

# 2023 Benefit Enrollment Guide



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## Welcome!

As a new employee, I want to welcome you to a new career with our company. You can take pride in the fact that you are now a team member of a premier provider of skilled health care services. We strive to provide excellent care for our residents and will help you attain excellence in your career with us.

An important part of your compensation package are the employee benefits made available to all eligible employees. Eligible employees are benefits eligible on the first of the month following 60 days of full-time employment. This guide will give you an overview of all of your available insurance benefit choices. Our H.R./ Benefits Team has worked hard to provide you with a broad choice of insurance benefits to protect you and your family in time of need. Please take the time to review the important information in this guide so you can make informed choices when selecting your benefits.

Please note, it is your decision whether to participate in any of the benefits offered. **It is mandatory to review the benefit offerings during the month prior to your benefit eligibility and review your benefit choices.** You can then enroll or decline any or all of the offerings.

To make the interview process as easy as possible, we have two ways for you to enroll:

### By Phone

Call the Enrollment Call Center at (314) 997-1110. The enrollment call center is open for you to enroll or ask any benefit related questions from 9am-6pm, Monday - Friday.

### Online

Visit [www.Chubb.Benselect.com/premier](http://www.Chubb.Benselect.com/premier). The username will be your full social security number and the PIN will be the last four digits of your social security number and the last two digits of your year of birth.

Again, welcome aboard! Wishing you much success!

*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

	Base Plan In-Network	Premium Plan In-Network	Premium Plus Plan In-Network
Deductible (Single/Family)	\$5,000/\$10,000	\$3,000/\$6,000	\$1,750/\$3,500
Out-of-Pocket Limit (Single/Family)	\$7,000/\$14,000	\$5,500/\$11,000	\$5,500/\$11,000
<b>Health care provider's office or clinic visit</b>			
<b>Primary care visit to treat an injury or illness</b>	\$35 co-pay/ visit; deductible doesn't apply	\$25 co-pay/ visit; deductible doesn't apply	\$25 co-pay/ visit; deductible doesn't apply
<b>Specialist visit</b>	\$65 co-pay/ visit; deductible doesn't apply	\$50 co-pay/ visit; deductible doesn't apply	\$40 co-pay/ visit; deductible doesn't apply
	<i>Chiropractic Care – Limit 25 visits per plan year</i>		
<b>Preventive care/screening/immunization</b>	No charge	No charge	No charge
	<i>You may have to pay for services that aren't preventive.</i>		
<b>Lab Tests</b>			
<b>Diagnostic test (x-ray, blood work)</b>	Lab / Blood Work: \$35 co-pay; deductible doesn't apply X-Ray: \$65 co-pay; deductible doesn't apply	Lab / Blood Work: \$25 co-pay; deductible doesn't apply X-Ray: \$50 co-pay; deductible doesn't apply	Lab / Blood Work: \$25 co-pay; deductible doesn't apply X-Ray: \$40 co-pay; deductible doesn't apply
<b>Imaging (CT/PET scans, MRIs)</b>	30% coinsurance after deductible <i>Preauthorization is required</i>	20% coinsurance after deductible <i>Preauthorization is required</i>	20% coinsurance after deductible <i>Preauthorization is required</i>
<b>Prescription Drugs</b>			
<b>Generic drugs</b>	\$15 co-pay Retail \$30 co-pay Mail Order	\$10 co-pay Retail \$20 co-pay Mail Order	\$10 co-pay Retail \$20 co-pay Mail Order
<b>Preferred brand drugs</b>	\$60 co-pay Retail \$120 co-pay Mail Order	\$50 co-pay Retail \$100 co-pay Mail Order	\$50 co-pay Retail \$100 co-pay Mail Order
<b>Non-preferred brand drugs</b>	\$100 co-pay Retail \$200 co-pay Mail Order	\$75 co-pay Retail \$150 co-pay Mail Order	\$75 co-pay Retail \$150 co-pay Mail Order
<b>Specialty drugs</b>	Not Covered	Not Covered	Not Covered
<b>More information about prescription drug coverage is available at 877-647-4026.</b>	<i>Covers up to a 30-day supply (retail subscription); 31-90 day supply (mail order prescription). Deductible waived for Rx.</i>		
<b>Outpatient Surgery</b>			
<b>Facility fee</b> (e.g., ambulatory surgery center)	30% coinsurance after deductible <i>Preauthorization is required</i>	20% coinsurance after deductible <i>Preauthorization is required</i>	20% coinsurance after deductible <i>Preauthorization is required</i>
<b>Physician/surgeon fees</b>	\$65 co-pay/ visit; deductible doesn't apply	\$50 co-pay/ visit; deductible doesn't apply	\$40 co-pay/ visit; deductible doesn't apply
<b>Immediate Medical Attention</b>			
<b>Emergency room services</b>	\$500 co-pay; deductible doesn't apply	\$500 co-pay; deductible doesn't apply	\$500 co-pay; deductible doesn't apply
	<i>co-pay is waived if admitted as inpatient from ER. All facilities are covered as in-network subject to meeting "emergency" criteria</i>		
<b>Emergency medical transportation</b>	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<b>Urgent care</b>	\$65 co-pay/ visit; deductible doesn't apply	\$50 co-pay/ visit; deductible doesn't apply	\$40 co-pay/ visit; deductible doesn't apply
<b>Hospital Stay</b>			
<b>Facility fee (e.g., hospital room)</b>	30% coinsurance after deductible <i>Preauthorization is required</i>	20% coinsurance after deductible <i>Preauthorization is required</i>	20% coinsurance after deductible <i>Preauthorization is required</i>
<b>Physician/surgeon fee</b>	30% coinsurance after deductible <i>Preauthorization is required</i>	20% coinsurance after deductible <i>Preauthorization is required</i>	20% coinsurance after deductible <i>Preauthorization is required</i>

Mental Health, Behavioral Health, Or Substance Abuse Needs			
<b>Outpatient services</b>	\$65 co-pay; deductible doesn't apply	\$50 co-pay; deductible doesn't apply	\$50 co-pay; deductible doesn't apply
<i>Preauthorization is required for intensive care outpatient service</i>			
<b>Inpatient services - Preauthorization is required</b>	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Pregnancy			
<b>Office visits</b>	\$35 co-pay/ 1st Visit; deductible doesn't apply	\$25 co-pay/ 1st Visit; deductible doesn't apply	\$25 co-pay/ 1st Visit; deductible doesn't apply
<i>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).</i>			
<b>Childbirth/delivery professional services - Preauthorization is required</b>	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<b>Childbirth/delivery facility services - Preauthorization is required</b>	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Recovery or Other Special Health Needs			
<b>Home health care</b>	\$65 co-pay/ Visit; deductible doesn't apply	\$50 co-pay/ Visit; deductible doesn't apply	\$40 co-pay/ Visit; deductible doesn't apply
<i>Preauthorization is required. Maximum 60 visits per plan year</i>			
<b>Rehabilitation services</b>	\$65 co-pay/ Visit; deductible doesn't apply	\$50 co-pay/ Visit; deductible doesn't apply	\$40 co-pay/ Visit; deductible doesn't apply
<i>Preauthorization is required. Maximum 30 visits per therapy per plan year. Includes physical therapy, speech therapy, and occupational therapy.</i>			
<b>Habilitation services</b>	\$65 co-pay/ Visit; deductible doesn't apply	\$50 co-pay/ Visit; deductible doesn't apply	\$40 co-pay/ Visit; deductible doesn't apply
<i>Preauthorization is required. Maximum 30 visits per plan year</i>			
<b>Skilled nursing care - Preauthorization is required</b>	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<i>60 day maximum per plan year.</i>			
<b>Durable medical equipment - Preauthorization is required</b>	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
<b>Hospice service - Preauthorization is required</b>	30% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Children's Dental or Eye Care			
<b>Children's eye exam</b>	Not Covered	Not Covered	Not Covered
<b>Children's glasses</b>	Not Covered	Not covered	Not covered
<b>Children's dental check-up</b>	Not Covered	Not covered	Not covered
Services Your Plan Does NOT Cover			
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Advanced Infertility Services including Artificial Insemination and InVtro Fertilization</li> <li>• Bariatric Surgery</li> <li>• Cosmetic Surgery</li> <li>• Dental Care (Routine)</li> <li>• Foot Care (Routine)</li> <li>• Genetic Testing unless medically necessary</li> <li>• Hearing Aids</li> <li>• Maternity Care Coverage for dependent daughters</li> <li>• Non-Emergency Services outside of United States</li> <li>• Non-Emergency Services in Emergency Room setting                             <ul style="list-style-type: none"> <li>• Private Duty Nursing</li> <li>• TMJ Treatment</li> </ul> </li> <li>• Vision Hardware (limited coverage on examination)                             <ul style="list-style-type: none"> <li>• Voluntary Sterilization</li> <li>• Weight Loss Programs</li> </ul> </li> </ul>			
Other Covered Services (Limitations may apply to these services)			
• Chiropractic care		• Infertility Services (Basic)	



### Premier Management Support Employees,

UHP Management plans provide open access to your healthcare providers. To make sure that everything goes smoothly, our concierge service will help explain your benefit plan coverage to your healthcare providers before your next appointment.

*Are you concerned about an upcoming appointment? Need help finding a provider? Call us on the customer service line at (855) 375-7125 We'll be with you every step of the way!*

To get started,

(1) Use this tool to see if your doctors already participate with your plan:

<https://tinyurl.com/UHPProviderSearch>

**If you find your doctor, you are all set!** Your provider participates with the *PHCS Practitioner & Ancillary network* or our Claim Watcher program. The directory indicates the affiliation of the provider. Please mention the appropriate logo on your ID card when scheduling an appointment **after your plan effective date of 1/1/2023.**

(2) If you don't find your doctor using that tool, we're here to help you! All we need to get started is your healthcare provider's information. Use the link or QR code below to fill out the form:

<https://tinyurl.com/UHPPREM>



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If you fill out the form for providers not found at <https://tinyurl.com/UHPProviderSearch> you will receive a follow up call close to your appointment date or effective date. We will let you know that our concierge team has reached out to your provider. You will be all set!

### **Do not pay full charges at time of service.**

There are no additional costs to see a provider outside the PHCS Practitioner Only network or Claim Watcher program, as long as you fill out the form or call Customer Service prior to your appointment. We will work with your provider to ensure that you are not required to pay the full charged amount.

UHP's provider team has a 96% success rate in getting our clients seen by the provider of their choice. On the rare occasion when a provider is not willing to work with us, our team will find alternate providers willing to work with the plan.

**If you have questions, call us at (855)375-7125 and we will be happy to assist you.**



## Dental Insurance

Plan Features:	High Plan		Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b> (Individual/Family) <i>Applies to Basic &amp; Major services</i>	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
<b>Preventive Services</b>	100%	100%	100%	100%
<b>Basic Services</b>	80%	80%	80%	80%
<b>Major Services</b>	50%	50%	0%	0%
<b>Calendar Year Maximum</b>	\$1,750	\$1,750	\$1,500	\$1,500
<b>Orthodontia</b>	50%	50%	Not Covered	Not Covered
<b>Orthodontia Lifetime Maximum</b>	\$1,500	\$1,500	Not Covered	Not Covered

High Plan
<b>Preventive Services</b>
<i>Benefits are payable immediately from the start date of an individual's benefits</i>
<b>Examinations</b> <i>1 time in 6 months</i>
<b>Examinations – Problem Focused</b> <i>Combined with Examinations Limit</i>
<b>Prophylaxis: Cleanings</b> <i>1 time in 6 months</i>
<b>Sealants</b> <i>1 per molar in 60 months for a child under age 16</i>
<b>Space Maintainers</b> <i>1 per lifetime for a child under age 16</i>
<b>Fluoride</b> <i>1 time in 12 months for a dependent child under age 16</i>
<b>Full Mouth X-Rays</b> <i>Once in 60 months</i>
<b>Bitewing X-Rays</b> <i>For a child under 14: 1 time in 12 months, Adult: 1 time in 12 months</i>
<b>Periapical X-Rays</b>
<b>Other X-Rays</b>
<b>Basic Services</b>
<i>Benefits are payable immediately from the start date of an individual's benefits</i>
<b>Amalgam Fillings</b> <i>1 replacement per surface in 24 Months</i>
<b>Root Canal</b> <i>1 per tooth per lifetime</i>
<b>Periodontal Maintenance</b> <i>2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)</i>
<b>Scaling &amp; Root Planing</b> <i>1 per quadrant in any 24 month period</i>
<b>Labs &amp; Other Tests</b>
<b>Emergency Palliative Treatment</b>
<b>Resin Composite Fillings</b> <i>(excludes coverage for composite fillings on molars)</i>
<b>Pulpotomy</b>
<b>Pulp Capping</b>
<b>Pulp Therapy</b>
<b>Apexification &amp; Recalcification</b>

Low Plan
<b>Preventive Services</b>
<i>Benefits are payable immediately from the start date of an individual's benefits</i>
<b>Examinations</b> <i>1 time in 6 months</i>
<b>Examinations – Problem Focused</b> <i>Combined with Examinations Limit</i>
<b>Prophylaxis: Cleanings</b> <i>1 time in 6 months</i>
<b>Fluoride</b> <i>1 time in 12 months for a dependent child under age 14</i>
<b>Bitewing X-Rays</b> <i>For a child under 14: 1 time in 12 months, Adult: 1 time in 12 months</i>
<b>Basic Services</b>
<i>Benefits are payable immediately from the start date of an individual's benefits</i>
<b>Sealants</b> <i>1 per molar in 60 months for a child under age 14</i>
<b>Space Maintainers</b> <i>1 per lifetime for a child under age 14</i>
<b>Full Mouth X-Rays</b> <i>Once in 60 months</i>
<b>Amalgam Fillings</b> <i>1 replacement per surface in 24 Months</i>
<b>Labs &amp; Other Tests</b>
<b>Emergency Palliative Treatment</b>
<b>Periapical X-Rays</b>
<b>Other X-Rays</b>
<b>Resin Composite Fillings</b> <i>(excludes coverage for composite fillings on molars)</i>
<b>Oral Surgery: Simple Extractions</b>
<b>Oral Surgery: Surgical Extractions</b>
<b>Other Oral Surgery</b>
<b>General Services</b>
<b>Major Services</b>
<i>Services are not provided with this plan</i>

High Plan
<b>Basic Services - <i>continued</i></b>
<b>Periodontics – Non-Surgical</b>
<b>Oral Surgery: Simple Extractions</b>
<b>Oral Surgery: Surgical Extractions</b>
<b>Other Oral Surgery</b>
<b>General Services</b>
<b>Major Services</b>
<i>Benefits are payable immediately from the start date of an individual's benefits</i>
<b>Consultations</b> <i>1 in 12 months</i>
<b>Periodontal Surgery</b> <i>1 per quadrant in any 36 month period</i>
<b>Prefabricated Crowns</b> <i>1 per tooth in 10 calendar years</i>
<b>Crown Buildups / Post Core</b> <i>1 per tooth in 10 calendar years</i>
<b>Repairs</b> <i>1 in 12 months</i>
<b>Recementations</b> <i>1 in 12 months</i>
<b>Dentures</b> <i>1 in 10 calendar years</i>
<b>Immediate Temporary Dentures – Complete / Partial</b> <i>1 replacement in 12 months</i>
<b>Dentures – Rebases / Relines</b> <i>1 in 36 months</i>
<b>Denture Adjustments</b> <i>1 in 12 months</i>
<b>Fixed Bridges</b> <i>1 in 10 calendar years</i>
<b>Inlays / Onlays /Crowns</b> <i>1 replacement per tooth in 10 calendar years</i>
<b>Implant Services</b> <i>1 per tooth position in 10 calendar years</i>
<b>Implant Repairs</b> <i>1 per tooth in 10 calendar years</i>
<b>Implant Supported Prosthetic</b> <i>1 per tooth in 10 calendar years</i>
<b>Tissue Conditioning</b> <i>1 in 36 months</i>
<b>Occlusal Adjustments</b> <i>1 in 12 months</i>
<b>General Anesthesia</b>
<b>Periodontal Surgery – Soft &amp; Connective Tissue Grafts</b>
<b>Orthodontics</b>
<i>Benefits are payable immediately from the start date of an individual's benefits</i>
<b>Orthodontic Diagnostics</b>
<b>Orthodontic Treatment</b>

## Vision Insurance

Vision care services	IN-NETWORK	OUT-OF-NETWORK
<b>Eye Examination</b>		
<b>Comprehensive exam of visual functions and prescription of corrective eyewear.</b>	\$10 Copay	\$45 allowance after \$0 copay
<b>Retinal Imaging</b> This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
<b>Materials / Eyewear</b>		
<b>Glasses</b>		
<b>Single Vision</b>	\$10 Copay	\$30 allowance after \$0 copay
<b>Lined bifocal</b>	\$10 Copay	\$50 allowance after \$0 copay
<b>Lined trifocal</b>	\$10 Copay	\$65 allowance after \$0 copay
<b>Lenticular</b>	\$10 Copay	\$100 allowance after \$0 copay
<b>Standard Lens Enhancement</b>		
<b>Ultraviolet coating</b>	Up to \$12	Applied to the allowance for the applicable corrective lens
<b>Standard Polycarbonate (child up to age 18)</b>	Covered in Full	Applied to the allowance for the applicable corrective lens
<b>Additional Lens Enhancements<sup>1</sup></b>		
<b>Progressive Standard</b>	Up to \$55	\$50 allowance
<b>Progressive Premium</b>	Up to \$110	\$50 allowance
<b>Progressive Ultra</b>	Up to \$150	\$50 allowance
<b>Progressive Ultimate</b>	Up to \$225	\$50 allowance
<b>Standard Polycarbonate (adult)</b>	Up to \$40	Applied to the allowance for the applicable corrective lens
<b>Scratch-resistant coating (variable by type)</b>	Up to \$15 - \$30	Applied to the allowance for the applicable corrective lens
<b>Tints (plastic lenses – Solid)</b>	Up to \$15	Applied to the allowance for the applicable corrective lens
<b>Tints (plastic lenses) – Gradient</b>	Up to \$18	Applied to the allowance for the applicable corrective lens
<b>Anti-reflective coating (variable by type)</b>	Up to \$50 - \$120	Applied to the allowance for the applicable corrective lens
<b>Photochromic (variable by type)</b>	Up to \$80	Applied to the allowance for the applicable corrective lens
<b>Blue Light Filtering</b>	Up to \$15	Applied to the allowance for the applicable corrective lens
<b>Digital Single Vision</b>	Up to \$30	Applied to the allowance for the applicable corrective lens
<b>Polarized</b>	Up to \$75	Applied to the allowance for the applicable corrective lens
<b>High Index (1.67/1.74)</b>	Up to \$80 / \$120	Applied to the allowance for the applicable corrective lens
<b>Frames</b>		
<b>Frame Allowance</b> <i>(You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.)</i>	\$150 allowance	\$70 allowance



Vision care services	IN-NETWORK	OUT-OF-NETWORK
<b>Contact Lenses</b>		
<b>Elective</b>	\$150 allowance	\$105 allowance
<b>Necessary</b>	Covered in full	\$210 allowance
<b>Contact Fitting and Evaluation</b>	Standard: Covered in Full after \$25 copay Specialty: \$50 allowance after \$25 copay	Applied to the contact lens allowance
<b>Value Added Features</b>		
<b>LASER VISION CORRECTION</b>	Savings of 40% - 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.	
<b>ADDITIONAL SAVINGS ON GLASSES AND SUNGLASSES</b>	20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements. <sup>2</sup>	
<b>ADDITIONAL SAVINGS ON LENS ENHANCEMENTS</b>	Average 20-25% savings on all lens enhancements not otherwise covered under the Superior Vision by MetLife vision benefit program. <sup>2</sup>	
<b>ADDITIONAL SAVINGS ON FRAMES</b>	20% off any amount over your frames allowance. <sup>2</sup>	
<b>SAVINGS ON ADDITIONAL EXAMS</b>	30% savings on additional exams. <sup>2</sup>	
<b>ADDITIONAL SAVINGS ON CONTACTS</b>	10% off any amount over your disposable contact lens allowance or 20% off any amount over your conventional contact lens allowance. <sup>2</sup> 10% - 20% discount on additional contacts. <sup>2</sup>	

<sup>1</sup>Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.

<sup>2</sup>These features may not be available in all states and with all In-Network Vision Providers. Please check with Your In-Network Vision Provider.

<b>Frequencies</b>	
<b>Examinations</b>	1 per 12 Months
<b>Standard Corrective Lenses</b>	1 per 12 Months
<b>Frames</b>	1 per 12 Months
<b>Contact Lenses</b>	1 per 12 Months
<b>Exclusions</b>	
<ul style="list-style-type: none"> <li>• Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits.</li> <li>• Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits.</li> <li>• Plano lenses (lenses with refractive correction of less than ± .50 diopter)</li> <li>• Two pairs of glasses instead of bifocals.</li> <li>• Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen or damaged, except at the normal intervals when Plan Benefits are otherwise available.</li> <li>• Orthoptics or vision training and any associated supplemental testing.</li> <li>• Medical or surgical treatment of the eyes.</li> <li>• Prescription and non-prescription medications.</li> <li>• Contact lens insurance policies or service agreements.</li> <li>• Refitting of contact lenses after the initial (90-day) fitting period.</li> <li>• Contact lens modification, polishing or cleaning.</li> <li>• Local, state and/or federal taxes, except where MetLife is required by law to pay.</li> <li>• Any eye examination or any corrective eyewear required as a condition of employment.</li> <li>• Services and supplies received by You or Your Dependent before the Vision Insurance starts for that person.</li> <li>• Missed appointments.</li> <li>• Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.</li> <li>• Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.</li> <li>• Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.</li> <li>• Services and materials obtained while outside the United States, except for emergency vision care.</li> <li>• Services, procedures, or materials for which a charge would not have been made in the absence of insurance.</li> </ul>	



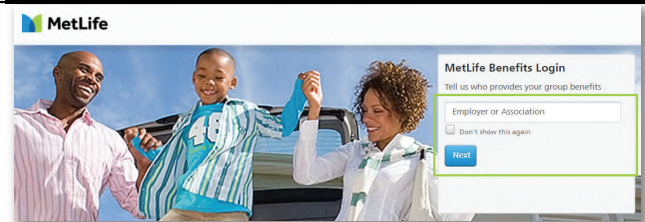
## How To Register On MyBenefits

MyBenefits provides you with a personalized, integrated and secure view of your MetLife delivered benefits. You can take advantage of a number of self-service capabilities as well as easy to access information. As a first-time user, you will need to register on MyBenefits by following the steps outlined below:

### Registration Process For MyBenefits:

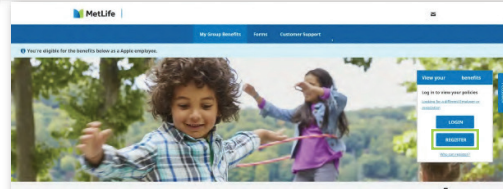
#### STEP 1 - Provide A Group Name

Access MyBenefits at [mybenefits.metlife.com](https://mybenefits.metlife.com). Enter your employer name, select it in the drop down and select 'Next'. Save this URL to access your MyBenefits account in the future.



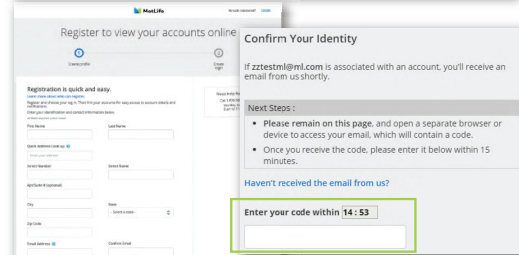
#### STEP 2 - Register

Once you have selected your employer, from the MyBenefits Home Page you will then select the 'Register' button. Note - Current users will select 'Log In' and enter their username and password.



#### STEP 3 - Enter Authentication Information

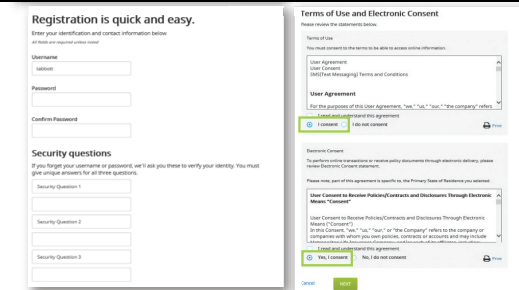
The next screen will begin by entering your name, address, phone number, e-mail (required) and unique security identifiers to confirm your identity. You will then receive a security code, via email or text, that you will need to enter to continue the registration process.



#### STEP 4 - Establish Account Credentials

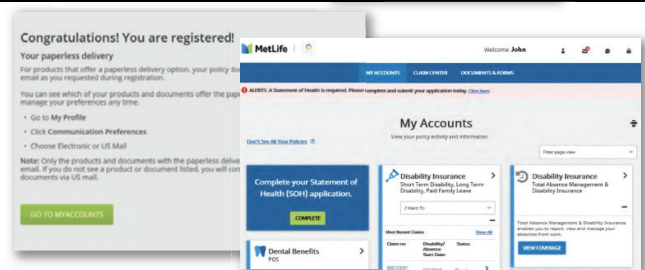
You will then be prompted to create a unique username and password for future access to MyBenefits, as well as choose and answer three identity verifications questions that will be used in the event you forget your password.

In addition to reading and agreeing to the Terms of Use, you will be asked to opt into electronic consent.



#### STEP 5 - Registration Is Complete

Once you have completed the process a 'congratulations' message window will display. You are now registered on MyBenefits! A registration confirmation email will be sent to the email address provided for your registration. You can immediately access your account information by selecting the 'Go To My Account' button within the congratulations window.



**PLEASE NOTE:** MetLife does not mail dental or vision cards to plan members. Members can register online to view and print their cards.

## Employer Paid Life and AD&D Insurance

Benefit Descriptions	
<b>*Benefit Amount:</b>	<b>\$50,000</b>
<b>Age Reduction:</b>	35% of the pre-age 65 amount at age 65; and an additional 25% of the pre-age 65 amount at age 70; and an additional 20% of the pre-age 65 amount at age 75. Terminates at Retirement.
<b>Family Medical Leave Ext.:</b>	Yes
<b>Bereavement Counseling:</b>	Yes
<b>Travel Assistance:</b>	Yes
<b>Portability:</b>	No
<b>AD&amp;D Coverage:</b>	24 Hour, excludes retirees.
<b>Seat Belt Benefit:</b>	10%
<b>Seat Belt/Air Bag Max:</b>	\$25,000

\*Flat/Incremental benefits may be subject to an earnings cap, see full plan summary for more details.

\*\*This may be expressed as Accelerated Benefit or Imminent Death Benefit.

## Bereavement Support Services Comfort and Guidance for Challenging Times

Bereavement Support Services provide confidential and professional support services to all covered employees and family members to cope with the loss of a loved one—at no extra cost.

Along with your coverage from Reliance Standard Life Insurance Company, you are offered access to unlimited and confidential telephonic grief counseling, legal and financial consultation through ACI Specialty Benefits just when you need it most.

### Grief Counseling

- **Unlimited** Telephonic Assessment and Referral

### Legal and Financial Services

- **Unlimited** Phone Consultation for Any Financial Issue
- **Unlimited** Phone Consultation for Any Legal Issue
- Online Legal and Financial Resource Center Including Document Preparation

### Program Access

- All Covered Employees and Family Members Eligible, Regardless of Location or Relationship
- 24/7, 365 Days-a-year Dedicated Toll-Free Line, Always Live Answer



### Questions or to Access Services

Contact ACI Specialty Benefits toll-free at

**855-RSL-HELP**

(855-775-4357)

[rsli@acieap.com](mailto:rsli@acieap.com)



# Life comes with challenges.

## Your Employee Assistance Program is here to help.

Available to all employees working +30 hours a week and enrolled in the Basic Life and AD&D.

Reach out to your Assistance Program for short-term counseling, financial coaching, caregiving referrals and a wide range of well-being benefits to reduce stress, improve mental health and make life easier.

The following services are free to use, confidential, and available to you and your family members:

### Mental Health Sessions

Up to 3 telephonic sessions to help manage stress, anxiety and depression, resolve conflict, improve relationships, overcome substance abuse and address any personal issues.

### Life Coaching

To help reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

### Financial Consultation

To help build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identity theft, and saving for retirement or tuition.

### Legal Consultation

To help with a variety of personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

### Life Management

To provide information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

### Personal Assistant

To help manage everyday tasks and give back time by providing information and referrals for home services, repairs, travel, entertainment, dining and personal services.

### Medical Advocacy

To help navigate insurance, obtain doctor referrals, secure medical equipment or transportation, and plan for transitional care and discharge.

### Member Portal and App

Access your benefits 24/7/365 with online requests and chat options, and explore thousands of articles, webinars, podcasts and tools covering total well-being.

## Getting Started Is Easy

1. Visit your landing page, <http://rsli.acieap.com>, and click on "Select Portal & App" in the top menu
2. Register to create a new account using your company code: **RSLI859**
3. A confirmation email will be sent to complete the process



Contact ACI Specialty Benefits  
**855-RSL-HELP** (855-775-4357)  
rsli@acieap.com  
<http://rsli.acieap.com>  
Company Code: RSLI859

**RELIANCE STANDARD**  
A MEMBER OF THE TOKIO MARINE GROUP

Powered by

**ACI** SPECIALTY  
BENEFITS  
An AllOne Health Company

RS-2505 (12/2021)

# ID Theft Recovery Services

## ID Theft Recovery Services

Should you or anyone in your family fall victim to identity theft, InfoArmor® Identity Protection Experts will provide restoration services including:

- ▶ Dedicated InfoArmor Privacy Advocates® to act on your behalf
- ▶ Identity restoration experts trained by the Identity Theft Resource Center
- ▶ Investigation and confirmation of fraudulent activity including known, unknown, and potentially complicated sources of identity theft
- ▶ Resolution of key issues by maintaining and explaining your rights
- ▶ Placing phone calls and preparing appropriate documentation on your behalf including anything from dispute letters to defensible complaints
- ▶ Assist in issuing fraud alerts and victim's statements when necessary, with the three consumer credit reporting agencies, Federal Trade Commission, Social Security Administration and the U.S. Postal Service
- ▶ Completing and providing copies of all documentation, correspondence, forms and letters for your records
- ▶ Contacting, following up and escalating issues with affected agencies and institutions
- ▶ Providing restoration beyond just credit including criminal, DMV, medical

## WalletArmor®

WalletArmor® provides 24/7 Online Credential Monitoring on the Internet's Underground economy. We'll know quickly if there is fraudulent activity. You'll receive a call from our Privacy Advocates® letting you know your personal information has been compromised. We work with businesses to identify and replace essential cards and documents, and we contact the authorities. WalletArmor stores and secures valuable information for easy retrieval.

The WalletArmor® encrypted vault secures and monitors:

- User IDs & Passwords
- ATM Cards
- Credit Cards
- Checking Accounts
- Driver's Licenses
- Health Insurance Cards
- Vehicle Insurance Cards records, etc.

Do you suspect your personal information has been compromised?

Call toll free: **1.855.246.7347**

Want to protect the contents of your wallet and important personal documents? Enroll in WalletArmor® today!

[www.reliancestandard.com/walletarmor](http://www.reliancestandard.com/walletarmor)

## 24-Hour Travel Assistance Services

Through your group coverage with Reliance Standard, you automatically receive travel assistance services provided by On Call International (On Call), pursuant to an agreement between Reliance Standard and On Call. On Call is a 24-hour, toll-free service that provides a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may encounter when you travel. On Call also offers pre-trip assistance including passport/visa requirements, foreign currency and weather information. The following is an outline of the On Call emergency travel assistance service program. For a complete description of all services and the program terms and limitations, please request a Description of Covered Services from your employer.

### Covered Services

When traveling more than 100 miles from home or in a foreign country, On Call offers you and your dependents the following services:

#### Pre-Trip Assistance

- Inoculation requirements information
- Passport/visa requirements
- Currency exchange rates
- Consulate/embassy referral
- Health hazard advisory
- Weather information

#### Emergency Medical Transportation\*

- Emergency evacuation
- Medically necessary repatriation
- Visit by family member or friend
- Return of traveling companion
- Return of dependent children
- Return of vehicle
- Return of mortal remains

#### Emergency Personal Services

- Urgent message relay
- Interpretation/translation services
- Emergency travel arrangements
- Recovery of lost or stolen luggage/personal possessions
- Legal assistance and/or bail bond

#### Medical Services Include:

- Medical referrals for local physicians/dentists
- Medical case monitoring
- Prescription assistance and eyeglasses replacement
- Convalescence arrangements

\*The services listed above are subject to a maximum combined single limit of \$250,000. Return of vehicle is subject to \$2,500 maximum limit.

## Identity Fraud Protection

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

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





# Pet Insurance

## Enrollment Experience

Covers <sup>19</sup> All Breed & Ages	✓
No Initial Exam/Past Vet Notes Required	✓
No Cancellation Fee	✓
Accident Coverage Starts at Midnight	✓ <sup>16, 17</sup>
No Annual Care Requirements to Keep Coverage	✓
No Neuter/Spay Requirement	✓

## Benefits and Limits

No Schedule of Benefits	✓
No Lifetime Limit	✓
No Per-Incident Limit	✓
Optional Wellness Coverage (Preventive Care)	Included in annual limit <sup>10</sup>
No Diagnostic Test Limit	✓
No Customary Charge Restrictions	✓
Healthy Pet Incentive (previously Deductible Savings)	\$50 <sup>12</sup>
Automatic Annual Limit Increase	✓ <sup>13</sup>

## Pricing

Pricing Structure	Customized to every pet (varies by species, age, breed, zip code)
Employer Benefit Discount	10% for Employer Groups of all sizes <sup>11</sup>
Affinity Group Discount	5% for Associations of all sizes <sup>11</sup>
Family Plan (Cover multiple pets on single policy)	✓
Multi-policy discount	✓ <sup>20</sup>
Internet Purchase Discount	✓ <sup>21</sup>
Military, Veteran & First Responder Discount	✓ <sup>22</sup>
Healthcare Workers Discount	✓ <sup>23</sup>
Animal Care Discount	✓ <sup>24</sup>
Deductible	Flexible (\$0-\$2,500) <sup>25</sup>
Annual Limit	Flexible (\$500-Unlimited) <sup>9</sup>
Reimbursement	Flexible (50% to 100%) <sup>26</sup>

## Short-Term Disability Insurance

Disability can often result in loss of income and increased medical bills. Short term disability protects your most important asset - your income. This plan will pay cash benefits to you if you are unable to work due to illness or injury so you can pay your regular bills and any medical bills resulting from your disability.

<b>Benefit Amount:</b>	\$100 - \$1,000 per week in Increments of \$25
<b>Benefit Duration:</b>	24 weeks
<b>Injury Benefits Begin:</b>	The 15th consecutive day of disability
<b>Sickness Benefits Begin:</b>	The 15th consecutive day of disability
<b>Maternity Coverage:</b>	Full
<b>Coverage:</b>	Non-occupational
<b>Partial Disability:</b>	Yes, with zero day residual
<b>Pre Existing Limitation:</b>	3/12
<b>Transfer of Insurance Coverage:</b>	Yes
<b>Family &amp; Medical Leave:</b>	Yes

### Partial Disability Benefit

You may opt to include a Partial Disability Benefit in this STD plan. Partial Disability benefits are payable if: 1) the insured has been disabled for the required period of time specified in the Policy; 2) a benefit is payable under the Policy for such period of disability; and 3) the insured accepts rehabilitative employment. These requirements may vary depending upon the provision chosen, as shown on the Plan Description.

If the insured receives earnings from rehabilitative employment, RSL will not reduce benefits based on these earnings until his or her income from all sources exceeds 100% of pre-disability earnings. If total earnings exceed this level, there will be a dollar for dollar reduction.

### Pre-existing Condition Limitation

A pre-existing condition is defined as any sickness or injury (whether specifically diagnosed or not) for which the Insured received medical treatment, during a specific period (as outlined in the policy) immediately prior to the Insured's effective date of coverage. An insured is covered for pre-existing condition if he / she has been actively at work for one full day following the end of the specific period (as outlined in the policy) from the date he / she becomes an Insured. An Insured is not covered for a pre-existing condition if the requirement is not met.

## Long-Term Disability Insurance

Long Term Disability Insurance is designed to support you if you are disabled for an extended period of time

### Plan Descriptions

<b>Benefit Amount:</b>	\$11,666.67 of Covered Monthly Earnings
<b>Monthly Maximum:</b>	\$7,000
<b>Elimination Period:</b>	180 days
<b>Benefit Duration:</b>	Until normal retirement age. See full plan summary for more details.
<b>Family Leave:</b>	Yes
<b>Mental &amp; Nervous Limitation:</b>	24 month limit
<b>Drug &amp; Alcohol Limitation:</b>	24 month limit
<b>Limited Benefit Option:</b>	24 Months
<b>Pre-Existing Limitation:</b>	3/12
<b>Survivor Benefit:</b>	3 Months
<b>Managed Rehab Option:</b>	Included
<b>Work Incentive Benefit:</b>	12 Months
<b>Child Care:</b>	to age 14/\$250
<b>Worksite Mod Benefit:</b>	100% up to \$2,000
<b>Own Occupation Coverage:</b>	24 Months
<b>Partial Disability, Specific Indemnity, Travel Assistance:</b>	Yes

## Accident Insurance

Accident insurance offers an extra layer of protection from unexpected expenses. It pays cash directly to you when you suffer an unexpected, qualifying accident. The money helps cover the extra, out-of-pocket expenses associated with your injury

Coverage Type	Off Job Only
Sports Package	Benefits are 25% higher when accident is due to organized sports. Up to \$2,000 per person/per year
<b>Initial Care Benefits</b>	
Emergency Room / Urgent Care	\$200
Initial Dr. Visit	\$100
Telemedicine Services	\$75
<b>Hospital/Facility Benefits</b>	
Standard Hospital Admission	\$1,250
Hospital Confinement (per day, up to 365 days), Outpatient Surgery Facility	\$300
ICU Confinement (per day, up to 30 days)	\$600
Rehab Confinement (per day, up to 30 days)	\$200
<b>Additional Benefits</b>	
Ambulance (air/ground)	\$1,500/ \$360
Appliance	\$120
Blood, Plasma, Platelets	\$600
Level 1/ Level 2/ Level 3 Burns	\$1,250/ \$7,500/ \$10,000
Skin Graft	25%
Coma	\$10,000
Dislocations (up to)	\$7,700
Emergency Dental - Crown, Dentures, Implants	\$350
Extraction	\$90
Eye Injury	\$350
Family Care (up to 30 days)	\$25 per day, per child in child care center
Follow-up Treatment (per visit) (Maximum 3 Visits)	\$90
Fractures (up to)	\$6,720
Herniated Disc Surgery	\$800
Knee Cartilage – Torn	\$800
Lacerations	\$30-\$480
Lodging (per night, 100 or more miles) (Maximum 30 Nights)	\$180
Loss of hands, feet, sight	\$24,000
Loss of fingers or toes	\$1,500
Major Diagnostic Exam (CT, MRI, etc.)	\$300
Medical Supplies, Medicine	\$20
Paralysis - Two limbs (paraplegia or hemiplegia) / Four limbs (quadriplegia)	\$10,000/ \$15,000
Post – Traumatic Stress Disorder (Maximum 6 Visits)	\$50
Prosthetics	\$750
Residence/Vehicle Modification	\$1,000
Surgery - Abdominal, Cranial, and Thoracic	\$1,200
Hernia	\$175
Tendon, Ligament, Rotator Cuff	\$825
Therapy – Physical, Occupational, or Speech (Maximum 6 Visits)	\$45
Transportation (per trip, 100 or more miles) (Maximum 3 Trips)	\$750
Traumatic Brain Injury	\$225
X-Ray	\$124

## Critical Illness Insurance

Critical Illness Insurance pays a lump sum directly to you upon diagnosis of a covered critical illness. This benefit is designed to keep your finances stable even with unexpected expenses	
<b>Employee Face Amounts</b>	<ul style="list-style-type: none"> <li>• Minimum Face Amount: \$5,000 Employee (\$2,500 for Spouse)</li> <li>• Maximum Face Amount: \$30,000 Employee (\$15,000 Spouse)</li> <li>• Available in \$5,000 increments</li> </ul>
<b>Spouse Face Amounts</b>	equals 50% of the Employee Face Amount.
<b>Child(ren) Face Amounts</b>	<ul style="list-style-type: none"> <li>• Equals 50% of the Employee Face Amount</li> <li>• Child coverage is included in the Employee rate</li> </ul>
<b>Guarantee Issue Amount:</b>	\$30,000
<b>Expected Participation:</b>	15% employee participation
Critical Illness Benefits	Custom Diamond Plan
<b>Maximum Benefit Amount (X Face Amount)</b>	Unlimited
<b>Covered Conditions – Pays a percentage of face amount,</b>	100%
<b>ALS, Benign Brain Tumor, Breast Cancer Carcinoma In Situ, Cancer (except skin cancer), Coma, Coronary Artery Obstruction, End Stage Renal Failure, Heart Attack, Loss of Sight, Speech, or Hearing, Major Organ Failure, Paralysis or Dismemberment, Severe Burns, Stroke, Sudden Cardiac Arrest</b>	100%
<b>Alzheimer's Disease, Carcinoma In Situ, Multiple Sclerosis, Parkinson's Disease</b>	25%
<b>Transient Ischemic Attacks</b>	10%
<b>Skin Cancer Benefit - Payable once per insured per year</b>	\$250
<b>Occupational Package</b> - Pays 100% of the face amount; Benefits payable for HIV or Hepatitis B, C, or D, MRSA, Rabies, Tetanus, or Tuberculosis contracted on the job.	Included
<b>Childhood Conditions</b> - Pays 100% of the dependent child face amount; Provides benefits for childhood conditions (Autism Spectrum Disorder; Cerebral Palsy; Congenital Birth Defects; Heart, Lung, Cleft Lip, Palate, etc; Cystic Fibrosis; Down Syndrome; Muscular Dystrophy; Type 1 Diabetes).	Included
Recurrence Benefit	
Benefits are payable for a subsequent diagnosis of Aneurysm - Cerebral or Aortic, Benign Brain Tumor, Cancer, Coma, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, Severe Burns, Stroke, or Sudden Cardiac Arrest.	100%
Advocacy Package	
<b>Best Doctors</b> Physician Referrals Ask the Expert Hotline provides 24 hour advice from experts about a particular medical condition. In-Depth Medical Review offers a full review of diagnosis and treatment plan.	Yes
Additional Benefits	
<b>Waiver of Premium</b> Waives premium while the insured is totally disabled.	Included
<b>Wellness Benefit</b> - Payable once per insured per year	\$50
Benefit Limitations	
<b>Continuity of Coverage (Takeover)</b>	Included
<b>Pre-Existing Conditions Limitation</b>	6/12
Covered Health Screening Tests Include:	
<ul style="list-style-type: none"> <li>• CA 15-3 (blood test for breast cancer)</li> <li>• CA-125 (blood test for ovarian cancer)</li> <li>• CEA (carcinoembryonic antigen - blood test for colon cancer)</li> <li>• Chest x-ray</li> <li>• Colonoscopy</li> <li>• Doppler screening for peripheral vascular disease</li> <li>• Echocardiogram</li> <li>• Fasting blood glucose test</li> </ul>	<ul style="list-style-type: none"> <li>• Hemocult stool analysis</li> <li>• Human Papillomavirus (HPV) Testing</li> <li>• Mammography</li> <li>• Pap Smear</li> <li>• PSA (blood test for prostate cancer)</li> <li>• Skin cancer biopsy</li> <li>• Stress test on a bicycle or treadmill</li> <li>• Whole body skin cancer screening</li> </ul>

## Supplemental Life Insurance

Benefit Descriptions	
<b>*Benefit Amount:</b>	From \$10,000 to \$500,000 in increments of \$10,000
<b>Age Reduction:</b>	35% of the pre-age 65 amount at age 65; and an additional 25% of the pre-age 65 amount at age 70; and an additional 20% of the pre-age 65 amount at age 75.
<b>Guarantee Issue:</b>	\$150,000
<b>**Living Benefit Rider:</b>	75% to \$500,000
<b>Waiver of Premium:</b>	Included, disability starts before age 60 and lasts 9 months.
<b>Family Medical Leave Ext.:</b>	Yes
<b>Bereavement Counseling:</b>	No
<b>Portability:</b>	Lesser of 2 yrs or case term
<b>Spouse Benefit***</b>	From \$5,000 to \$250,000 in increments of \$5,000
<b>Guarantee Issue:</b>	\$50,000
<b>Child(ren)</b>	
14 days but less than 6 months	\$10,000
6 months through Age 19 (up to age 26 if a full time student)	\$10,000

\*Flat/Incremental benefits may be subject to an earnings cap, see full plan summary for more details.

\*\*This may be expressed as Accelerated Benefit or Imminent Death Benefit.

\*\*\* Spouse amount may be limited to 50% of the employee amount dependent on the state regulations, and will reduce in the same manner as the employee amount, upon the spouse's attainment of the reducing ages.

**CHUBB®**

## Hospital Indemnity Insurance

This plan pays cash directly to you upon admission to a hospital. This money can be used to help cover copays, deductibles, or for regular expenses like food and rent.

Hospitalization and Rehabilitation Benefits	Low	High
<b>Hospital Admission Benefit</b> This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	\$800 Maximum Benefit Per Calendar Year: 1	\$2000 Maximum Benefit Per Calendar Year: 1
<b>Hospital Admission ICU Benefit</b> This benefit is for admission to a hospital intensive care unit.	\$1600 Maximum Benefit Per Calendar Year: 1	\$4000 Maximum Benefit Per Calendar Year: 1
<b>Hospital Confinement Benefit</b> This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	\$100 Per Day Maximum Days Per Calendar Year: 10	\$200 Per Day Maximum Days Per Calendar Year: 10
<b>Hospital Confinement ICU Benefit</b> The benefit for confinement in a hospital intensive care unit.	\$200 Per Day Maximum Days Per Calendar Year: 10	\$400 Per Day Maximum Days Per Calendar Year: 10
<b>Newborn Nursery Benefit</b> This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease or injury.	\$100 Per Day Maximum Days per Confinement Normal Delivery: 1 Caesarean Section: 1	\$200 Per Day Maximum Days per Confinement Normal Delivery: 1 Caesarean Section: 1
<b>Rehabilitation Unit Confinement Benefit</b> This benefit is for confinement in a rehabilitation unit.	\$50 Per Day Maximum Days Per Calendar Year: 10	\$100 Per Day Maximum Days Per Calendar Year: 10
Additional Provisions		
Pre-Existing Conditions Limitation		12/12

## Lifetime Benefit Term Life Insurance

### Product Features

- Permanent and Guaranteed Renewable
- Full Portability
- Level Premium- Life insurance premium will never increase and are guaranteed through age 100. After age 100 no premium is due.

### Eligibility

- Actively employed working at least 30 hours per week
- Ages 19 through 80
- Service wait period for benefit eligibility: 60 days.

### Spouse

- Includes legally married spouse, domestic partner and civil union partner
- Ages 19 through 70

### Children

- Ages 15 days through 25 years

### Issue Limits

Employee Coverage		
Issue Type	Issue Age	Maximum Benefit Amount
Guaranteed Issue	19 through 70	\$75,000
Conditional Guaranteed Issue	19 through 70	\$125,000
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	\$62,500
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

### Employee Eligibility

- **Minimum Coverage Limit** – The greater of \$5,000 or the amount of coverage \$3.00/week will purchase
- **Issue Types:**
  - **Guaranteed Issue (GI) Eligibility:** Eligible employees may apply for coverage on a GI basis as long as the GI participation is met and they are actively at work as of their enrollment date, subject to the GI participation requirement.
    - ▶ Required Participation for Guaranteed Issue(GI): 20% of employee participation
    - ▶ Enrollment process equivalent to 70% of employees actively engaged in a response is required.
    - ▶ Guaranteed Issue is subject to meeting the required participation requirement. If not met, employees will be underwritten subject to the amount applied for. GI is for the initial open enrollment period of up to 30 days. GI for new hires in the first year following open enrollment is subject to evaluation of GI being extended for the initial open enrollment. The GI offer will be re-evaluated separately for future enrollments.
  - **Conditional Guaranteed Issue (CGI) Eligibility:** Eligible employees may apply for coverage on a CGI basis as long as they are actively at work as of their enrollment date and the MGI and CGI questions are answered.
  - **Simplified Issue (SI) Eligibility:** Eligible employees may apply for coverage on a SI basis as long as they are actively at work as of their enrollment date and all questions are answered.
  - Late Entrants are underwritten on a Simplified Issue basis.

### Spouse Eligibility

- **Minimum Coverage Limit** – The greater of \$5,000 or the amount of coverage \$3.00/week will purchase
- **Issue Types:**
  - **Spouse Conditional Guaranteed Issue (CGI) Eligibility:** Eligible employees may apply for coverage on a CGI basis as long as they are actively at work as of their enrollment date and the MGI and CGI questions are answered.
  - **Spouse Simplified Issue (SI) Eligibility:** Eligible employees may apply for coverage on a SI basis as long as they are actively at work as of their enrollment date and all questions are answered.
  - Late Entrants are underwritten on a Simplified Issue basis.
- **Restrictions on Spouse Coverage** - State law limit the amount of coverage an employee can purchase on a spouse.
- **Spouse Restriction States:** premium less than \$3.00 per week will be allowed to meet coverage restrictions
  - A participating employee can purchase spouse coverage up to the amount the employee purchases, not to exceed the spouse coverage limits for the case.



**Dependent Child Eligibility**

- **Dependent Child Coverage and Eligibility:**
  - Child coverage is available on a Guarantee Issue (GI) basis during the employee's initial eligibility period.
  - Child coverage is available on a GI basis for a newborn child, new step child, or newly adopted child after the employee's initial eligibility period.
  - After the employee's initial eligibility period, employees may apply for dependent child coverage on a Simplified Issue basis.
  - Children may be covered with a Lifetime Benefit Term Certificate or with a Child Term Rider but not both.
  - The Child Term Rider covers all dependent children of the employee at the same rates regardless of the number of children.
  - Child LBT Certificate rates are based on the age of each dependent child.
  - All eligible dependent children must be insured.
- **Minimum Coverage Limit** - The greater of \$5,000 or the amount of coverage \$3.00/week will purchase.
- **Restrictions on Dependent Child Coverage** - State law limit the amount of coverage an employee can purchase on a dependent child.
  - Dependent Child States: premium less than \$3.00 per week will be allowed to meet coverage restrictions
  - A participating employee can purchase dependent child coverage up to the amount the employee purchases, not to exceed the dependent child coverage limits for the case.

Built-in Benefits	Benefit Issue Age		
	Employee	Spouse	Child
<b>LifeTime Benefit Term</b>	19 - 80	19 - 70	15 days – 25 years
<b>Accelerated Death Benefit Rider for Terminal Illness</b> After coverage has been in force for two years, employees can receive 50% of their death benefit immediately, up to \$100,000, if they are diagnosed as terminally ill.	19 - 80	19 - 70	15 days – 25 years
<b>Accelerated Death Benefit for Long Term Care</b> When employees need LTC, death benefits can be paid early for home health care, assisted living, adult day care and nursing home care. Early payments equal 4% of the death benefit per month for up to 25 months. Premiums are waived while this benefit is being paid.	19 - 80	19 - 70	Not Available
<b>Extension of Benefits (EOB1)</b> Once the full death benefit has been paid in advance for LTC, payments can be extended. Extension of Benefit may extend the same monthly LTC benefit for up to an additional 25 months, doubling the value	19 – 70	19 - 70	Not Available
<b>Restoration of Death Benefit (50%)</b> Accelerating the life coverage for LTC benefits can reduce the death benefit to \$0. This rider restores the life coverage to 50% of the death benefit, up to a maximum of \$50,000 on which the LTC benefits were based, therefore assuring a death benefit available up to the insured's age 121.	19 - 80	19 - 70	Not Available
<b>Employee Optional Benefits</b>			
<b>Child Term Rider</b> Death Benefits available up to \$25,000. Guaranteed conversion to individual coverage at age 26 – up to 5 times the benefit amount.	Base Insured 19 – 70	Base Insured 19 – 70	15 days – 25 years

## Metlaw Legal Plan

Plan Features and Rates		
<p><b>The legal plan provides full coverage of attorney fees for the most common personal legal matters with no additional out-of-pocket cost to you.</b></p> <p><b>To access a lawyer, create an account online at <a href="https://Login.LegalPlans.com">Login.LegalPlans.com</a> to see coverage and select an attorney.</b></p>		
Money Matters		
<ul style="list-style-type: none"> <li>• Debt Collection Defense</li> <li>• Identity Management Services<sup>2</sup></li> <li>• Identity Theft Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Negotiations with Creditors</li> <li>• Personal Bankruptcy</li> <li>• Promissory Notes</li> </ul>	<ul style="list-style-type: none"> <li>• Tax Audit Representation</li> <li>• Tax Collection Defense</li> </ul>
Home & Real Estate		
<ul style="list-style-type: none"> <li>• Boundary &amp; Title Disputes</li> <li>• Deeds</li> <li>• Eviction Defense</li> <li>• Foreclosure</li> </ul>	<ul style="list-style-type: none"> <li>• Mortgages</li> <li>• Property Tax Assessments</li> <li>• Refinancing &amp; Home Equity Loan</li> <li>• Sale or Purchase of Home</li> </ul>	<ul style="list-style-type: none"> <li>• Security Deposit Assistance</li> <li>• Tenant Negotiations</li> <li>• Zoning Applications</li> </ul>
Estate Planning		
<ul style="list-style-type: none"> <li>• Codicils</li> <li>• Complex Wills</li> <li>• Healthcare Proxies</li> </ul>	<ul style="list-style-type: none"> <li>• Living Wills</li> <li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul style="list-style-type: none"> <li>• Revocable &amp; Irrevocable Trusts</li> <li>• Simple Wills</li> </ul>
Family & Personal		
<ul style="list-style-type: none"> <li>• Adoption</li> <li>• Affidavits</li> <li>• Conservatorship</li> <li>• Demand Letters</li> <li>• Garnishment Defense</li> <li>• Guardianship</li> </ul>	<ul style="list-style-type: none"> <li>• Immigration Assistance</li> <li>• Juvenile Court Defense, Including Criminal Matters</li> <li>• Name Change</li> <li>• Parental Responsibility Matters</li> <li>• Personal Properties Issues</li> </ul>	<ul style="list-style-type: none"> <li>• Prenuptial Agreement</li> <li>• Protection from Domestic Violence</li> <li>• Review of ANY Personal Legal Document</li> <li>• School Hearings</li> </ul>
Civil Lawsuits		
<ul style="list-style-type: none"> <li>• Administrative Hearings</li> <li>• Civil Litigation Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Disputes Over Consumer Goods &amp; Services</li> <li>• Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Pet Liabilities</li> <li>• Small Claims Assistance</li> </ul>
Elder-care Issues		
<ul style="list-style-type: none"> <li>• Consultation &amp; Document Review for Issues Related to Your Parents:</li> <li>• Deeds</li> <li>• Leases</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Medicare</li> <li>• Notes</li> <li>• Nursing Home Agreements</li> </ul>	<ul style="list-style-type: none"> <li>• Powers of Attorney</li> <li>• Prescription Plans</li> <li>• Wills</li> </ul>
Traffic & Other Matters		
<ul style="list-style-type: none"> <li>• Defense of Traffic Tickets<sup>3</sup></li> <li>• Driving Privileges Restoration</li> </ul>	<ul style="list-style-type: none"> <li>• Habeas Corpus</li> <li>• License Suspension Due to DUI</li> </ul>	<ul style="list-style-type: none"> <li>• Repossession</li> </ul>
Rate <sup>4</sup>		
<p>\$19.75 per employee per month (Covers spouse and dependents)</p>		
Additional features:		
<p>Telephone advice, office consultations, demand letters and document review on an unlimited number of personal legal matters.</p> <p>Reduced fees for personal injury, probate and estate administration matters, provided by network attorneys.</p> <p>Access to a digital estate planning solution for wills, living wills, power of attorney and living trusts.</p>		
As a part of our standard plan, we also offer:		
<p>A three-year rate guarantee.</p> <p>Reporting: Usage reports, analysis and evaluation of the reports.</p>		

1. Exclusions apply.

2. These benefits provide the Participant with access to services provided by Cyberscout, LLC. Cyberscout is not a corporate affiliate of MetLife Legal Plans.

3. Does not cover DUI.

4. Rate is standard and subject to change.

## Auto Insurance

### Special Ways to Save

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

### Protecting What's Important

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

- Auto
- Renters
- Condo
- Boat Insurance
- Flood
- Motorcycle
- Personal Excess Liability
- Recreational Vehicle

### Industry Leading Coverage Options:

**Replacement Cost for Total Loss Coverage** on new vehicles with no deduction for depreciation. In a covered total loss, a new vehicle is repaired or replaced with a new vehicle.

**Replacement Costs for Special Parts** provides the repair or replacement of certain parts, regardless of their wear and tear at the time of the accident.

### Value Added Benefits:

**Identity Protection Services:** An automatic service provided to automobile insurance customers, at no extra charge.

**Farmers GroupSelect Concierge Auto Repair Experience® (CARE)** — Guarantees repairs done by our CARE shops for as long as you own your vehicle.

Roadside assistance, towing coverage, windshield repairs (if possible) without a deductible, and much, much more...

### High Quality, Streamlined Service

**Quick and Easy** - Employees can get quotes and information any way they choose – phone, or online. Plus, on-line purchasing is available in select states.

**Simple Claim Experience**- One toll-free number, file auto claims using our app, home field adjusters

### How To Enroll

Eligible employees will be mailed more information from Farmers Insurance. Employees can also call 800.438.6381 and mention your facility

## Benefit Contact Information

Benefit Enrollment Call Center		(314) 827-0612
Medical Insurance	UHP	(855) 375-7125
Prescription Drugs	Magellan	(800) 424-0472
Dental Insurance	Argus	(855) 819-1873
Vision Insurance	MetLife	(833) 393-5433
Legal Services, Pet Insurance, ID Fraud Protection	MetLife	(800) 929-1492
Short-Term Disability, Long-Term Disability, Supplemental Life Insurance	Reliance Standard	(866) 375-0775
Critical Illness, Accident, Hospital Indemnity, Chubb Lifetime Benefit Term Life Insurance	Chubb	(855) 241-9891
Auto Insurance	Farmers by MetLife	(800) 438-6381