

# Enhance THERAPIES



## 2023 Benefit Enrollment Guide

### Table of Contents

Medical Insurance	2
Dental PPO Insurance	3
Dental DHMO Insurance	4
Vision Insurance	5
Flexible Spending Account (FSA)	6
Medical Flex Spending Account	7
Dependent Care Flex Spending Account	8
Transit Account	9
Short-Term Disability Insurance	10
Long-Term Disability Insurance	12
Accident Insurance	14

Critical Illness Insurance	19
Hospital Indemnity Insurance	20
Voluntary Life and AD&D	21
Identity Theft	23
Legal Plans	24
Auto and Home Insurance	25
Pet Insurance	26
Financial Wellness Solutions	27
Enhance Therapies Discounts	28
Resources	30
Notices	32

## Medical Insurance

Plan Type	HDHP Plan	Base Plan	Middle Plan
In-Network Expenses			
Primary Office Visit Copay	\$35 after Deductible	\$35	\$35
Primary Care Physician Selection	Optional	Optional	Optional
Specialist Copay	\$35 after Deductible	\$35	\$35
Preventive Care	\$0	\$0	\$0
Referrals Required	No	No	No
In-Patient Hospital	Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible
Outpatient Surgery	Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible
Laboratory (Participating Lab: Quest Diagnostics)	\$0/office based \$150 copay/hospital after deductible	\$0/office based \$150 copay/hospital	\$0/office based \$150 copay/hospital
X-Ray	Coinsurance after Deductible	\$0/office based \$300 copay/hospital	\$0/office based \$300 copay/hospital
High Resolution Imaging (MRI, CT/PET Scan)	Coinsurance after Deductible	\$100/In-network Imaging Center \$500 copay/hospital	\$100/In-network Imaging Center \$500 copay/hospital
Deductible (Individual/Family)	\$4,000 / \$8,000	\$2,500 / \$5,000	\$1,500 / \$3,000
Coinsurance	30%	30%	20%
Out of Pocket Max (Individual/Family)	\$7,000 / \$14,000	\$6,000 / \$12,000	\$5,000 / \$10,000
Emergency Room Copay	\$450 copay after deductible	\$450 copay	\$450 copay
Urgent Care Provider	\$55 copay after deductible	\$55 copay	\$55 copay
RX Copay	\$20 / \$40 / \$60	\$20 / \$40 / \$60	\$20 / \$40 / \$60
Mail Order RX	\$40 / \$80 / \$120 (\$100 Surcharge applies for employees that continue to fill scripts that are covered by TTRS Rx)	\$40 / \$80 / \$120 (\$100 Surcharge applies for employees that continue to fill scripts that are covered by TTRS Rx)	\$40 / \$80 / \$120 (\$100 Surcharge applies for employees that continue to fill scripts that are covered by TTRS Rx)
Specialty Drugs	Not Covered	Not Covered	Not Covered
Routine Eye Exams (1 exam per 24 months)	\$0	\$0	\$0
Vision Eyewear (every 24 months)	100% up to \$100	100% up to \$100	100% up to \$100
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Out-of-Network Expenses			
Deductible (Individual/Family)	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Coinsurance	50%	50%	50%
Out-of-Pocket Max (Individual/Family)	\$20,000/\$40,000	\$20,000 / \$40,000	\$20,000 / \$40,000
Out-of-Network Hospital	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room Copay	\$450 copay after deductible	\$450 copay	\$450 copay
Lifetime Maximum	Unlimited	Unlimited	Unlimited

## Dental PPO Insurance

As a member of Delta Dental, you have access to the nation's largest dental networks

Benefits			
It's easy to find a dentist! Four out of five dentists nationwide participate in our network.			
You have superior access to care and fee savings because of our agreements with participating dentists.			
Our dentists cannot balance bill you, which means more money in your pocket!			
No troublesome paperwork! Network dentists will fill out and file your claims.			
Pay only your copayments and/or deductibles when you receive care from network dentists. There are no hidden fees.			
You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.			
Delta Dental PPO plus Premier	Plan Pays		
	PPO	Premier	Non-Participating
Preventive & Diagnostic			
Exams & Cleanings	100%	100%	100%
Single Films, Full Mouth, & Bitewing X-Rays - each subject to frequency limitations	100%	100%	100%
Fluoride Treatment – subject to frequency limitations, children to end of the month of age 19	100%	100%	100%
Space Maintainers – once per space for missing posterior primary teeth, for children under age 14	100%	100%	100%
Sealants	100%	100%	100%
Basic Services			
Filings	80%	80%	80%
Extractions, Oral Surgery	80%	80%	80%
Endodontics	80%	80%	80%
Periodontics	80%	80%	80%
Repair of Dentures	80%	80%	80%
Oral Health Enhancement – allows a covered person to receive up to 4 cleans and/or periodontal maintenance procedures in one calendar year if they have history of periodontal surgery and/or periodontal scaling and root planing.	80%	80%	80%
Major Services			
Crowns and crown-related procedures	50%	50%	50%
Bridgework	50%	50%	50%
Full & Partial Dentures	50%	50%	50%
Inlays	50%	50%	50%
Annual Deductible			
Per Person	\$50	\$75	\$75
Family Aggregate Deductible	\$150	\$225	\$225
Orthodontic Services			
Orthodontic Benefits, full comprehensive treatment – adult & child	50%	50%	50%
Lifetime Maximum – adult & child	\$1,500	\$1,500	\$1,500
Orthodontic Age Limit	Dependent Children to the end of the month of age 26	Dependent Children to the end of the month of age 26	Dependent Children to the end of the month of age 26
Features			
Calendar Year Maximum (per person)	\$1,000	\$1,000	\$1,000
Calendar Year Deductible (waived on Preventive & Diagnostic)			
Per Person	\$50	\$75	\$75
Family Aggregate Deductible	\$150	\$225	\$225
Orthodontic Benefits - full comprehensive treatment (adult & child)	50%	50%	50%
Lifetime Maximum (per person)	\$1,500	\$1,500	\$1,500

## Dental DHMO Insurance

You must visit your selected DeltaCare USA general dentist to receive benefits under your plan. Find or change your dentist at [deltadentalins.com](http://deltadentalins.com) or by calling Customer Service. Don't want to choose a dentist on your own? We can designate one for you.

No ID card is necessary to receive treatment – just provide your dentist with your name, date of birth and social security or enrollee ID number.

There are no claims forms to complete – just pay your copayment (if any) at the time of treatment.

If you require treatment from a specialist, your DeltaCare USA general dentist will coordinate a referral for you.

Regular cleanings are a great way to keep your smile bright and may catch problems before more costly and extensive services are necessary. Your plan is designed with low or no costs for routine cleanings and exams.

Below is a sample of your dental expenses with the Delta USA plan. Please log on to [www.tendertouchbenefits.com](http://www.tendertouchbenefits.com) for a complete list of dental services and member co-pays.

	Plan 15B
Annual Maximum	None
Lifetime Ortho Maximum	None
Deductible	None
Office Visit Copay	\$5
	Member Copays
Periodic Oral Exam	\$0
X-Rays, Complete Series	\$0
2 Bitewing X-Rays	\$0
Adult Prophylaxis (cleaning)	\$5
2 Surface Filling	\$12
1 Surface Comp. Resin Filling (anterior teeth)	\$22
Porcelain/Gold Crown	\$395
Anterior Root Canal	\$125
Scalings & Root Planing (Quad)	\$60
Complete Upper Denture	\$365
Retainer Crown	\$395
Single Extraction	\$14
Limited Orthodontics (child and adult)	\$1,150 – \$1,350
Interceptive Orthodontics (child)	\$1,150
Comprehensive Orthodontics (child and adult)	\$1,900 – \$2,100

## Vision Insurance

FREQUENCY OF SERVICE: LAST DATE OF SERVICES





Member Cost	In-Network	Out-of-Network
<b>Vision Care Services</b>		
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$30
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay; \$130 allowance 20% off balance over \$130	Up to \$65
<b>Standard Progressive Lens</b>		
Single Vision	\$10 Co-pay	Up to \$25
Bifocal	\$10 Co-pay	Up to \$40
Trifocal	\$10 Co-pay	Up to \$60
Standard Progressive Lens	\$75 Co-pay	Up to \$40
Premium Progressive Lens	\$95 Co-pay - \$120 Co-pay	N/A
Tier 1	\$95 Co-pay	Up to \$40
Tier 2	\$105 Co-pay	Up to \$40
Tier 3	\$120 Co-pay	Up to \$40
Tier 4	\$75 Co-pay, 80% of charge less \$120 allowance	Up to \$40
Lenticular	\$10 Co-pay	Up to \$60
<b>Lens Options (paid by the member and added to the base price of the lens)</b>		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
<b>Contact Lens Fit and Follow-Up</b> (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
<b>Contact Lenses</b>		
Conventional	\$0 Co-pay; \$110 allowance; 15% off balance over \$110	Up to \$88
Disposable	\$0 Co-pay; \$110 allowance; plus balance over \$110	Up to \$88
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$210
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	



# Flexible Spending Account

## Plan Enrollment Materials

No matter which health insurance plan you enroll in this year, you will likely have out-of-pocket costs. **Save up to 30% on qualifying out-of-pocket expenses** by setting aside pre-tax dollars from your paycheck with a flex account!

Medical FSA				Dependent Care Account (DCA)	Commuter Account (TRN)
					
Medical	Pharmacy	Dental	Vision	Childcare Expenses	Commuter Expenses

## How does it work? It's simple.



Choose your annual election for each flex plan, based on your anticipated expenses.



Your annual election is deducted pre-tax from your paycheck in equal amounts during the plan year.



Swipe your card for eligible expenses or submit a claim for reimbursement.

**This lowers your taxable income!**





## Save up to \$850 on medical expenses this year!

Participating in an FSA is like receiving a 30% discount from your medical providers.

### How does an FSA work?

A medical FSA is a flexible spending account that allows you to set aside pre-tax dollars for eligible medical, dental, and vision expenses for you and your dependents.

Choose an annual election amount, up to **\$3,050\***. This amount will be deducted from your paychecks in equal installments throughout the year. Your full election will be available for spending on the first day of the plan year!

### Why should I enroll in an FSA?

Almost everyone has some level of out of pocket medical costs. If you expect to incur medical expenses, you'll want to take advantage of the savings this plan offers.

Money contributed to a healthcare FSA is free from federal and most state taxes. On average, participants enjoy a 30% tax savings on their annual contribution, saving up to \$850 per year!

### Helpful hints...

- Your election can only be changed during the plan year if you experience a qualifying event.
- Save your receipts. You may need itemized invoices to verify card swipes or for claim reimbursements.
- If your employment terminates, your account will be terminated.
- Be sure to spend your FSA funds, as unused funds will be forfeited at the end of the plan year.
- Reminder: You can't contribute to an FSA and HSA within the same plan year.



### Spending your FSA funds

Swipe your Flex Facts debit card to pay for eligible expenses or pay with your personal funds and submit a claim for reimbursement.



### Common eligible expenses

- Copays, deductible, coinsurance
- Doctor office visits, lab work, x-rays
- Hospital charges
- Dental and orthodontia
- Vision exams, glasses, contact lenses, laser vision correction
- Physical therapy
- Chiropractic care
- Medical supplies and first aid kits
- Rx and over-the-counter meds
- And much more...

Visit <http://fsastore.com/FlexfactsEL> for full list.



### Download our app

Search 'Flex Facts' on the App Store or Google Play.

\*based on 2023 IRS Contribution Limit.

Please note: Your employer may limit the maximum annual limit to a lesser amount.

**Questions?** Contact us at [info@flexfacts.com](mailto:info@flexfacts.com) or 877-943-2287



# Save up to \$1,500 on dependent care expenses this year!

Participating in a dependent care FSA is like receiving a 30% discount from your care providers.

## How does a DCA work?

A dependent care FSA (DCA) is a flexible spending account that allows you to set aside pre-tax dollars for dependent care expenses that allow you to work or look for work. This includes daycares, babysitters and before/after school care.

Choose an annual election amount, up to **\$5,000/family**. This amount will be deducted from your paychecks in equal installments throughout the year.

## Why should I enroll in an DCA?

Child and dependent care is a large expense for many families. If you pay for care of dependents in order to work, you'll want to take advantage of the savings this plan offers.

Money contributed to a dependent care FSA (DCA) is free from federal and most state taxes. On average, participants enjoy a 30% tax savings on their annual contribution, saving up to \$1,500 per year!

## Helpful hints...

- Funds will be made available in your DCA account, as deductions are taken each payroll.
- Your election can only be changed during the plan year if you experience a qualifying event.
- Save your receipts. You may need itemized invoices to verify card swipes or for claim reimbursements.
- If your employment terminates, your account will be terminated.
- Be sure to spend your DCA funds, as unused funds will be forfeited at the end of the plan year.



### Spending your funds

Swipe your Flex Facts debit card to pay for eligible expenses or pay with your personal funds and submit a claim for reimbursement.



### Qualifying Dependents\*

- Your qualifying child under age 13
- Your spouse or qualifying adult child or relative who is physically or mentally incapable of self-care



### Eligible Expenses

- Before school or after school care for children 12 and younger
- Custodial care for adult dependents
- Licensed day care centers
- Nanny / Au Pair
- Nursery Schools or preschools
- Late Pick-up fees
- Summer or Holiday day camps

A full list of eligible expenses can be found at [www.flexfacts.com](http://www.flexfacts.com).



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Search 'Flex Facts' on the App Store or Google Play.

\*additional restrictions may apply. See Internal Revenue Code Section 152.

**Questions?** Contact us at [info@flexfacts.com](mailto:info@flexfacts.com) or 877-943-2287





# Save up to \$1,000 on commuting expenses this year!

Participating in a transit account is like receiving a 30% discount on mass transit expenses.

## How does a transit account work?

A transit account allows you to set aside pre-tax dollars for mass transit expenses associated with your daily commute to work. Choose a monthly election amount, up to **\$300/month**.

## Why should I enroll in a transit account?

If you take public transportation to work, you'll want to take advantage of the savings these plans offer.

Money contributed to a transit account is free from federal and most state taxes. On average, participants enjoy a 30% tax savings on their annual contribution, saving up to \$1,000 per year!

## Helpful hints...

- Funds will be made available in your transit account, as deductions are taken each payroll.
- You can change or cancel your election amount at any time.
- Save your receipts. You may need itemized invoices to verify card swipes.
- If your employment terminates, your account will be terminated.
- Any unused funds that remain in your account at the end of the year will be carried over into the next plan year.



### Spending your funds

Swipe your Flex Facts debit card to pay for commuting expenses such as the bus, ferry, or metro, as well as ride sharing apps.



### Eligible Expenses

- Bus, ferry, train, subway tickets and passes
- Ride sharing apps, such as UberPool, Lyft Line and Via



### Ineligible Expenses

- Tolls
- Taxis
- Gas/ fuel
- Mileage
- Non-shared Uber or Lyft rides



### Download our app

Search 'Flex Facts' on the App Store or Google Play.

## Short-Term Disability Insurance

Plan Features	Option 1	Option 2
Weekly Benefit Amount	All full time NJ employees: 40% All other full time employees: 60%	
Maximum Weekly Benefit	\$1,500	
Minimum Weekly Benefit*	\$25	
Elimination Period	Accident – 7 days Sickness – 7 days	Accident – 14 days Sickness – 14 days
Benefit Duration	25 weeks	24 weeks
Rehabilitation Incentives included in quote <i>(details in limitations and definitions)</i>	Work Incentive Family Care Incentive Moving Expense Incentive	
<i>*The minimum weekly benefit is subject to overpayment situations and any applicable rehabilitation incentives.</i>		
Limitations and Definitions		
Definition of Disability	Due to a Sickness, or as a direct result of accidental injury: <ul style="list-style-type: none"><li>• the employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment, and</li><li>• is unable to earn more than 80% of their pre disability earnings at their Own Occupation for any employer., and</li><li>• is unable to perform each of the material duties of their Own Occupation</li></ul>	
Pre-Existing Condition	12/12	
Pre-Existing Condition Limitation	<p>Pre-existing Condition means a Sickness or accidental injury for which the employee:</p> <ul style="list-style-type: none"><li>• Received medical treatment, consultation, care, or services; or</li><li>• Took prescription medication or had medications prescribed in the 3 months before insurance or any increase in the amount of insurance under the certificate takes effect.</li></ul> <p>We will not pay benefits, or any increase in benefit amount due to an elected increase in the amount of insurance for a Disability that results from a Pre-existing Condition, if the employee has been Actively at Work for less than 12 consecutive months after the date their Disability insurance or the elected increase in the amount of such insurance takes effect under the certificate.</p>	
Reduction of Benefits	<p>Benefits will be reduced by income and recoveries from certain other sources including but not limited to: Social Security disability or retirement benefits received or eligible to receive because of Disability; any state, public or federal employee retirement or disability plan benefits received or eligible to receive because of Disability, including State Teachers Retirement System (STRS), Public Employee Retirement System (PERS) or Federal Employee Retirement System (FERS); group insurance policies; certain early retirement plans; no-fault auto laws; governmental compulsory benefit plan or program; other disability programs or plans, sick pay, vacation pay, or other salary continuation; Workers' Compensation benefits; occupational disease laws; maritime maintenance and cure; third party recoveries; and unemployment insurance laws or programs.</p> <p>If there is a reasonable basis for You to apply for benefits under the Federal Social Security Act, a government compulsory plan or program, or STRS, PERS or FERS Benefit Plans or Programs, We expect You to apply for them. To apply for Social Security benefits means to pursue such benefits until You receive approval from the Social Security Administration, or a notice of denial of benefits from an administrative law judge. With respect to benefits under a government compulsory plan or program, or STRS, PERS or FERS Benefit Plans or Programs, to apply means to pursue such benefits through all applicable levels of appeal provided for under such benefit plans or programs.</p> <p>We will reduce the amount of Your Disability benefit by the amount of Social Security benefits, We estimate that You, Your Spouse or child(ren) are eligible to receive because of Your Disability or retirement. We will reduce Your Disability benefits by such estimated Social Security benefits starting with the first Disability benefit payment coincident with the date You were eligible to receive Social Security benefits</p> <p>We will reduce Your Disability benefit by the amount of such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefit that We estimate You are eligible to receive, provided that We have the reasonable means to make such an estimate. We will start to do this with the first Disability benefit payment under this certificate coincident with the date You were eligible to receive such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefits under any such plans or programs.</p>	
Occupational Benefits:	Non-Occupational Coverage	

## Limitations and Definitions *(continued)*

<b>Definition of Predisability Earnings</b>	The amount of the employee's gross salary or wages from his/her employer as of the day before his/her disability began. Predisability earnings includes: <b>Basic earnings only</b> .  The term does not include: <ul style="list-style-type: none"> <li>• The grant, award, sale, conversion, and/or exercise of shares of stock or stock options;</li> <li>• The Employer's contributions on Your behalf to any deferred compensation arrangement or pension plan; or</li> <li>• Any other compensation from the Employer.</li> </ul>
<b>Work Incentive</b>	While disabled and receiving a Weekly Benefit, employees may receive up to 100% of Predisability Weekly Earnings, including family care expense reimbursement, Rehabilitation incentive, return-to-work earnings, and other income benefits.
<b>Family Care Incentive</b>	If the employee works or participates in a Rehabilitation Program while they are Disabled, starting with the 4th Weekly Benefit payment, reimbursement may be provided for up to \$100 per week for eligible Family Care expenses incurred by an employee for each eligible family member during the benefit period.
<b>Moving Expense Incentive</b>	If the employee participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for expenses incurred in order to move to a new residence if recommended as part of the Rehabilitation Program.
<b>Temporary Recovery</b>	If the employee returns to Active Work before completing the Elimination Period and then becomes Disabled, they will have to complete a new elimination period. If the employee returns to Active Work, after they begin to receive Weekly Benefits, for a period of 20 days or less than becomes Disabled again due to the same or related condition, they will not have to complete a new Elimination Period.
<b>Waiver of Premium</b>	Premium payments for Disabled employees are waived while benefits are payable.
<b>Continuity of Coverage</b>	Provided for groups where this plan will replace an inforce insured plan in force on the day immediately preceding the effective date of this plan.
<b>Organ Donor Benefit</b>	10% increase in the Weekly Benefit if Disability is a result of an Organ Transplant Procedure.

## Exclusions

We will not pay for any Disability caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act;
- Your active participation in a riot;
- Intentionally self-inflicted injury;
- Any injury for which You are entitled to benefits under Workers' Compensation or a similar law
- Attempted suicide; or
- Commission of or attempt to commit a felony.

We will not pay for any Disability caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act;
- Your active participation in a riot;
- Intentionally self-inflicted injury;
- Any injury for which You are entitled to benefits under Workers' Compensation or a similar law
- Attempted suicide; or
- Commission of or attempt to commit a felony.

## Long-Term Disability Insurance

Features	Option 1	Option 2
Eligible Employees	All Active Full Time Employees (30 Hours)	
Monthly Benefit	50% of Predisability Earnings	60% of Predisability Earnings
Maximum Monthly Benefit	\$5,000	\$10,000
Minimum Monthly Benefit*	Greater of 10% of monthly benefit or \$100	
Elimination Period	180 Days or until the end of the STD Maximum Benefit Period.	
Own Occupation Period	24 months	
Social Security Integration	Family Social Security	
Benefit Duration	RBD w/ SSNRA	
	The later of Your Normal Retirement Age as defined by Social Security or the period shown below:	
	<u>Age on Date of Your Disability</u>	<u>Benefit Duration</u>
	less than 60	to age 65
	60	60 months
	61	48 months
	62	42 months
	63	36 months
	64	30 months
	65	24 months
	66	21 months
	67	18 months
	68	15 months
	69 and over	12 months
Rehabilitation Incentives included in quote <i>(details in limitations and definitions)</i>	Work Incentive Family Care Incentive Moving Expense Incentive	
Employee Assistance Program	Employee Assistance Program is not included.	
Survivor Benefit	Included in this quote	
Portability	Included in this quote	
Cost of Living Adjustment	Cost of Living Adjustment does not apply.	
*The minimum monthly benefit is subject to overpayment situations and any applicable rehabilitation incentives.		
Limitations and Definitions		
Definition of Disability	Due to a Sickness, or as a direct result of accidental injury: <ul style="list-style-type: none"><li>• The employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment, and</li><li>• During the first 24 months is unable to earn more than 80% of their predisability earnings at their Own Occupation for any employer in their National economy; and</li><li>• is unable to perform each of the material duties of their Own Occupation,</li><li>• After such period, is unable to earn more than 60% of their predisability earnings at any gainful occupation for any employer in their National economy; and is</li><li>• Unable to perform the duties of any gainful occupation for which they are reasonably qualified taking into account their training, education and experience.</li></ul>	
Definition of Predisability Earnings	The amount of the employee's gross salary or wages from his/her employer as of the day before his/her disability began. Predisability earnings includes: <b>Basic earnings only.</b>  The term does not include: <ul style="list-style-type: none"><li>• The grant, award, sale, conversion, and/or exercise of shares of stock or stock options;</li><li>• The Employer's contributions on Your behalf to any deferred compensation arrangement or pension plan; or</li><li>• Any other compensation from the Employer.</li></ul>	
Pre-Existing Condition	12/12	
Pre-Existing Condition Limitation	Pre-existing Condition means a Sickness or accidental injury for which the employee: <ul style="list-style-type: none"><li>• Received medical treatment, consultation, care, or services; or</li><li>• Took prescription medication or had medications prescribed</li></ul> in the 3 months before insurance or any increase in the amount of insurance under the certificate takes effect. We will not pay benefits, or any increase in benefit amount due to an elected increase in the amount of insurance for a Disability that results for a Pre-existing Condition, if the employee has been Actively at Work for less than 12 consecutive months after the date their Disability insurance or the elected increase in the amount of such insurance takes effect under the certificate.	

#### Limitations and Definitions *(continued)*

<b>Work Incentive</b>	While disabled and receiving a Monthly Benefit, employees may receive up to 100% of Predisability Monthly Earnings, including family care expense reimbursement, Rehabilitation incentive, return-to-work earnings, and other income benefits. After the first 12 months following the employees return to work, MetLife will reduce the employees Monthly Benefit by 50% of the amount the employee earns from working while Disabled.
<b>Family Care Incentive</b>	If the employee works or participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for up to \$400 per month for eligible Family Care expenses incurred by an employee for each eligible family member during the first 12 months of benefit payments.
<b>Moving Expense Incentive</b>	Moving Expense Incentive: If the employee participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for expenses incurred in order to move to a new residence if recommended as part of the Rehabilitation Program.
<b>Temporary Recovery</b>	<p>If the employee returns to Active Work before completing the Elimination Period and then becomes Disabled again due to the same or related condition, a new Elimination Period is not required provided the return to full time work is within a period of 60 work days or less. MetLife will count the days worked while Disabled toward the satisfaction of the Elimination Period. If the return to Active Work is greater than 60 work days, a new Elimination Period is required.</p> <p>If the employee returns to Active Work, after they begin to receive Monthly Benefits, for a period of 180 continuous days or less and becomes Disabled again due to the same or related condition, they will not have to complete a new Elimination Period.</p>
<b>Zero Day Residual</b>	If the employee continues to meet the Definition of Disability, the elimination period may be satisfied during part-time employment.
<b>Survivor Benefit</b>	If the employee dies while they are Disabled, a single sum payment equal to 3 times the employee's last net Monthly Benefit is made to the employee's survivor.
<b>Portability</b>	Employees can purchase disability income insurance under a separate group disability contract upon the Employee's termination from the Employer's plan.
<b>Continuity of Coverage</b>	Provided for groups where this plan will replace an inforce insured plan in force on the day immediately preceding the effective date of this plan.
<b>Cost of Living Freeze</b>	Cost of Living Freeze is included in this quote.
<b>Waiver of Premium</b>	Premium payments for Disabled employees are waived while benefits are payable.
<b>Indexing</b>	For the purposes of determining whether an employee continues to be Disabled and for calculating the Work Incentive, we will add to the employee's Predisability Earnings an amount equal to the lesser CPI or 7%

#### Specific Disabilities

<b>Mental or Nervous Disorders or Diseases unless due to Neurocognitive Disorders</b>	<p>If the employee is Disabled, Disability benefits are limited to a lifetime maximum of 24 months. BiPolar Disorder will also be limited.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: No</p>
<b>Chronic Fatigue Syndrome and Related Disorders</b>	No Limitation
<b>Neuromuscular, Musculoskeletal or Soft Tissue Disorder</b>	No Limitation
<b>Alcohol, Drug or Substance Abuse or Addiction</b>	No Limitation

#### Exclusions

We will not pay for any Disability caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act;
- Your active participation in a riot;
- Intentionally self-inflicted injury;
- Attempted suicide; or
- Commission of or attempt to commit a felony.



## Accident Insurance

MetLife Accident Insurance can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

### Plan Features

- Portability through Continued Insurance with Premium Payment which gives employees the ability to keep their existing coverage when their employment status with the employer changes.
- No coordination with other insurance benefits;
- Employees are paid a lump-sum benefit that they can use as they feel necessary
- All benefits must relate to injuries sustained in an accident.

		LOW PLAN			HIGH PLAN		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL DEATH BENEFITS CATEGORY							
Basic Accidental Death	N/A	\$25,000	\$12,500	\$5,000	\$50,000	\$25,000	\$10,000
Accidental Death Common Carrier		\$50,000	\$25,000	\$10,000	\$100,000	\$50,000	\$20,000
ACCIDENTAL DISMEMBERMENT/FUNCTIONAL LOSS/PARALYSIS BENEFITS CATEGORY							
Basic Dismemberment/Functional Loss Benefit							
Loss of one finger or one toe	N/A	\$625	\$625	\$625	\$1,250	\$1,250	\$1,250
Loss of one arm or one leg		\$6,250	\$6,250	\$6,250	\$12,500	\$12,500	\$12,500
Loss of one hand or one foot		\$6,250	\$6,250	\$6,250	\$12,500	\$12,500	\$12,500
Loss of two or more fingers or toes		\$625	\$625	\$625	\$1,250	\$1,250	\$1,250
Loss of sight in one eye		\$6,250	\$6,250	\$6,250	\$12,500	\$12,500	\$12,500
Loss of hearing in one ear		\$6,250	\$6,250	\$6,250	\$12,500	\$12,500	\$12,500
Catastrophic Dismemberment/Functional Loss Benefit							
Loss of both arms or both legs or one arm and one leg	N/A	\$12,500	\$12,500	\$12,500	\$25,000	\$25,000	\$25,000
Loss of both hands or both feet or one hand and one foot		\$12,500	\$12,500	\$12,500	\$25,000	\$25,000	\$25,000
Loss of sight in both eyes		\$12,500	\$12,500	\$12,500	\$25,000	\$25,000	\$25,000
Loss of hearing in both ears		\$12,500	\$12,500	\$12,500	\$25,000	\$25,000	\$25,000
Loss of ability to speak		\$12,500	\$12,500	\$12,500	\$25,000	\$25,000	\$25,000
Paralysis Benefit							
Two Limbs (paraplegia or hemiplegia)	N/A	\$2,500	\$2,500	\$2,500	\$5,000	\$5,000	\$5,000
Four Limbs (quadriplegia)		\$5,000	\$5,000	\$5,000	\$10,000	\$10,000	\$10,000

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
ACCIDENTAL INJURY BENEFITS CATEGORY			
Fracture Benefit (Closed)			
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$600	\$1,200
Skull Fracture - depressed (except bones of face or nose)		\$1,500	\$3,000
Skull Fracture - non depressed (except bones of face or nose)		\$700	\$1,400
Lower Jaw, Mandible (except alveolar process)		\$800	\$1,600
Upper Jaw, Maxilla (except alveolar process)		\$700	\$1,400
Upper Arm between Elbow and Shoulder (humerus)		\$700	\$1,400
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$800	\$1,600
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$1,000	\$2,000
Rib		\$160	\$320
Finger, Toe		\$160	\$320
Vertebrae, Body of (excluding vertebral processes)		\$1,800	\$3,600
Vertebral Process		\$400	\$800

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
Fracture Benefit (Closed) - continued			
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$1,600	\$1,600
Hip, Thigh (femur)		\$2,000	\$4,000
Coccyx		\$160	\$320
Leg (tibia and/or fibula)		\$1,200	\$2,400
Kneecap (patella)		\$1,000	\$2,000
Ankle		\$1,000	\$2,000
Foot (except toes)		\$1,000	\$2,000
Chip Fracture		25%	25%
Fracture Benefit (Open)			
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$1,200	\$2,400
Skull Fracture - depressed (except bones of face or nose)		\$1,500	\$6,000
Skull Fracture - non depressed (except bones of face or nose)		\$700	\$2,800
Lower Jaw, Mandible (except alveolar process)		\$800	\$3,200
Upper Jaw, Maxilla (except alveolar process)		\$700	\$2,800
Upper Arm between Elbow and Shoulder (humerus)		\$700	\$2,800
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$800	\$3,200
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$1,000	\$4,000
Rib		\$160	\$640
Finger, Toe		\$160	\$640
Vertebrae, Body of (excluding vertebral processes)		\$1,800	\$7,200
Vertebral Process		\$400	\$1,600
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$1,600	\$3,200
Hip, Thigh (femur)		\$2,000	\$8,000
Coccyx		\$160	\$640
Leg (tibia and/or fibula)		\$1,200	\$2,800
Kneecap (patella)		\$1,000	\$4,000
Ankle		\$1,000	\$4,000
Foot (except toes)		\$1,000	\$4,000
Chip Fracture		25%	25%
Dislocation Benefit (Closed)			
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$450	\$900
Collarbone (sternoclavicular)		\$500	\$1,000
Collarbone (acromioclavicular and separation)		\$750	\$1,500
Shoulder (glenohumeral)		\$750	\$1,500
Rib		\$250	\$750
Elbow		\$300	\$600
Wrist		\$375	\$750
Bone or Bones of the Hand (other than fingers)		\$250	\$750
Hip		\$1,500	\$3,000
Knee (except patella)		\$975	\$1,950
Ankle - Bone or bones of the Foot (other than toes)		\$600	\$1,200
One Toe or Finger		\$120	\$240
Partial Dislocation		25%	25%
Dislocation Benefit (Open)			
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$900	\$1,800
Collarbone (sternoclavicular)		\$1,000	\$2,000
Collarbone (acromioclavicular and separation)		\$1,500	\$3,000
Shoulder (glenohumeral)		\$1,500	\$3,000
Rib		\$500	\$1,500

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
Dislocation Benefit (Open) - continued			
Elbow	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$600	\$1,200
Wrist		\$750	\$750
Bone or Bones of the Hand (other than fingers)		\$500	\$1,500
Hip		\$3,000	\$6,000
Knee (except patella)		\$1,950	\$1,950
Ankle - Bone or bones of the Foot (other than toes)		\$1,200	\$2,400
One Toe or Finger		\$240	\$480
Partial Dislocation		25%	25%
Burn Benefit			
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$50	\$100
2nd Degree 10-25% surface skin burnt		\$100	\$200
2nd Degree 25-35% surface skin burnt		\$250	\$500
2nd Degree 35% or more of surface skin burnt		\$500	\$1,000
3rd Degree w/ less than 10% of surface skin burnt		\$500	\$1,000
3rd Degree 10-25% surface skin burnt		\$2,500	\$5,000
3rd Degree 25-35% surface skin burnt		\$5,000	\$10,000
3rd Degree 35% or more of surface skin burnt		\$10,000	\$20,000
Concussion Benefit			
Concussion	1 time(s) per calendar year	\$100	\$200
Coma Benefit			
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$5,000	\$10,000
Laceration Benefit			
Without repair by stitches	1 time per accident; 3 time(s) per calendar year	\$25	\$50
Repaired by stitches but less than 2 inches long		\$25	\$50
Repaired by stitches and 2-6 inches long		\$100	\$200
Repaired by stitches and over 6 inches long		\$200	\$400
Broken Tooth Benefit			
Crown	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$75	\$150
Extraction	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$25	\$50
Filling	1 time(s) per accident; 3 time(s) per calendar year (applies to all procedures)	\$15	\$25
Eye Injury Benefit			
Eye Injury	1 time(s) per accident; 2 time(s) per calendar year	\$125	\$250
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY			
Ground Ambulance Benefit			
Ground Ambulance	1 time(s) per accident; 2 time(s) per calendar year	\$100	\$200

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
Air Ambulance Benefit			
Air Ambulance	1 time(s) per accident; 2 time(s) per calendar year	\$500	\$1,000
Emergency Care Benefit			
Emergency Room	time per accident (com- 1 bined with Non-Emergency (Initial Care Benefit)	\$100	\$150
Physician's Office		\$25	\$75
Urgent Care		\$25	\$75
Non-Emergency Initial Care Benefit			
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$25	\$75
Medical Testing Benefit			
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	1 time(s) per accident; 2 time(s) per calendar year	\$100	\$150
Physician Follow-Up Benefit			
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$50	\$75
Transportation Benefit			
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$150	\$300
Therapy Services Benefit			
Cognitive Behavioral Therapy	10 time(s) per accident; 15 time(s) per calendar year	\$15	\$35
Occupational Therapy		\$15	\$35
Physical Therapy		\$15	\$35
Respiratory therapy		\$15	\$35
Speech Therapy		\$15	\$35
Vocational Therapy		\$15	\$35
Pain Benefit			
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$50	\$75
Prosthetic Device Benefit			
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$500	\$750
More than One Device		\$1,000	\$1,500
Medical Appliance Benefit			
Brace		\$50	\$75
Cane		\$50	\$75
Crutches		\$50	\$75
Walker - expected use < 1yr		\$100	\$150
Walker - expected use >=1 yr		\$250	\$300
Walking Boot		\$50	\$75
Wheel chair or motorized scooter - expected use < 1yr		\$100	\$200
Wheel chair or motorized scooter - expected use >=1yr		\$500	\$750

		LOW PLAN	HIGH PLAN
BENEFIT	BENEFIT LIMITS	ALL COVERED PERSONS	ALL COVERED PERSONS
Medical Appliance Benefit - <i>continued</i>			
Other medical device used for Mobility		\$50	\$75
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$500	\$750
Modification Benefit			
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$500	\$1,000
Blood/ Plasma/ Platelets Benefit			
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$50	\$100
Surgery Benefits			
Surgical Repair – Cranial	1 time(s) per accident; 2 time(s) per calendar year	\$1,000	\$1,500
Surgical Repair – Hernia		\$100	\$150
Surgical Repair – Ruptured Disc		\$500	\$750
Surgical Repair – Skin Graft Benefit		50%	50%
Surgical Repair – Torn Cartilage in Knee		\$500	\$750
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$500	\$750
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$1,000	\$1,500
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$1,000	\$1,500
Exploratory Surgery (for any Surgery Benefit procedure)		\$100	\$150
Other Outpatient Surgery Benefit			
Other Outpatient Surgery Benefit	1 time(s) per accident; 2 time(s) per calendar year	\$200	\$300
ACCIDENT – HOSPITAL BENEFITS CATEGORY			
Hospital Admission Benefit			
Admission	1 time per accident; Unlimited times per calendar year	\$500	\$1,000
ICU Supplemental Admission (paid in addition to Admission)		\$500	\$1,000
Hospital Confinement Benefit			
Confinement	15 days per accident. Payable after the first day of admission.	\$100	\$200
ICU Supplemental Confinement (paid in addition to Confinement)	ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$200	\$400
Inpatient Rehabilitation Benefit			
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$75	\$150
OTHER BENEFITS CATEGORY			
Lodging Benefit	15 day(s) per calendar year	\$50	\$100



## Critical Illness Insurance

MetLife Critical Illness Insurance can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

- ✓ Portability through Continued Insurance with Premium Payment which gives employees the ability to keep their existing coverage when their employment status with the employer changes\*;
- ✓ No coordination with other insurance benefits;
- ✓ Employees are paid a lump-sum benefit that they can use as they feel necessary.

Benefit for Covered Conditions		Initial Benefit	Recurrence Benefit
Alzheimer's Disease		100% of Benefit Amount	NONE
Coronary Artery Bypass Graft		100% of Benefit Amount	50% of Benefit Amount
Full Benefit Cancer		100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer		25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack		100% of Benefit Amount	50% of Benefit Amount
Kidney Failure		100% of Benefit Amount	NONE
Major Organ Transplant		100% of Benefit Amount	NONE
Stroke		100% of Benefit Amount	50% of Benefit Amount
Listed Conditions:	<p><b>Receive 25% of the initial benefit amount for 22 conditions:</b>  Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.</p> <p>A Covered Person may only receive one benefit payment for a Listed Condition in his/her lifetime.</p>		
Benefit Suspension Period	<p>After a covered condition occurs there is a 365 days Benefit Suspension Period during which most plans do not pay Recurrence benefits. The Benefit Suspension Period does not apply to first occurrences of distinct covered conditions.</p> <p>We will not pay Recurrence benefits for Full Benefit Cancer or Partial Benefit Cancer benefits unless the insured has not been treated nor had symptoms for at least 180 days.</p>		

Their Spouse/Domestic Partner will be offered 50% and child(ren) will be offered 50% of employee benefit amount.

Total Benefit Amount - 300% of the initial benefit amount elected. MetLife will pay benefits for each covered person until the Total Benefit Amount for that covered person is reached.

Other Benefits	
Health Screening Benefit	<p>If a covered person takes one of the screening/prevention measures listed below, MetLife will pay a health screening benefit of \$75 upon submission of proof that such measure was taken.</p> <p>The Covered Tests are: physical exam, biopsies for cancer, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid Doppler, chest x-rays, clinical testicular exam, colonoscopy, digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), endoscopy, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill, successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms, and virtual colonoscopy.</p> <ul style="list-style-type: none"> <li>• We will only pay one health screening benefit per covered person per calendar year.</li> </ul>

\*Eligibility for portability through the Continued Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative

## Hospital Indemnity Insurance

MetLife Hospital Indemnity Insurance can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Hospital Benefits			
Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Benefit Amounts
Admission Benefit	1 time(s) per calendar year	Admission	\$950
Confinement Benefit	180 days per confinement	Confinement <sup>2</sup>	\$50

<sup>2</sup> If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

### Plan Features

- ✓ Benefits available due to hospitalization and associated treatment\*;
- ✓ Portability through Continued Insurance with Premium Payment which gives employees the ability to keep their existing coverage when their employment status with the employer changes;
- ✓ No coordination with other insurance benefits;
- ✓ Employees are paid a lump-sum benefit that they can use as they feel necessary.
- ✓ Employees and their families will have access to discounts or services through MetLife Advantages that will provide them actionable tools and resources to help them navigate life's twists and turns.\*\*

<b>MetLife Advantages<sup>SM</sup></b> – Services or Discounts added at no additional cost to you or your employees	<b>Will Preparation Services<sup>1</sup></b>
	As an added benefit your employees will have access to MetLife's online will preparation services provided by SmartLegalForms to create a binding will, living will or assign a power of attorney.
	<b>MetLife VisionAccess<sup>2</sup></b>
	As an added benefit your employees will have access to the MetLife VisionAccess discount program. The program provides a discount on eye exams, glasses and frames, and laser vision correction when visiting a participating private practice.
	<b>Digital Legacy (MetLife Infinity)<sup>3</sup></b>
	As an added benefit your employees will be able to create an account accessible from web, mobile and tablet devices where they can upload, store and share digital assets including pictures, videos, audio files and documents. Assets are stored in collections where employees can share with family and friends through scheduled releases now or in the future. An employee can also set up a "trusted" individual who can release collections if the user becomes unable to do so in their future.

### MetLife Advantages<sup>SM</sup> Disclaimers

MetLife Advantages<sup>SM</sup> availability may vary by state.

<sup>1</sup>WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. and is not affiliated with MetLife. The WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with MetLife.

<sup>2</sup>MetLife Vision Access is a discount program and not an insured benefit. It is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates. MetLife Vision Access is available to anyone regardless of affiliation with MetLife.

<sup>3</sup>MetLife Infinity is offered by MetLife Consumer Services, Inc., an affiliate of Metropolitan Life Insurance Company.

\*Availability of certain benefits is subject to state variations and customer plan design.

\*\*MetLife Advantages<sup>SM</sup> may not be available in all states.

## Voluntary Life Insurance and AD&D

### Supplemental Term Life

<b>All Active Full Time Employees (30 Hours)</b>	<ul style="list-style-type: none"> <li>• \$10,000 increments to a maximum of the lesser of 5.00 times pay or \$150,000</li> <li>• A minimum benefit of \$10,000</li> <li>• Medical Evidence Level: \$150,000</li> <li>• No Age Reduction</li> <li>• Waiver of Premium (disabled prior to 60, waiting period 9 months, coverage continues to 65)</li> <li>• Conversion and Portability are included in this quote</li> <li>• Accelerated Benefit Option: 12 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000</li> </ul>
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### Supplemental Term AD&D

<b>All Active Full Time Employees (30 Hours)</b>	<ul style="list-style-type: none"> <li>• 100% of the Supplemental Term Life benefit.</li> <li>• Waiver of Premium (disabled prior to 60, waiting period 9 months, coverage continues to 65)</li> <li>• Portability is included in this quote</li> </ul>
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Please note that the MetLife AD&D insurance premium includes a fee for the Travel Assistance [and Identity Theft Solutions] services, provided by AXA Assistance USA, Inc.

<sup>1</sup> Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's of London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

### Supplemental Dependent Life

<b>All Active Full Time Employees (30 Hours)</b>	<b>Spouse Benefit:</b> <ul style="list-style-type: none"> <li>• \$5,000 increments to a maximum of \$50,000, not to exceed 50% of employee's Optional Life Benefit</li> <li>• A minimum benefit of \$10,000</li> <li>• Spouse Medical Evidence Level: \$50,000</li> <li>• Spouse Accelerated Benefit Option: 12 months or less to live, up to 80.0% of coverage, to a maximum of \$500,000</li> </ul>
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### Supplemental Dependent AD&D

<b>All Active Full Time Employees (30 Hours)</b>	<b>Spouse Benefit:</b> <ul style="list-style-type: none"> <li>• 100% of the Dependent Supplemental Life benefit.</li> </ul>
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### Plan Features and Limitations

**Portability:** Option to continue term insurance under a different policy when coverage terminates. Minimums, maximums, and other conditions apply. Portability is not available for residents of Alaska.

**Grief Counseling:** Automatically included with Basic Life at no additional cost to the employer or employee. Available in all situs states on Basic Life except ND. Automatically included with Supplemental Life at no additional cost to the employee. Available in all situs states on Supplemental Life except for FL and ND.

Grief counseling is offered by LifeWorks US Inc.<sup>1</sup>. Grief counseling provides eligible beneficiaries a form of counseling that aims to help people cope with grief and mourning following the death of a loved one.

<sup>1</sup> Grief Counseling services are provided through an agreement with LifeWorks US Inc.. LifeWorks US Inc. is not an affiliate of MetLife and the services LifeWorks US Inc. provides are separate and apart from the insurance provided by MetLife.

**Will Preparation:** Automatically included with Supplemental Life. Face to Face meeting with a Hyatt attorney.

Will Preparation is offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation.

**MetLife Estate Resolution Services<sup>SM</sup>:** Automatically included with Supplemental Life. Face to Face meeting with a Hyatt attorney

Estate Resolution Services is offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island.

**Funeral Discounts and Planning Services<sup>#</sup>:** As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services - either online at [www.finalwishesplanning.com](http://www.finalwishesplanning.com), by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you and your family in making confident decisions when planning ahead as well as bereavement travel services - available 24 hours, 7 days a week, 365 days a year - to assist with time-sensitive travel arrangements to be with loved ones.

<sup>#</sup>Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.

Table of Covered Losses for AD&D

Covered Loss	Supplemental AD&D	Supplemental Dependent AD&D
Life	100%	100%
Hand	50%	50%
Foot	50%	50%
Arm	75%	75%
Leg	75%	75%
Sight of One Eye	50%	50%
Combination of a Hand, Foot, and/or Eye	100%	100%
Thumb & Index Finger on the Same Hand	25%	25%
Speech and Hearing	100%	100%
Speech	50%	50%
Hearing	50%	50%
Paralysis of Both Arms and Both Legs	100%	100%
Paralysis of Both Legs	50%	50%
Paralysis of the Arm & Leg on Either Side of the Body	50%	50%
Paralysis of One Arm or Leg	25%	25%
Brain Damage	100%	100%
Coma	1% monthly up to 60 months	1% monthly up to 60 months

*\*Maximum amount payable for all covered losses sustained in one accident is capped at 100% of the Full Amount*

#### Additional Benefits

Benefit	Supplemental AD&D	Supplemental Dependent AD&D
Air Bag Use	5% up to \$10,000	5% up to \$10,000
Seat Belt Use	10% up to \$25,000	10% up to \$25,000
Common Carrier	100% of Full Amount	100% of Full Amount

## Identity Fraud Protection

- Expanding your benefit offering - The agreement between Aura and MetLife comes at a time when the workforce prioritizes companies that provide a wide range of benefits and recognize their role in supporting employees' holistic well-being.
- Enabling more personalized proactive actions - Beyond traditional identity theft protection services to meet the everyday needs of employees, bringing more solutions together on a unified platform to enable more personalized proactive actions that can help to prevent identity theft and digital fraud before it even happens. Aura's product is a simple to set up, easy-to-use mobile application and website, and includes 24/7/365 U.S.-based Customer Support with dedicated specialists available to guide victims of digital theft or fraud through every step of the resolution process.
- Top rated, all-in-one digital security product - MetLife understands the importance of continuing to evolve to meet employee needs by protecting and supporting what matters most. That is why we are collaborating with Aura to provide customers with a top rated, all-in-one digital security product to provide proactive identity theft and fraud protection for employees' finances, personal information, and mobile devices.

	Protection	Protection Plus
<b>Identity Theft Protection</b>		
Personal Information and ID Monitoring	•	•
Online Account and Breach Monitoring	•	•
SSN Authentication Alerts	•	•
Criminal and Court Record Monitoring	•	•
Home Title and Address Monitoring	•	•
Social Media Monitoring		•
<b>Financial Fraud Protection</b>		
Credit Monitoring & Alerts	Bureau 1	Bureaus 3
Monthly Credit Score	•	•
High Risk Transaction Alerts	•	•
3B Credit Report		•
Experian Credit Lock		•
Transaction Monitoring		•
<b>Privacy and Device Protection</b>		
Data Broker List Removal	•	•
WiFi Security/VPN	Device 1	Up to 10 Devices
AntiVirus	Device 1	Up to 10 Devices
Password Manager	•	•
Safe Browsing		•
<b>Services and Support</b>		
All-in-one Mobile Application	•	•
Customer Support 24/7/365	•	•
White Glove Resolution Service	•	•
*Identity Theft Insurance for Eligible Losses	*Up to \$1M	*Up to \$1M
Lost Wallet Protection	•	•
Personalized onboarding		
Dedicated security concierge		
Account delegation		
Proactive outreach for high-risk alerts		



## Legal Plans

### A Nationwide Network of Attorneys

MetLife Legal Plans is a voluntary group legal plan with convenient access to affordable legal services plan members may receive services through a nationwide network of more than 18,500 attorneys, or from an out-of-network attorney.

MetLife Legal Plans has been administering group legal plans since 1981 and is the nation's largest provider of group legal plans, serving four million group legal plan members and dependents including more than 200 of the Fortune 500® companies.

### Extensive Legal Services

MetLife Legal Plans provides easy, direct access to a national network of attorneys who provide telephone advice and office consultations on an unlimited number of personal legal matters and fully covered services for the most frequently needed personal legal matters (excluding employment issues). Participants may also receive service from out-of-network attorneys. Examples of covered legal services include:

- Preparation of wills and trusts
- Real estate matters
- Identity theft defense
- Family law, including adoptions
- Consumer protection
- Debt matters
- Traffic and juvenile matters
- Document preparation and review

### Digital Estate Planning Solution

We now offer employees the ability to choose an attorney for estate planning or create their own plan through our digital estate planning solution. With our digital estate planning solution, employees are taken through a simple, guided process to complete wills, living wills and/ or power of attorney, in as little as 15 minutes.

### Right for Employees

More than 85% of MetLife Legal Plans participants renew each year. Here are some reasons why:

- Easy to use.
- Freedom of choice: Participants have the option of using any attorney, anywhere, anytime.®
- No waiting periods, deductibles, co-pays or claim forms when covered services are provided by network attorneys.

### Making It Easy with Best-In-Class Service

- Easy to locate attorneys and schedule appointments by calling (800-821-6400) and speaking to a knowledgeable and experienced representative, or by visiting MetLife Legal Plans' website, [members.legalplans.com](https://members.legalplans.com).
- Guaranteed satisfaction: Responsive customer service, supported by a money-back guarantee.

### Value Added Services from MetLife Legal Plans and PlanSmart®

Providing valuable legal and financial education resources can help your employees be better prepared and make informed decisions. Your legal plan includes access to PlanSmart's Retirewise®, an award-winning, no additional cost, on-site workshop series that offers comprehensive retirement and financial education. These valuable, important resources, combined with your legal plan, provide your employees with an unbeatable value.

For more comprehensive plan design information, and for more information on the exclusions and limitations that apply to coverage, please refer to the Benefit Definitions in the Appendix.

## Auto and Home Insurance

**This Benefit is Directly Billed At Home between MetLife/Farmers and the Employee**

### Auto and Home Insurance

With a Group Auto and Home Insurance Program (the “Program”), you can access to a program that offers quality insurance that you need to protect your valuable possessions, to protect you against personal liability, and to help you feel financially secure – along with 24/7 expert support you need to bounce back, if the unexpected happened. The Group Auto and Home Program helps qualified employees find the right protection that fits your budget with special savings based on where they work.

### Offer Special Ways to Save

Employees saved an average of \$562 on auto insurance when they switched to the Program.

- Employee discounts
- Payroll deduction discount
- Good driver rewards
- Multi-policy and multi-product discounts
- Employment tenure discounts

### Protecting What's Important

The Program offers a broad line of insurance policies, including:

- Auto
- Condo
- Boat Insurance
- Motorcycle
- Recreational Vehicle
- Renters
- Home
- Flood
- Personal Excess Liability
- Landlord's Rental Dwelling

### Industry Leading Coverage Options

More than 85% of MetLife Legal Plans participants renew each year. Here are some reasons why:

- Replacement Cost for Total Loss Coverage on new vehicles with no deduction for depreciation. In a covered total loss, a new vehicle is repaired or replaced with a new vehicle.
- Replacement Costs for Special Parts: repair or replacement of certain parts, regardless of their wear and tear at the time of the accident.
- Replacement Cost Coverage on Home: rebuilds your employee's home at today's rebuilding cost, even if that takes it over the policy's limit.

### Value Added Benefits

- Identity Protection Services: Automatic service provided to automobile and homeowners insurance customers, at no extra charge.
- Farmers GroupSelect Concierge Auto Repair Experience® : Guarantees repairs done by our CARE shops for as long as your employees own their vehicles.
- Home Repair Contractor Services – We work with Crawford Contractor Connection, the largest independent national network of general and specialty contractors, to provide a total solution for employees.
- Roadside assistance, towing coverage, windshield repairs (if possible) without a deductible, and much, much more...

### High Quality, Streamlined Service

- Convenience of placing all personal property and casualty coverage with one family of companies.
- Quick and Easy - Employees can get quotes and information any way they choose – phone, or on-line. Plus, on-line purchasing is available in select states.
- Simple Claim Experience- One toll-free number, file auto claims using our app, home field adjusters

## Pet Insurance

**This Benefit is Directly Billed At Home between MetLife/Famers and the Employee**

### Flexible features

Pet parents can select from a range of annual limits, deductibles and coinsurance levels.

- Various levels of coverage from \$500–Unlimited. Also includes optional wellness coverage (preventive care)
- Straightforward pricing and options with customizable limits, no dog or cat breed exclusions, no upper age limits, discounts and healthy pet incentive
- New and innovative benefits, such as grief counseling for the loss of your furry family member, loss or theft coverage, automatic coverage limit increases annually and virtual vet concierge services
- No initial exam or previous vet records required to enroll and no per-incident or lifetime limits apply

### Freedom of Comprehensive coverage

- Flexibility to select various levels of coverage with no breed exclusions or upper age limits; ability to include multiple pets on one policy through our innovative family plans
- Optional wellness coverage (preventive care) included in annual limit
- Competitive rates with discounts, healthy pet incentive and the only provider offering family plans (i.e., multiple pets covered by one policy)
- Coverage of pre-existing conditions when switching providers, no initial exam or previous vet records to apply

Enrollment Experience	
Covers 19 All Breed & Ages	✓
No Initial Exam/Past Vet Notes Required	✓
No Cancellation Fee	✓
Accident Coverage Starts at Midnight	✓
No Annual Care Requirements to Keep Coverage	✓
No Neuter/Spay Requirement	✓
Benefits and Limits	
No Schedule of Benefits	✓
No Lifetime Limit	✓
No Per-Incident Limit	✓
(Optional Wellness Coverage (Preventive Care	Included in annual limit
No Diagnostic Test Limit	
No Customary Charge Restrictions	✓
(Healthy Pet Incentive (previously Deductible Savings	\$5,012
Automatic Annual Limit Increase	✓
Pricing	
Pricing Structure	Customized to every pet - varies by species, age, breed, zip code
Employer Benefit Discount	for Employer Groups of all sizes 10%
Affinity Group Discount	for Associations of all sizes 5%
(Family Plan (Cover multiple pets on single policy	✓
Multi-policy discount	✓
Internet Purchase Discount	✓
Military, Veteran & First Responder Discount	✓
Healthcare Workers Discount	✓
Animal Care Discount	✓
Deductible	(Flexible (\$0-\$2,500
Annual Limit	(Flexible (\$500-Unlimited
Reimbursement	Flexible (50% to 100%)26

## Financial Wellness Solutions

A no cost for you benefit to help employees improve their financial health and save for their future

### Helping employees take control of their financial situation.

#### Meet Upwise™

Upwise is a new financial wellness app designed to help employees build positive money habits and make progress that feels good. With behavioral science at its core, Upwise recommends tailored challenges and content that help employees make progress toward their financial goals, such as creating a budget or digital estate plan. By taking small steps and celebrating wins along the way, employees are encouraged to keep coming back.

### Virtual and in-person workshops that make a difference for you and your employees.

#### Retirewise®

As a foundation to the workshop series, MetLife's award-winning Retirewise program offers comprehensive financial and retirement education for all employees — regardless of their age or career stage. Broad spectrums of financial topics are covered in each of the sessions ranging from budgeting and investment principles to tax strategies and estate planning. It can complement and incorporate your existing benefit offerings which can help build awareness and participation.

#### Single topic workshops

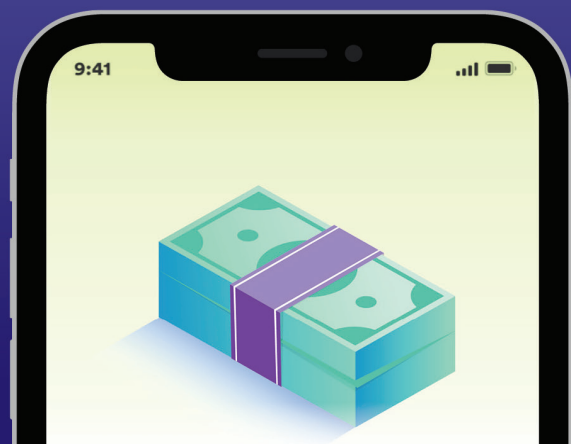
In addition to Retirewise, we offer over 20 single topic workshops that address your diverse needs, with a variety of relevant topics for all ages and career stages. Topics include: Investing 101 & 201, Tax Strategies, Get Retirement Ready and Managing Your Money In Today's Uncertain Times and many more.

All workshops are delivered by specially trained financial professionals and employees can take advantage of a no cost consultation with the presenter. We provide workshop handouts, ready to use communications and easy to use online registration to help drive participation. Also provided are attendee survey results that include satisfaction and metrics to help you gauge the program's effectiveness.

## Meet Upwise™

A new app that helps your employees make financial progress that feels good.

**upwise** From MetLife



Ready to change the way  
you think and feel about  
your money?

# Enhance Therapies 2023 Benefit Enrollment Guide OnePoint Move



## Employee Rebates and Discounts on Real Estate, Lending, and Moving!

Through our affiliation with OnePoint Move we are pleased to offer professional and responsive real estate and moving assistance to you and your family. The OnePoint Move program offers a convenient web site that allows you to review all services and discounts available through this program. An advisor will help you with all your real estate needs, and you can access lending and moving services, and more.



Real Estate Rebates In  
The US And Canada



Up To \$2000 Off  
Closing Costs



Discounts Hotels



Discounts on Containers, Truck  
Rental and Moving Labor

### 1 Get Started

Contact OnePoint and speak with your dedicated advisor who will craft a plan of action and match you with services. No, your phone won't blow up!

### 2 Service Assignment

Your advisor will forward your service request to our vetted group of service partners for you to have

### 3 Book Services

You will always be in control of which service partners to hire or not hire.

### 4 Monitor Service Assignments

Once you start working with a preferred service partner, your advisor will stay in touch with them and you throughout the entire process.

### 5 Complete Your Transaction(s)

Once you've closed on your home sale and/or purchase, you will receive your rebate check within 30 days. Your lender and mover incentives are issued when you complete their service.

OnePoint calls this Moving with G.R.A.C.E. – Guidance, Resources, Advocacy, Choices and Expertise!

Get Started | Accessing Services & Discounts



[www.OnePointMove.com](http://www.OnePointMove.com)



**Phone:** (888)265-7292 to speak with a relocation advisor.

**Email:** [customerservice@onepointsolutions.net](mailto:customerservice@onepointsolutions.net)



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Maximize your time away from the workplace and start saving today!

1

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2

Click *Become a Member*

3

Enter your company code  
or work email to create  
an account

YOUR COMPANY CODE

**271404717**

NEED HELP? EMAIL US: [CUSTOMERSERVICE@WORKINGADVANTAGE.COM](mailto:CUSTOMERSERVICE@WORKINGADVANTAGE.COM)

## Resources Page

### Medical

**Administrator: American Plan Administrators** 888.624.6300 Group Number: 32130

**PPO: Bronze, Silver High plans - Network: Cigna** 866.494.2111

**Pharmacy: ProAct** 877.635.9545

### Health Savings Account. Flex Spending Account, DCA, Transit: Benefits and Limits

**FlexFacts:** 877.943.2287 [www.flexfacts.com](http://www.flexfacts.com)

### Dental

**Delta Dental PPO:** 800.452.9310 Group Number: 09498

**DeltaCare USA - HMO:** 800.422.4234 Group Number: 78728

### Vision

**EyeMed:** 866.939.3633 [www.eyemed.com](http://www.eyemed.com)

**Supplemental Benefits: Short-Term Disability, Long-Term Disability, Accident Insurance, Hospital Indemnity, Critical Illness Insurance, Voluntary Life and AD&D Insurance, Home & Auto**

**Metlife:** 800.929.1492 [www.metlife.com](http://www.metlife.com) Group Number: 0228584

### Legal Services

**Metlife:** 800.821.6400 [www.members.legalplans.com](http://www.members.legalplans.com)

### Pet Insurance

**Metlife:** To enroll in these benefits, visit <https://www.metlife.com/getpetquote> or call 1 800 GET-MET8

### Identity Theft

**Metlife:** [support@aura.com](mailto:support@aura.com) or call 833.552.2131

## Notes

[illegible]

## **Important Notice from Enhance Therapies Plan About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Enhance Therapies Plan, and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Enhance Therapies Plan has determined that the prescription drug coverage offered by Proact Pharmacy is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current coverage through Enhance Therapies Plan may be affected. If you elect Medicare Part D coverage, this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at [www.cms.hhs.gov/CreditableCoverage/](http://www.cms.hhs.gov/CreditableCoverage/)), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you decide to join a Medicare drug plan and drop your current Enhance Therapies Plan coverage, be aware that you and your dependents will not be able to get this coverage back except at open enrollment.

### **When Will You Pay a Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with the Enhance Therapies Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the Entity/Sender listed below for further information. **NOTE:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage with Enhance Therapies Plan changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep This Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

**Date:** 09/20/2022

**Name of Entity/Sender:** Enhance Therapies Plan

**Contact-Position/Office:** Benefits Director

**Address:** 400 NJ-70 Lakewood, NJ 08701

**Phone Number:** 888-400-7342

*+Annual Medicare D Notice*

## ENHANCE THERAPIES PLAN

### NOTICE OF PRIVACY PRACTICES

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

Protected Health Information ("PHI") is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you or your physical or mental health or condition in the past, present or future.

This Notice of Privacy Practices (the "Notice") describes how we may use and disclose your PHI. It also describes our obligations and your rights to access and control your PHI. We are required by law to (i) maintain the privacy of PHI; (ii) provide you with this Notice of our legal duties and privacy practices with respect to PHI; and (iii) abide by the terms of the notice currently in effect.

#### **Mandatory Uses and Disclosures**

We are required to disclose your PHI to you, at your request, to allow you to exercise your rights regarding your PHI, as described below.

We are also required to disclose your PHI to the Secretary of the Department of Health and Human Services (the "Secretary"), if the Secretary requests such information, to investigate or determine our compliance with federal privacy regulations.

#### **Permitted Uses and Disclosures**

The following categories describe different ways that we may use and disclose your PHI without your consent or authorization:

- **Treatment.** We may use or disclose your PHI to facilitate care and treatment. As a group health plan we do not provide treatment.
- **Payment.** We may use and disclose your PHI to facilitate payment. For example, a bill may be sent to you or a third party payer. The information on the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- **Health Care Operations.** We may use and disclose your PHI during the course of running our health business – that is, during operational activities, including, but not limited to, quality assessment and improvement, licensing, accreditation, performance measurement and outcomes assessment population based activities relating to improving health or reducing health care costs and related functions that do not include treatment, case management and care coordination. For example, we may use information about your claims to project future benefit costs or we may use your PHI to determine the cost impact of benefit design changes.
- **Other Health Care Providers.** We may disclose your PHI to any hospital, nursing home, or other health care facility to which you have been admitted; to an assisted living or personal care facility of which you are a resident; to any physician providing you care; and to licensing or state agencies acting as a representative of the Medicare/Medicaid programs.
- **Emergency Treatment.** We may also use or disclose your PHI for treatment in emergency situations. In such emergencies, we will inform you in advance and provide you the opportunity to either agree or to prohibit or restrict the use or disclosure of your PHI unless you are incapacitated or cannot otherwise agree or object, in which case we may use or disclose your PHI if it is in your best interest, as determined in the exercise of our professional judgment.
- **Others Involved in Your Care.** We may disclose your PHI to family members, other relatives, your close personal friends, and any other person you choose is allowed under federal law if (i) the information is directly relevant to the family or friend's involvement with your care or payment for that care, and (ii) you have agreed to the disclosure, or we can reasonably infer from the circumstances, based on our professional judgment, that you do not object to the disclosure, or you have been given



an opportunity to object to the disclosure and have not objected, or, if you are not present or cannot agree or object because you are incapacitated or because of an emergency situation and we, in the exercise of our professional judgment, determine that the disclosure is in your best interest. You have the right to restrict information that is provided to such persons as more fully described below. We also may, under certain circumstances, use or disclose your PHI to notify or assist in the notification of a family member, your personal representative or another person responsible for your care of your location, general condition or death. We also may disclose your PHI to any authorized public or private entities assisting in disaster relief efforts.

- **Your Personal Representatives.** We may disclose your PHI to your personal representative in accordance with applicable state and federal law.
- **Business Associates.** We may disclose your PHI to our business associates and may allow our business associates to create or receive PHI on our behalf.
- **As Required By Law.** We may use or disclose PHI when required to do so by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- **To Plan Sponsor.** We may disclose your PHI to the sponsor of the Plan.
- **Public Health Activities.** We may disclose your PHI for public health activities. These activities may include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with medical products; notifying you of recalls of products you may be using; notifying you or another person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and evaluating work-related illness or injury and carrying out workplace medical surveillance. In the case of work-related illness and workplace surveillance, we will provide you with written notice that your PHI will be disclosed to your employer.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your PHI to an appropriate government authority if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will only make such disclosures if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for oversight activities authorized by law. Oversight activities may include audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary actions and civil, administrative or criminal proceedings or actions.
- **Judicial or Administrative Proceedings.** We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if we receive satisfactory assurance that reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may disclose PHI if asked to do so by a law enforcement official (i) in response to a court order, subpoena, warrant, summons or similar process or as otherwise required by law, for example in relation to a legitimate law enforcement inquiry; (ii) to identify or locate a suspect, fugitive, material witness or missing person; (iii) about an individual who is or is suspected to be a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (iv) about an individual who has died if we have a suspicion that such death may have occurred as a result of criminal conduct; and (v) about criminal conduct occurring on our premises.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties authorized by law. We may also disclose your PHI to funeral directors, as necessary to carry out their duties.
- **Organ, Eye and Tissue Donation.** Consistent with your wishes, we may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue to facilitate organ or tissue donation and transplantation.
- **Research.** We may use or disclose your PHI for research purposes under certain circumstances.

- **To Avert a Serious Risk to Health or Safety.** Consistent with applicable law and standards of ethical conduct, we may use or disclose your PHI if we believe such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the public or another person.
- **Military.** If you are a member of the armed forces, we may use and disclose your PHI when required by military command authorities, as may be applicable. We may also release the PHI of individuals who are foreign military personnel to the appropriate foreign military authorities.
- **National Security and Intelligence Activities.** We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose your PHI to authorized federal officials for the protection of the President or foreign heads of state or other authorized persons.
- **Workers' Compensation.** We may disclose your PHI to the extent necessary to comply with laws relating to workers' compensation and other similar programs created by law that provide benefits for work-related injuries or illness without regard to fault.
- **Inmates.** If you are an inmate of a correctional facility or under the custody of a law enforcement officer, we may disclose your PHI to the correctional institution or the law enforcement officer.

Generally, we will make every reasonable effort to disclose only the minimum necessary amount of PHI to achieve the purpose of the use or disclosure.

**Note:** HIV-related information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

### **Other Uses and Disclosures**

Other uses and disclosures of your PHI not covered by this Notice will be made only with your written authorization. If you authorize us to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use your PHI for the reasons covered by your written authorization; however, we will not reverse any uses or disclosures already made in reliance on your prior authorization.

### **Your Rights With Respect to Protected Health Information**

You have the following rights regarding your PHI:

**Right to Inspect and Copy.** Generally, you may inspect and/or obtain a copy of your PHI for as long as the PHI is kept by or for us. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and/or obtain a copy of your PHI in very limited circumstances. If we deny your request to inspect and/or obtain a copy of your PHI, you may have a right to have that decision reviewed.

**Right to Request Amendment.** If you feel that your PHI is inaccurate or incomplete, you have the right to request that we amend it for as long as the PHI is kept by or for us. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that (i) was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment; (ii) is not part of the PHI kept by or for us; (iii) is not part of the information that you would be permitted to inspect and copy; or (iv) is accurate and complete. If we deny your request for amendment, you have the right to have a statement of disagreement included with the PHI and we have a right to include a rebuttal to your statement, a copy of which will be provided to you.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of disclosures of your PHI that we have made to others. This list will not include disclosures made for the purpose of treatment, payment, or health care operations, disclosures made to you or other disclosures exempted from the disclosure accounting requirements by the federal rules governing such disclosures. Your request must state a time period, which may not be longer

than six years and may not include dates before October 1, 2009. The first list that you request within a 12 month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a restriction on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend. Your request must state (i) what information you want to restrict; (ii) whether you want to restrict our use, disclosure or both; and (iii) to whom you want the restriction to apply. We are not required to agree to a restriction that you request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you regarding PHI in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to Receive a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically.

You may make any of the requests described above by calling the Plan Administrator at 888-400-7342 or writing to the Plan Administrator at Enhance Therapies Plan 685 River Avenue, Lakewood NJ 08701

### **Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Plan Administrator. To file a complaint with the Secretary, contact Office for Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, New York 10278. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

### **For More Information**

If you have any questions regarding this Notice or the subjects addressed in it you may call or write to the Plan Administrator.

### **Changes to this Notice**

We reserve the right to revise the terms of this Notice and to make the revised notice applicable to PHI that we already have as well as PHI that we receive in the future. We will provide you with a copy of the revised notice via first class mail. We will post a copy of the current notice on our website.

### **Effective Date**

This Notice is effective September 20, 2022.

## **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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **[www.insurekidsnow.gov](http://www.insurekidsnow.gov)** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 1-866-444-EBSA (3272).

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**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2014. You should contact your State for further information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
<b>ALASKA – Medicaid</b>	
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
<b>ARIZONA – CHIP</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a>  Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: <a href="https://www.flmedicaidtprecovery.com/">https://www.flmedicaidtprecovery.com/</a> Phone: 1-877-357-3268
	<b>GEORGIA – Medicaid</b>
	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
<b>IDAHO – Medicaid and CHIP</b>	<b>MONTANA – Medicaid</b>
Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> Medicaid Phone: 1-800-926-2588	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a>

CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	Phone: 1-800-694-3084
<b>INDIANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949	Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-800-383-4278
<b>IOWA – Medicaid</b>	<b>NEVADA – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900
<b>KANSAS – Medicaid</b>	
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884	
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392
<b>MAINE – Medicaid</b>	CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>  Phone: 1-800-977-6740 TTY 1-800-977-6741	
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604

<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>OREGON – Medicaid and CHIP</b>	<b>VERMONT– Medicaid</b>
Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-877-314-5678	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>RHODE ISLAND – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext. 15473
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2013, or for more information on special enrollment rights, you can contact either:

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

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



## **WOMEN'S HEALTH AND CANCER RIGHTS ACT ANNUAL NOTICE**

On October 21, 1998 the federal government passed Women's Health and Cancer Rights Act of 1998. As part of our plan's compliance with this Act, we are required to provide you with this annual notice outlining the coverage that this law requires our plan to provide. Our group health plan has always provided coverage for medically necessary mastectomies. This coverage includes procedures to reconstruct the breast on which the mastectomy was performed, as well as the cost of necessary prostheses (implants, special bras... etc.) and treatment of any physical complications resulting from any stage of mastectomy. However, as a result of this federal law the plan now provides coverage for surgery and reconstruction of the other breast to achieve a symmetrical appearance and any complications that could result from that surgery.

The following benefits are required to be provided if benefits are provided for a mastectomy:

1. Coverage for reconstruction of the breast on which the mastectomy is performed.
2. Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance with the breast on which the mastectomy is performed.
3. Coverage for prostheses and physical complications resulting from any stage of mastectomy, including lymphedemas.

These benefits are subject to the same deductibles, copays and coinsurance that apply to mastectomy benefits under the plan.

If you would like more information on WHCRA benefits please contact your human resources director, or American Plan Administrators.

### **Newborns' and Mothers' Health Protection Act**

Newborns' and Mothers' Health Protection Act Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification (sometimes referred to as preauthorization). For information on precertification, please call us at the toll-free phone number on your health plan ID card.