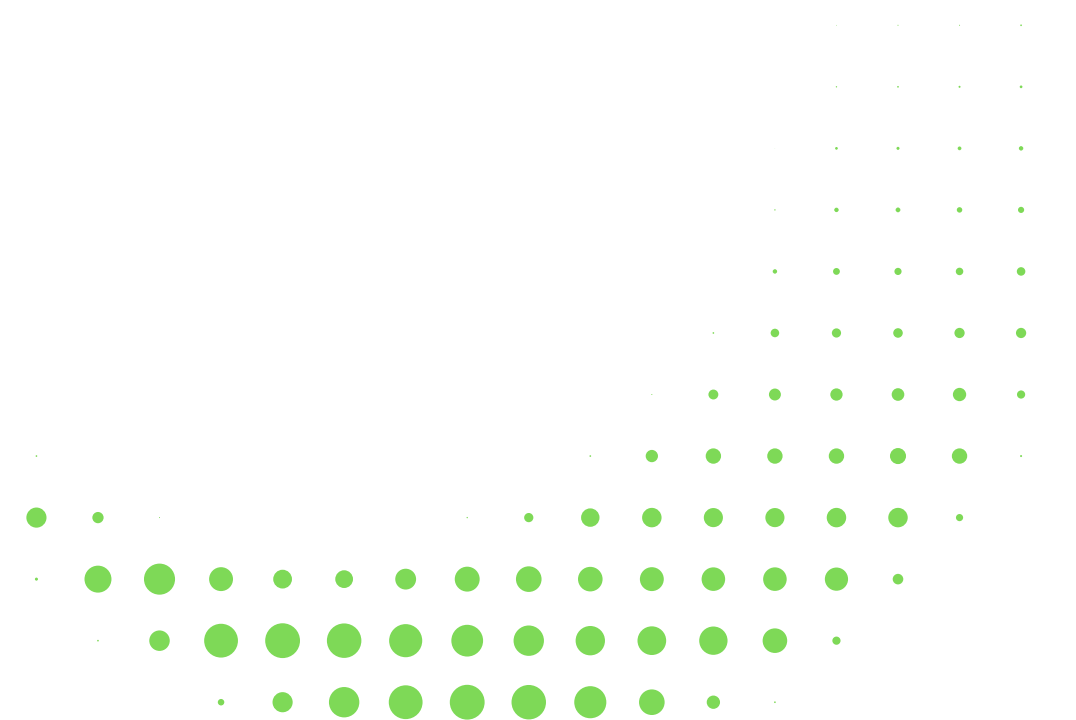




2025 Benefits AltaStaff Program

Effective January 2025



Welcome!



Welcome to our benefits program for 2025. We're excited to offer a new range of benefits and offerings to improve your health, protect your families (including your furry friends), and focus on your personal and financial growth. Feel at home, ask anything, and let's make 2025 a great year!



Benefits Overview

- 1 Health Plans
- 2 Dental Plans
- 3 Vision Plans
- 4 Disability/Life Insurance
- 5 Retirement Savings
- 6 Pet Insurance

- 7 Enrollment Details
- 8 FAQ's and Next Steps
- 9 Plan Details

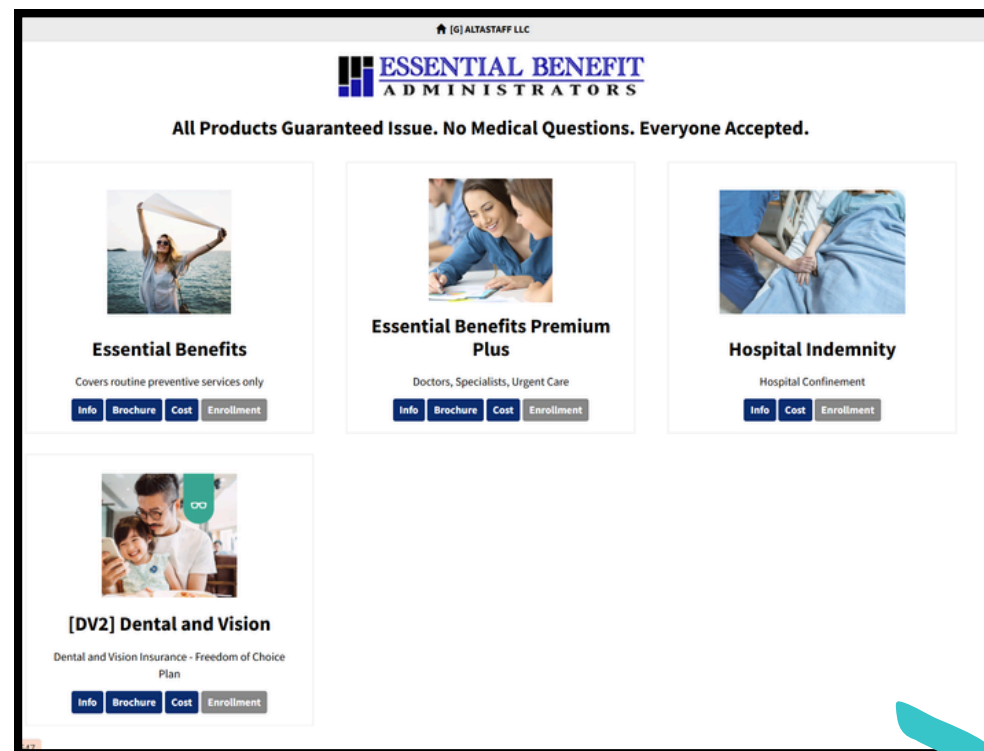


3 Places to enroll from 11/22 - 12/6...

1

Essential Benefits Open Enrollment Site

1) Select your plan

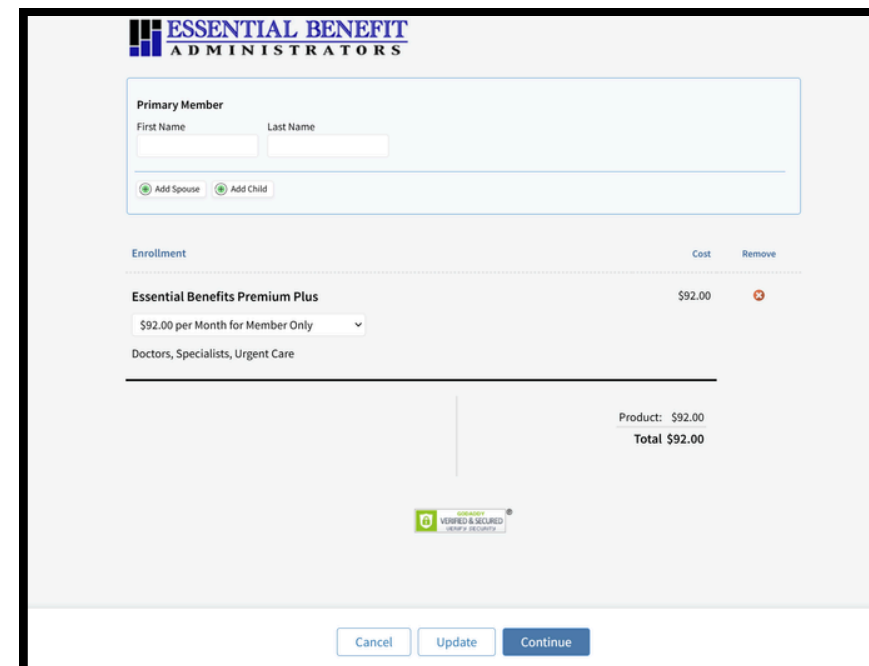


The screenshot shows the Essential Benefits Administrators website. At the top, it says "All Products Guaranteed Issue. No Medical Questions. Everyone Accepted." Below this, there are four plan options, each with a small image and buttons for "Info", "Brochure", "Cost", and "Enrollment":

- Essential Benefits**: Covers routine preventive services only.
- Essential Benefits Premium Plus**: Doctors, Specialists, Urgent Care.
- Hospital Indemnity**: Hospital Confinement.
- [DV2] Dental and Vision**: Dental and Vision Insurance - Freedom of Choice Plan.

2) Enter your name
Add dependents/spouses

Click "Continue"

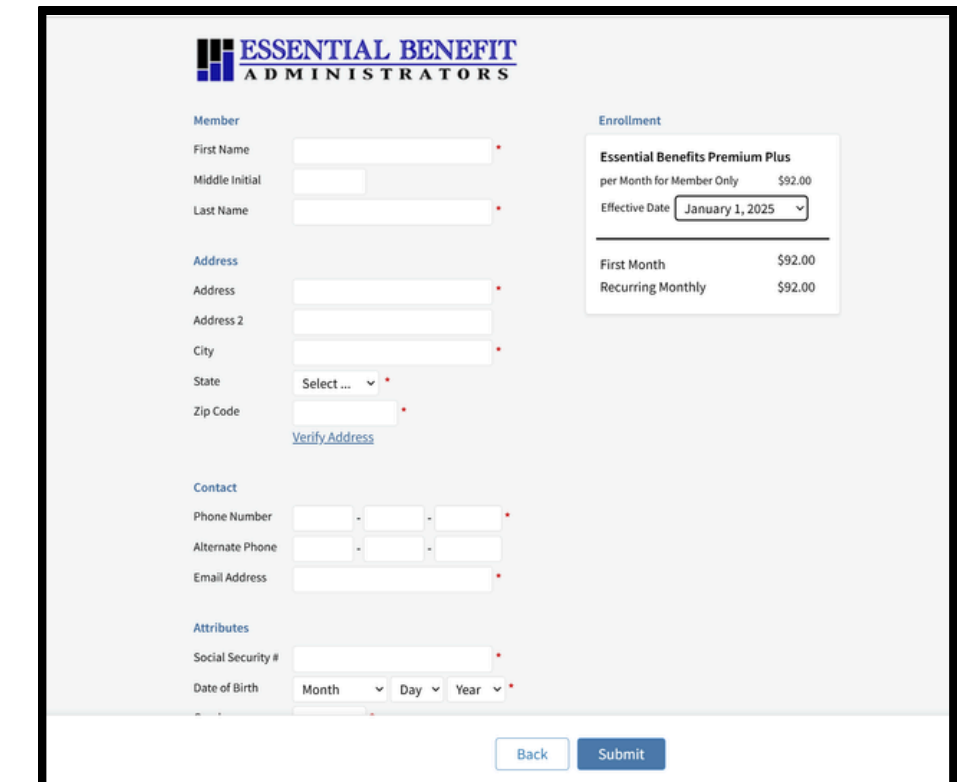


The screenshot shows the enrollment form. It has a "Primary Member" section with fields for "First Name" and "Last Name", and buttons for "Add Spouse" and "Add Child". Below that is the "Enrollment" section, which shows the selected plan: "Essential Benefits Premium Plus" with a cost of "\$92.00 per Month for Member Only". At the bottom right, it shows "Product: \$92.00" and "Total \$92.00". There are "Cancel", "Update", and "Continue" buttons at the bottom.

3) Enter your personal information

Click "Submit"

You will receive a confirmation email



The screenshot shows the personal information section of the enrollment form. It includes fields for "Member" information (First Name, Middle Initial, Last Name), "Address" (Address, Address 2, City, State, Zip Code), "Contact" (Phone Number, Alternate Phone, Email Address), and "Attributes" (Social Security #, Date of Birth). There is a "Verify Address" link and "Back" and "Submit" buttons at the bottom.

Note: You will need to submit separate form if you want to enroll in Dental/Vision at the same link.

3 Place to enroll from 11/22 -12/6

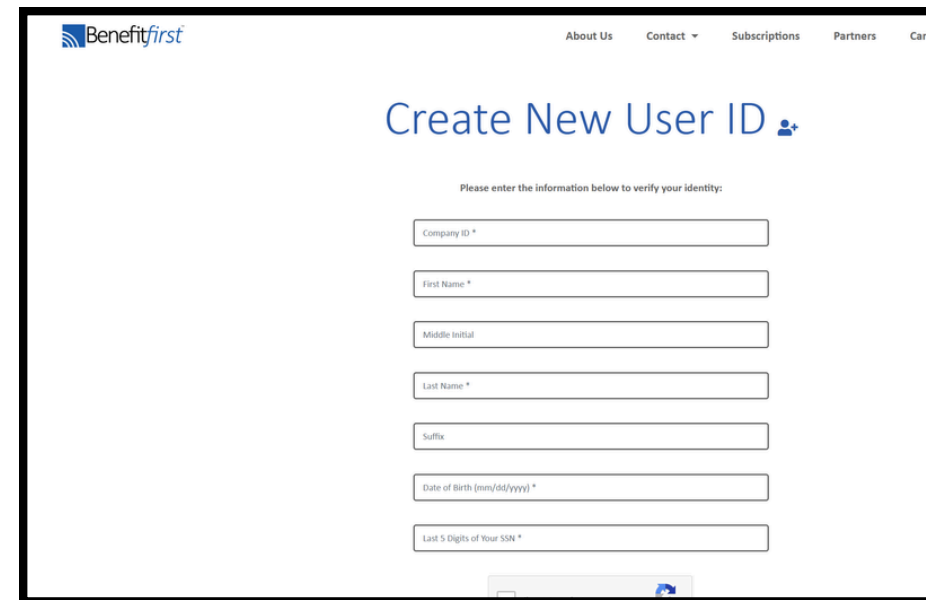
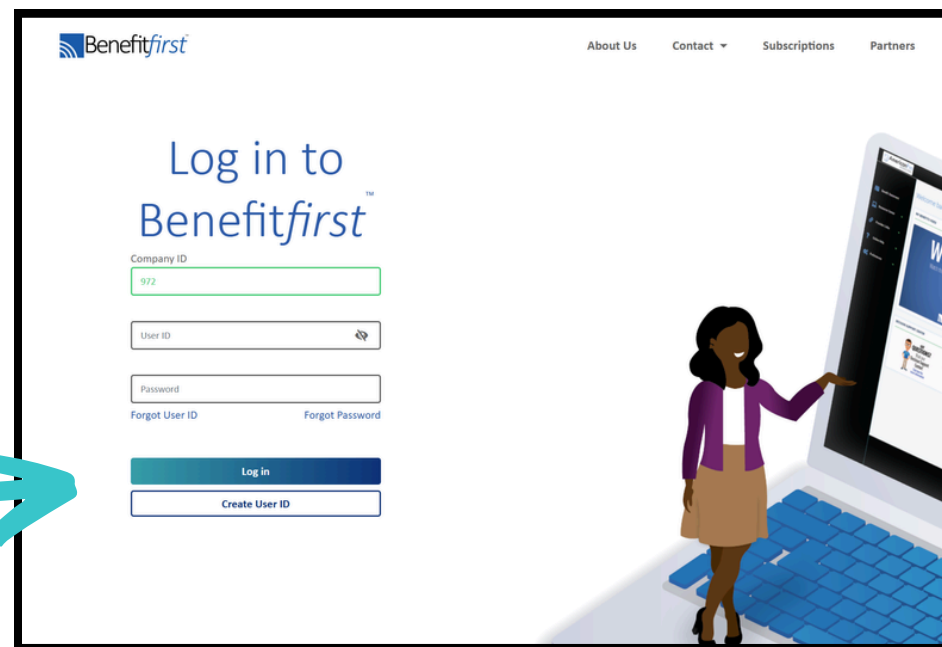
2

United Healthcare and Unum Enrollment Site

Company ID: 972

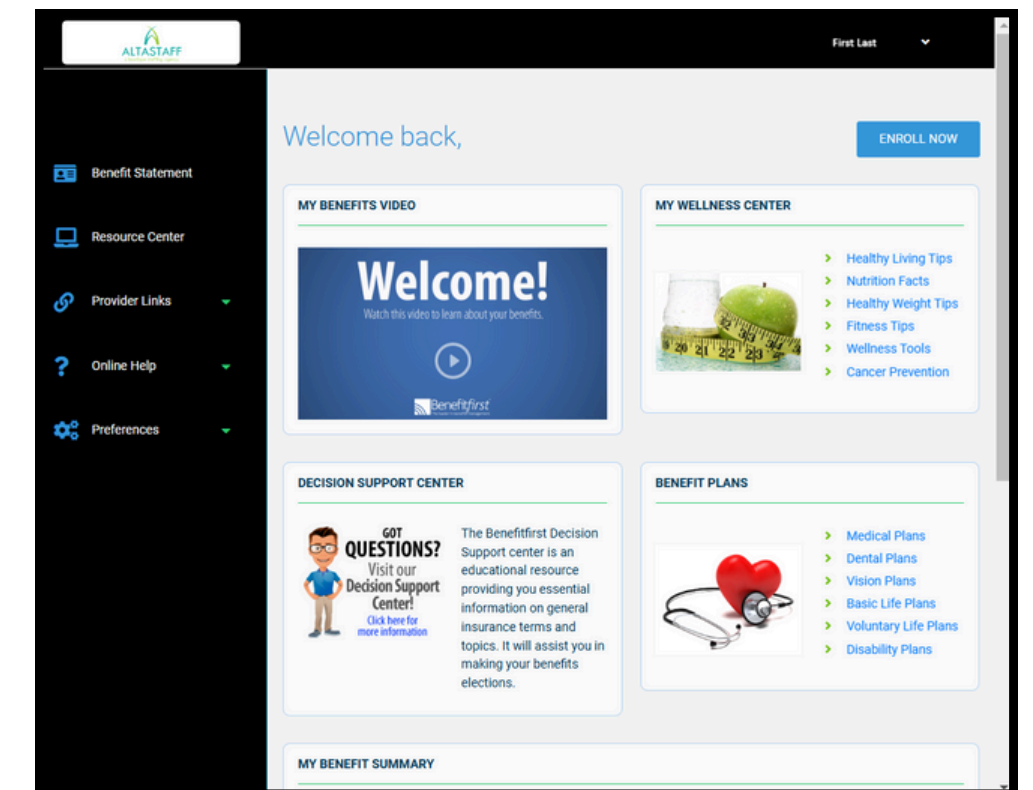
1) If you have a User ID,
enter to login

If you do not, click on
“Create User ID”



2) Enter your personal
information to create a
personal BenefitFirst ID

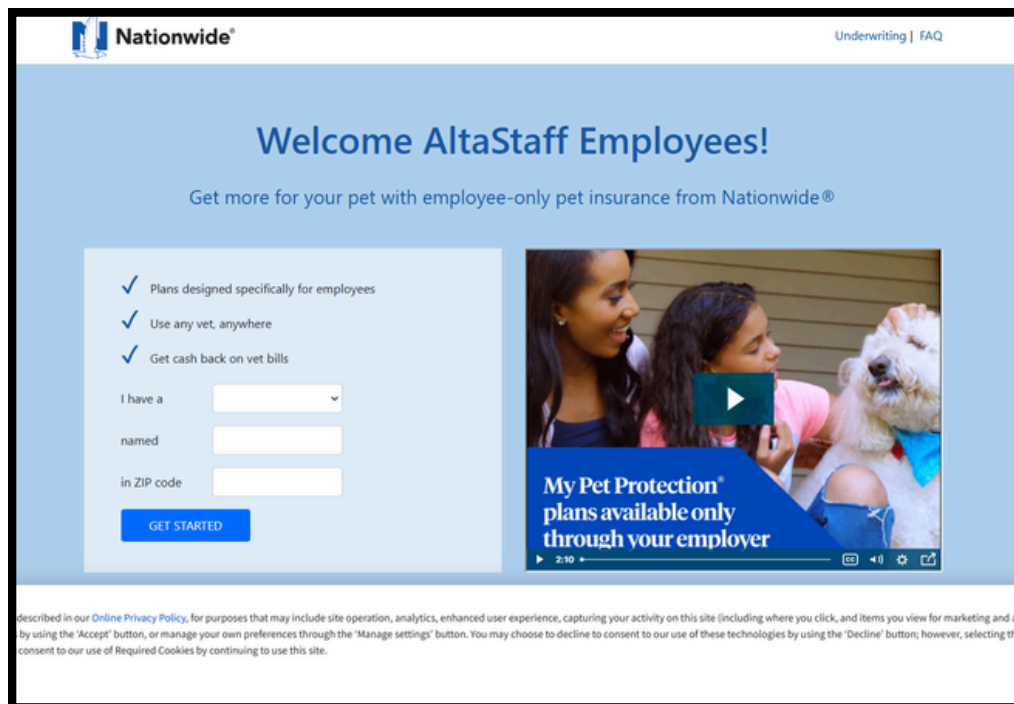
3) Now that you are logged
in, click on “Enroll Now” to
select your plan options



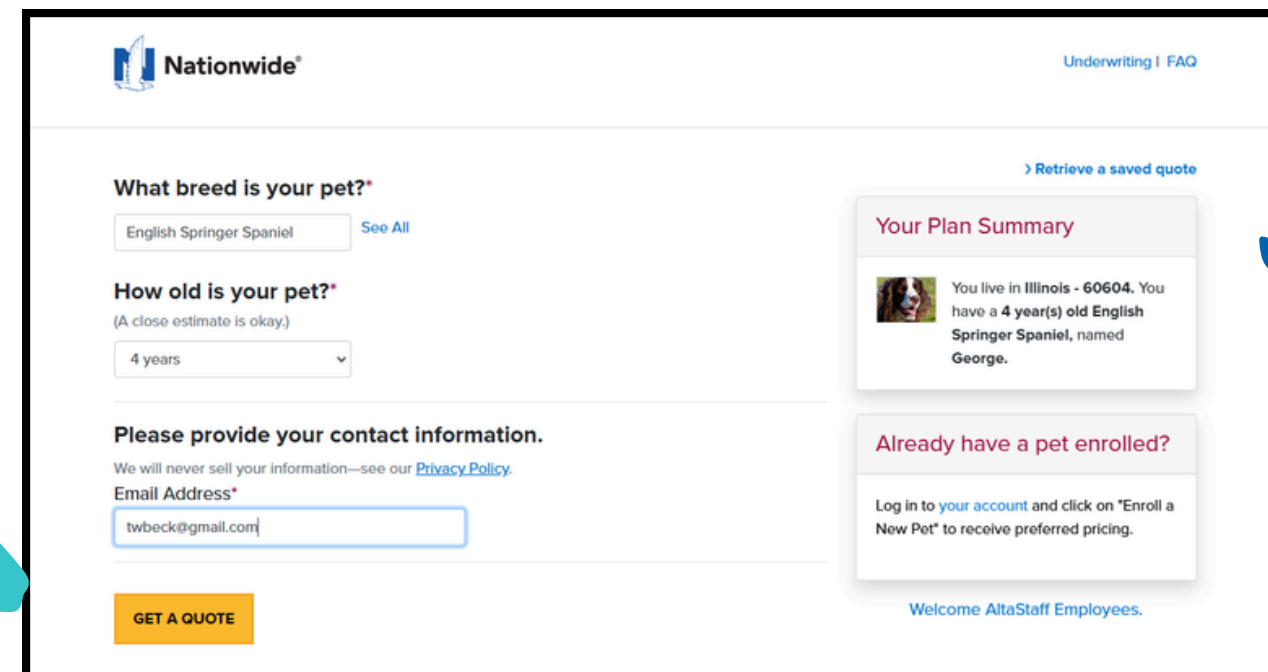
3 Place to enroll from 11/22 -12/6

Nationwide AltaStaff Enrollment

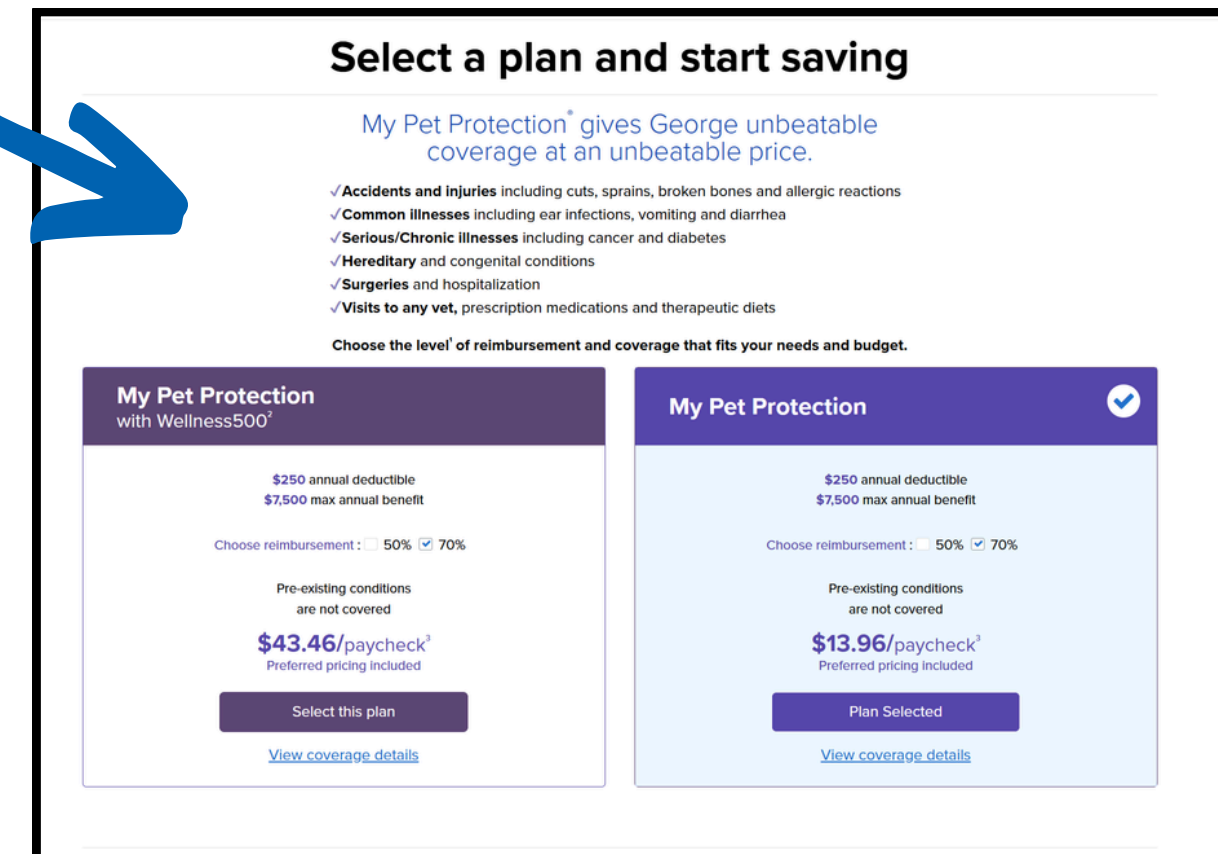
1) Complete the “Pet Survey”



2) Enter your pet details to get a quote based on pet



3) Review both plans and select which plan works for you and your family



FAQ's

I am enrolled, what's next...

You will receive an email and enrollment information by January 1 for your benefits beginning 1/1/2025.

If you do not receive information, please reference your account at Essential Benefits or Benefitfirst.

When is Open Enrollment?

**Friday, 11/22/2024 -
Friday, December
12/5/2024**

How can I find a health/dental/vision provider?

Essential Benefits

- select First Health Network
- search by Provider type and Zip Code

United Healthcare

- select Employer/Individual Plans
- select Navigate (for IL residents) or Core network
- search by Zip Code



ESSENTIAL BENEFIT
ADMINISTRATORS

2
0
2
5

ENROLLMENT GUIDE

Prepared for
AltaStaff LLC

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WELCOME AltaStaff EMPLOYEES!

Dear Valued Employee,

Welcome to benefit enrollment for the upcoming calendar year of 2025-2026. We're pleased to announce we have chosen Essential Benefit Administrators (EBA) to serve our employees' coverage. You'll be receiving emails reminding you that you have 18 days to elect coverage, 11/22/2024 - 12/9/2024, during the company open enrollment period. Please make sure you click on the link sign in, select a product and add a dependent or waive coverage

WHAT DO I GET WITH MY ESSENTIAL BENEFIT PLAN?

MEDICAL

- \$0 Co-pay 100% coverage for preventative services
- Discounted rates for non covered services through the First Health Network
- 40 - 60% average savings

PRESCRIPTIONS

- Discounted member rates
- Phone into your local pharmacy for pickup.

EMPLOYEE ONLY	\$0.00
EMPLOYEE + SPOUSE	\$36.00
EMPLOYEE + CHILDREN	\$86.00
EMPLOYEE + FAMILY	\$110.00

All Plans meet Minimum Essential Coverage criteria of the ACA

WHAT DO I GET WITH MY ESSENTIAL BENEFITS PREMIUM PLUS PLAN?

MEDICAL

- \$0 Co-pay
- 100% coverage for preventative services
- Discounted rates for non covered services through the First Health Network
- 40 - 60% average savings
- UNLIMITED doctors visits for sickness \$25 copay primary care
- 5 Specialist visits \$35 Copay
- 3 Urgent Care visits \$50 Copay
- 1 Emergency Room admission \$250 Copay

PRESCRIPTIONS

- Discounted member rates
- Phone into your local pharmacy for pickup.

EMPLOYEE ONLY	\$92.00
EMPLOYEE + SPOUSE	\$201.00
EMPLOYEE + CHILDREN	\$217.00
EMPLOYEE + FAMILY	\$326.00

All Plans meet Minimum Essential Coverage criteria of the ACA

WHAT DO I GET WITH MY DENTAL & VISION?

MEDICAL

- Freedom of Dentist Choice
- No network limitation
- Cost Clarity, no surprises
- Fee-for-service plan that reimburses an enrollee
- Routine cleanings to more advanced procedures.
- These benefits are available for you, your spouse and eligible dependent children.

PRESCRIPTIONS

- Discounted member rates
- Phone into your local pharmacy for pickup.

EMPLOYEE ONLY	\$32.68
EMPLOYEE + SPOUSE	\$59.85
EMPLOYEE + CHILDREN	\$67.17
EMPLOYEE + FAMILY	\$94.34

WHAT DO I GET WITH MY HOSPITAL INDEMNITY?

HOSPITAL INDEMNITY

- Daily Hospital Conf: \$100/day max 30/days
- ER Room Visit: \$100 max 2 visits
- Air Ambulance: \$1,000 max 1 visit
- Appliance: \$100 max 1 benefit
- Observation Room: \$100/visit, 48hrs min, 2x/yr
- Ambulance: \$100 max 1 visit
- DOV: \$25 max 3 for EE, 5 for all covered persons
- X-Ray: \$25 max 2 benefits
- Enhanced ICU: \$100/day max 30/days

AGE	MEMBER	MEMBER + SPOUSE	MEMBER + CHILDREN	MEMBER + FAMILY
17 - 49	\$8.71 per Week	\$16.54 per Week	\$12.63 per Week	\$20.47 per Week
50 - 59	\$10.95 per Week	\$20.81 per Week	\$14.88 per Week	\$24.73 per Week
60 - 64	\$14.17 per Week	\$26.92 per Week	\$18.09 per Week	\$30.85 per Week
65 - 75	\$18.15 per Week	\$34.39 per Week	\$22.08 per Week	\$38.42 per Week

PRESCRIPTIONS

- Discounted member rates
- Phone into your local pharmacy for pickup.

Guidelines

Hospital	Policy Type:	Group	
	Policy Name:	Hospital Indemnity Plan	
	Policy Form:	EBA-0004ployee:	
Eligibility	Issue Age:	Employee:	18-75
		Spouse:	18-75
		Child:	Under age 26
	Criteria:	<ul style="list-style-type: none"> ● Employee is benefit eligible, actively at work full-time, working at least 30 hours per week. Spouse and children not eligible if Employee is not issued coverage. ● Spouse includes domestic partner where allowed by state and Employer. 	
Termination Age:	<ul style="list-style-type: none"> ● EE: Age 76 or on last date of paycheck, the non last day of the month of active employment. ● SP: Age 76, or when Employee terminates, whichever is earlier. ● Child: Age 26 or when Employee terminates, whichever is earlier 		
Underwriting Offer	Coverage Tier		Guarantee Issue
	Employee:	Guarantee Issue	
	Spouse:	Guarantee Issue	
	Child(ren):	Guarantee Issue	
Target Participation	Minimum to Issue:	25 Employee Applications	
	Effective Date:		

ESSENTIAL BENEFITS PROVIDER NETWORK

WHY DO WE PROVIDE ACCESS TO A PROVIDER NETWORK?

Benefits

- Participating provider's charges are reduced.
- Reduced charges continue even if Benefit Maximum is reached.
- Network provider will accept paperwork and file claim.

Provider Network: First Health Network

- Over 550,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.MyFirstHealthlb.com



Wellness and Preventive Care (Including Pediatric and OBGYN)

This Plan covers routine preventive services only.
This Plan does not cover medical illness or accidental injury claims.

COVERED PREVENTIVE SERVICES FOR ADULTS			
Wellness Office Visits	Network Providers	Non-Network Providers	Benefit Limits
Office Visit Exam & Includes Services For:	Plan pays 100%	No Benefit	Limited to preventive diagnosis only.
Abdominal Aortic Aneurysm	Plan pays 100%	No Benefit	One time screening for males of ages 65 to 75 who have ever smoked.
Alcohol Misuse Screening	Plan pays 100%	No Benefit	
Aspirin use for Men and Women	Plan pays 100%	No Benefit	One Aspirin use consultation for women ages 45 to 79 and men 55 to 79.
Blood Pressure Screening	Plan pays 100%	No Benefit	One screening every two years for ages 18 to 39. One Screening per calendar year for ages 40 and over.
Cholesterol Screening	Plan pays 100%	No Benefit	One screening per calendar year for men 35 and older. Men under 35 who have heart disease or risk factors for heart disease or women who have heart disease or risk factors for heart disease.
Depression Screening	Plan pays 100%	No	
Type 2 Diabetes Screening	Plan pays 100%	Benefit	Screening for adults with high blood pressure only.
Diet Counseling	Plan pays 100%	No	Screening for adults at higher risk of chronic disease.
HIV Screening	Plan pays 100%	Benefit	Screening for adults at higher risk.
Immunizations * Hepatitis A * Hepatitis B * Herpes Zoster * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococcal !* Tetanus, Diphtheria, Pertussis * Varicella	Plan pays 100%	No Benefit No No Benefit Benefit	Listed immunizations are once per calendar year. Pneumococcal shots for adults 65 and older.
Obesity Screening and Counseling	Plan pays 100%	No Benefit	
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100%	No Benefit	Prevention counseling for adults at higher risk, includes syphilis screening.
Tobacco Use Screening	Plan pays 100%	No Benefit	Screenings for adults and cessation interventions for tobacco users.
COVERED PREVENTIVE SERVICES FOR WOMEN			
Wellness Office Visits	Network Providers	Non-Network Providers	Benefit Limits
Well-Women Visits	Plan pays 100%	No Benefit	
Anemia Screening	Plan pays 100%	No Benefit	For pregnant women.
Bacteriuria urinary tract or infection Screening	Plan pays 100%	No Benefit	For pregnant women.
Breast Cancer Mammography Screening	Plan pays 100%	No Benefit	Screenings every 1 to 2 years for women over 40 years old.
Breast Cancer Chemoprevention Counseling	Plan pays 100%	No Benefit	Counseling for women at high risk.
Cervical Cancer Screening	Plan pays 100%	No Benefit	Women ages 21 to 29 pap test every 3 years. Women ages 30 to 65 every 3 years if you only have a pap test. Every 5 years if you have both a pap test and an HPV test. Women age 66 and older consult your doctor.
Chlamydia Infection Screening	Plan pays 100%	No Benefit	For younger women and women at high risk.

COVERED PREVENTIVE SERVICES FOR CHILDREN			
Wellness Office Visits	Network Providers	Non-Network Providers	Benefit Limits
Alcohol and Drug Use Assessments	Plan pays 100%	No Benefit	
Autism Screening	Plan pays 100%	No Benefit	For children at 18 months to 24 months
Behavioral Assessments	Plan pays 100%	No Benefit	For children to age 18
Blood Pressure Screening	Plan pays 100%	No Benefit	For children to age 18
Cervical Dysplasia Screening	Plan pays 100%	No Benefit	For sexually active females
Congenital Hypothyroidism Screening	Plan pays 100%	No Benefit	For newborns
Depression Screening	Plan pays 100%	No Benefit	For teenagers ages 12 to 18
Developmental Screening	Plan pays 100%	No Benefit	For children under age 3 and surveillance throughout childhood
Dyslipidemia Screening	Plan pays 100%	No Benefit	For children at high risk of lipid disorders
Fluoride Chemoprevention Supplements	Plan pays 100%	No Benefit	For children without fluoride in their water sources
Hearing Screenings	Plan pays 100%	No Benefit	For all newborns
Height, Weight and Body Mass Index Measurements	Plan pays 100%	No Benefit	For children to age 18
Hematocrit or Hemoglobin Screening	Plan pays 100%	No Benefit	For children to age 18
Hemoglobinopathies of Sickle Cell Screening	Plan pays 100%	No Benefit	For all newborns
HIV Screening	Plan pays 100%	No Benefit	For sexually active children
Immunizations * Diphtheria, Tetanus, Pefussis * Haemophilus influenza type B * Hepatitis A * Hepatitis B * Inactivated Poliovirus * Influenza (Flu Shot) * Measles, Mumps, Rubella * Meningococcal * Pneumococcal * Rotavirus * Varicella	Plan pays 100%	No Benefit	For children to age 18.
Iron Supplements	Plan pays 100%	No Benefit	For children ages 6 to 12 months at risk of anemia.
Lead Screening	Plan pays 100%	No Benefit	For children at risk of exposure
Medical History	Plan pays 100%	No Benefit	For all children throughout development.
Obesity Screening and Counseling	Plan pays 100%	No Benefit	For children to age 18.
Oral Health	Plan pays 100%	No Benefit	At risk assessment for your children ages newborn to age 10.
Phenylketonuria (PKU) Screening	Plan pays 100%	No Benefit	For genetic disorders in newborns.
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100%	No Benefit	For children at higher risk, includes gonorrhea preventive medication for newborn eyes.
Tuberculin Testing	Plan pays 100%	No Benefit	For children at higher risk of tuberculosis to age 18.
Vision Screening	Plan pays 100%	No Benefit	For children to age 18.

Dependents covered to age 26 regardless of marital status.

Timely Filing: Claims must be filed within 12 months from the date the service incurred.

Coordination of Benefits: Non duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.

We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.

ESSENTIAL PLANS BENEFIT SUMMARY

EBA Essential Plans provide affordable coverage that meets the requirements under the Affordable Care Act, which avoids members from paying the "Individual Mandate" penalty. This plan provides 100% coverage when utilizing a First Health Network provider and 0% coverage when utilizing an out-of-network provider.

	In Network MEC	In Network MEC Plus	In Network MEC Premium
Annual Maximum/Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Deductible (per person)	\$0	\$0	\$0
MEDICAL BENEFITS			
Deductible and Maximum Out of Pocket	Not Applicable	Not Applicable	Not Applicable
Wellness and Preventive Care (Including Pediatric and OBGYN)	Covered at 100%	Covered at 100%	Covered at 100%
Primary Doctor & Pediatric-sick visits	Not Covered / Network Discounted Rate	\$25 co-pay – 5 Visits per Year	\$25 co-pay – Unlimited Visits
Specialist Doctor	Not Covered / Network Discounted Rate	\$35 co-pay – 1 Visit per Year	\$35 co-pay – 5 Visits per Year
Laboratory Services and Imaging	Not Covered / Network Discounted Rate	Preventive Care only included	Preventive Care only included
X-Rays	Not Covered / Network Discounted Rate	Preventive Care only included	Preventive Care only included
Urgent Care	Not Covered / Network Discounted Rate	\$50 co-pay – 2 Visits per Year	\$50 co-pay – 3 Visits per Year
Emergency Room Admission	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	\$250 co-pay – 1 Visit per Year
Outpatient Surgery, Hospice, Skilled Nurse	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
In Patient Surgery/Services	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Maternity Pre/Post Natal Consultation	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	\$25 co-pay – 3 Visits
Mental Health, Substance Abuse Consultation	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	\$25 co-pay – 1st 3 visits
Rehabilitative Speech Therapy	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Rehabilitative and Rehabilitative Physical Therapy	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Chiropractic Care	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Skilled Nursing Facility	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Durable Medical Equipment	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
Outpatient Facility (e.g. Ambulatory Surgery Center)	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate	Not Covered / Network Discounted Rate
PRESCRIPTION DRUG BENEFITS			
RX	Not Covered / Network Discounted Rate Discount for Generics	Not Covered / Network Discounted Rate Discount for Generics	Not Covered / Network Discounted Rate Discount for Generics

Dependents covered to age 26 regardless of marital status.

Timely Filing: Claims must be filed within 12 months from the date the service incurred.

Rural Area is defined as 30 miles. If preventive services are not available within 30 miles of your residence the provider will be paid in network.

Coordination of Benefits: Non-duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.

Rx Insurance Plan underwritten through Pram Insurance Services. See plan description for details.

We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment.

Claims are determined



HealthWallet

WHAT DO I GET WITH HEALTH WALLET?

BENEFITS

- App.
- Telemedicine/Virtual urgent care \$0 copay/unlimited visits
- Virtual Behavioral Health Counseling 5 visits \$0 copay
- RX discount program
- Supplier Navigator
- Access to virtual ID card
- Chatbot

MEMBER	\$42.00
MEMBER + SPOUSE	\$42.00
MEMBER + CHILDREN	\$42.00
MEMBER + FAMILY	\$42.00

lyric

Behavioral *Health* *Virtual Counseling*

Therapy from the privacy of your home or office.

Whether it's stress, anxiety, depression, or sudden loss, we can help. Speak with a licensed therapist anytime from anywhere.



Our suite of mental health services includes

Virtual Counseling: Consult with a Master-level Therapist/Counselor .

The amount of counseling sessions will be clinically appropriate based on the issue.

When to use:

- Substance Abuse
- Relationship Issues
- Depression
- Stress and Anxiety
- Death of a Loved One
- Parenting Issues

“Only 57% of employees who report moderate depression and 40% of those who report severe depression receive treatment to control depression symptoms.”

- ✓ The Right CARE at the Right Time For the cost of lunch, an employer can provide an employee and their family access to a suite of mental health services
- ✓ Boost Productivity: Lower working parents' stress and free up their time
- ✓ Improve Retention: Give your employees support for their top priority, their kids
- ✓ We Make it Easy For You: Implement seamlessly into your vendor ecosystem

Licensed healthcare providers provide clinical services through medical practices affiliated with Lyric and other network providers. Additional or different telehealth requirements may be applicable in certain states; see www.getlyric.com for full terms and conditions.

lyric

Telemedicine

Virtual Urgent Care

Doctors can be hard to reach, illnesses can occur in the middle of the night, and sometimes you just have a question. Get on-demand care when you need it.

Access to licensed, and board-certified physicians 24 / 7 / 365
- Call | TAP | or Click Away



An exceptional benefit that reduces healthcare costs

With the rise in healthcare costs, more employers are turning to telehealth to reduce costs, help offset out-of-pocket expenses for employees, and, importantly, assure that their employees will always have care when they need it.

Multiple Cost-Savings

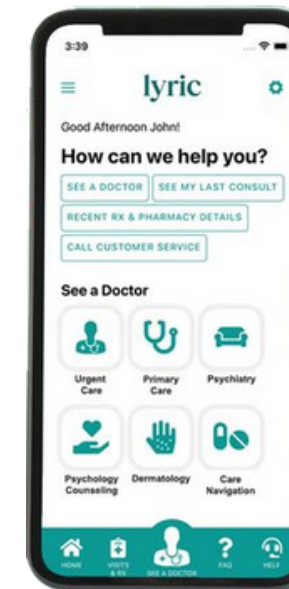
- **Healthcare Cost Savings:** Redirecting unnecessary doctor, urgent and ER visits can reduce healthcare spending significantly. **Productivity:** A typical doctor's appointment can take half of the work day. Lyric gives employees easy access to a physician wherever they are located.
- **Flexible Implementation:** Lyric can be implemented into most employee populations anytime of the year and live in under 48 hours*.

*48 Hour implementation for standard telehealth services, additional functionality may increase implementation.

Common Conditions

In some cases, a visit to the doctor's office can be avoided, saving time and money.

- Flu Symptoms
- Sinus Problems
- Ear infection
- Allergies
- Urinary Tract Infection
- Nausea
- Pink eye
- Stomach Viruses
- Rashes
- Sore Throat
- Acne ... *and much more*



FREQUENTLY ASKED QUESTIONS

WHO CAN PARTICIPATE?

All employees who consistently work more than 30 hours per week are eligible to enroll

CAN I ENROLL MY DEPENDENTS?

Yes, you can enroll a spouse and dependent child up to the age 26.

CAN I SIGN UP FOR COVERAGE AT ANY TIME?

No, you must sign up for coverage during your open enrollment period. If you choose to waive coverage you will not be able to enroll until the next open enrollment period next year or if you experience a qualifying event.

HOW ARE MY PREMIUMS PAID?

Payments will be taken as a payroll deduction. Any payroll deduction will take place on a pre-tax basis.

HOW DO I USE MY PLAN?

Your employer will distribute all member ID cards once enrollment is complete. An electronic card will be provided during enrollment. Simply present your ID card to a provider at the time of service. EBA will process the claim and send any applicable payment directly to your provider. You will receive an Explanation of Benefits (EOB) in the mail outlining what has been paid by your plan and what you still owe, if anything.

WHAT DOCTORS ARE IN MY NETWORK?

A List of Doctors can be found by accessing the First Health website listed below.

www.MyFirstHealthbp.com

HOW TO ENROLL?

STEP ONE.

Click here to go to your enrollment portal.

<http://www.ebaenrollment.com/805647>

STEP TWO.

Click "Enrollment" next to your choice of coverage. On the next page, change coverage to include dependents if desired.

STEP THREE.

To opt out of coverage or add dependents:

Visit our enrollment portal here:

<http://www.ebaenrollment.com/805647>

Log in with your Social Security number and date of birth.

- Select the option you wish.
- Confirm your information and add dependents if any.

STEP FOUR.

When finished, click submit at the bottom of the page. You should see a confirmation page.

Congratulations! You're now enrolled.

www.essentialbenefitplans.com

CONTACT INFORMATION

CUSTOMER SERVICE CONTACT.

ADDRESS: Essential Benefit Administrators

PO Box 593 Newport Beach, CA 92661

PHONE: (888) 292-0095

EMAIL: info@essentialbenefitplans.com

WEBSITE: www.essentialbenefitplans.com

FIND A DOCTOR: FIRST HEALTH NETWORK

www.MyFirstHealthIbp.com

Benefits Overview

Your benefits are an important part of your overall compensation. This overview was designed to answer some of the basic questions you may have about your benefits.

January 1 - December 31, 2025



Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your Registered Domestic Partner (RDP and their children, where applicable by state law)
- Your children who are your natural children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a Qualifying Event during the year. Following are examples of the most common Qualifying Events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching age 26
- Death of a spouse, Registered Domestic Partner (RDP), or child
- Change in child custody
- Change in coverage election made by your spouse/RDP during his/her employer's open enrollment period
- You lose coverage under your spouse's/RDP's plan

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information - when you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage and are not subject to a federal tax penalty. This information will be securely submitted to the IRS and will remain confidential.










Medical Plans

Key Medical Benefits	UnitedHealthcare Choice Network BC-9P PPO		UnitedHealthcare Core Network BD-S2		UnitedHealthcare Navigate Network (Illinois Only) BF-DC HMO
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network
Deductible (per calendar year)					
Individual / Family	\$1,500 / \$4,500	\$6,000 / \$12,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$4,800 / \$10,000
Out-of-Pocket Maximum (per calendar year)					
Individual / Family	\$6,250 / \$12,500	\$10,000 / \$20,000	\$6,350 / \$12,700	\$10,000 / \$20,000	\$6,350 / \$12,700
Covered Services					
Office Visits (physician)	\$25 copay	40%, after ded.	\$30 copay	20%, after ded.	\$30 copay
Office Visits (specialist)	\$50 copay	40%, after ded.	Desg \$30 / IN \$60 copay	20%, after ded.	\$60 copay(w/Ref)
Routine Preventive Care	No charge	40%, after ded.	No charge	20%, after ded.	No charge
Emergency Room	\$150 copay		\$300 copay		\$250 copay then 20%
Urgent Care Facility	\$75 copay	40%, after ded.	\$50 copay	20%, after ded.	\$75 copay
Inpatient Hospital Stay	20%, after ded.	40%, after ded.	0%, after ded	20%, after ded.	20%, after ded.
Outpatient Surgery	20%, after ded.	40%, after ded.	0%, after ded	20%, after ded.	20%, after ded.
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)					
Retail Pharmacy (30-day supply)	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$35 / \$70
Mail Order (90-day supply)	\$25 / \$87.50 / \$175	N/A	\$25 / \$87.50 / \$175	N/A	\$25 / \$87.50 / \$175

Coinsurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying.
 1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Choice Plus plan details, all in one place.

Use this benefit summary to learn more about this plan’s benefits, ways you can get help managing costs and how you may get more out of this health plan.

Check out what’s included in the plan		Choice Plus
 Network coverage only You can usually save money when you receive care for covered health care services from network providers.		<input type="checkbox"/>
 Network and out-of-network benefits You may receive care and services from network and out-of-network providers and facilities — but staying in the network can help lower your costs.		<input checked="" type="checkbox"/>
 Primary care physician (PCP) required With this plan, you need to select a PCP — the doctor who plays a key role in helping manage your care. Each enrolled person on your plan will need to choose a PCP.		<input type="checkbox"/>
 Referrals required You’ll need referrals from your PCP before seeing a specialist or getting certain health care services.		<input type="checkbox"/>
 Preventive care covered at 100% There is no additional cost to you for seeing a network provider for preventive care.		<input checked="" type="checkbox"/>
 Pharmacy benefits With this plan, you have coverage that helps pay for prescription drugs and medications.		<input checked="" type="checkbox"/>
 Tier 1 providers Using Tier 1 providers may bring you the greatest value from your health care benefits. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings.		<input type="checkbox"/>
 Freestanding centers You may pay less when you use certain freestanding centers — health care facilities that do not bill for services as part of a hospital, such as MRI or surgery centers.		<input type="checkbox"/>
 Health savings account (HSA) With an HSA, you’ve got a personal bank account that lets you put money aside, tax-free. Use it to save and pay for qualified medical expenses.		<input type="checkbox"/>

This Benefit Summary is to highlight your Benefits. Don’t use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

Here's a more in-depth look at how Choice Plus works.

Medical Benefits

	In Network	Out-of-Network
Annual Medical Deductible		
Individual	\$1,500	\$6,000
Family	\$4,500	\$12,000

All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

	In Network	Out-of-Network
Annual Out-of-Pocket Limit		
Individual	\$6,250	\$10,000
Family	\$12,500	\$20,000

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Network	Out-of-Network
Preventive Care Services		
Preventive Care Services	No copay	40%*
<p><i>Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.</i></p> <p><i>Includes services such as Routine Wellness Checkups, Immunizations, Breast Pumps, Mammography and Colorectal Cancer Screenings.</i></p>		
Office Services - Sickness & Injury		
Primary Care Physician		
All other covered persons	\$25 copay	40%*
Covered persons less than age 19	No copay	40%*
<p><i>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.</i></p> <p><i>Telehealth is covered at the same cost share as in the office.</i></p>		
Specialist	\$50 copay	40%*
<p><i>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.</i></p> <p><i>Telehealth is covered at the same cost share as in the office.</i></p>		

*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Network	Out-of-Network
Urgent Care Center Services	\$75 copay	40%*
Virtual Care Services	No copay	40%*
<p><i>Network Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Visit Network Provider by contacting us at myuhc.com® or the telephone number on your ID card. Access to Virtual Visits and prescription services may not be available in all states or for all groups.</i></p>		
Emergency Care		
Ambulance Services - Emergency Ambulance		
Air Ambulance	20%*	20%*
Ground Ambulance	20%*	20%*
Ambulance Services - Non-Emergency Ambulance ¹		
Air Ambulance	20%*	20%*
Ground Ambulance	20%*	40%*
Dental Services - Accident Only	20%*	20%*
Emergency Health Care Services - Outpatient ¹	\$150 copay	\$150 copay
Inpatient Care		
Congenital Heart Disease (CHD) Surgeries ¹	20%*	40%*
Habilitative Services - Inpatient ¹	The amount you pay is based on where the covered health care service is provided.	
<p><i>Limit will be the same as, and combined with, those stated under Skilled Nursing Facility/Inpatient Rehabilitation Services for adults 19 years of age and older. For Dependents under 19 years of age, no limits apply.</i></p>		
Hospital - Inpatient Stay ¹	20%*	40%*
Skilled Nursing Facility/Inpatient Rehabilitation Facility Services ¹	20%*	40%*
<p><i>Limited to 60 days per year.</i></p>		
Outpatient Care		
Habilitative Services - Outpatient	\$25 copay	40%*
<p><i>Limits will be the same as, and combined with those stated under Rehabilitation Services - Outpatient Therapy and Manipulative Treatment for adults 19 years of age and older. For Dependents under 19 years of age, no limits apply.</i></p> <p><i>Visit limits for Treatment for Autism Spectrum Disorders for Enrolled Dependents under 21 years of age do not apply.</i></p>		
Home Health Care ¹	20%*	40%*
Lab, X-Ray and Diagnostic - Outpatient - Lab Testing ¹	No copay*	40%*

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing¹

	Network	Out-of-Network
Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing ¹	No copay	40%*
Major Diagnostic and Imaging - Outpatient ¹	20%*	40%*
<i>You may have to pay an extra copay, deductible or coinsurance for physician fees or pharmaceutical products.</i>		
Physician Fees for Surgical and Medical Services	20%*	40%*
Rehabilitation Services - Outpatient Therapy and Manipulative Treatment	\$25 copay	40%*
<i>Limited to 20 visits of cognitive rehabilitation therapy per year.</i>		
<i>Limited to 20 visits of manipulative treatments per year.</i>		
<i>Limited to 20 visits of pulmonary rehabilitation therapy per year.</i>		
<i>Limited to 30 visits of post-cochlear implant aural therapy per year.</i>		
<i>Limited to 36 visits of cardiac rehabilitation therapy per year.</i>		
<i>Limited to 60 visits of physical therapy for multiple sclerosis per year.</i>		
Scopic Procedures - Outpatient Diagnostic and Therapeutic	20%*	40%*
<i>Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.</i>		
Surgery - Outpatient ¹	20%*	40%*
Therapeutic Treatments - Outpatient ¹	20%*	40%*
<i>Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.</i>		
Supplies and Services		
Diabetes Self-Management Items ¹	The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section.	
Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care ¹	The amount you pay is based on where the covered health care service is provided.	
Durable Medical Equipment (DME), Orthotics and Supplies ¹	20%*	40%*
<i>Limited to a single purchase of a type of DME every 3 years.</i>		
<i>Repair and/or replacement of DME would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums.</i>		
Enteral Nutrition	20%*	40%*

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	Network	Out-of-Network
Hearing Aids	20%*	40%*
<i>Limited to a single purchase per hearing impaired ear every 24 months.</i>		
<i>Benefits include repairs and/or replacement of a hearing instrument when Medically Necessary.</i>		
Ostomy Supplies	20%*	40%*
<i>Limited to \$2,500 per year.</i>		
Pharmaceutical Products - Outpatient	20%*	40%*
<i>This includes medications given at a doctor's office, or in a covered person's home.</i>		
Prosthetic Devices ¹	20%*	40%*
Urinary Catheters	20%*	40%*
Pregnancy		
Pregnancy - Maternity Services ¹	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.	
Mental Health Care & Substance Related and Addictive Disorder Services		
Inpatient ¹	20%*	40%*
Outpatient	No copay	40%*
Partial Hospitalization ¹	20%*	40%*
Other Services		
Cellular and Gene Therapy ¹	The amount you pay is based on where the covered health care service is provided.	
<i>For Network Benefits, Cellular or Gene Therapy services must be received from a Designated Provider.</i>		
Clinical Trials ¹	The amount you pay is based on where the covered health care service is provided.	
Dental Services – Anesthesia and Facility	The amount you pay is based on where the covered health care service is provided.	
Examination and Treatment for Sexual Assault	No copay	No copay
Fertility Preservation for Iatrogenic Infertility ¹	20%*	40%*
Gender Dysphoria ¹	The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.	
Hospice Care ¹	20%*	40%*
Human Breast Milk	20%*	40%*

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Infertility Services¹

	Network	Out-of-Network
Infertility Services ¹	20%*	40%*

Limited to a maximum of 6 oocyte retrievals per year.

Benefits for Assisted Reproductive Technology (ART) are further defined as limited to four oocyte retrievals per plan year; however, if a retrieval is followed by a live birth, two additional oocyte retrievals will be covered. Following the final oocyte retrieval, Benefits will be provided for one subsequent procedure to transfer the oocytes or sperm to the Covered Person.

Pediatric Palliative Care¹

The amount you pay is based on where the covered health care service is provided.

Port Wine Stain¹

The amount you pay is based on where the covered health care service is provided.

Preimplantation Genetic Testing (PGT) and Related Services¹

20%*

40%*

Reconstructive Procedures¹

The amount you pay is based on where the covered health care service is provided.

Benefits are available for the care and treatment of cleft lip and cleft palate for children under age 19.

Telehealth Services

The amount you pay is based on where the covered health care service is provided.

Temporomandibular Joint (TMJ) and Craniomandibular Disorder (CMD) Services¹

The amount you pay is based on where the covered health care service is provided.

Transplantation Services¹

The amount you pay is based on where the covered health care service is provided.

Network Benefits must be received from a Designated Provider.

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.










Pharmacy Benefits

Pharmacy Plan Details			
Pharmacy Network	National		
Prescription Drug List	Advantage		
In Network and Out of Network			
Annual Pharmacy Deductible			
Individual	You do not have to pay a pharmacy deductible		
Family	You do not have to pay a pharmacy deductible		
Prescription Drug Product Tier Level	Up to a 31-day supplyUp to a 90-day supply		In-Network Mail Order Pharmacy**
	In-Network Retail Pharmacy	Out-of-Network Retail Pharmacy	
Tier 1 \$	\$10	\$10	\$25
Tier 2 \$\$	\$35	\$35	\$87.50
Tier 3 \$\$\$	\$70	\$70	\$175

* After the Annual Pharmacy Deductible has been met. ** Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills. Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2 or Tier 3. If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits. For an out-of-network Pharmacy, you may have to pay the difference between the out-of-network reimbursement rate and the pharmacy's usual and customary charge.

Core plan details, all in one place.

Use this benefit summary to learn more about this plan’s benefits, ways you can get help managing costs and how you may get more out of this health plan.

Check out what’s included in the plan	Core
 <p>Network coverage only You can usually save money when you receive care for covered health care services from network providers.</p>	<input type="checkbox"/>
 <p>Network and out-of-network benefits You may receive care and services from network and out-of-network providers and facilities — but staying in the network can help lower your costs.</p>	<input checked="" type="checkbox"/>
 <p>Primary care physician (PCP) required With this plan, you need to select a PCP — the doctor who plays a key role in helping manage your care. Each enrolled person on your plan will need to choose a PCP.</p>	<input type="checkbox"/>
 <p>Referrals required You’ll need referrals from your PCP before seeing a specialist or getting certain health care services.</p>	<input type="checkbox"/>
 <p>Preventive care covered at 100% There is no additional cost to you for seeing a network provider for preventive care.</p>	<input checked="" type="checkbox"/>
 <p>Pharmacy benefits With this plan, you have coverage that helps pay for prescription drugs and medications.</p>	<input checked="" type="checkbox"/>
 <p>Tier 1 providers Using Tier 1 providers may bring you the greatest value from your health care benefits. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings.</p>	<input checked="" type="checkbox"/>
 <p>Freestanding centers You may pay less when you use certain freestanding centers — health care facilities that do not bill for services as part of a hospital, such as MRI or surgery centers.</p>	<input type="checkbox"/>
 <p>Health savings account (HSA) With an HSA, you’ve got a personal bank account that lets you put money aside, tax-free. Use it to save and pay for qualified medical expenses.</p>	<input type="checkbox"/>

This Benefit Summary is to highlight your Benefits. Don’t use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

Here's a more in-depth look at how Core works.

Medical Benefits

	In Network	Out-of-Network
Annual Medical Deductible		
Individual	\$5,000	\$5,000
Family	\$10,000	\$10,000

All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

	In Network	Out-of-Network
Annual Out-of-Pocket Limit		
Individual	\$6,350	\$10,000
Family	\$12,700	\$20,000

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Designated Network	Network	Out-of-Network
	Preventive Care Services		
Preventive Care Services		No copay	20%*
<p>Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.</p> <p>Includes services such as Routine Wellness Checkups, Immunizations, Breast Pumps, Mammography and Colorectal Cancer Screenings.</p>			
Office Services - Sickness & Injury			
Primary Care Physician			
All other covered persons	\$30 copay	\$30 copay	20%*
Covered persons less than age 19	No copay	No copay	20%*
<p>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.</p> <p>Telehealth is covered at the same cost share as in the office.</p>			
Specialist	\$30 copay	\$60 copay	20%*
<p>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.</p> <p>Telehealth is covered at the same cost share as in the office.</p>			

*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Urgent Care Center Services

\$50 copay

20%*

Virtual Care Services

No copay

20%*

Network Benefits are available only when services are delivered through a Designated Virtual Network Provider for 24/7 Virtual Visit services only. You can find a 24/7 Virtual Visit Provider by contacting us at myuhc.com® or the telephone number on your ID card. Access to 24/7 Virtual Visits and prescription services may not be available in all states or for all groups.

Emergency Care

Ambulance Services - Emergency Ambulance

Air Ambulance

No copay*

No copay*

Ground Ambulance

No copay*

No copay*

Ambulance Services - Non-Emergency Ambulance¹

Air Ambulance

No copay*

No copay*

Ground Ambulance

No copay*

20%*

Dental Services - Accident Only

No copay*

No copay*

Emergency Health Care Services - Outpatient¹

\$300 copay

\$300 copay

Inpatient Care

Congenital Heart Disease (CHD) Surgeries¹

No copay*

20%*

Habilitative Services - Inpatient¹

The amount you pay is based on where the covered health care service is provided.

Limit will be the same as, and combined with, those stated under Skilled Nursing Facility/Inpatient Rehabilitation Services for adults 19 years of age and older. For Dependents under 19 years of age, no limits apply.

Hospital - Inpatient Stay¹

No copay*

20%*

Skilled Nursing Facility/Inpatient Rehabilitation Facility Services¹

No copay*

20%*

Limited to 60 days per year.

Outpatient Care

Habilitative Services - Outpatient

\$30 copay

20%*

Limits will be the same as, and combined with, those stated under Rehabilitation Services - Outpatient Therapy and Manipulative Treatment for adults 19 years of age and older. For Dependents under 19 years of age, no limits apply.

Visit limits for Treatment for Autism Spectrum Disorders for Enrolled Dependents under 21 years of age do not apply.

Home Health Care¹

No copay*

20%*

Lab, X-Ray and Diagnostic - Outpatient - Lab Testing¹

No copay

20%*

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing¹

Major Diagnostic and Imaging - Outpatient¹

You may have to pay an extra copay, deductible or coinsurance for physician fees or pharmaceutical products.

Physician Fees for Surgical and Medical Services

Primary care visits

No copay*

No copay*

20%*

Specialist care visits

No copay*

No copay*

20%*

Rehabilitation Services - Outpatient Therapy and Manipulative Treatment

Limited to 20 visits of cognitive rehabilitation therapy per year.

Limited to 20 visits of manipulative treatments per year.

Limited to 20 visits of pulmonary rehabilitation therapy per year.

Limited to 30 visits of post-cochlear implant aural therapy per year.

Limited to 36 visits of cardiac rehabilitation therapy per year.

Limited to 60 visits of physical therapy for multiple sclerosis per year.

\$30 copay

20%*

Scopic Procedures - Outpatient Diagnostic and Therapeutic

Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.

No copay*

20%*

Surgery - Outpatient¹

No copay*

20%*

Therapeutic Treatments - Outpatient¹

Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.

No copay*

20%*

Supplies and Services

Diabetes Self-Management Items¹

The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section.

Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care¹

The amount you pay is based on where the covered health care service is provided.

Durable Medical Equipment (DME), Orthotics and Supplies¹

No copay*

20%*

Limited to a single purchase of a type of DME every 3 years.

Repair and/or replacement of DME would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums.

Enteral Nutrition

No copay*

20%*

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

	Designated Network	Network	Out-of-Network
Hearing Aids		No copay*	20%*
<i>Limited to a single purchase per hearing impaired ear every 24 months.</i>			
<i>Benefits include repairs and/or replacement of a hearing instrument when Medically Necessary.</i>			
Ostomy Supplies		No copay*	20%*
<i>Limited to \$2,500 per year.</i>			
Pharmaceutical Products - Outpatient		No copay*	20%*
<i>This includes medications given at a doctor's office, or in a covered person's home.</i>			
Prosthetic Devices ¹		No copay*	20%*
Urinary Catheters		No copay*	20%*
Pregnancy			
Pregnancy - Maternity Services ¹		The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.	
<i>Benefits include abortion care services.</i>			
Mental Health Care & Substance Related and Addictive Disorder Services			
Inpatient ¹		No copay*	20%*
Intensive Behavioral Therapy (e.g. ABA) ¹		No copay*	20%*
Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Treatment ¹		No copay*	20%*
Outpatient Office Visits		\$30 copay	20%*
Other Services			
Cellular and Gene Therapy ¹		The amount you pay is based on where the covered health care service is provided.	
<i>For Network Benefits, Cellular or Gene Therapy services must be received from a Designated Provider.</i>			
Clinical Trials ¹		The amount you pay is based on where the covered health care service is provided.	
Dental Services – Anesthesia and Facility		The amount you pay is based on where the covered health care service is provided.	
Examination and Treatment for Sexual Assault		No copay	No copay
Fertility Preservation for Iatrogenic Infertility ¹		No copay*	20%*

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Gender Dysphoria¹

Designated Network	Network	Out-of-Network
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The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.

Limits for voice modification therapy and/or voice lessons will be the same as, and combined with, outpatient speech therapy limits as described under Habilitative Services and Rehabilitation Services Outpatient Therapy and Manipulative Treatment.

Hospice Care ¹	No copay*	20%*
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Human Breast Milk	No copay*	20%*
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Infertility Services ¹	No copay*	20%*
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Limited to a maximum of 6 oocyte retrievals per year.

Benefits for Assisted Reproductive Technology (ART) are further defined as limited to four oocyte retrievals per plan year; however, if a retrieval is followed by a live birth, two additional oocyte retrievals will be covered. Following the final oocyte retrieval, Benefits will be provided for one subsequent procedure to transfer the oocytes or sperm to the Covered Person.

Pediatric Palliative Care ¹	The amount you pay is based on where the covered health care service is provided.	
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Port Wine Stain ¹	The amount you pay is based on where the covered health care service is provided.	
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Preimplantation Genetic Testing (PGT) and Related Services ¹	No copay*	20%*
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Reconstructive Procedures ¹	The amount you pay is based on where the covered health care service is provided.	
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Benefits are available for the care and treatment of cleft lip and cleft palate for children under age 19.

Telehealth Services	The amount you pay is based on where the covered health care service is provided.	
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Temporomandibular Joint (TMJ) and Craniomandibular Disorder (CMD) Services ¹	The amount you pay is based on where the covered health care service is provided.	
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Transplantation Services ¹	The amount you pay is based on where the covered health care service is provided.	
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Network Benefits must be received from a Designated Provider.

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.










Pharmacy Benefits

Pharmacy Plan Details			
Pharmacy Network	National		
Prescription Drug List	Advantage		
In Network and Out of Network			
Annual Pharmacy Deductible			
Individual	You do not have to pay a pharmacy deductible		
Family	You do not have to pay a pharmacy deductible		
Prescription Drug Product Tier Level	Up to a 31-day supplyUp to a 90-day supply		In-Network Mail Order Pharmacy**
	In-Network Retail Pharmacy	Out-of-Network Retail Pharmacy	
Tier 1 \$	\$10	\$10	\$25
Tier 2 \$\$	\$35	\$35	\$87.50
Tier 3 \$\$\$	\$70	\$70	\$175

* After the Annual Pharmacy Deductible has been met. ** Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills. Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2 or Tier 3. If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits. For an out-of-network Pharmacy, you may have to pay the difference between the out-of-network reimbursement rate and the pharmacy's usual and customary charge.

Navigate plan details, all in one place.

Use this benefit summary to learn more about this plan’s benefits, ways you can get help managing costs and how you may get more out of this health plan.

Check out what’s included in the plan	Navigate
 <p>Network coverage only You can usually save money when you receive care for covered health care services from network providers.</p>	<input checked="" type="checkbox"/>
 <p>Network and out-of-network benefits You may receive care and services from network and out-of-network providers and facilities — but staying in the network can help lower your costs.</p>	<input type="checkbox"/>
 <p>Primary care physician (PCP) required With this plan, you need to select a PCP — the doctor who plays a key role in helping manage your care. Each enrolled person on your plan will need to choose a PCP.</p>	<input checked="" type="checkbox"/>
 <p>Referrals required You’ll need referrals from your PCP before seeing a specialist or getting certain health care services.</p>	<input checked="" type="checkbox"/>
 <p>Preventive care covered at 100% There is no additional cost to you for seeing a network provider for preventive care.</p>	<input checked="" type="checkbox"/>
 <p>Pharmacy benefits With this plan, you have coverage that helps pay for prescription drugs and medications.</p>	<input checked="" type="checkbox"/>
 <p>Tier 1 providers Using Tier 1 providers may bring you the greatest value from your health care benefits. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings.</p>	<input type="checkbox"/>
 <p>Freestanding centers You may pay less when you use certain freestanding centers — health care facilities that do not bill for services as part of a hospital, such as MRI or surgery centers.</p>	<input type="checkbox"/>
 <p>Health savings account (HSA) With an HSA, you’ve got a personal bank account that lets you put money aside, tax-free. Use it to save and pay for qualified medical expenses.</p>	<input type="checkbox"/>

This Benefit Summary is to highlight your Benefits. Don’t use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

Here's a more in-depth look at how Navigate works.

Medical Benefits

In Network

Annual Medical Deductible	
Individual	\$4,800
Family	\$10,000

No one in the family is eligible for benefits until the family coverage deductible is met.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

Annual Out-of-Pocket Limit	
Individual	\$6,350
Family	\$12,700

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Network
Preventive Care Services	
Preventive Care Services	
For services provided by your Primary Care Physician, Network obstetrician or gynecologist or for services provided with a referral	No copay
<i>Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible.</i>	
<i>Includes services such as Routine Wellness Checkups, Immunizations, Breast Pumps, Mammography and Colorectal Cancer Screenings.</i>	
Office Services - Sickness & Injury	
Primary Care Physician	
All other covered persons for services provided by your Primary Care Physician, Network obstetrician or gynecologist	\$30 copay
Covered persons less than age 19 for services provided by your Primary Care Physician, Network obstetrician or gynecologist	No copay
<i>Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.</i>	
<i>Telehealth is covered at the same cost share as in the office.</i>	

*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Specialist

For services provided with a referral

\$60 copay

Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.

Telehealth is covered at the same cost share as in the office.

Urgent Care Center Services

\$75 copay

Virtual Care Services

No copay

Benefits are available only when services are delivered through a Designated Virtual Network Provider for 24/7 Virtual Visit services only. You can find a 24/7 Virtual Visit Provider by contacting us at myuhc.com® or the telephone number on your ID card. Access to 24/7 Virtual Visits and prescription services may not be available in all states or for all groups.

Emergency Care

Ambulance Services - Emergency Ambulance

Air Ambulance

20%*

Ground Ambulance

20%*

Ambulance Services - Non-Emergency Ambulance

Air Ambulance

20%*

Ground Ambulance

20%*

Dental Services - Accident Only

20%*

Emergency Health Care Services - Outpatient¹

\$250 copay then 20%

Inpatient Care

Congenital Heart Disease (CHD) Surgeries

For services provided with a referral

20%*

Habilitative Services - Inpatient

The amount you pay is based on where the covered health care service is provided.

Limit will be the same as, and combined with, those stated under Skilled Nursing Facility/Inpatient Rehabilitation Services for adults 19 years of age and older. For Dependents under 19 years of age, no limits apply.

Hospital - Inpatient Stay

For services provided with a referral

20%*

Skilled Nursing Facility/Inpatient Rehabilitation Facility Services

20%*

Limited to 60 days per year.

*After the Annual Medical Deductible has been met.

¹Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Outpatient Care

Habilitative Services - Outpatient

	Network
Manipulative treatment services with a referral	\$60 copay
Other habilitative services	\$30 copay

Limits will be the same as, and combined with, those stated under Rehabilitation Services - Outpatient Therapy and Manipulative Treatment for adults 19 years of age and older. For Dependents under 19 years of age, no limits apply.

Visit limits for Treatment for Autism Spectrum Disorders for Enrolled Dependents under 21 years of age do not apply.

Home Health Care	20%*
Lab, X-Ray and Diagnostic - Outpatient - Lab Testing	No copay
Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing	No copay
Major Diagnostic and Imaging - Outpatient	20%*

You may have to pay an extra copay, deductible or coinsurance for physician fees or pharmaceutical products.

Physician Fees for Surgical and Medical Services

For services provided by your Primary Care Physician, Network obstetrician or gynecologist	20%*
For services provided with a referral	20%*

Rehabilitation Services - Outpatient Therapy and Manipulative Treatment

Manipulative treatment services with a referral	\$60 copay
Other rehabilitation services	\$30 copay

Limited to 60 combined visits of physical therapy, occupational therapy and speech therapy per year.

Limited to 60 visits of cardiac rehabilitation therapy per year.

Limited to 60 visits of cognitive rehabilitation therapy per year.

Limited to 60 visits of physical therapy for multiple sclerosis per year.

Limited to 60 visits of post-cochlear implant aural therapy per year.

Limited to 60 visits of pulmonary rehabilitation therapy per year.

*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Scopic Procedures - Outpatient Diagnostic and Therapeutic

For services provided by your Primary Care Physician, Network obstetrician or gynecologist	20%*
For services provided with a referral	20%*

Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.

Surgery - Outpatient

For services provided by your Primary Care Physician, Network obstetrician or gynecologist	20%*
For services provided with a referral	20%*

Therapeutic Treatments - Outpatient

Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.

Supplies and Services

Diabetes Self-Management Items

The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section.

Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care

The amount you pay is based on where the covered health care service is provided.

Durable Medical Equipment (DME), Orthotics and Supplies

20%*

Limited to a single purchase of a type of DME every 3 years.

Repair and/or replacement of DME would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums.

Enteral Nutrition

20%*

Hearing Aids

20%*

Limited to a single purchase per hearing impaired ear every 24 months.

Benefits include repairs and/or replacement of a hearing instrument when Medically Necessary.

Ostomy Supplies

20%*

Limited to \$2,500 per year.

Pharmaceutical Products - Outpatient

20%*

This includes medications given at a doctor's office, or in a covered person's home.

Prosthetic Devices

20%*

Urinary Catheters

20%*

*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Pregnancy

Pregnancy - Maternity Services

Network

The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.

Benefits include abortion care services.

Mental Health Care & Substance Related and Addictive Disorder Services

Inpatient 20%*

Intensive Behavioral Therapy (e.g. ABA) No copay

Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Treatment 20%*

Outpatient Office Visits No copay

Other Services

Cellular and Gene Therapy The amount you pay is based on where the covered health care service is provided.

Cellular or Gene Therapy services must be received from a Designated Provider.

Clinical Trials The amount you pay is based on where the covered health care service is provided.

Dental Services – Anesthesia and Facility The amount you pay is based on where the covered health care service is provided.

Examination and Treatment for Sexual Assault No copay

Fertility Preservation for Iatrogenic Infertility 20%*

Gender Dysphoria The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.

Limits for voice modification therapy and/or voice lessons will be the same as, and combined with, outpatient speech therapy limits as described under Habilitative Services and Rehabilitation Services Outpatient Therapy and Manipulative Treatment.

Hospice Care 20%*

Human Breast Milk 20%*

Infertility Services

For services provided with a referral 20%*

Limited to a maximum of 6 oocyte retrievals per year.

Benefits for Assisted Reproductive Technology (ART) are further defined as limited to four oocyte retrievals per plan year; however, if a retrieval is followed by a live birth, two additional oocyte retrievals will be covered. Following the final oocyte retrieval, Benefits will be provided for one subsequent procedure to transfer the oocytes or sperm to the Covered Person.

Pediatric Palliative Care The amount you pay is based on where the covered health care service is provided.

*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Port Wine Stain

The amount you pay is based on where the covered health care service is provided.

Preimplantation Genetic Testing (PGT) and Related Services

20%*

Reconstructive Procedures

The amount you pay is based on where the covered health care service is provided.

Benefits are available for the care and treatment of cleft lip and cleft palate for children under age 19.

Telehealth Services

The amount you pay is based on where the covered health care service is provided.

Temporomandibular Joint (TMJ) and Craniomandibular Disorder (CMD) Services

The amount you pay is based on where the covered health care service is provided.

Transplantation Services

The amount you pay is based on where the covered health care service is provided.

Network Benefits must be received from a Designated Provider.

*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.

Pharmacy Benefits

Pharmacy Plan Details		
Pharmacy Network	National	
Prescription Drug List	Advantage	
In Network		
Annual Pharmacy Deductible		
Individual	You do not have to pay a pharmacy deductible	
Family	You do not have to pay a pharmacy deductible	
Prescription Drug Product Tier Level	Up to a 31-day supply	Up to a 90-day supply
	In-Network Retail Pharmacy	In-Network Mail Order Pharmacy**
Tier 1 \$	\$10	\$25
Tier 2 \$\$	\$35	\$87.50
Tier 3 \$\$\$	\$70	\$175

* After the Annual Pharmacy Deductible has been met. ** Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills. Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2 or Tier 3. If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits.

Traditional Benefits with Uncommon Flexibility

A dental indemnity plan is a fee-for-service plan that reimburses an enrollee for a portion of covered dental expenses. The reimbursement amount takes into consideration what are "usual, customary and reasonable" fees. Dental insurance can help with a variety of dental costs, from routine cleanings to more advanced procedures. These benefits are available for you, your spouse and eligible dependent children

Why Choose Essential Benefit Administrators?



Freedom of Dentist Choice

A dentist's personality is also important. Many people have anxiety about visiting a dentist due to fears about painful procedures or shame about the status of their oral health. If a person connects with his or her dentist on a personal level, he or she may be less anxious about dental visits and more likely to keep up with annual exams and other periodic care promoting sound oral health.



No network limitation

Of thousands of surveyed adults, it was identified that changing a dentist is one of the most unpleasant tasks one could go through. With EBA's Freedom of Choice Dental Plan, we eliminate this burden and allow you to keep your current dentist and receive the care you deserve.



Cost Clarity, no surprises

No one should experience any surprises or unexpected bills. Why would your dental care be any different? With EBA's Freedom of Choice Dental Plan, you receive the clarity you need whether it is for preventative, restorative, or major dental services. Receiving surprise medical or dental bills is a thing from the past and our goal is for you to focus on the things that matter most and we will handle the rest.

Fee Schedule: Dental Only

Employee only.....	\$25.92
Employee + Spouse.....	\$46.33
Employee + Child(ren).....	\$49.62
Employee + Family.....	\$70.08

Minimum Participation Requirement is 5 employees If enrollment falls below 5 the employer will be charged the difference between the actual enrollment and the monthly minimum of 5 employees

Fee Schedule: Dental & Vision

Employee only.....	\$32.68
Employee + Spouse.....	\$59.89
Employee + Child(ren).....	\$67.17
Employee + Family.....	\$94.34

Minimum Participation Requirement is 5 employees If enrollment falls below 5 the employer will be charged the difference between the actual enrollment and the monthly minimum of 5 employees

Vol. Dental Plans

We are proud to offer you a dental plan. Following is a high-level overview of the coverage available.

UHC Dental Benefits	PPO Plan	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual	\$50	\$50
Family	\$150	\$150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$1,000	\$1,000
Covered Services		
Preventive Services	100%	80%
Basic Services	80%	60%
Major Services	50%	50%
Orthodontia (Children under 19 only)	50%	50%

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vol. Vision Plan

We are proud to offer you a vision plan through UnitedHealthcare. If you use a UHC provider, exams are subject to a \$20 copay, materials require a \$20 copay and frames are covered up to \$130. Exams and lenses are covered once every 12 months and frames are covered once every 24 months.

Vol. Life and AD&D

Vol. Life and Accidental Death and Dismemberment (AD&D) coverage is provided through Unum.

Employee Coverage: Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5x your earnings. You can increase up to \$130,000 with no medical underwriting.

Spouse Coverage: Get up to \$500,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount purchased for yourself. You can increase up to \$35,000 with no medical underwriting.

Child/ren Coverage: Get up to \$10,000 of coverage in \$2,000 increments. One policy covers all of your children until their 19th birthday or until their 26 birthday if full time student. The maximum benefit for children live birth to 6 months is \$1,000. up to \$35,000 with no medical underwriting.

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members. Please refer to the separate insert rate sheet for your contributions.

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.

Vol. Disability

You are provided Disability Insurance through Unum. Disability Insurance provides benefits that replaces a portion of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability (STD): Benefit amount is equal to 60% of your weekly earnings up to \$750. Benefits begin after 0 days for an injury and 7 days of sickness.

Voluntary Long-Term Disability (STD): Benefit amount is equal to 60% of your weekly earnings up to \$3,000. Benefits begin after 90th day of disability.



Vision Insurance

Vision insurance is designed to help you cover and budget for ongoing vision care expenses like routine eye exams, prescription glasses and contact lenses.

Freedom of choice

Experience the freedom to go out of network, choose any doctor and experience the eye care that you deserve.



Vision Examination

Maximum of one visit per covered person per plan year

\$50



Vision Correction Materials

Maximum of one benefit for vision correction materials per covered person per plan year.

\$50

Examples of covered prescribed vision correction materials

- Eyeglasses
- Sunglasses
- Sports Glasses
- Spare pairs of glasses
- Contact Lenses

The vision benefit rider is subject to a 30-day waiting period.

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

Vision benefit rider- What is not covered: examinations not performed by an optometrist or ophthalmologist; non-prescribed vision correction materials; services received outside of the United States and refractive error-correction surgeries, including but not limited to laser-assisted in-situ keratomileusis (LASIK), photorefractive keratectomy (PRK), radial keratotomy (RK) or intracorneal rings (intacs). Coverage type and taxability status for both riders will match base policy coverage type and taxability status.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form Dental and rider forms R -Ortho and R -Vision.

Vol. Dental Plans

We are proud to offer you a dental plan. Following is a high-level overview of the coverage available.

UHC Dental Benefits	PPO Plan	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual	\$50	\$50
Family	\$150	\$150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$1,000	\$1,000
Covered Services		
Preventive Services	100%	80%
Basic Services	80%	60%
Major Services	50%	50%
Orthodontia (Children under 19 only)	50%	50%

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vol. Vision Plan

We are proud to offer you a vision plan through UnitedHealthcare. If you use a UHC provider, exams are subject to a \$20 copay, materials require a \$20 copay and frames are covered up to \$130. Exams and lenses are covered once every 12 months and frames are covered once every 24 months.

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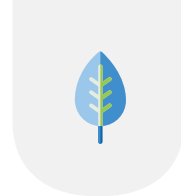
Vol. Disability

You are provided Disability Insurance through Unum. Disability Insurance provides benefits that replaces a portion of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability (STD): Benefit amount is equal to 60% of your weekly earnings up to \$750. Benefits begin after 0 days for an injury and 7 days of sickness.

Voluntary Long-Term Disability (STD): Benefit amount is equal to 60% of your weekly earnings up to \$3,000. Benefits begin after 90th day of disability.





Keeping your life insurance Decisions to make, steps to take

When your relationship with your employer changes — either because you're leaving the company, you've become disabled, or you're no longer eligible for coverage — you'll want to take steps to preserve your life insurance.

If your family's financial security and plans for the future — such as paying for college or staying in your home — are important to you, taking your life insurance with you is a smart move. Depending on your circumstances, you may have two options for keeping your coverage:

What do I need to do to convert or port my coverage?

CONVERSION

Change your group term life coverage to an individual whole life policy, which builds cash value. You pay the premium at individual rates. The right to convert your policy is guaranteed by law under certain circumstances.

Convert:

Have your employer complete Section 1 of the life conversion form (rates included on the form). Complete Section 2 of the conversion form yourself.

PORTABILITY

Take your group term life coverage with you and pay for it at group rates. This coverage does not build any cash value. This option is also called "porting" your coverage.

Port:

Have your employer complete Section 1 of the life/AD&D portability form (rates available through your employer). Complete Section 2 of the life/AD&D portability form yourself.

Can convert coverage	Can port coverage	When can an employee convert or port life insurance? This table shows the circumstances under which they are eligible to convert or port their coverage.
Yes	Yes	Retiring from the company
Yes	Yes	Employment has been terminated
Yes	Yes	Hours have been reduced so no longer qualify for coverage
Yes*	No***	Leaving because of an illness or injury or because of hospital/home confinement
Yes**	No	Employer has canceled the group policy or Unum has made changes that make them ineligible for coverage
Yes	No	Child is aging out of dependent status (when a child reaches maximum age as outlined in the contract or up to the specific policy's age limitation for full-time student status)
Yes	No	Amounts that an employee or spouse loses due to age reduction

NEXT STEPS

Submit the appropriate form no later than 31 days after your coverage ends to:
Unum, Portability and Conversion Unit, 2211 Congress Street, Portland, ME 04122.

Remember to designate a beneficiary and sign and date the election form.

You have four ways to pay: Monthly automatic payment or quarterly, semi-annually or annually by check / money order.

Communication decisions are provided directly to employees.

Important: Don't miss your chance to keep your life insurance. After your coverage ends, you have just 31 days to apply. Questions? Please call 800-421-0344.

Coverage available to convert or port:

CONVERSION Life insurance only

PORTABILITY Life insurance and AD&D

Dependents' options

When can dependents convert or port coverage?	CONVERSION <ul style="list-style-type: none">• Dependents can convert their coverage if you are eligible to convert, or if you pass away while covered under the group plan.• Dependents can convert even if you do not.• Dependents can convert if they no longer meet the eligibility requirements under the plan.	PORTABILITY <ul style="list-style-type: none">• Dependents can port their coverage if you port.• If you pass away, your spouse must port coverage in order to port children's coverage.• Spouses can port coverage for themselves and their children if they are divorced from you. However, children's coverage can be ported under the employee's or spouse's coverage, but not both.• Once children lose their dependent status (when they reach the maximum age as outlined in the contract or up to the specific policy's age limitation for full-time student status), their coverage ceases.
Can dependents be added after coverage is converted or ported?	No. Dependents who did not convert their coverage when you pass away can't be added or convert their coverage later.	If allowed under the policy, Dependents may be added up to the available coverage amounts with Evidence of Insurability.

Maximum coverage amounts

What are the maximum coverage amounts for employees?	CONVERSION <p>Maximum coverage amount is the amount for which you were insured under the group plan. If you have been insured for at least 5 years and your employer has canceled the group policy, or Unum has made changes that make you ineligible for coverage, the maximum will be the lesser of: \$10,000; or your coverage amount under the plan minus any other group coverage that your employer makes available within 31 days.</p>	PORTABILITY <p>The maximum coverage amount is the lesser of: Your group maximum benefit; 5X your annual salary; or \$750,000 from all Unum life and AD&D plans combined.</p> <p>If your group policy offers a "retiree" class or coverage, you can port the difference between the group and retiree coverage amounts. AD&D cannot exceed the ported life amount.</p>
What are the maximum coverage amounts for dependents?	Same as for employees.	<p>Spouse: The highest amount of life insurance available for your spouse under the plan; or 50% or 100% of the employee's ported coverage depending on the group contract; or \$750,000 from all Unum group life and accidental death and dismemberment plans combined, whichever is less.</p> <p>Child: The highest amount of life insurance available for your child under the plan; or 50% or 100% of the employee's amount (varies by contract); or \$20,000, whichever is less (actual amount may differ based on plan design). AD&D cannot exceed the ported life amount.</p>

Maximum coverage amounts

Will my rates change?	CONVERSION <p>Your rate will be different when you convert the policy from a group to an individual policy. After that, you will pay the same premium for the life of the policy.</p>	PORTABILITY <p>Your rate may change when you port the coverage. Also, because life premiums are based on age, your premiums will automatically increase in 5-year increments. For example, if you are 42 now, your premiums will increase when you are 45, then 50, and so on.</p>
Will my coverage be reduced as I get older?	No. Your benefit will remain the same.	Yes. Employee and dependent coverage will reduce on an age-related schedule, according to the group plan. Note: You can convert the difference between the age-reduced coverage amount and the prior amount. Coverage may not be able to be ported after the age of 70 and ported coverage may terminate at age 75. Refer to the certificate of coverage to determine if these restrictions apply.
Can I increase my coverage?	No. Once you have converted your coverage, you cannot increase it.	If allowed under the policy, employees may increase their coverage up to the plan maximums with Evidence of Insurability. The employee may decrease their coverage as long as it remains within plan guidelines.



Don't forget this travel essential!
Travel confidently with Assist America's
emergency travel assistance services at
your fingertips.



Download and activate the Assist
America mobile app today from the
Apple App Store or Google Play.

Reference number: 01-AA-UN-762490

EN-1938-2 (2-24)

If you need travel assistance anywhere in the
world, contact us 24/7:

Within the U.S.: 1-800-872-1414

Outside the U.S.: +1 609-986-1234

Email: medservices@assistamerica.com

Reference number: 01-AA-UN-762490

Employer's name (please write above)



Whenever you travel 100 miles or more from home for less than 90 days— to another country or just another city — remember that you can utilize Assist America’s travel assistance services in the event of an emergency. Simply tear off and carry the wallet card, or enter the number into the Assist America Mobile App to browse available services on-the-go. Travel assistance services are available to members and their dependents*, 24/7, anywhere in the world.

Services include:

- Help replacing lost prescriptions and passports
- Referrals to licensed healthcare providers
- Foreign Hospital Admission Assistance**
- Emergency medical evacuation
- Compassionate visit
- Care and transport of unattended minor children
- Legal and interpreter referrals

For more information, ask your HR manager for a copy of your company’s service certificate.

Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details. All emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee’s health insurance.

*Legal dependents are eligible for these services to age 19, or to the age specified by your medical plan. Spouses traveling on business for their employers are not eligible for this service. For more information on eligibility, contact your plan administrator.

**May require a validation of your medical insurance or an advance of funds to the foreign medical facility. You must repay any expenses related to emergency hospital admissions to Assist America Inc. within 45 days.

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unum.com
EN-1938-2 (2-24)

This card is not a medical insurance card.

All services must be provided through Assist America, Inc. Claims for reimbursement will not be accepted. These services are not valid after termination of policy coverage and may be withdrawn at any time.



Better benefits
at work.™

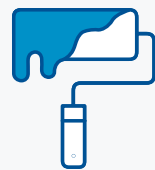


An injury or illness shouldn't disable your income. That's why your employer provides Long Term Disability Insurance for you.



Disability benefits to help you maintain your lifestyle

Unum's Long Term Disability Insurance can pay you a percentage of your eligible monthly earnings (up to the maximum allowed by your plan) if you become ill or injured and can't work for an extended period due to a covered disability. It can help you pay your bills and protect your finances at a time when you have extra medical costs but don't get a paycheck.



Savings aren't always enough.

Dave is an office manager for an accounting firm. On weekends, he does a lot of work on his house and yard. If he has a serious accident at home and is unable to work, he doesn't want his savings to dwindle or his family to suffer financially while he recuperates.

For Illustrative Purposes Only.

MY CHECKLIST

Expenses that you may choose to cover with your disability benefits:

- { Mortgage/rent
- { Transportation
(gas, car payments, repairs)
- { Utilities
(electric, water, cable, internet)
- { Child care/elder care
- { College expenses
- { Loans/credit card debt

✓ Get the coverage you need.

Your employer is paying the premium for Unum's Long Term Disability Insurance for all eligible employees.

Advantages of Long Term Disability plan

- 1. Your employer pays the premium.
- 2. No medical underwriting to qualify for coverage.*

? What are these?

Benefit period

If you become disabled, this is the maximum amount of time you can receive benefits for a covered disability.

Elimination period

This is the number of days that must pass between your first day of a covered disability and the day you can begin to accrue your disability benefits.

EXTRA FEATURES THAT ADD VALUE

Work-life balance employee assistance program

Online resources, 24-hour, toll-free access to master's-level consultants for confidential** advice on everyday issues as well as more serious ones.

Worldwide emergency travel assistance program

This service provides you and your family with emergency medical assistance with one phone call anytime while you are in another country, or in the United States traveling 100 miles or more away from home.

Survivor benefit

Unum will pay your eligible survivor a lump-sum benefit equal to three months of your gross disability payment. It will be paid if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to receive payments under the plan.

Accelerated (early) survivor benefit

You may receive your survivor benefit prior to your death if you have been diagnosed as terminally ill, your life expectancy has been reduced to less than 12 months, and you are receiving monthly payments.

Rehabilitation and return-to-work assistance

If you are deemed eligible and are participating in the program, Unum will pay an additional benefit of 10% of your gross disability payment to a maximum of \$1,000 per month.



Better benefits at work.™

unum.com

* Benefits may be subject to a preexisting condition provision. guidance. Services are not valid after coverage terminates. Please contact your Unum

** The consultants must abide by federal regulations regarding duty representation for details.

self or others. In these instances the consultant may be mandated to report a provider's disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Not for use in AZ, KY or NM.

Services may not be available in New York.

State mandated limitations for legal services in WA apply.

Worldwide emergency travel assistance services are provided by Allstate Life Insurance Company of New York, New York, underwritten by: First Unum Life Insurance Company, Garden City, New York

Inc. Work-Life balance employee assistance program services are provided by and limitations which may affect any benefits payable. See the actual policy

HealthAdvocate. Services are available with select Unum insurance offerings. Unum representative for specific provisions and details of availability.

and availability of service are subject to change and prior notification. Applicable policy form C.FP-1.

Service providers do not provide legal advice; please consult your attorney for

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Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more



WORK/LIFE BALANCE

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions
- Even reducing your medical/dental bills!
- And more

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: unum.com/lifebalance

In-person: You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

Better benefits at work.™

unum.com

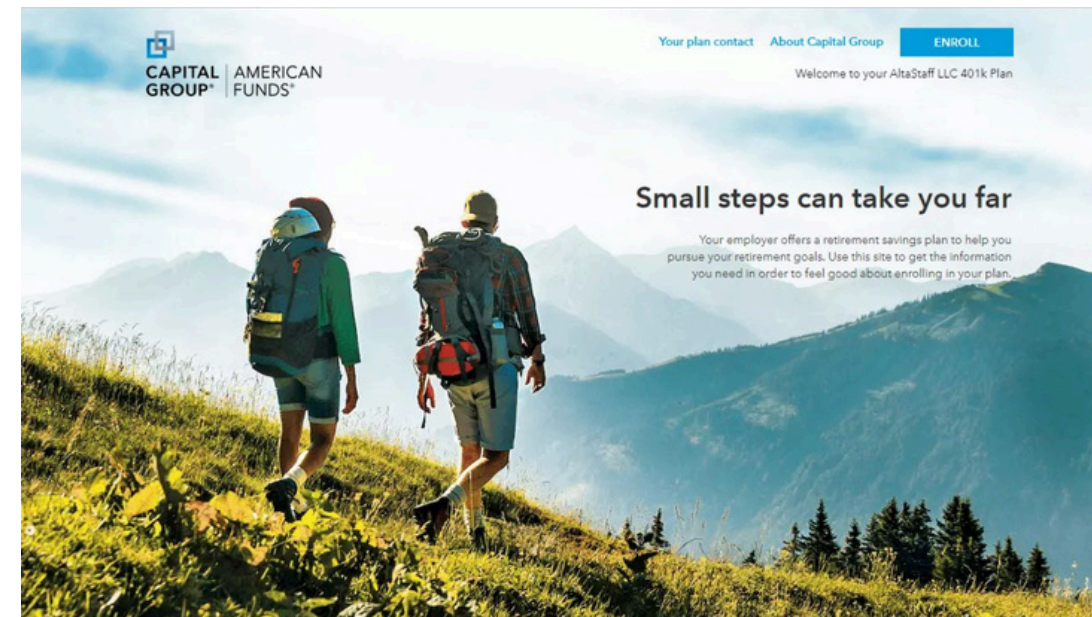
* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority. Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details. Insurance products are underwritten by the subsidiaries of Unum Group.

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EN-2058-1 FOR EMPLOYEES (10-20)

Retirement Savings

401K with American Funds



Effective 1/1/2024 AltaStaff's 401K will transition to a safe harbor 401K plan!!

Visit the enrollment education website to learn about the features and benefits of our plan and to get enrolled in a plan today:

Learn More at [Education and Learning Tools](#)

Enroll today at <https://www.myplanrs.com>

Step 1. Select New User

Step 2. You will be prompted to enter your Social Security Number and Date of Birth.

Step 3. Then choose a delivery method (text or email) for us to send you the code.

We also have 401 K Representative and Educators that can assist you with your questions along the way!

Scott Krase - skrase@cgofinancial.com

Tom Mantych - tmantych@cgofinancial.com

Please note that AltaStaff offers a 100% match up to 3% of your contribution and a 50% match up to 5% of your retirement contribution.

Pet Insurance



Nationwide is a leading pet health insurance provider.

Nationwide offers two plans for you to choose from: My Pet Protection® and My Pet Protection® with Wellness500.

Both plans are guaranteed issuance, have a \$250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels.

Multiple pet discounts and Avian and exotic pet coverage available. Premium is based on species of pet, employee zip code, age of pet, breed of pet and reimbursement level selected (50% or 70%). Pre-existing exclusions apply.

	My Pet Protection®	My Pet Protection® with Wellness500
Accidents	✓	✓
Injuries	✓	✓
Illnesses	✓	✓
Hereditary and congenital conditions	✓	✓
Diagnostics and imaging	✓	✓
Procedures and surgeries	✓	✓
Wellness exams		✓
Vaccinations		✓
Flea prevention		✓
Spay or neuter		✓
And more	✓	✓

Easy employee enrollment options:

We make it easy for employees to sign up, with three convenient ways to enroll:

- Visit company's custom landing page
- Visit [PetsNationwide.com](https://petsnationwide.com) and enter company name
- Call 877-738-7874 and mention company name



For more information:
 Visit <https://benefits.petinsurance.com/altastaff>
 or call 877-738-7874

Phone support for enrollment

- Employees can enroll directly over the phone by calling 877-738-7874 Monday – Friday 8 a.m. – 10 p.m. or Saturday 10 a.m. – 6:30 p.m. (ET)
- Sales agents are U.S. based Nationwide employees, licensed and compliant in all 50 states and the District of Columbia, and receive extensive training to help ensure a positive customer experience
- Spanish speaking agents are also available

How to use your pet insurance plan

- 1 Visit any vet, anywhere.
- 2 Submit claim.
- 3 Get reimbursed for eligible expenses.

BenefitHub

Check out BenefitHub! BenefitHub is an exclusive employee discount program that can help you save big on thousands of items daily such as travel, apparel, tickets, auto, electronics, insurance, education, restaurants and so much more!

Enjoy the Cashback Rewards feature where you can earn 2% - 20% cash back on nearly all purchases. Your cash back will accrue in your account and is sent directly to you when redeemed.

To get started:

Go to altastaff.benefitshub.com

Click on "Any Offer"

Contacts

- ☐ **Medical:** UnitedHealthcare- myuhc.com
- ☐ **Dental:** UnitedHealthcare- myuhc.com
- ☐ **Vision:** UnitedHealthcare- myuhc.com Vol.
- ☐ **Life and AD&D:** Unum- www.unum.com
- ☐ **Disability:** Unum- www.unum.com Pet
- ☐ **Insurance:** Nationwide- <https://benefits.petinsurance.com/altastaff>

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members. Please refer to the separate insert rate sheet for your contributions.

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.



Pet insurance

from Nationwide®



Fetch the best health coverage for your pet through your voluntary benefits package. With two budget-friendly plans, there's never been a better time to sign up for My Pet Protection®, available only through your workplace benefits program.

Nationwide offers two plans for you to choose from: My Pet Protection® and My Pet Protection® with Wellness500.¹

Both plans are guaranteed issuance,² have a \$250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels.³

	My Pet Protection®	My Pet Protection® with Wellness500
Accidents	✓	✓
Injuries	✓	✓
Illnesses	✓	✓
Hereditary and congenital conditions	✓	✓
Diagnostics and imaging	✓	✓
Procedures and surgeries	✓	✓
Wellness exams		✓
Vaccinations		✓
Flea prevention		✓
Spay or neuter		✓
And more	✓	✓



Did you know? Nationwide is the industry-first provider of coverage for birds and exotic pets.

How to use your pet insurance plan

- 1 Visit any vet, a nyw h e re.
- 2 Submit claim.
- 3 Get reimbursed for eligible expenses.

[1] Existing members can enroll in My Pet Protection® with Wellness500 during their respective renewal period only. Products and discounts not available to all persons in all states. [2] Guaranteed issuance means any new pets enrolling into a My Pet Protection Plan are eligible for enrollment regardless of health status. Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply. [3] These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and annual limits.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, VetHelpline® and Nationwide PetRxExpress™ are service marks of Nationwide Mutual Insurance Company. Third party marks are the property of their respective owners. ©2024 Nationwide. 23GRP9695A



Nationwide[®] My Pet Protection[®]

PLANS SUMMARY



Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible—without worrying about the cost.

Nationwide offers two plans for you to choose from: My Pet Protection[®] and My Pet Protection[®] with Wellness500.¹

My Pet Protection is a medical plan that offers an annual benefit of \$7,500 for eligible veterinary bills related to accidents, injuries and illnesses, including emergency clinics and specialists.

My Pet Protection with Wellness500 offers the same protection as our medical plan, but includes coverage for preventive care. With this plan, up to \$500 of the annual \$7,500 benefit can be used for wellness, including checkups, flea and heartworm preventives, vaccinations, spay and neuter and more.

Both plans are guaranteed issuance,² have a \$250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels.³

	My Pet Protection [®]	My Pet Protection [®] with Wellness500
Accidents	✓	✓
Injuries	✓	✓
Illnesses	✓	✓
Hereditary and congenital conditions	✓	✓
Diagnostics and imaging	✓	✓
Procedures and surgeries	✓	✓
Wellness exams		✓
Vaccinations		✓
Flea prevention		✓
Spay or neuter		✓
And more	✓	✓



What makes My Pet Protection different?

My Pet Protection is available through workplace benefits programs and is guaranteed issuance.² It also includes additional benefits like lost pet advertising, emergency boarding and more. It's no surprise that My Pet Protection is the most paw-pular coverage plan from America's #1 pet insurer.⁴



Did you know? Nationwide is the industry-first provider of coverage for birds and exotic pets.

Nationwide offers more than great coverage

VetHelpline®

- Unlimited access to veterinary care experts
- Download the app and schedule a video consultation anytime 24/7
- No additional cost to use for Nationwide pet insurance members

petco veterinary services

Members save 10% on every visit to a Vetco Total Care Hospital or Vetco Vaccination Clinic inside Petco

Nationwide® PetRxExpressSM

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Pharmacy submits claims directly to Nationwide
- More than 4,700 pharmacy locations

vetco total care

Vetco Total Care is a full-service animal hospital that offers everything from preventive care to diagnostics and surgery

vetco vaccination clinic

Vetco Vaccination Clinic offers express care for vaccinations, flea/tick and heartworm prescriptions and microchipping

How to use your pet insurance plan

- 1 Visit any vet, anywhere.
- 2 Submit claim.
- 3 Get reimbursed for eligible expenses.

[1] Existing members can enroll in My Pet Protection® with Wellness500 during their respective renewal period only. Products and discounts not available to all persons in all states.
 [2] Guaranteed issuance means any new pets enrolling into a My Pet Protection plan are eligible for enrollment regardless of health status. Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply.
 [3] These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and annual limits.
 [4] State of the Industry Report 2022, North American Pet Health Insurance Association.
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Nationwide® is the industry-first provider of pet health coverage for birds and exotic pets



Owners of birds, reptiles and exotic pets can get 50% or 70% reimbursement on eligible veterinary expenses with coverage from Nationwide.¹



- Includes veterinary exams, surgeries, diagnostic testing, prescriptions, wellness² and more
- \$250 annual deductible applies just once per policy term, no matter which plan you choose
- Use any veterinarian, anywhere

Coverage available for:

- Amphibians
- Birds
- Chameleons
- Chinchillas
- Ferrets
- Geckos
- Gerbils
- Guinea pigs
- Hamsters
- Iguanas
- Lizards
- Mice
- Rats
- Rabbits
- Snakes
- Tortoises
- Turtles
- And more



Call 877-738-7874 to learn about avian and exotic pet coverage from Nationwide
Product availability may vary by state.



Here's how coverage works for common avian and exotic medical conditions³

Rabbit: Intestinal obstruction



Oreo, a 9-year-old male rabbit, was brought to the veterinarian after several days of abdominal pain, lethargy and loss of appetite.

He was diagnosed with an intestinal obstruction.



Veterinary bill: \$3,330

- Nationwide reimbursed: \$2,156
- Owner's net cost: \$1,174 (after \$250 annual deductible and co-pay)

Cockatiel: Excessive egg laying



Sunny, a 12-year-old cockatiel, suffered from excessive egg laying. Due to the chronic depletion of calcium to produce eggshells, she was malnourished.

After exhausting all other treatment options, Sunny's owner agreed to spay her.



Veterinary bill: \$2,332

- Nationwide reimbursed: \$1,458
- Owner's net cost: \$874 (after \$250 annual deductible and co-pay)

Bearded dragon: Gout



Elliott, a 2-year-old male bearded dragon, stopped moving and had enlarged, painful joints. He was diagnosed with gout.

His owner agreed to hospitalization for pain management and supportive care.



Veterinary bill: \$1,182

- Nationwide reimbursed: \$653
- Owner's net cost: \$529 (after \$250 annual deductible and co-pay)

Call 877-738-7874 to learn about avian and exotic pet coverage from Nationwide

Product availability may vary by state.

[1] These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and annual limits.

[2] Existing members can enroll in My Pet Protection[®] with Wellness500 during their respective renewal period only. Products and discounts not available to all persons in all states.

[3] These examples are based on actual pet insurance claims from Nationwide members who were enrolled prior to the introduction of the new Avian & Exotic Pet plan. Their claims were reimbursed according to the plan in which each respective member was enrolled at the time. Amounts shown here reflect how reimbursement would be calculated with the Avian & Exotic pet plan with a 70% reimbursement and a \$250 annual deductible not met on prior claims. Nationwide does not determine the amount a veterinarian may charge; that amount will vary by region and veterinary practice.

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How to apply for a pet insurance policy

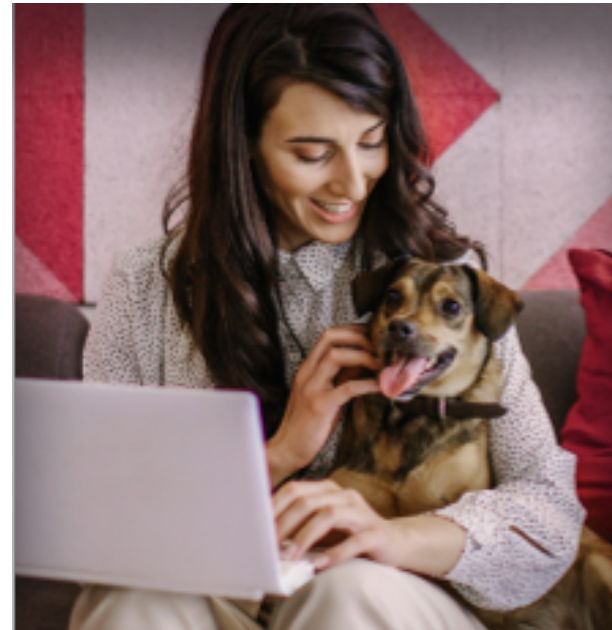
Nationwide® pet insurance provides coverage for veterinary expenses related to accidents, illnesses, wellness,¹ and more.²

Policies are available for dogs, cats, birds, reptiles and other exotic pets.

Signing up for Nationwide pet insurance is easy:



You may be asked for the following information during enrollment:



- Name
- Address
- Home or primary telephone number
- E-mail address
- Name and age of your pet(s)
- Pet's species (canine, feline, etc.)
- Payment information/plan*

*Applications approved between the 1st and the 15th of the month become effective on the 1st of the following month. Applications approved from the 16th through the end of the month become effective on the 1st of not the following month, but the month thereafter.

Example: May 1 approval = June 1 effective date
May 16 approval = July 1 effective date

[1] Existing members can enroll in My Pet Protection® with Wellness500 during their respective renewal period only. Products and discounts not available to all persons in all states. [2] These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and annual limits.

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VetHelpline®

When it comes to your pet's health, no concern is too big or too small.



Friendly, expert advice

With VetHelpline®, Nationwide® pet insurance members get unlimited 24/7 video chat guidance from licensed veterinary professionals at no additional cost.

Get expert advice on emergency triage, health and wellness, continued care and more—no pet carrier, no car ride, no worries. Download the VetHelpline app from the App Store or Google Play.



How it works

Nationwide pet insurance members can start using this service once their policy is in effect—there's no sign up or extra enrollment required.

1. Download the app
2. Retrieve your pet information
3. Connect with our vet team
4. Talk to a professional

VetHelpline® is available as a service to all Nationwide pet insurance members.

VetHelpline® is not a substitute for a visit to your primary veterinarian.

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Nationwide® PetRxExpressSM



Save time and money when filling pet prescriptions at participating pharmacies with Nationwide® **PetRxExpressSM**. For no extra cost, members get discounts on pet prescriptions, while enjoying the effortless convenience of automatic claim submission.

Get prescription pet meds for less



- Program available to all active Nationwide pet insurance members
- Receive discounted pricing on medications
- No additional cost to use

How it works

Using Nationwide® **PetRxExpressSM** is easy and convenient for Nationwide pet insurance members.

1. Download a digital pet insurance card at my.petinsurance.com.
2. Take a prescription to any participating pharmacy location, or have the veterinarian call it in.
3. Show your pet insurance card at checkout to have your discount applied.



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