health care services to [providers](#) who contract with your [health insurance](#) or [plan](#). In-network copayments usually are less than [out-of-network copayments](#).

- **Marketplace**

A marketplace for [health insurance](#) where individuals, families and small businesses can learn about their [plan](#) options; compare plans based on costs, benefits and other important features; apply for and receive financial help with [premiums](#) and [cost sharing](#) based on income; and choose a [plan](#) and enroll in coverage. Also known as an “Exchange”. The Marketplace is run by the state in some states and by the federal government in others. In some states, the Marketplace also helps eligible consumers enroll in other programs, including Medicaid and the Children’s Health Insurance Program (CHIP). Available online, by phone, and in-person.

- **Maximum Out-of-pocket Limit**

Yearly amount the federal government sets as the most each individual or family can be required to pay in [cost sharing](#) during the [plan](#) year for covered, in-[network](#) services. Applies to most types of health [plans](#) and insurance. This amount may be higher than the [out-of-pocket limits](#) stated for your [plan](#).

- **Medically Necessary**

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

- **Minimum Essential Coverage**

Health coverage that will meet the [individual responsibility requirement](#). Minimum essential coverage generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage.

- **Minimum Value Standard**

A basic standard to measure the percent of permitted costs the [plan](#) covers. If you’re offered an employer [plan](#) that pays for at least 60% of the total allowed costs of benefits, the [plan](#) offers minimum value and you may not qualify for [premium tax credits](#) and [cost sharing reductions](#) to buy a [plan](#) from the [Marketplace](#).

- **Network**

The facilities, [providers](#) and suppliers your health insurer or [plan](#) has contracted with to provide health care services.

- **Network Provider (Preferred Provider)**

A [provider](#) who has a contract with your [health insurer](#) or [plan](#) who has agreed to provide services to members of a [plan](#). You will pay less if you see a [provider network](#). Also called “preferred provider” or in the “participating provider.”

- **Orthotics and Prosthetics**

Leg, arm, back and neck braces, artificial legs, arms, and eyes, and external breast prostheses after a mastectomy. These services include: adjustment, repairs, and replacements required because of breakage, wear, loss, or a change in the patient’s physical condition.

- **Out-of-network Coinsurance**

Your share (for example, 40%) of the [allowed amount](#) for covered health care services to [providers](#) who don’t contract with your [health insurance](#) or [plan](#). Out-of-network coinsurance usually costs you more than [in-network coinsurance](#).

- **Out-of-network Copayment**

A fixed amount (for example, \$30) you pay for covered health care services from [providers](#) who do not contract with your [health insurance](#) or [plan](#). Out-of-network copayments usually are more than [in-network copayments](#).

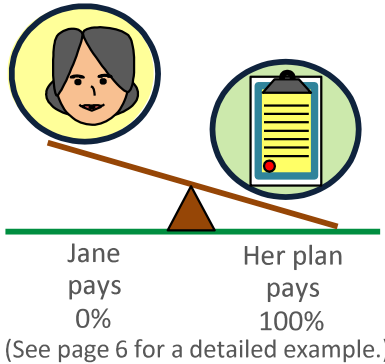
- **Out-of-network Provider (Non-Preferred Provider)**

A [provider](#) who doesn't have a contract with your [plan](#) to provide services. If your [plan](#) covers out-of-network services, you'll usually pay more to see an out-of-network provider than a [preferred provider](#). Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider".

- **Out-of-pocket Limit**

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the [plan](#) will usually pay 100% of the

[allowed amount](#). This limit helps you plan for health care costs. This limit never includes your [premium](#), [balance-billed](#) charges or health care your [plan](#) doesn't cover. Some [plans](#) don't count all of your [copayments](#), [deductibles](#), [coinsurance](#) payments, out-of-network payments, or other expenses toward this limit.



- **Physician Services**

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

- **Plan**

Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain health care costs. Also called "health insurance plan", "policy", "health insurance policy" or "[health insurance](#)".

- **Preauthorization**

A decision by your health insurer or [plan](#) that a health care service, treatment plan, [prescription drug](#) or [durable medical equipment \(DME\)](#) is [medically necessary](#). Sometimes called prior authorization, prior approval or precertification. Your [health insurance](#) or [plan](#) may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your [health insurance](#) or [plan](#) will cover the cost.

- **Premium**

The amount that must be paid for your [health insurance](#) or [plan](#). You and/ or your employer usually pay it monthly, quarterly, or yearly.

- **Premium Tax Credits**

Financial help that lowers your taxes to help you and your family pay for private [health insurance](#). You can get this help if you get [health insurance](#) through the [Marketplace](#) and your income is below a certain level. Advance payments of the tax credit can be used right away to lower your monthly [premium](#) costs.

- **Prescription Drug Coverage**

Coverage under a [plan](#) that helps pay for [prescription drugs](#). If the plan's [formulary](#) uses "tiers" (levels), prescription drugs are grouped together by type or cost. The amount you'll pay in [cost sharing](#) will be different for each "tier" of covered [prescription drugs](#).

- **Prescription Drugs**

Drugs and medications that by law require a prescription.

- **Preventive Care (Preventive Service)**

Routine health care, including [screenings](#), check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

- **Primary Care Physician**

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

- **Primary Care Provider**

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the [plan](#), who provides, coordinates, or helps you access a range of health care services.

- **Provider**

Some examples of a provider include a doctor, An individual or facility that provides health care services. chiropractor, physician assistant, hospital, surgical center, nurse, skilled nursing facility, and rehabilitation center. [plan](#) may require the provider to be licensed, certified, or the accredited as required by state law.

- **Reconstructive Surgery**

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.

- **Referral**

A written order from your [primary care provider](#) for you to see a [specialist](#) or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your [primary care provider](#). If you don't get a referral first, the [plan](#) may not pay for the services.

- **Rehabilitation Services**

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

- **Screening**

A type of [preventive care](#) that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

- **Skilled Nursing Care**

Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is not the same as "skilled care services", which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

- **Specialist**

A [provider](#) focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

- **Specialty Drug**

A type of [prescription drug](#) that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a [formulary](#).

- **UCR (Usual, Customary and Reasonable)**

The amount paid for a medical service in a geographic area based on what [providers](#) in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the [allowed amount](#).

- **Urgent Care**

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require [emergency room care](#).

How You and Your Insurer Share Costs - Example

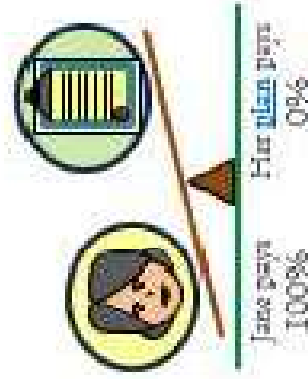
Jane's Plan Deductible: \$1,500

Coinurance: 20%

Out-of-Pocket Limit: \$5,000

January 1=

Beginning of Coverage Period



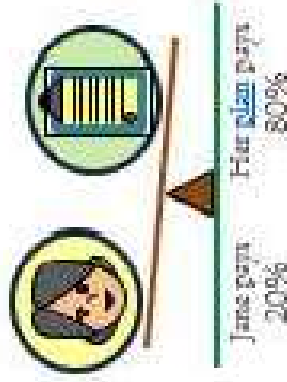
Jane hasn't reached her \$1,500 deductible yet

Her plan doesn't pay any of the costs:

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0



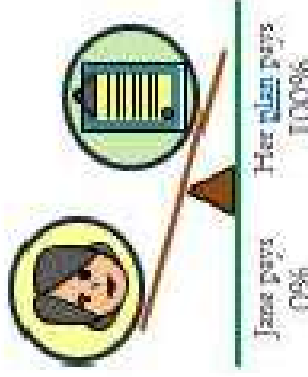
Jane reaches her \$1,500 deductible. Coinsurance begins

Jane has seen a doctor several times and paid \$1,500 in total, reaching her deductible. So her plan pays some of the costs for her next visit.

Office visit costs: \$125

Jane pays: 20% of \$125 = \$25

Her plan pays: 80% of \$125 = \$100



Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$125

Jane pays: \$0

Her plan pays: \$125

December 31=

End of Coverage Period

