



BENEFITS |
GUIDE

2023





TABLE OF CONTENTS

How to Enroll	3
Medical Benefits	4
Understanding the HRA Plan Using Wex Debit Card	7
Wellness Benefits	10
Identity Theft Protection	12
Dental	13
Vision	14
Employee Assistance Plan (EAP)	15
Life Insurance	16
Basic Life and Accidental Death and Dismemberment (AD&D)	17
Disability Insurance	17
Accident Insurance	19
Critical Illness Insurance	20
How to Calculate Your Paycheck Amount Per Benefit?	21

HOW TO ENROLL

For 2023 you will be required to complete your enrollment online via a kiosk at your designated worksite, online, or by contacting a benefit counselor at **314.563.2215** between 8AM-5PM Central Time.

Before You Start:

- Review this benefit guide prior to accessing the enrollment system, so you are certain you know what benefit selections you would like to make.
- Gather information needed for enrollment, like birth dates, SSNs, and the correct name spellings of any dependents that will be covered under your insurance plans.

Online Enrollment Instructions

1. **Website:** Access the enrollment system at: <https://guardian.benselect.com/Tribute>
2. **Log In:** Username: 9-digit SSN (with or without the dashes)
 - PIN:** last 4 digits of SSN + 2-digit year of birth
 - PIN EXAMPLE—SSN:** 49998977, DOB: 07/05/1983 | PIN: 897783
3. **Change PIN:** Once you are logged in, you will be prompted to change your PIN. This will be your PIN for accessing the site, as well as for capturing your digital signature at the end of the enrollment process.
4. **Welcome:** Once you've successfully reset your PIN you will see the Welcome screen. Click the Next button in the bottom right corner of the page.
5. **Personal Information:** Review your personal information and any existing dependent information, if applicable, for accuracy. If there is inaccurate information that you are unable to edit, reach out to your HR representative to get this updated. Once finished reviewing this information, click the Next button in the bottom right corner of the page.
6. **Dependents:** This is where you will have the option to ADD any dependents you would like to potentially include in the benefits. To add a dependent, click the 'add dependent' button on the bottom left of the page. Once done adding dependents click the Next button.
7. **Benefits:** Each following page will go through each benefit where you will have the option to enroll or decline and choose options such as plan type, benefit amount, etc. On every page, once you select to enroll in, or decline, each benefit you will click the next button, and it will take you to the next benefit.
8. **Finishing Up:** Once finished going through all the benefits, you will come to the benefits verification screen where you can see all the benefits elected/decline. Review for accuracy and click Next, if accurate.
9. **Finalize:** Complete your enrollment by signing the Benefit Verification document on the next page. You will do this by entering your **PIN (covered in step 3)**, at the bottom of the page.
10. **Success:** You will receive an email within one business day of the completion of your enrollment certifying your elections. If you do not see your confirmation email within one business day, be sure to check your junk and/or spam folder.

Call Center Enrollment Instructions

In addition to Online Enrollment, employees can enroll over the phone with benefits counselors who are available to educate and properly execute your enrollment within the system. The Tribute Baking enrollment center can be reached at **314.563.2215**. The call center is open 8AM-5PM Central Time.

* You will NOT see your previous benefit elections in the site, but that information is available through HR onsite during open enrollment.



MEDICAL BENEFITS

Medical

You have the option of choosing between the following two plans:

- \$1,500 PPO Plan with HRA
- \$4,000 PPO Plan with HRA

There will be more information about our medical plan and the Health Reimbursement Account throughout this enrollment guide.

Features of Our Medical Plan Include

- You do not need to select a primary care physician (PCP)
- You do not need a referral to see a specialist
- When you need medical care, you decide if you want to use an in or out-of-network provider
- If you use an in-network provider, you'll receive richer benefits
- You do not have to file claim forms when you use an in-network provider

	\$1,500 PPO Plan with HRA		\$4,000 PPO Plan with HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Funded HRA**				
Individual	\$1,500		\$2,000	
Family	\$3,000		\$4,000	
Calendar Year Deductible				
Embedded/Non-embedded	Embedded*		Embedded*	
Individual	\$1,500	\$4,500	\$4,000	\$12,000
Family	\$3,000	\$9,000	\$8,000	\$24,000
Out-of-Pocket Maximum				
Embedded/Non-embedded	Includes Deductibles		Includes Deductibles	
	Embedded		Embedded	
Individual	\$4,500	\$13,500	\$8,000	\$24,000
Family	\$9,000	\$27,000	\$16,000	\$48,000
Physician Office Visits				
Primary Care	\$30 copay	50% after deductible	\$50 copay	50% after deductible
Individual	\$60 copay	50% after deductible	\$75 copay	50% after deductible
Virtual Visits	\$15 copay	Not covered	\$25 copay	Not covered
Urgent Care	\$75 copay	50% after deductible	\$100 copay	50% after deductible
Wellness/Preventive	100% covered	50% after deductible	100% covered	50% after deductible
Lab Services	20% after deductible	50% after deductible	20% after deductible	50% after deductible
X-Ray/Radiology Services	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Hospital Services				
Inpatient	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	\$250 copay		\$500 copay	
Mental Health / Substance Abuse				
Inpatient	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Office Visits	\$30 copay	50% after deductible	\$50 copay	50% after deductible
Chiropractic Care	\$30 copay	50% after deductible	\$50 copay	50% after deductible
Limitations	30 visits		30 visits	
Prescription Drugs				
Retail—Supply Limit	34-day supply		34-day supply	
Tier 1—Generic	\$10 copay	\$10 copay & 50%	\$10 copay	50% after deductible
Tier 2—Preferred Brand	\$40 copay	\$40 copay & 50%	\$45 copay	50% after deductible
Tier 3—Non-Preferred Brand	\$70 copay	\$70 copay & 50%	\$90 copay	50% after deductible
Tier 4—Specialty Rx	20% after deductible	Not covered	20% after deductible	Not covered
Mail Order—Supply Limit	90-day supply		90-day supply	
Mandatory Mail Order	Not applicable		Not applicable	
Tier 1—Generic	\$25 copay	Not covered	\$25 copay	Not covered
Tier 2—Preferred Brand	\$100 copay	Not covered	\$112.50 copay	Not covered
Tier 3—Non-Preferred Brand	\$175 copay	Not covered	\$225 copay	Not covered

* Embedded - No one individual must meet more than the individual limit.

** HRA funds are provided by Tribute Baking Company.

For out-of-network coverage details, please refer to your summary of benefits and coverage (SBC), summary plan description (SPD), or an official plan document.

Monthly Employee Contributions

Coverage Tier	\$1,500 PPO with HRA	\$4,000 PPO with HRA
EE Only	\$215.19	\$125.00
EE+Sp	\$643.39	\$454.00
EE+Ch	\$551.33	\$389.00
Family	\$980.60	\$692.00

* This highlighted amount is your monthly rate per coverage tier.



UNDERSTANDING THE HRA PLAN USING WEX DEBIT CARD

How Your HRA Works for In-Network Claims

In our HRA arrangement, only Tribute Bakery can contribute dollars to your HRA. Tribute Bakery owns this account and the funds within it.

If you elect **single or family coverage** you will receive the following HRA funding from Tribute Bakery in an HRA bank account established with **WEX** on your behalf:

- \$1,500 PPO Plan with HRA—\$1,500 single and \$3,000 family in HRA funds.
- \$4,000 PPO Plan with HRA—\$2,000 single and \$4,000 family in HRA funds

The HRA funds may be used for expenses which are subject to your plan deductible. When you have a healthcare expense which applies towards your plan deductible, you will use the provided **WEX** debit card to pay the provider for services until the HRA-funded amount provided by Tribute is depleted. Once the funds are depleted, you will be responsible for the applicable copays and coinsurance until the out-of-pocket maximum is reached.

Eligible Deductible Expenses

Medical/Rx services that are not covered by one of the copays listed in your plan document is an eligible deductible expense.

For example, a generic prescription with a \$10 copay does not apply towards your deductible, therefore the cost of your prescription would not be covered with HRA funds.

Medical Plan Deductible		Scenario
Individual Coverage	\$1,500 individual calendar year deductible	1st Claim: Total: \$1500 Amount Subject to Deductible: \$1500 When you receive a bill from the provider use your HRA debit card to remit payment. HRA Pays: \$1500 directly to the provider HRA Balance: \$0.00 and individual plan deductible will be met You will begin to pay copays and coinsurance until you reach your Maximum Out of Pocket Limit of \$4,500 (Less the \$1500 deductible) Once the Maximum Out of Pocket Limit is reached the insurance plan will cover 100% of your cost



Manage Wex Debit Card Online

WEX will offer participants access to manage their benefit account(s) online.

To Set Up your Account, Complete the Following Steps:

1. Navigate to our website, www.wexinc.com, and select "Login" at the top of the page.
2. Then select "WEX Benefits." Under "Participant Accounts" select "HSA, FSA, HRA/Wellness & Commuter."

Please note Tribute Bakery only has an HRA account. All other accounts listed under this link do not apply to your benefits.

3. Under "New User" select "Get Started."
4. Complete the required fields to verify your identity and select "Next."

Important: Your information must match what your employer provided to us.

5. Check your email, provide the one-time password you received, and then select "Next."

Note: We'll send the one-time password to the email address we have on file.

6. Complete the required fields for your personal information and select "Next."
7. Enter all applicable contact information as this will help recover your account if you forget your username or password. Select "Next."
8. Set up your five security questions and select "Next."

Note: Your security answers aren't case-sensitive.

9. Change your username and set up your password, and then select "Submit." Important: If you don't want to change your username, keep track of the system-generated username provided to you.
10. Add a mobile number and any authorized representatives, if desired, and finalize your account setup.

Knowing your Pharmacy Benefits

You can locate participating pharmacies where you can fill your prescription and view the BCBS IL prescription formulary at myprime.com/en/find-pharmacy.html.

To view participating pharmacies near you, follow the steps below:

- Visit the website listed above and then click “continue without sign in” or enter your BCBS IL username and password
- Select “BCBS Illinois” as your health plan
- Select “Yes or No” if you are enrolled in Medicare Part D
- Select “Other BCBS IL Plans” as your health plan type and click continue
- Select the “Advantage Network” on the left side and click submit
- You can enter your ZIP code, city, state, or address in the search bar and the screen will show you which pharmacies you can visit in your area

To view the BCBS IL formulary, follow the steps below:

- Visit the website listed above and then click “continue without sign in” or enter your BCBS IL username and password
- Select “BCBS Illinois” as your health plan
- Select “Yes or No” if you are enrolled in Medicare Part D
- Select “Other BCBS IL Plans” as your health plan type and click continue
- Select the “Advantage Network” on the left side and click submit
- Select “Medicines” in the top left corner of the screen and click “Find medicines”
- Select the “BCBS IL Enhanced Drug List” and click apply
- Choose the prescription you are taking or your doctor is recommending to see if it will be covered under your medical plan

BlueCross BlueShield Member Site

The BCBS member site, www.bcbsil.com/member, offers many valuable services including the following.

- Providers and pharmacy searches
- Prescription drug formulary
- Access to temporary ID cards and means to order another ID card
- Information regarding paid and pending claims
- Health and wellness information

You can search for participating providers on the BCBS site, www.bcbsil.com. Complete the following steps.

1. Go to [bcbsil.com](https://www.bcbsil.com)
2. Select Find a Doctor or Hospital
3. Select Search as Guest to find providers when shopping for a health plan
4. Enter any of the following under Optimize Your Browse Experience:
 - City
 - State
 - ZIP code
5. Complete at least one of the following:
 - Select Category
 - Enter Provider’s Name or Specialty
6. Select plan/network
 - More focused results
 - Searching all plans/networks will sort by distance
 - Select a particular plan/network to sort by best match
7. Select Accepting New Patients or adjust distance from selected location
8. Select the provider you wish to view

To register on the BCBS member site, visit [bcbsil.com/member](https://www.bcbsil.com/member), click register now and use the information on your BCBSIL ID card to complete your registration.

WELLNESS BENEFITS

As part of your membership with BCBS of IL you will have access to the following wellness programs.

Well onTarget

- **Self-directed courses:** These courses let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking, and managing stress. Track your progress as you make your way through each lesson.
- **Health and wellness content:** The health library teaches and empowers through evidence-based, reader friendly articles.
- **Tools and trackers:** These resources can help keep you on course while making wellness fun. Use symptom checkers and health trackers.
- **Health assessment:** The health assessment uses adaptable questions to learn more about you. After you take the health assessment, you will receive a personal wellness report. This confidential report offers tips for living your healthiest life. Your answers will help tailor the Well onTarget portal with the programs that may help you reach your goals.
- **Blue points program:** Blue points can help motivate you to maintain a healthy lifestyle. Earn points for participating in wellness activities. You can redeem points in the online shopping mall*. The program gives you points instantly, so you can use them right away. If you want a larger reward, you can purchase additional points when you click check out.
- **Fitness program:** Fitness can be easy, fun, and affordable. The fitness program is a flexible membership program that gives you unlimited access to a nationwide network of more than 10,000 fitness locations. If you want, you can choose one location close to home and one near work. And you can visit locations while you're on vacation or traveling for work.

Other program perks include:

- **No long term contract:** Membership is month to month. Monthly fees are \$25 per month with a one-time enrollment fee of \$25 per member.
- **Blue points:** Get 2,500 points for joining the fitness program. Earn additional points for weekly visits.
- **Convenient payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

To join the fitness program, call **888.762.BLUE (2583)**.

* Blue point rewards are taxable.

Virtual Visits

Getting sick is never convenient and finding time to get to the doctor can be hard. Blue Cross Blue Shield of Illinois provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you are at home or traveling, access to a independently board-certified doctor is available 24/7. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can be a better alternative than going to the urgent care center or emergency room.

The most common conditions treated with this service are:

- Allergies
- Asthma
- Nausea
- Sinus infections
- Cold
- Flu
- Pink eye
- Anxiety/depression

To use the virtual visit service, you can:

- Visit their website at [MDLIVE.com/BCBSIL](https://www.mdlive.com/BCBSIL)
- Download their mobile app, MDLIVE app from the app store
- Call MDLIVE **888.676.4204**

To register, simply provide your first and last name, date of birth, and BCBSIL member ID.





IDENTITY THEFT PROTECTION

ProtectMyID Through Experian

As part of your membership with BCBS of IL you will have access to the following Identity Theft program ProtectMyID through Experian.

An estimated 85 million records were exposed in 2014 due to data breaches. That's why ProtectMyID checks for signs that you might be at risk for identity theft. Experian closely monitors your personal information. Experian alerts you when new activity occurs in your name. Then they closely help you recover.

ProtectMyID services are available to all members enrolled in either medical plan. The following services come with ProtectMyID:

- Daily credit monitoring and timely alerts:
 - Early warning surveillance alerts notify members of key credit report changes
 - Timely notification empowers members to quickly and efficiently respond to potential identity theft
- US-based fraud resolution team:
 - Can help to investigate and address both credit and non-credit-related fraud
 - Highly trained professionals that can contact credit grantors to dispute charges, close accounts, and provide additional assistance as needed
- Experian credit report:
 - Members can check for past inaccuracies and signs of identity theft

For questions about ProtectMyID or to enroll, call **866.926.9803**.

DENTAL

Dental coverage is offered through Guardian.

	Benefits			
	Base Plan		Buy-Up Plan	
Deductible				
Individual	\$50		\$50	
Family	\$150*		\$150*	
Annual Maximum				
Maximum Rollover				
Threshold			\$1,000	
Rollover Amount			\$500	
Rollover Bonus Amount			\$750	
Account Limit			\$1,500	
Coinsurance				
	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Services (teeth cleaning, exams, etc.)	100% no deductible	80% no deductible	100% no deductible	100% no deductible
Basic Services (fillings, endodontics, surgical periodontics, etc.)	80% after deductible	80% after deductible	90% after deductible	80% after deductible
Major Services (crowns, implants, bridges & dentures, veneers, etc.)	50% after deductible	50% after deductible	60% after deductible	50% after deductible
Orthodontia	Not covered	Not covered	50% for Children (Orthodontia in progress—covered)	
Orthodontia Lifetime Maximum	Not applicable		\$2,500	

Notes: Family Deductible is \$50 per individual until the \$150 is met.

Monthly Dental Rates

Dental	Base Plan	Buy-Up Plan
Employee Only	\$13.72	\$26.51
Employee and Spouse	\$27.85	\$53.83
Employee and Child(ren)	\$30.46	\$77.77
Employee and Family	\$47.16	\$112.96

VISION

Vision coverage is offered through Guardian. Guardian utilizes the VSP vision network.

	Benefits	
	In-Network	Out-of-Network
Exam	\$10 copay	\$39 allowance
Lenses	\$25 copay	\$23-\$64 allowance
Frames	\$25 copay	Not covered
Contacts	\$200 allowance	\$100 allowance

Monthly Vision Rates

Vision	
Employee Only	\$3.28
Employee and Spouse	\$5.53
Employee and Child(ren)	\$5.64
Employee and Family	\$8.92



EMPLOYEE ASSISTANCE PLAN (EAP)

WorkLife Matters is Guardian's comprehensive Employee Assistance Program (EAP). This is available at no cost to you regardless of your enrollment in any other benefits offered.

You can receive expert support services to assist you and your family with a variety of life issues from family care, stress, depression, or addiction.

Key Services

- Unlimited telephonic counseling through a convenient toll-free number.
- Up to three face-to-face visits per family member, per year, with a doctoral psychologist or other behavioral health professional.
- Variable resources to assist persons who are facing life challenges such as locating childcare, providing elder care, planning for adoption, or learning about pregnancy or child development.
- A comprehensive, online database including information on everyday home and family issues—accessible 24 hours a day, 7 days a week.
- Unlimited legal advice by telephone, referral to a local attorney for a free 30-minute session, and any additional legal service at a 25% discount. These services may include, but are not limited to, real estate living wills and estate and probate law.



LIFE INSURANCE

We know financial security and planning is a top priority for you. This is why we offer Life and Accidental Death & Dismemberment insurance benefits to help financially protect you and your family if your income were suddenly lost. Life and AD&D insurance is provided through Guardian.

Employee Voluntary Life and AD&D Insurance

You are eligible to purchase additional life/AD&D insurance in increments of \$10,000 not to exceed \$200,000. The maximum amount you can receive without being subject to evidence of insurability (EOI) is \$150,000. Employees who do not enroll in this coverage when they initially become eligible may be required to submit evidence of insurability (EOI) or proof of good health.

Spouse and Dependent Voluntary Life and AD&D Insurance

If you elect voluntary life/AD&D coverage for yourself, you can also elect voluntary life/AD&D coverage for your spouse in coverage increments of \$5,000 up to a maximum of \$100,000 or 50% of the employee elected amount. The amount your spouse can receive without requiring evidence of insurability (EOI) is \$50,000. Dependent child life coverage is available in coverage levels of \$5,000 or \$10,000 (not to exceed 100% of the employee elected amount). Individuals who do not enroll in this coverage when they initially become eligible may be required to submit evidence of insurability (EOI) or proof of good health.

Monthly Cost

Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000
0-29	\$0.098	\$0.098
30-34	\$0.103	\$0.103
35-39	\$0.138	\$0.138
40-44	\$0.205	\$0.205
45-49	\$0.329	\$0.329
50-54	\$0.542	\$0.542
55-59	\$0.876	\$0.876
60-64	\$1.389	\$1.389
65-69	\$2.798	\$2.798
70-74	\$5.288	\$5.288
75-79	\$5.288	\$5.288
80+	\$5.288	\$5.288
AD&D (all ages)	\$0.024	\$0.024
Child(ren)	Child cost per \$1,000 is \$0.139 for life insurance and \$0.024 for AD&D	

Actual per pay period premiums may differ slightly due to rounding. All spouse rates are based upon employee age. Rates vary by age and may be subject to change in the future. Benefits will reduce based on age (see Benefits Reduction Schedule for details).

How to Calculate Your Monthly Cost:

- **Step 1:** Use the chart above to find your monthly rate based on your age as of your effective date. Add in the AD&D rate of \$0.024.
- **Step 2:** Multiply this rate by your desired coverage amount, in units. Reference the table above to find the appropriate unit amounts for employees and/or dependents.
- **Step 3:** The result is the monthly cost.

REMEMBER

Beneficiary Reminder: If you live in one of the following states **AZ, CA, ID, LA, NM, NV, TX, WA, WI**, you may need your spouse's consent to name anyone other than him or her as your primary beneficiary...

Taxes: A group term life benefit of \$50,000 or more is considered a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

The company automatically provides you a benefit of \$10,000 at no cost to you, for life insurance and accidental death and dismemberment insurance.

DISABILITY INSURANCE

Short and long term disability insurance is provided on a voluntary basis through Guardian. Employees who do not enroll in this coverage when they initially become eligible may be required to submit evidence of insurability (EOI) or proof of good health.

Short Term Disability (STD)

You are eligible to purchase short term disability insurance to offer you financial assistance in the event you are unable to work following a non-work-related accident or illness. The plan covers 60% of your pre-disability earnings up to a weekly maximum of \$1,500 for up to 11 weeks. There is a 14-day waiting period after you become disabled.

Employee's Monthly Cost of STD Coverage

Age	Monthly Rate Per \$10 of Weekly Benefit
0-24	\$0.300
25-29	\$0.400
30-34	\$0.510
35-39	\$0.420
40-44	\$0.300
45-49	\$0.350
50-54	\$0.440
55-59	\$0.510
60-64	\$0.720
65-69	\$0.720
70+	\$0.720

Actual per pay period premiums may differ slightly due to rounding. Rates vary by age and may be subject to change in the future.

How to Calculate Your Monthly Cost:

- **Step 1:** Divide your annual salary by 52 to calculate your weekly earnings.
- **Step 2:** Multiply your weekly earnings by 60% to determine the weekly benefit amount. If this weekly benefit amount is greater than \$1,500, use \$1,500 in Step #4.
- **Step 3:** Use the chart to the left to find your monthly rate based on your age.
- **Step 4:** Divide your weekly earnings from Step #2 by \$10, then multiply the result by the rate determined in Step #3. This will equal your monthly rate.

When applicable, this coverage will integrate with the following state mandated disability benefits: NJ, NY, CA, HI, PR, DA, and WA



Long Term Disability (LTD)

You are eligible to purchase long term disability insurance to offer you financial assistance in the event you are unable to work for a longer period of time than short term disability would otherwise cover. The plan covers 60% of your pre-disability earnings up to a \$10,000 monthly maximum. Benefits will continue as long as you remain disabled up to Social Security normal retirement age.

Employee's Monthly Cost of LTD Coverage

Age	Monthly Rate per \$100 of Monthly Covered Earnings
0-24	\$0.210
25-29	\$0.250
30-34	\$0.490
35-39	\$0.770
40-44	\$1.130
45-49	\$1.670
50-54	\$2.290
55-59	\$2.670
60-64	\$2.510
65-69	\$2.510
70+	\$2.510

Actual per pay period premiums may differ slightly due to rounding. Rates vary by age and may be subject to change in the future.

How to Calculate Your Monthly Cost:

- **Step 1:** Divide your annual salary by 12 to calculate your monthly earnings.
- **Step 2:** Use the chart above to find your monthly rate based on your age.
- **Step 3:** Multiply this rate by your monthly earnings.
- **Step 4:** Divide the total by 100. The result is your monthly cost.

ACCIDENT INSURANCE

Injuries occurring off the job can be protected with Guardian Accident Insurance. This plan is designed to pay cash directly to you, the employee. This additional cash support can be used to help pay any out-of-pocket expenses related to the injury. Payments are made tax free, to be used at your direction.

Wellness Benefit: \$50 per insured per year for completing routine wellness screenings.

Some Covered Benefits	Benefit Amount
Hospital Admission	\$1,000
Daily Hospital Confinement (up to 365 days)	\$250
Daily ICU Confinement (up to 15 days)	\$500
Burns	Up to \$12,000
Ambulance (ground/air)	\$200/\$1,000
Torn Knee Cartilage	\$500

Example: Broken Ankle	Benefit Amount
Emergency Room With X-Ray	\$240
Broken Ankle, Closed Reduction (no surgery)	\$1,200
Physical Therapy (per session)	\$35
Physician Follow-Up (per visit)	\$50
Total Dollars Payable To Employee	\$1,525

Monthly Rates

Accident Plan	
Employee Only	\$12.96
Employee and Spouse	\$21.65
Employee and Child(ren)	\$22.78
Employee and Family	\$31.46



CRITICAL ILLNESS INSURANCE

There can be a lot of expenses associated with a critical illness and a major medical plan may not cover them all. Critical Illness coverage with Guardian pays cash directly to you, the employee, upon a diagnosis listed in the table shown below.

You have the option to select the tiered coverage amount of your choice with no pre-existing condition limitations. Employees can elect up to \$20,000 in guaranteed issue coverage. Spouses can elect up to 50% of the Employee coverage amount. Child(ren) coverage is automatically included at 25% of the Employee benefit amount. An Employee must elect coverage for dependents to elect coverage as well.

Wellness Benefit: \$50 per insured per year for completing certain wellness screenings.

Covered Conditions	Percentage of Benefit Amount Paid at Initial Diagnosis	Employee Guaranteed Issue Coverage Amount
Heart Attack	100%	Up to \$20,000
Stroke	100%	Up to \$20,000
Invasive Cancer	100%	Up to \$20,000
Kidney Failure	100%	Up to \$20,000
Organ Failure	100%	Up to \$20,000
Heart Failure	100%	Up to \$20,000
Coma	100%	Up to \$20,000
Complete Blindness	100%	Up to \$20,000
Complete Loss of Hearing	100%	Up to \$20,000
Complete Loss of Speech	100%	Up to \$20,000
Parkinson's Disease	100%	Up to \$20,000
Lou Gehrig's Disease/ (ALS)	100%	Up to \$20,000
Severe Burns	100%	Up to \$20,000
Benign Brain Tumor	75%	Up to \$15,000
Alzheimer's Disease	50%	Up to \$10,000
Huntington's Disease	30%	Up to \$6,000
Multiple Sclerosis	30%	Up to \$6,000
Coronary Arteriosclerosis	30%	Up to \$6,000
Carcinoma in Situ	30%	Up to \$6,000
Addison's Disease	30%	Up to \$6,000
Permanent Paralysis	50% for 1 limb or 100% for 2 limbs	Up to \$10,000 or \$20,000
Skin Cancer	\$250	\$250

Childhood Covered Diseases	Child Benefit Percentage	Child Benefit Amount
Cerebral Palsy	25%	Up to \$5,000
Cleft Lip/Palate	25%	Up to \$5,000
Club Foot	25%	Up to \$5,000
Cystic Fibrosis	25%	Up to \$5,000
Down's Syndrome	25%	Up to \$5,000
Muscular Dystrophy	25%	Up to \$5,000
Spina Bifida	25%	Up to \$5,000
Type 1 Diabetes	25%	Up to \$5,000

Age	Monthly Rate Per \$10,000 Benefit
0-24	\$6.50
25-29	\$6.50
30-34	\$9.10
35-39	\$9.10
40-44	\$17.20
45-49	\$17.20
50-54	\$31.60
55-59	\$31.60
60-64	\$48.70
65-69	\$48.70
70-74	\$94.80
75-79	\$94.80
80+	\$94.80

HOW TO CALCULATE YOUR PAYCHECK AMOUNT PER BENEFIT?

Please use this benefit guide to obtain the monthly rate per benefit.

Weekly pay use _____ ×12 divided by 52 pay period = _____
Monthly Rate Weekly Deduction

Bi-Weekly pay use _____ ×12 divided by 26 pay period = _____
Monthly Rate Bi-Weekly Deduction





Please read thoroughly. This publication contains important information about your employee benefit program.

This benefit guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.