

EMPLOYEE
BENEFITS
GUIDE



ELEVATE CARE

2023

2024



ELEVATE CARE

INTRODUCTION

SUCCESS THROUGH PEOPLE.

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

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

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

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

– Your HR Team





ELEVATE CARE

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KEY TERMS TO REMEMBER

COINSURANCE

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

COPAYMENT

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

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

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

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

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

IN-NETWORK

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

OUT-OF-NETWORK

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

OUT-OF-POCKET MAXIMUM (OOPM)

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

USUAL, CUSTOMARY AND REASONABLE (UCR) ALLOWANCE

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

OVERVIEW OF BENEFITS

ELIGIBILITY
BENEFIT TERM
QUALIFYING EVENTS

ELIGIBILITY

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

WHEN COVERAGE BEGINS AND ENDS

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

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

QUALIFYING EVENTS

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

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

THINGS TO CONSIDER

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

Ask yourself the following questions

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

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

MEDICAL Benefits

BRONZE PLAN

SILVER PLAN

GOLD PLAN

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

BRONZE PLAN

SILVER PLAN

GOLD PLAN

Plan Details continued

Mental Health, Behavioral Health, Or Substance Abuse Needs

Outpatient services	\$ 45 copay/per visit	\$ 45 copay/per visit	\$ 20 copay/per visit
Inpatient services	All other Providers \$250 copay/per admission, then 30% coinsurance after deductible	All other Providers \$200 copay/per admission, then 20% coinsurance after deductible	All other Providers All other Providers: 20% coinsurance after deductible
Preauthorization is required or benefit may be reduced by \$400 of the total cost of the service.			

Pregnancy

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

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

Recovery or Other Special Health Needs

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

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

Children's eye exam	No Charge One exam every 24 months	No Charge One exam every 24 months	No Charge One exam every 24 months
Children's glasses	Not Covered Except ACA required services	Not Covered Except ACA required services	Not Covered Except ACA required services
Children's dental check-up	Not Covered Except ACA required services	Not Covered Except ACA required services	Not Covered Except ACA required services

Participating Providers Only

Basic Plan Details

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

Lab Tests

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

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

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

Outpatient Surgery

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

Immediate Medical Attention

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

Hospital Stay

Facility fee (e.g., hospital room)	Not covered
Physician/surgeon fee	Not covered

Mental Health, Behavioral Health, Or Substance Abuse Needs

Outpatient services	Not covered
Inpatient services	Not covered

Pregnancy

Office visits	Routine Prenatal: No charge Postnatal: Not covered
Childbirth/delivery professional services	Not covered
Childbirth/delivery facility services	Not covered

Recovery or Other Special Health Needs

Home health care	Not covered
Rehabilitation services	Not covered
Habilitation services	Not covered
Skilled nursing care	Not covered
Durable medical equipment	Not covered
Hospice service	Not covered

Child Dental or Eye Care

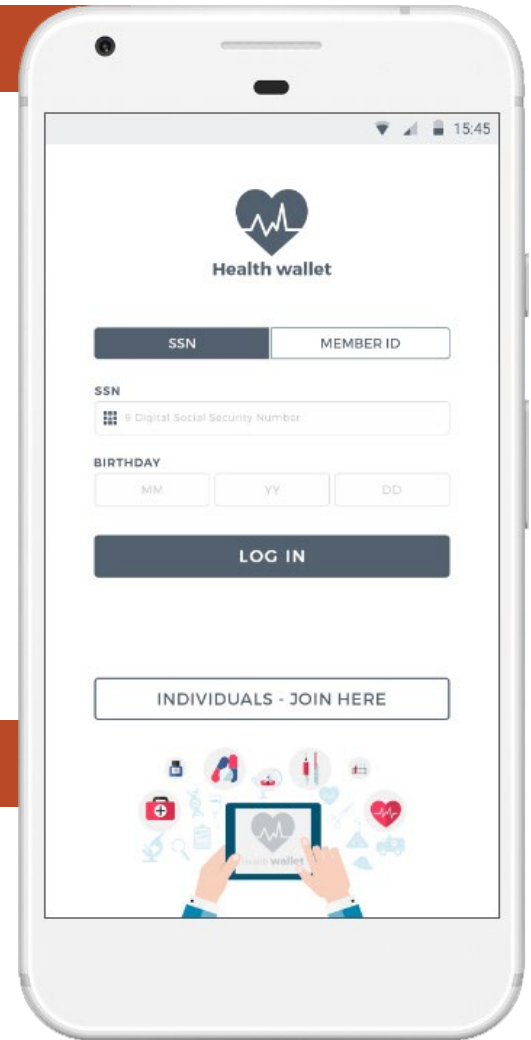
Children's eye exam	Not covered Except ACA required services
Children's glasses	Not covered
Children's dental check-up	Not covered Except ACA required services



HEALTH WALLET & Concierge

How to use Health Wallet and Telemedicine

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



Valenz NaVcare

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

Benefits of NaVcare Services:

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

NaVcare concierge-level services:

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

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

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

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

HealthLink Case Management

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

The role of your Case Manager is to:

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

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

Three ways to begin participating:

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

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

Start Building Your Support Plan Today

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

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



BEHAVIORAL HEALTH Telemedicine

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

*Subject to state regulations.

Telemedicine Made Easy

How does 1.800MD improve quality of care?	1.800MD provides fast, convenient care for minor medical matters. Whether you don't have for the doctor's office, too sick to get off the couch, or it's a holiday weekend, you can get the relief & peace of mind just by picking up your phone 24/7/365.
How does 1.800MD reduce health care costs?	1.800MD saves you money by diagnosing and treating common ailments through our telehealth solutions, thus reducing unnecessary doctor's office and emergency room visits.
What about the doctors?	1.800MD has one of the largest networks of telemedicine physicians in the nation to ensure convenient care anywhere. With an average of 15 years of internal medicine, family practice or pediatrics experience, you can rest assured each physician is properly licensed, board-certified and verified.
I have a pre-existing condition.	We do not deny access to quality care because of pre-existing conditions.
Consultation after hours or on weekends?	Yes. 1.800MD is available 24 hours a day, seven days a week and 365 days a year.

Behavioral Healthcare Made Easy

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

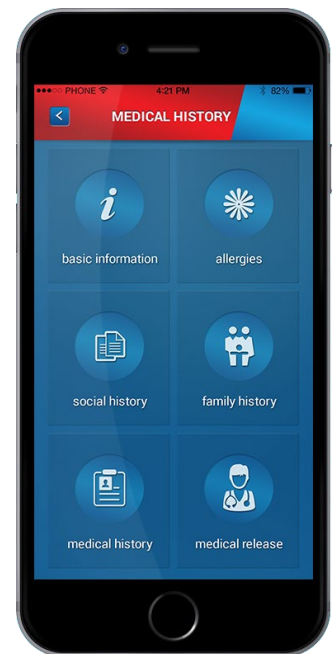
1.800MD's network of providers encompasses experienced clinicians specialized in behavioral health training for for a multitude of common conditions such as:

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

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

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

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



How it Works

Activate

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

Consult

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

Receive Care

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

Your Dental Plan	In-Network Only	In-Network	Out-of-Network
	DHMO (IL Only)	PPO	
Individual deductible Family limit deductible Waived for preventative	No deductible	\$50 3 per family	\$50 3 per family
Annual Maximum Benefit		\$1500	\$1500
Maximum Rollover	Maximum Rollover is not applicable for this plan type.	Yes	
Rollover Threshold		\$800	
Rollover Amount		\$400	
Rollover In-network Amount		\$600	
Rollover Account Limit		\$1500	
Dependent Age Limits	26 ‡	26 #	26 #
Preventive Services			
Cleaning (prophylaxis)	\$0 copay 2 times in 12 months [^]	100% covered Once Every 6 Months	100% covered Once Every 6 Months
Fluoride Treatments	\$0-12 copay No Age Limits	100% covered Under Age 14	100% covered Under Age 14
Oral Exams	\$0 copay	100% covered	100% covered
Sealants (per tooth)	\$8 copay	100% covered	100% covered
X-rays	\$0 copay	100% covered	100% covered
Basic Services			
Anesthesia*	Restrictions Apply	80% covered	80% covered
Fillings‡	\$20-30 copay	80% covered	80% covered
Repair & Maintenance of Crowns, Bridges & Dentures	\$16-230 copay	80% covered	80% covered
Simple Extractions	\$23 copay	80% covered	80% covered
Major Services			
Bridges and Dentures	\$580-675 copay	50% covered	50% covered
Inlays, Onlays, Veneers**	\$250-420 copay	50% covered	50% covered
Perio Surgery	\$105-210 copay	50% covered	50% covered
Periodontal Maintenance Frequency:	\$28 copay 2 times in 12 months [^]	50% covered Once Every 3 Months	80% covered Once Every 3 Months
Root Canal	\$126-192 copay	50% covered	50% covered
Scaling & Root Planing (per quadrant)	\$25-42 copay	50% covered	50% covered
Single Crowns	\$430-450 copay	50% covered	50% covered
Surgical Extractions	\$46-116 copay	50% covered	50% covered
Orthodontia			
Orthodontia Limits:	\$2,500-2,800 copay Adults & Child(ren)	50% covered Child(ren)	50% covered Child(ren)
Lifetime Orthodontia Maximum	Not Applicable	\$2,000	\$2,000

About Your Benefits:

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

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

Key Features

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

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

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

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

Fast and easy claim payments

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

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



How to use Health Wallet and Telemedicine

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

How Guardian Teledentistry powered by TeleDentistry.com works:

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

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

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

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

To get started, simply visit:
teledentistry.com/insurance-carriers/guardian
or call 866-979-1116

VISION Benefits



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

Benefit Features	In-Network	Out-of-Network
Eye Examination		
Exams Copay	\$0	
Materials Copay <small>(waived for elective contact lenses)</small>	\$25	
Materials / Eyewear (Either Glasses or Contacts)		
Eye Exams	\$0	Amount over \$59
Single Vision Lenses	\$0	Amount over \$30
Lined Bifocal Lenses	\$0	Amount over \$50
Lined Trifocal Lenses	\$0	Amount over \$65
Lenticular Lenses	\$0	Amount over \$100
Frames	80% of amount over \$130*2	Amount over \$70
Contact Lenses	85% of amount over \$130*	Amount over \$120
Contact Lenses <small>(Planned replacement and disposable)</small>	85% of amount over \$130*	Amount over \$120
Contact Lenses <small>(Medically Necessary)</small>	\$0	Amount over \$210
Cosmetic Extras	Avg. 40-60% off retail price	No discounts
Glasses <small>(Additional pair of frames and lenses)</small>	50% at Visionworks 30% at other in-network providers	No discounts
Laser Correction Surgery Discount	Savings of 25% off national average price thru Guardian laser vision network	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses <small>(for glasses or contact lenses)††</small>	Every calendar year	
Frames	Every two calendar years	
Network discounts <small>(glasses and contact lens professional service)</small>	Applies to first purchase & courtesy discount from most providers on subsequent purchases.	
Dependent Age Limits	26	

About Your Benefits:

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

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

You can also use your network benefits online at:

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

Key Features

Extensive network of vision specialists

Affordable coverage

Quick and easy claim payments

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

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

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

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

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

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



GROUP Accident

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

Key Features

Guaranteed Issue coverage, meaning no medical questions to answer

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

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

Benefits Specifications

Hospital Confinement

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

Intensive Care

Per day, max. 31 days/injury.

Outpatient Physician's Treatment

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

Accidental Death and Dismemberment, Dislocation, or Fracture

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

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

Benefit Amounts*

Base Accident Benefits

		Plan 1	Plan 2
Accidental Death and Dismemberment	Employee	\$25,000	\$50,000
	Spouse	\$25,000	\$50,000
	Children	\$25,000	\$50,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$50,000	\$100,000
	Spouse	\$50,000	\$100,000
	Children	\$50,000	\$100,000
Paralysis	Paraplegia	\$2,500	\$5,000
	Quadriplegia	\$5,000	\$10,000
Prosthesis		\$1,000	\$1,500
Initial Hospital Confinement (Pays once)		\$1,000	\$2,000
Hospital Confinement (Pays daily)		\$200	\$400
Intensive Care (Pays daily)		\$400	\$400
Family Member Lodging (Pays daily)		\$200	\$300
Ambulance	Ground	\$200	\$300
	Air	\$600	\$900

Benefit Enhancement Rider

		Plan 1	Plan 2
Initial Treatment	ER/Urgent Care	\$100	\$200
	ER/Urgent Care with X-Ray	\$300	\$500
	Doctor's Office	\$100	\$150
	Doctor's Office with X-Ray	\$300	\$450
Major Diagnostic Testing		\$100	\$150
Prescriptions		\$5	\$10
Pain Management		\$100	\$150
Blood/Plasma/Platelets		\$600	\$900
Traumatic Brain Injury		\$600	\$900
Coma		\$10,000	\$20,000
Burns	Second Degree Burns	\$50	\$150
	Third Degree Burns	\$1,000	\$3,000
Eye Injury - removal of a foreign body		\$200	\$300
Lacerations		\$200	\$400
Outpatient Surgery and Anesthesia (per day) Performed in a Hospital or Ambulatory Surgical Center		\$400	\$600
Outpatient Surgery and Anesthesia (per day) Performed in a Doctor's Office, Urgent Care Facility or Emergency Room		\$25	\$50
Inpatient Surgery and Anesthesia (per day)		\$1,000	\$1,200
Transportation	Plane	\$500	\$750
	Any ground transportation	\$250	\$375
Appliances		\$250	\$375
Accident Follow-Up Treatment		\$100	\$150
Rehabilitation Unit (per day)		\$200	\$300
Therapy		\$60	\$90
Chiropractic or Alternative Therapy		\$50	\$50

CONTINUED GROUP Accident



Benefits Enhancement Rider Specifications

Hospital Admission

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

Lacerations

Within 7 days after accident.

Accident Follow-Up Treatment

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

Brain Injury Diagnosis

Must be diagnosed within 6 months after accident.

Rehabilitation Unit

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

General Anesthesia

Within 1 year after accident.

Appliance

Within 6 months after accident.

Prosthesis -

Maximum of 2 devices per covered accident.

Therapy

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

Non-Local Transportation

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

Wellness Benefit

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

INJURY BENEFIT SCHEDULE*

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

DISLOCATION	Plan 1	Plan 2
Hip	\$4,000	\$8,000
Knee	\$2,600	\$5,200
Shoulder	\$2,000	\$4,000
Foot/Ankle	\$1,600	\$3,200
Hand	\$1,400	\$2,800
Lower Jaw	\$1,200	\$2,400
Wrist	\$1,000	\$2,000
Elbow	\$800	\$1,600
Finger/Toe	\$320	\$640
FRACTURE	Plan 1	Plan 2
Hip/Thigh	\$4,000	\$8,000
Vertebrae/Sternum	\$3,600	\$7,200
Pelvis	\$3,200	\$6,400
Skull (Depressed)	\$3,000	\$6,000
Leg	\$2,400	\$4,800
Forearm/Hand/Wrist	\$2,000	\$4,000
Foot/Ankle/Kneecap	\$2,000	\$4,000
Shoulder Blade/Collar Bone	\$1,600	\$3,200
Lower Jaw	\$3,200	\$3,200
Skull (Simple)	\$1,400	\$2,800
Upper Arm/Upper Jaw	\$1,400	\$2,800
Facial Bones (except teeth)	\$1,600	\$2,400
Vertebral Processes/Sacrum	\$800	\$1,600
Coccyx/Rib/Finger/Toe	\$320	\$640

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

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



HOSPITAL INDEMNITY Insurance

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

BENEFITS OVERVIEW:

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

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

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

Plan Highlights

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

CRITICAL ILLNESS Insurance



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

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

Benefits of Critical Illness Insurance:

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

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

Plan Highlights

Guaranteed Issue Coverage (no medical questions)

Employee: \$20,000

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

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

Plan Benefits

Base Benefits

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

Cancer Benefits

Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$250 per calendar year
Metastatic Cancer	25%

Health Screening Benefit

Health Screening (Once per calendar year)	\$50
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Additional Benefits

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

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

Key Features

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

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

Featuring

Confidentiality

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

Conditional Renewability

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

Portability

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

Attained Age Premium

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

HSA Compliant

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

Financial Protection

For Diagnosis of Cancer On or After the Effective Date

Upon Cancer Diagnosis	\$5,000
6 Months After Diagnosis	\$5,000
12 Months After Diagnosis	\$5,000
Total Cash Payment	\$15,000
Recurrence	25%

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

Service Benefits

Heritable Cancer Screening

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

Pharmacogenomic Testing (PGx)

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

Genetic Counseling & Action Plan

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

Oncology Nurse Advocate

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

Expert Medical Review

Review of relevant medical records by cancer experts.

Genetic Tumor Testing

Molecular diagnostic tests are used to define personalized medicines

Clinical Trial Enrollment

Comprehensive clinical trial search and enrollment support.

Precision Treatment Report

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

Genetic-based Recurrence Monitoring

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

healthŌme Portal

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

SHORT-TERM Disability



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

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

Two Plan Options Available

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

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

Key Features

- Benefits are paid when you are sick or hurt and unable to work, up to 60% of your salary (up to 40% in states with state disability).
- Flexible Monthly Benefit – \$300 to \$6,000
- Pays 50% of the monthly benefit when a covered employee is partially disabled and returns to work earning less than 80% of base income due to sickness or injury.
- Benefits are paid directly to you unless otherwise assigned.
- Coverage is portable. That means you can take it with you if you change jobs (with certain stipulations).
- Payroll Deduction – Premiums are paid through convenient payroll deduction.

BENEFITS SPECIFICATIONS

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

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

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

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

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

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

Certificate Exclusions and Limitations

benefits are not paid for:

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

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

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

BENEFITS SPECIFICATIONS

Class Description	All Active Full Time Employees (30 Hours)
Monthly Benefit	60% of Predisability Earnings
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit*	\$100
Elimination Period	90 Days or until the end of the STD Maximum Benefit Period.
Own Occupation Period	24 months
Pre-Existing Condition	12/12
Social Security Integration	Family Social Security
Benefit Duration	SSNRA

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

Understanding Your Benefits

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

Earnings definition: Your covered salary excludes bonuses and commissions.

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

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

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

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

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

Guarantee Issue

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

Pre-Existing Condition Limitation

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

LIFETIME BENEFIT TERM Life Insurance

CHUBB®

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

Employee Coverage

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

Spouse Coverage

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

Dependent Child Coverage

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

Guaranteed Benefits – During the Working Years

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

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

Guaranteed Premiums

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

Benefits for Long Term Care

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

Employee Coverage

Featuring

Permanent and Guaranteed Renewable Coverage cannot be cancelled as long as premiums are paid as due.

Full Portability Employees can keep their coverage at the same rate if they change jobs or retire.

Level Premium Life insurance premium will never increase and are guaranteed through age 100. After age 100 no premium is due.

Initial Eligibility

Insured Actively employed working at least 30 hours per week aged 19 through 80.
Wait period for benefit eligibility: 90 days

Spouse Legally married spouse, domestic partner and civil union partner aged 19 through 70.

Children Ages 15 days through 25 years

EMPLOYEE ASSISTANCE Program



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

Employee Assistance Program (EAP) consultative services

Face-to-face counseling

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

Telephonic counseling

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

Bereavement

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

Online modules and coaching

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

EAP website resources

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

Work/Life assistance and resources

Work/Life services

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

Child and elder care referral

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

Employee discounts

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

Medical bill negotiation tools

information and guidance on negotiating medical bills

Legal/financial assistance and resources*

Legal consultation

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

Financial consultation

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

ID theft

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

Will preparation

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

Tax consultation

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

worklife.uprisehealth.com

Access code: **worklife**

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

24 hour crisis help available.

Monday-Friday 9 am- 8 pm EST

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

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

Key Features

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

How it works

1. Enroll in PrivacyArmor Plus

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

2. Get to know us

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

3. We're on the job

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

4. We'll do the heavy lifting

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

5. We've got your back

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

BENEFIT FEATURES

Run your personalized Allstate Digital Footprint and see your digital exposure

Check your identity health score

View, manage, and clear alerts in real time

Monitor your credit scores and reports for any changes or errors

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

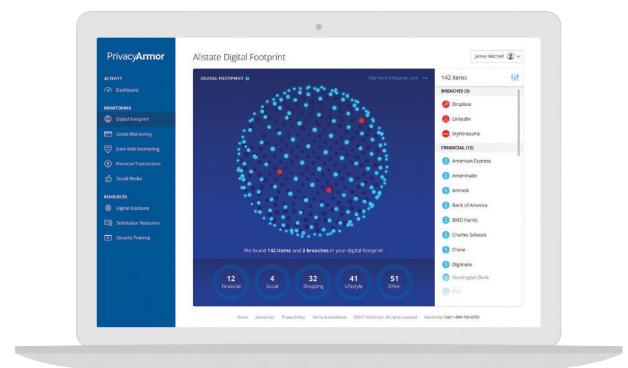
Monitor linked social media accounts for questionable content and signs of account takeover

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

Protect your account with biometric authentication security in iOS and Android

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

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



NEW!

Allstate Digital Footprint™

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

MEMBER APPRECIATION PROGRAM



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



Key Features

Negotiated Discounts

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

Bundled Perks

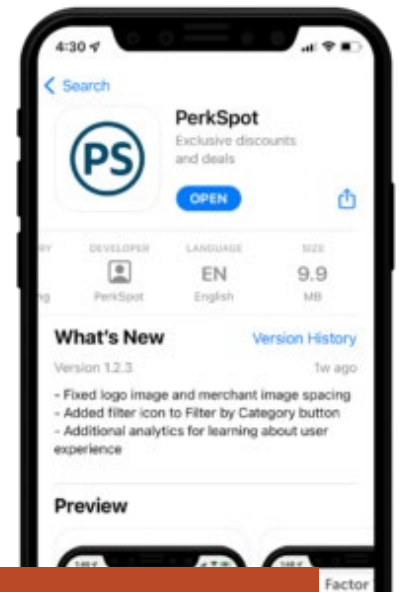
Once a discount is secured, it is vetted to ensure it complies with our guidelines and then it's conveniently added to the Discount Portal.

Customized Marketplace

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

Personalized Discounts

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



Save on thousands of your favorite brands.



Create Your Account

Get started by creating your account at:
evergreenbenefitsgroup.perkspot.com



Subscribe to Weekly Perks

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



Choose Your Perks

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



Explore the Local Map

Find deals in your neighborhood with the local map!

Get Started Now!

evergreenbenefitsgroup.perkspot.com



CARRIER CONTACT INFORMATION

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

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

Carrier Contact Information

Medical TPA	Leading Edge Administrators	(212) 278-0754	leadingedgeadmin.com
Pharmacy	CarelonRX	(833) 271-2374	carelonrx.com
MEC	Multiplan PHCS	(800) 922-4362	multiplan.us/members/
Medical Concierge	Valenz	(877) 208-5952	valenzhealth.com/
Medical Case Management	HealthLink	(877) 284-0102	healthlink.com/member
Behavioral Health & Telemedicine	1.800MD	(800) 530-8666	1800MD.com
Dental	Guardian	(866) 569-9900	guardiandirect.com/contact-us
Teledentistry	Teledentistry.com	(866) 569-9900	Teledentistry.com
Vision	Guardian	(866) 569-9900	guardiandirect.com/contact-us
Accident	AFLAC	(800)433-3036	aflacgroupinsurance.com/customer-service
Hospital Indemnity	AFLAC	(800) 433-3036	aflacgroupinsurance.com/customer-service
Critical Illness	AFLAC	(800) 433-3036	aflacgroupinsurance.com/customer-service
Cancer Advocate	CHUBB	(877) 490-7427	chubb.com/us-en/contact/contact-customer-support
Short Term Disability	AFLAC	(800) 433-3036	aflacgroupinsurance.com/customer-service
Long Term Disability	Guardian	(800) 530-8666	guardiandirect.com/contact-us
Lifetime Benefit Term	CHUBB	(877) 490-7427	chubb.com/us-en/contact/contact-customer-support
Employee Assistance Program	Guardian	(800) 386-7055	worklife.uprisehealth.com
Identity Theft Protection	Info Armor	(800) 638-5433	myinfoarmor.com
Member Appreciation Program	PerkSpot		evergreenbenefitsgroup.perkspot.com