



THE
DELMAR GARDENS
Family



2021
Employee
Benefits

Table of Contents

We all work together to make Delmar Gardens a success and our teamwork extends to your benefits. As a committed partner in your health, Delmar Gardens absorbs a significant amount of your benefit costs. Your contributions for medical, dental, vision, accident, critical illness, and hospital benefits are deducted on a pre-tax basis, lowering your tax liability. Please note that employee contributions vary depending on level of coverage. Typically, the more coverage you have, the higher your portion.



3	Medical Insurance
6	MEC Plan
7	Dental Insurance
8	Vision Insurance
9	Hospital Indemnity Insurance
10	Accident Insurance
12	Critical Illness Insurance
12	Whole Life Insurance
13	Disability Insurance
14	Identity Protection
15	Health Wallet

In this Guide, we use the term company to refer to Delmar Gardens. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Medical Insurance

	Bronze Plan		Silver Plan		Gold Plan		Platinum Plan	
	In-network	Out-of-network	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	\$500/\$1,500	\$1,000/\$3,000
Out-of-Pocket Limit (Single/Family)	\$7,900/\$15,000	\$15,000/\$30,000	\$5,000/\$10,000	\$10,000/\$20,000	\$3,000/\$7,500	\$6,000/\$15,000	\$2,500/\$5,000	\$5,000/\$10,000

Services You May Need	Bronze Plan In-network Provider	Silver Plan In-network Provider	Gold Plan In-network Provider	Platinum Plan In-network Provider
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	\$20 copay/ per visit
Specialist visit to treat an injury or illness	\$65 copay/ per visit	\$65 copay/ per visit	\$20 copay/ per visit	\$20 copay/ per visit
Preventive care/screening/immunization	No charge	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	No charge
Imaging (CT/PET scans, MRIs)	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<i>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.</i>				
Perscription 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	\$10 copay Retail \$20 copay Mail Order
Preferred brand drugs (Tier 2)	\$40 copay Retail \$80 copay Mail Order	\$40 copay Retail \$80 copay Mail Order	\$30 copay Retail \$60 copay Mail Order	\$30 copay Retail \$60 copay Mail Order
Non-preferred brand drugs (Tier 3)	\$70 copay Retail \$140 copay Mail Order	\$75 copay Retail \$150 copay Mail Order	\$60 copay Retail \$120 copay Mail Order	\$60 copay Retail \$120 copay Mail Order
Specialty drugs (Tier 4)	Contact Specialty Drug Provider United/Xcel-Rx at 1-877-888-7282 or www.unitedxcelrx.com	Contact Specialty Drug Provider United/Xcel-Rx at 1-877-888-7282 or www.unitedxcelrx.com	Contact Specialty Drug Provider United/Xcel-Rx at 1-877-888-7282 or www.unitedxcelrx.com	Contact Specialty Drug Provider United/Xcel-Rx at 1-877-888-7282 or www.unitedxcelrx.com
<i>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 2 refills at a retail pharmacy. Mandatory mail order and mail order pharmacy are required to be filled through United/Xcel-Rx at (1-877-888-7282 or visit www.unitedxcelrx.com after 1 refill at a retail pharmacy. 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 www.mysmithrx.com or call 1-844-454-5201</i>				
Outpatient Surgery				
Facility fee (e.g., ambulatory surgery center)	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<i>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.</i>				
Physician/surgeon fees	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Immediate Medical Attention				
Emergency room services	\$250 copay/per visit	\$200 copay/per visit	\$200 copay/per visit	\$200 copay/per visit
<i>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.</i>				
Emergency medical transportation	\$100 copay/per trip	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Urgent care	\$50 copay/ per visit	\$75 copay/ per visit	No Charge	No Charge

Medical Insurance (continued)

Services You May Need	Bronze Plan In-network Provider	Silver Plan In-network Provider	Gold Plan In-network Provider	Platinum Plan In-network Provider
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	20% coinsurance after deductible
Physician/surgeon fee	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<i>Preauthorization is required or benefit may be reduced by \$400 of the total cost of the service.</i>				
Mental Health, Behavioral Health, Or Substance Abuse Needs				
Outpatient services	\$ 45 copay/per visit	\$ 45 copay/per visit	\$ 20 copay/per visit	\$ 20 copay/per visit
Inpatient services	(Centers of Excellence) Bella Monte and Core Centers providers \$1000 copay/per admission (facility charges)/No Charge (professional fees) All other Providers: \$250 copay/per admission, then 30% coinsurance after deductible	(Centers of Excellence) Bella Monte and Core Centers providers \$1000 copay/per admission (facility charges)/No Charge (professional fees) All other Providers: \$200 copay/per admission, then 20% coinsurance after deductible	(Centers of Excellence) Bella Monte and Core Centers providers \$1000 copay/per admission (facility charges)/No Charge (professional fees) All other Providers: 20% coinsurance after deductible	(Centers of Excellence) Bella Monte and Core Centers providers \$1000 copay/per admission (facility charges)/No Charge (professional fees) All other Providers: 20% coinsurance after deductible
<i>Preauthorization is required or benefit may be reduced by \$400 of the total cost of the service.</i>				
Pregnancy				
Office visits	No Charge after initial \$45 copay	No Charge after initial \$45 copay	No Charge after initial \$20 copay	No Charge after initial \$20 copay
Childbirth/delivery professional services	30% coinsurance after deductible	20% coinsurance after deductible	20% 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	20% coinsurance after deductible
<i>Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance may apply.</i> <i>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.</i> <i>Newborn does not count toward the mother's expense; therefore the family deductible may apply.</i>				
Recovery or Other Special Health Needs				
Home health care	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<i>Maximum 60 visits per calendar year.</i> <i>Preauthorization is required or benefit may be reduced by \$400 of the total cost of the service.</i>				
Rehabilitation services	\$65 copay/per visit	\$65 copay/per visit	\$20 copay/per visit	\$20 copay/per visit
<i>Maximum 60 visits per calendar year per therapy (Physical therapy, speech therapy, and occupational therapy)</i>				
Habilitation services	Not covered	Not covered	Not covered	Not covered
<i>This exclusion will not apply to expenses related to the diagnosis, testing and treatment of autism, ADD or ADHD.</i>				
Skilled nursing care	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<i>Maximum 60 visits per calendar year.</i> <i>Preauthorization is required. If Preauthorization is not obtained benefits may be reduced by \$400 of the total cost of the service.</i>				
Durable medical equipment	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<i>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.</i>				
Hospice service	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<i>Bereavement counseling is covered if received within 6 months of death.</i>				

Medical Insurance *(continued)*

Services You May Need	Bronze Plan <i>In-network Provider</i>	Silver Plan <i>In-network Provider</i>	Gold Plan <i>In-network Provider</i>	Platinum Plan <i>In-network Provider</i>
Child Dental or Eye Care				
Children's eye exam	No Charge <i>One exam every 24 months</i>	No Charge <i>One exam every 24 months</i>	No Charge <i>One exam every 24 months</i>	No Charge <i>One exam every 24 months</i>
Children's glasses	Not Covered Except ACA required services	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	Not Covered Except ACA required services

Other Covered Services *(Limitations may apply to these services. This isn't a complete list. Please see your plan document.)*

- Chiropractic Care
- Private-duty nursing
- Telemedicine via Health Wallet 1-888-995-2759 or visit www.thehealthwallet.com
- Dental Care Non-Routine Services & Injury

MEC Plan

Services You May Need	Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Important Participating Provider Information
Health care provider's office or clinic visit			
Primary care visit to treat an injury or illness	\$25 copay/ per visit	Not covered	Limit of 3 visits per calendar year. Telemedicine covered at no charge with no limitations.
Specialist visit	\$50 copay/ per visit	Not covered	Limit of 3 visits per calendar year
Preventive care/screening/immunization	No charge	Not covered	Includes preventive health services specified in the health care reform law.
Lab Tests			
Diagnostic test (x-ray, blood work)	\$50 copay/ per visit	Not covered	Limit of 2 visits per calendar year.
Imaging (CT/PET scans, MRIs)	\$350 copay/ per visit	Not covered	Limit of 1 visit per calendar year.
Perscription Drugs			
Generic drugs	\$10 Co-pay per retail prescription up to \$150	Not covered	\$600 Annual Maximum for Generic Drugs
Preferred brand drugs	Not covered	Not covered	None
Non-preferred brand drugs	Not covered	Not covered	None
Specialty drugs	Not covered	Not covered	None
More information about prescription drug coverage is available at www.magellanrx.com or call 1-800-443-5715			
Outpatient Surgery			
Facility fee (e.g., ambulatory surgery center)	\$350 copay	Not covered	Preauthorization required. Limit of 1 visit per calendar year. Anesthesia included in OP Facility Benefit Limited to 1 day.
Physician/surgeon fees	Not covered	Not covered	No coverage for physician/surgeon fees.
Immediate Medical Attention			
Emergency room care	Not covered	Not covered	No coverage for emergency room services.
Emergency medical transportation	Not covered	Not covered	No coverage for emergency medical transportation.
Urgent care	\$50 copay/ per visit	Not covered	Limit of 2 visits per calendar year.
Hospital Stay			
Facility fee (e.g., hospital room)	Not covered	Not covered	No coverage for facility fee.
Physician/surgeon fee	Not covered	Not covered	No coverage for physician/surgeon fees.
Mental Health, Behavioral Health, Or Substance Abuse Needs			
Outpatient services	Not covered	Not covered	No coverage for mental/behavioral health or substance abuse outpatient services.
Inpatient services	Not covered	Not covered	No coverage for mental/behavioral health or substance abuse inpatient services.
Pregnancy			
Office visits	Routine Prenatal: No charge Postnatal: Not covered	Not covered	Cost sharing does not apply for preventive services.
Childbirth/delivery professional services	Not covered	Not covered	No coverage for delivery or inpatient professional services.
Childbirth/delivery facility services	Not covered	Not covered	No coverage for delivery or inpatient facility services.
Recovery or Other Special Health Needs			
Home health care	Not covered	Not covered	No coverage for home health care.
Rehabilitation services	Not covered	Not covered	No coverage for rehabilitation services.
Habilitation services	Not covered	Not covered	No coverage for habilitative services.
Skilled nursing care	Not covered	Not covered	No coverage for skilled nursing care.
Durable medical equipment	Not covered	Not covered	No coverage for durable medical equipment.
Hospice service	Not covered	Not covered	No coverage for hospice service.
Child Dental or Eye Care			
Children's eye exam	Not covered Except ACA required services	Not covered	No coverage for eye exam
Children's glasses	Not covered	Not covered	No coverage for glasses
Children's dental check-up	Not covered Except ACA required services	Not Covered	No coverage for dental check-up

Dental Insurance

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

About Your Benefits:

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.

BENEFIT FEATURES		
Your Dental Plan	PPO Plan	
	In-Network	Out-of-Network
Plan year deductible Individual Family limit Waived for	\$50 3 per family Preventive	\$50 3 per family Preventive
Charges covered for you (co-insurance) Preventive Care Basic Care Major Care Orthodontia	100% 90% 60% 50%	100% 80% 50% 50%
Annual Maximum Benefit	\$1500	\$1500
Maximum Rollover Rollover Threshold Rollover Amount Rollover In-network Amount Rollover Account Limit	Yes \$700 \$350 \$500 \$1250	
Lifetime Orthodontia Maximum	\$1000	\$1000
Dependent Age Limits (Non-Student/Student)	26 ‡	26 ‡

‡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.

A Sample of Services Covered by Your Plan:		Option 2:	
		In-Network	Out-of-Network
Preventive Care	Cleaning (prophylaxis) Frequency:	100% covered Once Every 6 Months	100% covered Once Every 6 Months
	Fluoride Treatments Limits:	100% covered Under Age 14	100% covered Under Age 14
	Oral Exams	100% covered	100% covered
	Sealants (per tooth)	100% covered	100% covered
	X-rays	100% covered	100% covered
Basic Care	Anesthesia*	90% covered	80% covered
	Fillings‡	90% covered	80% covered
	Periodontal Maintenance Frequency:	90% covered Once Every 3 Months	80% covered Once Every 3 Months
	Simple Extractions	90% covered	80% covered
Major Care	Bridges and Dentures	60% covered	50% covered
	Inlays, Onlays, Veneers**	60% covered	50% covered
	Perio Surgery	60% covered	50% covered
	Repair & Maintenance of Crowns, Bridges & Dentures	60% covered	50% covered
	Root Canal	60% covered	50% covered
	Scaling & Root Planing (per quadrant)	60% covered	50% covered
	Single Crowns	60% covered	50% covered
	Surgical Extractions	60% covered	50% covered
Orthodontia	Orthodontia Limits:	50% covered Child(ren)	50% covered Child(ren)
Cosmetic Care	Bleaching	Not Covered	Not Covered

**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).

Vision Insurance

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

Key Features

- ▶ Extensive network of vision specialists and medical professionals
- ▶ Affordable coverage
- ▶ Quick and easy claim payments

About Your Benefits:

Option 1: Significant out-of-pocket savings available with your Full Feature plan by visiting one of Davis Vision's network locations including retail centers such as Costco®, Wal-Mart®, JCPenney®, Sears®, Target®, Sam's Club®, Pearle®, Visionworks®, and Visionworks Online®.

BENEFIT FEATURES		
Your Vision Plan	Full Feature - Designer	
Your Network is	Davis Vision	
Exams Copay	\$10	
Materials Copay (waived for elective contact lenses)	\$20	
Sample of Covered Services	In-Network	Out-of-Network
Eye Exams	\$0	Amount over \$50
Single Vision Lenses	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$86
Lenticular Lenses	\$0	Amount over \$126
Frames	80% of amount over \$130* ²	Amount over \$48
Contact Lenses (Elective and conventional)	85% of amount over \$130*	Amount over \$105
Contact Lenses (Planned replacement and disposable)	85% of amount over \$130*	Amount over \$105
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Cosmetic Extras	Avg. 40-60% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	Courtesy discount from most providers	No discounts
Laser Correction Surgery Discount	Up to 25% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses)##	Every calendar year	
Frames	Every two calendar years	
Network discounts (glasses and contact lens professional service)	Applies to first purchase & courtesy discount from most providers on subsequent purchases.	
Dependent Age Limits (Non-Student/ Student)	26/30	

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

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

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

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

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

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

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

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 may mean costly out-of-pocket expenses.

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. This benefit is payable directly to you unless assigned, and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. 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

Hospitalization Due to Pregnancy

Your First Day Hospital Confinement does include hospitalization due to normal pregnancy or complications of pregnancy. A newborn child's initial confinement in a hospital is not payable. A newborn child's initial confinement in a hospital includes any transfers to another hospital before being discharged to go home.

A newborn child's routine nursing or well-baby care during the initial confinement in a hospital is not payable.

Dependent Eligibility

Coverage may include you, your spouse or domestic partner, and children.

HOSPITALIZATION BENEFITS

First Day Hospital Confinement

once per continuous confinement per covered person, up to the limit stated in the rate insert. Not paid for newborn child's initial confinement after birth

Daily Hospital Confinement

up to the maximum number of days for each confinement.* Hospitalization due to pregnancy is covered, subject to any Pregnancy Waiting Period (see rate insert). Not paid for any day the First Day Hospital Confinement benefit is paid

Hospital Intensive Care

up to the maximum number of days for each confinement. Pays in addition to the First Day Hospital Confinement benefit and Daily Hospital Confinement benefit

Accident Insurance

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.

With accident insurance from Allstate Benefits, you can gain the advantage of financial protection, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to get well.

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 Allstate Benefits

BENEFIT AMOUNTS			
BASE ACCIDENT BENEFITS		Plan 1	Plan 2
Accidental Death and Dismemberment ²	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Children	\$10,000	\$15,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$200,000	\$300,000
	Spouse	\$100,000	\$150,000
	Children	\$50,000	\$75,000
Dislocation or Fracture ²	Employee	\$4,000	\$6,000
	Spouse	\$2,000	\$3,000
	Children	\$1,000	\$1,500
Initial Hospital Confinement (Pays once)		\$1,000	\$1,500
Hospital Confinement (Pays daily)		\$200	\$300
Intensive Care (Pays daily)		\$400	\$600
Medical Expenses (Pays up to amount shown)		\$500	\$750
Ambulance	Ground	\$200	\$300
	Air	\$600	\$900
Outpatient Physician's Treatment (Pays per visit)		\$50	\$75
BENEFIT ENHANCEMENT RIDER		Plan 1	Plan 2
Hospital Admission ³		\$500	\$500
Ruptured Spinal Disc Surgery		\$500	\$500
Lacerations ³ (Pays once/year)		\$50	\$50
Accident Follow-Up Treatment		\$50	\$50
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		\$50	\$50
Burns ³ (Pays once/accident; other than sunburns)	< 15% of body surface	\$100	\$100
	> 15% or more	\$500	\$500
Skin Graft (Pays once/accident; % of Burns Benefit)		50%	50%
Brain Injury Diagnosis ³ (Pays once)		\$150	\$150
Paralysis ³ (Pays once)	Paraplegia	\$7,500	\$7,500
	Quadriplegia	\$15,000	\$15,000
Coma with Respiratory Assistance (Pays once)		\$10,000	\$10,000
Open Abdominal or Thoracic Surgery ³		\$1,000	\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500	\$500
	Exploratory	\$150	\$150
Eye Surgery (Pays once/accident)		\$100	\$100
Rehabilitation Unit		\$100	\$100
General Anesthesia		\$100	\$100
Family Member Lodging		\$100	\$100
Blood and Plasma ³ (Pays once/accident)		\$300	\$300
Appliance (Pays once/accident)		\$125	\$125
Medical Supplies (Pays once/accident)		\$5	\$5
Medicine (Pays once/accident)		\$5	\$5
Prosthesis (Pays once/accident)	1 device	\$500	\$500
	2 or more devices	\$1,000	\$1,000
Physical Therapy (Pays daily; max. 6 days/accident)		\$30	\$30
Non-Local Transportation		\$400	\$400
Post-Accident Transportation (Pays once/year)		\$200	\$200

²Up to amount shown; see Injury Benefit Schedule. Multiple losses from same injury pay only up to amount shown above.

³Within 3 days after accident.

Accident Insurance *(continued)*

Benefits Specifications

- **Hospital Confinement** – Per day, max. 90 days/injury.
- **Intensive Care** – Per day, max. 90 days/injury.
- **Outpatient Physician's Treatment** – Per visit, max. 2 visits/year, 4 if dependents are covered.

Benefits Enhancement Rider Specifications

- **Hospital Admission** – Within 3 days after accident. Payable once/year, after 12 months of coverage.
- **Ruptured Spinal Disc Surgery** – 2 or more procedures through same entry point are considered 1 operation. Within 180 days after accident.
- **Lacerations** – Within 3 days after accident.
- **Accident Follow-Up Treatment** – Per day, max. 2 treatments/accident. Not paid if Physical Therapy benefit paid.
- **Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)** – Within 180 days of accident, if treatment received within 30 days of accident. Payable once/year.
- **Skin Graft** – Within 90 days after accident.
- **Brain Injury Diagnosis** – Must be diagnosed within 30 days after accident.
- **Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery** – Within 180 days after accident.
- **Eye Surgery** – Within 90 days 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 180 days after accident.
- **Appliance** – Within 90 days after accident.
- **Medical Supplies** – Within 90 days after accident.
- **Medicine** – Within 90 days after accident.
- **Prosthesis** – Within 180 days after accident.
- **Physical Therapy** – Not payable for chiropractic services or if Accident Follow-Up Treatment benefit paid.
- **Non-Local Transportation** – Per trip, max. 3 times/ accident. More than 100 miles from your home.
- **Post-Accident Transportation** – More than 250 miles from your home, by common carrier.

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below. Covered spouse gets 50% of the amounts shown and children 25%.

LOSS OF LIFE OR LIMB	Plan 1	Plan 2
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000	\$60,000
One eye, hand, arm, foot, or leg	\$20,000	\$30,000
One or more entire toes or fingers	\$4,000	\$6,000
COMPLETE DISLOCATION	Plan 1	Plan 2
Hip joint	\$4,000	\$6,000
Knee or ankle joint*, bone or bones of the foot*	\$1,600	\$2,400
Wrist joint	\$1,400	\$2,100
Elbow joint	\$1,200	\$1,800
Shoulder joint	\$800	\$1,200
Bone or bones of the hand*, collarbone	\$600	\$900
Two or more fingers or toes	\$280	\$420
One finger or toe	\$120	\$180
COMPLETE, SIMPLE OR CLOSED FRACTURE	Plan 1	Plan 2
Hip, thigh (femur), pelvis**	\$4,000	\$6,000
Skull**	\$3,800	\$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$2,400
Foot**, hand or wrist**	\$1,400	\$2,100
Lower jaw**	\$800	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$900
One rib, finger or toe, coccyx	\$280	\$420

*Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). **Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

Critical Illness Insurance

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Plan Highlights

- ▶ Guaranteed Issue Coverage (no medical questions)
 - ▶ Employee: \$10,000 or \$20,000
 - ▶ Spouse: 100% of employee benefit
 - ▶ 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. (See rates below)
- ▶ \$50 annual Wellness Benefit is payable for completing certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy or stress test

COVERED BENEFITS*

The below benefits are payable at 100% of your selected coverage amount:

Heart Attack

Stroke

Major Organ Transplant

End Stage Renal Failure

Invasive Cancer

Benign Brain Tumor

Coma

Complete Blindness

Complete Loss of Hearing

Paralysis

The below benefits are payable at 25% of your selected coverage amount:

Coronary Artery Bypass Surgery

Carcinoma In Situ

Advanced Alzheimer's Disease

Advanced Parkinson's Disease

*This is a summary. Refer to plan document for details including definitions, plan exclusions and limitations.

Whole Life Insurance

Life is unpredictable. Let Allstate Benefits help you prepare for the unexpected with Group Whole Life Insurance. Now you can provide your family with financial peace of mind for the future and the journey to get there. Not only do you get protection for your lifetime, but you also have the ability to build cash value as you go. Give yourself and your loved ones a gift of love with Good Hands® protection from Allstate Benefits.

Key Features

- ▶ You choose a fully-guaranteed death benefit (premiums payable to age 95) to leave behind, or if you live to age 121, a lump-sum maturity benefit is paid
- ▶ Coverage for spouse and children available through separate certificate or rider¹
- ▶ Premiums are affordable and conveniently payroll deducted
- ▶ Coverage may be continued if you leave employment; refer to your certificate for details

¹Coverage for spouse and child(ren) may be limited to a percentage of the insured's face amount

BENEFITS

Whole Life Insurance provides either:

Death Benefit– pays a lump-sum cash benefit when the insured dies; or

Maturity Benefit– pays a lump-sum cash benefit if the insured is still living at age 121

OPTIONAL/ADDITIONAL RIDER BENEFITS²

Accelerated Death Benefit for Terminal Illness or Condition* – an advance of the death benefit, up to 75% of the certificate face amount, when certified terminally ill

Children's Term³ – level term insurance for each covered dependent child under age 26

Spouse's 20 Year Term^{2,3} – level term insurance on the insured's spouse for 20 years

Accelerated Death Benefit for Long Term Care** – a monthly advance of up to 4% of the death benefit for up to 25 full months while receiving qualified long-term care services after a 90-day elimination period when certified chronically ill by a licensed health care practitioner

²The riders have exclusions and limitations, may vary in availability by issue or termination age, and may not be available to all covered dependents or in all states. Additional premiums may be required for riders added to coverage. ³Subject to state limits on dependent life coverage. *Premiums are waived after payment of benefit. **Premiums are waived for the months when the benefit is payable.



Disability Insurance

Like most, unless you know someone who has been disabled, you may not see the value of Disability Insurance. You may think it won't happen to you, but if it does, you are vulnerable to lost income.

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.

Key Features

- ▶ You choose the monthly maximum benefit level that meets your needs
- ▶ Provides a monthly benefit if you are disabled and cannot work
- ▶ Premiums are affordable and conveniently payroll deducted
- ▶ You can take your coverage with you if you leave your job or your employer cancels coverage

Conditions, Limitations and Exclusions Affecting Your Benefits

When Coverage Ends

Coverage ends when the policy is canceled; premium payments stop; the last day of active employment, unless coverage is continued through Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence; you or your class are no longer eligible; or fraud or material misrepresentation is discovered.

Portability Privilege

Coverage may be continued under the Portability Provision when coverage under the policy ends.

Pre-Existing Condition Limitation

We do not pay benefits for disability that starts within 12 months of your effective date from a pre-existing condition. You have a pre-existing condition if: (a) Your disability began during the 12 months after the effective date; and (b) you received medical treatment, consultation, care or services, diagnostic measures, took medications, or followed treatment recommendations in the 12 months prior to the effective date of coverage, or the date an increase in benefits was effective; or (c) symptoms existed in the 12 months prior to the effective date or the date an increase in benefits was effective.

Access Your Benefits and Claim Filings

Accessing your benefit information using MyBenefits has never been easier.

MyBenefits is an easy-to-use website that offers you 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

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.

Pregnancy – Pays a benefit for a pregnancy if total disability first begins after the certificate has been in force for at least 9 months.

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

(a) Benefits are not paid for:

- (1) bipolar, delusional, psychotic, somatoform, eating or anxiety disorders, schizophrenia, depression or mental illness (Alzheimer's or similar forms of senile dementia are covered if they first manifest after your coverage is in effect);
- (2) war or participation in a riot, insurrection, or rebellion;
- (3) participation in an illegal occupation;
- (4) intentionally self-inflicted injury or action;
- (5) substance abuse, to include drug addiction or dependence upon any controlled substance;
- (6) participation in aeronautics except as a fare-paying passenger in a licensed common carrier aircraft;
- (7) voluntarily inhaling fumes or gases;
- (8) cosmetic surgery (complications are covered);
- (9) pre-existing conditions during the first 12 months of coverage;
- (10) occupational sickness or injury, unless covered by an on-the-job disability rider.

(b) We do not pay for disability during incarceration. Workers' Compensation or State Disability Insurance – This coverage does not replace or affect the requirements for coverage by any Workers' Compensation or state disability insurance.

Identity Protection

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.

And now 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 cash 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

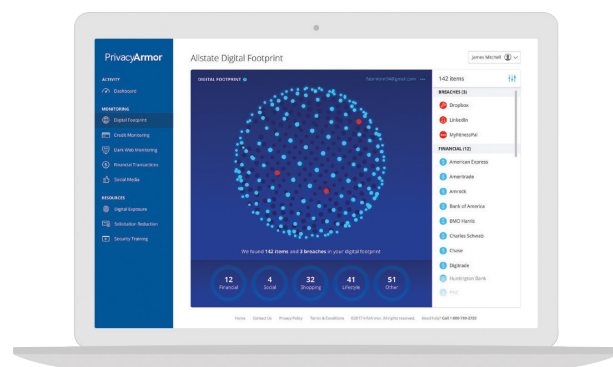
Get reimbursed for stolen 401(k) & HSA funds; we'll also advance fraudulent tax returns†

†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.



Health Wallet and Telemedicine

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.
- Once logged in, you have four options: My Plan Info, Telehealth, Rx Market and Medical Market.
- Click on "My Plan Info" to access your medical, dental, vision ID cards and other lines of coverage information.
- To connect to MDLIVE for Telemedicine, click on "Telehealth" and it will automatically dial MDLIVE so you can request a consult.
- If it is your first time requesting a consult, you must register yourself first by providing personal information to MDLIVE.
- A licensed physician will call you back within 16 minutes on average.
- If you don't have a smartphone, you can call directly at **+1 888-995-2759**.




HealthWallet

Health Wallet and Telemedicine *(continued)*


CHANGING THE WAY HEALTHCARE IS DELIVERED

All of your concierge medical services consolidated into one complete mobile health care experience.




My Plan Info

A centralized location with current medical insurance plan design information, real-time deductible-utilization and the capacity to hold up to 15 electronic ID cards



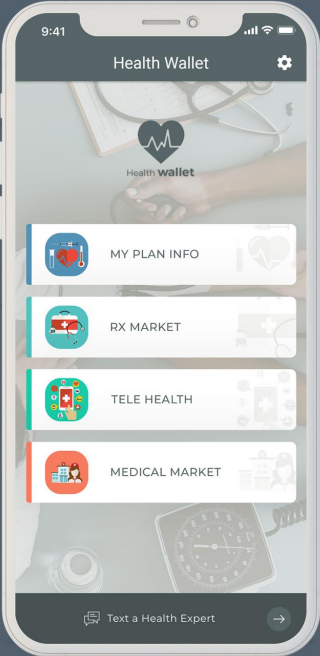
TeleHealth


Unlimited access to a national network of licensed doctors via telephone or video chat, who can help to diagnose and even prescribe in real-time directly from your mobile device



User Engagement


Receive important reminders about plan updates, benefit changes, feature updates and tips on how to access cost-effective and convenient healthcare whenever you need it most.






RX Market

Search for any prescription to see what the pharmacies around you are charging for the drug. The Rx Market has an embedded manufacturers discount code for even better pricing, as well as useful information such as pictures, warnings, dosages and storage recommendations



Medical Market

Now you can search for anything from an allergy shot to a cardiovascular bypass using the current location of your mobile device, and see what different facilities are charging for different medical procedures. The results are pretty astounding



Text a Health Expert

Immediate and unlimited access to network of medical experts who are standing by via text waiting to lend their instant advice and medical opinions for those times when texting is your only option

Your medical card data, beautifully organized from now on



Available on the
App Store



GET IT ON
Google play

www.thehealthwallet.com



Health**Wallet**

Health Wallet and Telemedicine *(continued)*

PROACTIVE TECHNOLOGY MAKING HEALTHCARE ACCESS EASIER

All of your concierge medical services consolidated into one complete mobile health care experience.



All of your digital healthcare services seamlessly integrated with the touch of a button



Available on the
App Store



GET IT ON
Google play

www.thehealthwallet.com



Health**Wallet**



Need a doctor? No long wait. No big bill. Always open.

With MDLIVE, you can visit a doctor 24/7 from your home, office or on-the-go.



Welcome to MDLIVE! Your anytime, anywhere doctor's office.

Avoid waiting rooms and the inconvenience of going to the doctor's office. Visit a doctor by phone, secure video, or MDLIVE App. Pediatricians are available 24/7, and family members are also eligible.



U.S. board-certified doctors with an average of 15 years of experience.



Consultations are convenient, private and secure



Prescriptions can be sent to your nearest pharmacy, if medically necessary.

Your COPAY is Just

Per Visit



We treat over 50 routine medical conditions including:

- ⊕ Acne
- ⊕ Allergies
- ⊕ Cold / Flu
- ⊕ Constipation
- ⊕ Cough
- ⊕ Diarrhea
- ⊕ Ear Problems
- ⊕ Fever
- ⊕ Headache
- ⊕ Insect Bites
- ⊕ Nausea /Vomiting
- ⊕ Pink Eye
- ⊕ Rash
- ⊕ Respiratory Problems
- ⊕ Sore Throats
- ⊕ Urinary Problems / UTI
- ⊕ Vaginitis
- ⊕ And More



Download the app.
Join for free. Visit a doctor.

MDLIVE.com/HealthWallet
888-995-2759

Copyright © 2018 MDLIVE Inc. All Rights Reserved. MDLIVE may not be available in certain states and is subject to state regulations. MDLIVE does not replace the primary care physician, is not an insurance product and may not be able to substitute for traditional in person care in every case or for every condition. MDLIVE does not prescribe DEA controlled substances and may not prescribe non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE does not guarantee patients will receive a prescription. Healthcare professionals using the platform have the right to deny care if based on professional judgment a case is inappropriate for telehealth or for misuse of services. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit <https://www.MDLIVE.com/terms-of-use/>.