

The graphic features a large, dark blue arrow pointing to the right, which serves as a background for the central text. To the left of this arrow is a grey chevron shape pointing left. Teal-colored geometric shapes, including a large L-shaped block and a smaller chevron, are positioned on the left and bottom-left sides. The year '2025' is located at the bottom right, partially overlaid by a grey chevron pointing right.

EMPLOYEE **BENEFITS** GUIDE

**Enhance
Therapies**

2025



WELCOME

Welcome! We encourage you to take the time to review your options.

Enclosed in this package is all the information you will need to educate yourself on the offers you and your eligible family members are eligible to enroll in. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Who is Eligible?

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide.

How to Enroll?

Your first step is to review all benefit options on our benefits site at enhance-benefits.com which will also include instructions on how to schedule your benefits enrollment call with Panda. During your enrollment meeting, you will be able to discuss all benefit options and get any information you need to assist in making your decision. [Click here to schedule 2025 open enrollment benefits call.](#)

When to Enroll?

As a new hire, your benefits are effective the 1st of the month after 1 month of employment. However, during the annual benefits open enrollment period, all elections, changes or cancellations will be effective on January 1st. Elections can be made by scheduling a personal call with one of our enrollment specialists.

Once you complete your elections, please allow at least two weeks to receive your ID cards. When possible, it is always a good idea to schedule appointments two weeks after the 1st to allow for processing delays

Welcome to the team!

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ELIGIBILITY

All full-time employees working a minimum of 30 hours per week are eligible for company benefits. You can elect medical, dental, and vision coverage for your spouse and dependent/adult children up to 26 years old. Your employer reserves the right to request proof of marriage and birth certificates in order to add dependents.

WHEN COVERAGE BEGINS AND ENDS

Your benefits become effective the 1st of the month following one month of hire provided you've elected your benefits with an enrollment specialist during the enrollment period. Any applicable waiting periods or additional exceptions are covered under each benefit description.

Your coverage under the benefits plans will end the day of your last day of work and/or the last day of the month, the day you no longer meet the plan's eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

QUALIFYING EVENTS

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

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

THINGS TO CONSIDER

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

Ask yourself the following questions

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

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

Benefit Enrollment

To enroll or get assistance enrolling **call** or **scan** below to schedule with a Panda Benefits Specialist today! **800-995-0171** [Click here to schedule.](#)



KEY TERMS TO REMEMBER



COINSURANCE

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

DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

COPAYMENT

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

OPEN ACCESS PLUS (OAP)

Open Access Plus (OAP) plans make it easy to get quality, in-network care with access to a large, national network of providers. Plus, you have the option to choose a primary care provider to coordinate your care and you don't need specialist referrals.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

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

IN-NETWORK

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

OUT-OF-NETWORK

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

OUT-OF-POCKET MAXIMUM (OOPM)

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

USUAL, CUSTOMARY AND REASONABLE (UCR) ALLOWANCE

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



Minimum Essential Coverage

Medical Benefits	EliteCare
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	\$15 Copay
Urgent Care	\$50 Copay
Lab Services / X-Rays	\$50 Copay
Prescription Drugs	Tier 1: \$15 Copay, Tier 2: \$30 Copay, Tier 3: \$50 Copay, Tier 4: \$75 Copay
Virtual Health Benefits	Recuro Health
24 / 7 Virtual Urgent Care	\$0 Copay
Virtual Behavioral Health	\$50 fee (first 3 visits, then \$85 fee after)

- The EliteCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.
- Prescription drug benefits are subject to the formulary drug list. To review the formulary please visit www.sbmabenefits.com/purerx-standard. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.
- Recuro Health's Virtual Care program includes unlimited 24/7 access to virtual urgent care with board-certified doctors via phone, video or messaging and connects members with a Psychiatrist or Licensed Counselor through secure and private online video or phone sessions at \$50 each (first 3 visits - \$85 after).

RX RESOURCES PureRx

Present your medical card with your prescription to any of our 60,000+ retail pharmacies to fill your prescription. Additional information will be provided on your medical ID card.

Virtual Care RECURO HEALTH

Recuro Health's Virtual Care and Virtual Behavioral Health provide members with:

- 24/7 access to board-certified doctors for treatment of urgent medical concerns
 - Virtual access to a Psychiatrist or Licenses Counselor whenever and wherever they need it
- Access care via the HealthWallet Mobile App or call **1-855-6RECURO**

Health Management App



The HealthWallet mobile app puts your coverage in the palm of your hands

- Scan the QR code, or search 'The HealthWallet' in your app store
- Download the HealthWallet mobile app
- Login with your social security number and date of birth
- Access your ID card(s), benefit information, and ancillary vendor services



SCAN HERE

Finding a Provider

Locating a participating provider in the PHCS network all begins with the specific network logo on the front of your medical ID card. Please locate PHCS logo on your card and follow the instructions below.



Phone: **1-800-457-1309**

Online: multiplan.com/sbmaspecificservices

1. Read the acknowledgement on the bottom of the screen and click OK
2. Enter a provider name, specialty, or facility type in the search box or choose one from the dropdown
3. Enter your city / county and click on the magnifying glass icon to search
4. Read the statement at the bottom of the screen and click OK to view the results

MEDICAL Benefits



Deductibles:

All benefits and amounts shown are after your deductible has been met unless otherwise noted. You must pay all of the costs from providers up to the deductible amount before your plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

Plan Design In-Network	RBP ELAP	BRONZE CIGNA PPO	RBP SILVER ELAP	SILVER CIGNA PPO	GOLD CIGNA PPO
Deductible Individual / Family	\$4,000 / \$8,000	\$4,000 / \$8,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$1,500 / \$3,000
Coinsurance	30%	30%	25%	25%	20%
Max Out-of-Pocket Individual / Family	\$6,500 / \$13,000	\$6,500 / \$13,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$5,000 / \$10,000
Doctor's Office Visit					
Primary care visit to treat injury or illness	30% Coinsurance	30% Coinsurance	\$35 Copay/visit*	\$35 Copay/visit*	\$35 Copay/visit*
Specialist visit	30% Coinsurance	30% Coinsurance	\$60 Copay/visit*	\$60 Copay/visit*	\$60 Copay/visit*
Preventive care/ screening/ immunization	No Charge*	No Charge*	No Charge*	No Charge*	No Charge*
Imaging and Testing					
Office Based Lab work (x-ray, blood work)	30% Coinsurance	30% Coinsurance	\$0 office based*	\$0 office based*	\$0 office based*
Hospital Based Lab work (x-ray, blood work)	30% Coinsurance	30% Coinsurance	\$150 copay/lab* \$300 copay/x-ray*	\$150 copay/lab* \$300 copay/x-ray*	\$150 copay/lab* \$300 copay/x-ray*
Office Based Imaging (CT/PET scans, MRIs)	30% Coinsurance	30% Coinsurance	\$100 copay*	\$100 copay*	\$100 copay*
Hospital Based Imaging (CT/PET scans, MRIs)	30% Coinsurance	30% Coinsurance	\$500 copay *	\$500 copay *	\$500 copay *
Outpatient Surgery					
Facility fee	30% Coinsurance	30% Coinsurance	25% Coinsurance	25% Coinsurance	20% Coinsurance
Physician/surgeon fees	30% Coinsurance	30% Coinsurance	25% Coinsurance	25% Coinsurance	20% Coinsurance
Immediate Medical Attention					
Emergency room care	30% Coinsurance	30% Coinsurance	\$450 Copay*	\$450 Copay*	\$450 Copay*
Emergency medical transportation	30% Coinsurance	30% Coinsurance	25% Coinsurance	25% Coinsurance	20% Coinsurance
Urgent care	30% Coinsurance	30% Coinsurance	\$75 Copay/visit*	\$75 Copay/visit*	\$75 Copay/visit*
Prescription Copay	(retail/mail order) Covers up to a 3 retail 30 days fill (retail subscription); 90 day supply (mail order prescription).				
Generic Drugs	\$20 / \$40	\$20 / \$40	\$20* / \$40*	\$20* / \$40*	\$20* / \$40*
Preferred Brand	\$40 / \$80	\$40 / \$80	\$40* / \$80*	\$40* / \$80*	\$40* / \$80*
Non-Preferred Brand	\$60 / \$120	\$60 / \$120	\$60* / \$120*	\$60* / \$120*	\$60* / \$120*
Specialty Drugs	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

* Deductible Does not Apply

Plan Design Continued	RBP ELAP	BRONZE CIGNA PPO	RBP SILVER ELAP	SILVER CIGNA PPO	GOLD CIGNA PPO
Hospital Stay					
Facility fee (e.g., hospital room)	30% Coinsurance	30% Coinsurance	25% Coinsurance	25% Coinsurance	20% Coinsurance
Physician/surgeon fees	30% Coinsurance	30% Coinsurance	25% Coinsurance	25% Coinsurance	20% Coinsurance
Pregnancy					
Office visits	30% Coinsurance	30% Coinsurance	\$35 Copay/visit*	\$35 Copay/visit*	\$35 Copay/visit*
Childbirth/delivery professional services	30% Coinsurance	30% Coinsurance	25% Coinsurance	25% Coinsurance	20% Coinsurance
Childbirth/delivery facility services	30% Coinsurance	30% Coinsurance	25% Coinsurance	25% Coinsurance	20% Coinsurance
Mental Health Care					
Outpatient services	30% Coinsurance	30% Coinsurance	\$60 Copay/Visit*	\$60 Copay/Visit*	20% Coinsurance*
Inpatient services	30% Coinsurance	30% Coinsurance	25% Coinsurance	25% Coinsurance	20% Coinsurance
Recovery Assistance					
Home Health Care	30% Coinsurance	30% Coinsurance	25% Coinsurance	25% Coinsurance	20% Coinsurance
Rehabilitation Services	30% Coinsurance	30% Coinsurance	\$60 Copay/visit*	\$60 Copay/visit*	\$60 Copay/visit*
Habilitation services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Skilled nursing care	30% Coinsurance	30% Coinsurance	25% Coinsurance	25% Coinsurance	20% Coinsurance
Durable medical Equipment	30% Coinsurance	30% Coinsurance	25% Coinsurance	25% Coinsurance	20% Coinsurance
Hospice services	30% Coinsurance	30% Coinsurance	25% Coinsurance	25% Coinsurance	20% Coinsurance
Out of Network					
Deductible Individual / Family	N / A	\$10,000 / \$20,000	N / A	\$10,000 / \$20,000	\$10,000 / \$20,000
Co-Insurance		50%		50%	50%
Max Out-of-Pocket Individual / Family		\$20,000/\$40,000		\$20,000 / \$40,000	\$20,000 / \$40,000
Vision Coverage					
Routine Eye Exams 1 per 24 months	No Charge	No Charge	No Charge	No Charge	No Charge
Glasses every 24 months	100% up to \$100	100% up to \$100	100% up to \$100	100% up to \$100	100% up to \$100

* Deductible Does not Apply

Benefit Enrollment

To enroll or get assistance enrolling **call** or **scan** below to schedule with a Panda Benefits Specialist today! **800-995-0171** [Click here to schedule.](#)



HSA, FSA, DCA & Transit Accounts



Health Savings Accounts (HSA)

- An HSA is a personal savings account that allows you to set aside **pre-tax dollars** for current and future healthcare expenses for you and your dependants.
- If you are signed up for the RBP or Bronze Medical Plans you qualify for a Health Savings Account. Unlike an FSA, unused funds stay in the account year to year and can be invested like a 401(k) all while staying **tax free**.
- For the 2025 plan year, you can contribute up to \$4,300 if you are enrolled employee only on your medical, or up to \$8,550 if you also enrolled one or more family members in your medical.

For a list of eligible expenses visit:
<https://hsastore.com/hsa-eligibility-list>

Dependent Care FSA (DCA)

A dependent care FSA (DCA) is a flexible spending account that allows you to set aside **pre-tax dollars** for dependent care expenses that allow you to work or look for work. This includes daycares, babysitters and before/after school care.

Choose an annual election amount, up to \$5,000/family. This amount will be deducted from your pay checks in equal instalments throughout the year.

Eligible Expenses Include:

- Before/after school care for children 12 and younger
- Custodial care for adult dependents
- Licensed day care centers
- Nursery Schools or preschools
- Late Pick-up fees
- Summer or Holiday day camps

Full list of eligible expenses can be found at flexfacts.com.

Medical Flexible Spending Accounts

- A Flexible spending Account (FSA) allows you to set aside up to \$3,300 per year tax free for healthcare expenses.
- Funds are available immediately, but any **unused funds are forfeited end of the year** or if your employment ends.
- Your election can only be changed during the plan year if you experience a qualifying event.
- Save your receipts. You may need itemized invoices to verify card swipes or for claim reimbursements.
- Reminder: You can't contribute to an FSA and HSA within the same plan year.

For a list of eligible expenses visit:
fsastore.com/FlexfactsEL

Transit Account

A transit account allows you to set aside pre-tax dollars for mass transit expenses associated with your daily commute to work. Up to a monthly election amount, up to \$325/month.

- Funds will be made available in your transit account, as deductions are taken each payroll.
- You can change or cancel your election amount at any time.
- Save your receipts. You may need itemized invoices to verify card swipes.

Any unused funds that remain in your account at the end of the year will be carried over into the next plan year.

Questions? Contact us at info@flexfacts.com or 877-943-2287

TELEMEDICINE Essentials

24 / 7 / 365 Telemedicine & Teletherapy from Doctegritty. Help when you need it, where you need it. Unlimited Access to board-certified Primary Care Physicians and licensed Mental Health Therapists for the whole family.

How to start with Doctegritty:

1

WELCOME EMAIL
Click "Access Benefit"
and create a password

2

OPEN DOCTEGRITY APP
Click "Login"

3

ENTER CREDENTIALS
Enter the email address associated with
your account & password

4

SCHEDULE
You're done! Easily schedule telemedicine
& teletherapy consultations and more!

- **No insurance needed!**
- **Available to any and all employees!**
- **You and you whole family have access.**
- **No copays or surprise bills.**
- **\$10 per month INCLUDING FAMILY**

Talk to us!

Call: 877.342.5152

email: hello@doctegritty.com

Online: doctegritty.com



eHealthcare
Video/Phone Doctors

Speak to a Board
Certified Physician or
Video Chat 24/7/365
**nationwide and get a
prescription** if needed.

Medical question?
Ask a doctor / get a
Second Option



**Mental Health
Therapy**

More than an EAP:
Talk or Text a licenses
Mental Health Therapist
24/7/365 nationwide.

True short-term Mental
Health Therapy with
100% follow-ups with the
same therapist.



**Pharmacy Plan &
Health Discounts**

Save up to 80%
on prescriptions.
**Even works on pet
medications!**

Lab Discount: Up to 80%
off lab tests. No doctor
needed; we'll handle it!



**Our services extend
beyond healthcare**

We make life easier.

- Financial Consultations
- Attorney Consultations
- Medical Bill Help
- Medical Diagnosis Support

DENTAL Benefits



Sun Life

Dental PPO Plans		BASIC PLAN	ENHANCED PLAN
Plan Details			
Deductible: Individual/Family		\$50/\$150	\$50/\$150
Annual Maximum Benefit		\$1,000 Per Person	\$1,500 Per Person
Orthodontia Maximum (dependent children up to age 19)		Not Covered	\$1,500 lifetime per child covered at 50%
Services		Benefits	Benefits
Oral Evaluations - 1 in any 6 month period		100%	100%
Routine Dental Cleanings - 1 in any 6 month period		100%	100%
Fluoride Treatment - 1 in any 6 month period. (children under age 14)		100%	100%
Sealants - 1 per tooth in any 36 month period, only for permanent molar teeth. (children under age 14)		100%	100%
Bitewing X-Rays - 1 in any 12 month period		100%	100%
Intraoral Complete Series X-Rays - 1 in any 60 month period		100%	100%
Genetic Test for Susceptibility to Oral Diseases		100%	100%
New Fillings		50%	80%
Space Maintainers - only for children under age 19		50%	80%
Simple Extractions, Incision and Drainage		50%	80%
Surgical Extractions - erupted teeth, impacted teeth, or exposed root		50%	80%
Biopsy (including brush biopsy)		50%	80%
Endodontics (includes root canal therapy) 1 per tooth in any 24 month period		50%	80%
General Anesthesia/IV Sedation - medically required		50%	80%
Minor Gum Disease (non-surgical periodontics)		50%	80%
Scaling and Root Planing - 1 in any 24 month period per area		50%	80%
Periodontal Maintenance - 1 in any 6 consecutive months		50%	80%
Localized Delivery of Antimicrobial Agents		50%	80%
Major Gum Disease (surgical periodontics)		50%	80%
Dentures and Bridges - subject to 10 year replacement limit		50%	50%
Stainless Steel Crowns - only for children under age 19		50%	50%
Inlay, Onlay, and Crown Restorations - 1 per tooth in any 10 year period		50%	50%

DHMO Dental Plan			
Plan Details		DHMO vs PPO Dental	
Deductible: Individual/Family	None	DHMO insurance plans typically cover dental services at a low cost and minimal copayments with a pre-selected primary care dentist or a dentist facility with multiple dentists. PPO dental insurance plans, on the other hand, offer a balance between low-cost care and dentist choice.	
Annual Maximum Benefit	None		
Orthodontia Maximum (dependent children up to age 19)	None		
Services	Copays	Services	Copays
Office Visit	\$7	Anterior Root Canal	\$270
Periodic Oral Exam	\$0	Scalings & Root Planing (Quad)	\$55 - 75
X-Rays, Complete Series	\$0	Complete Upper Denture	\$250
2 Bitewing X-Rays	\$0	Retainer Crown	\$240
Adult Prophylaxis (cleaning)	\$5	Single Extraction	\$25
2 Surface Filling	\$16	Limited Orthodontics (child and adult)	75%
1 Surface Comp. Resin Filling (anterior teeth)	\$20	Interceptive Orthodontics (child)	75%
Crowns, Stainless Steel, Prefab and Porcelain	\$70 - 260	Comprehensive Orthodontics (child and adult)	75%

Vision Plan Details

Benefits	In-Network	Out-of-Network Benefit
Eye Exam Once per every 12 months	\$10 copay	Up to \$45
Retinal Imaging	Up to \$39	N/A
Frames 1 per 24 months	\$0 copay; \$130 allowance, 20% amount over \$130 \$70 allowance at Costco	Up to \$70
Standard and Progressive Lenses		
Single, Bifocal, Trifocal 1 per 12 months	\$10 copay	Up to \$60
Standard Progressive Lenses	\$0	N / A
Premium progressive Lenses	\$95 - \$105 copay	N / A
Custom Progressive Lenses	\$150 - \$175 copay	N / A
Lenticular Lenses 1 per 12 months	\$10 copay	Up to \$100
Other	Average Savings of 20 - 25%	N / A
Contact lenses (instead of eyeglasses)		
Elective contacts 1 per 12 months	\$130	Up to \$105
Contact fitting and evaluation	\$60	
Necessary contacts 1 per 12 months	\$10 copay	Up to \$210
Laser vision correction and Other Coverage		
Lasik Once per eye per lifetime	Average 15% off the regular price and 5% off the promotional price.*	N / A
Additional Discounts	20% off complete pairs of prescription and nonprescription glasses and sunglasses. Discounts are unlimited for 12 months following exam.	N / A
Coverage with Retail Providers	**Coverage with retail providers may be different. Check with Costco for VSP member pricing. The Costco allowance is equivalent to the allowance at preferred providers and other retail providers.	

*Lasik Discounts only available from contracted facilities.

** Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP)®.

Frequently Asked Questions:

How do I use my Vision Benefit? Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have forms to complete.

How do I locate an in-network VSP Doctor? You will have access to the largest national network of private-practice eye care doctors in the industry through Vision Service Plan (VSP). There are three ways to find an in-network doctor: 1. Visit vsp.com and select the Choice network. 2. Call VSP at 800-877-7195. 3. Download our mobile app, Benefit Tools, and search for a doctor near you.

What happens if I use an out-of-network Doctor? You will be required to pay the full amount to the doctor at time of service. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

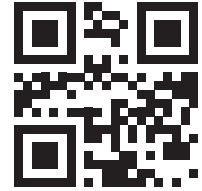
How can I get more information about my coverage? Your coverage starts on the effective date specified in your group policy, provided you are actively at work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

Can I use my benefits to buy glasses or contacts online? Absolutely. Just visit www.eyeconic.com. Once you have linked your benefits you will be able to see how your coverage will be applied to different options that you are reviewing. Eyeconic features a virtual try-on tool so you can see how the glasses will look on you before you make your purchase.

ID CARDS & FINDING A Provider

Medical

A medical ID card will be mailed to you. To request duplicate ID cards, please log on to the website for our plan administrator and register at www.apatpa.com. Members may also email our provider at etmedical@apatpa.com for the request or call **888.624.6300**.



Dental

A Dental ID card will not be mailed to you.

You can access your Virtual Dental ID or view your coverage online. To create an account go to sunlife.com/account and register.

You can also use our app, which is available on Apple and Android, or call us at: **800-442-7742**

How do I find a Dental Provider?

PPO Plans Simply visit sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists

DHMO Plan Visit sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the Heritage network. You can also call **800-443-2995** for help finding a dentist.

Vision

A vision ID card will not be mailed to you.

Register online at sunlife.com/account to view your coverage information, or call VSP Customer Service at **800-877-7195**.

How do I find a Vision Provider?

Simply visit vsp.com and select 'Choice' network, call **800-877-7195**, or download the mobile app.





A Short-Term Disability Plan provides for payment of a monthly disability benefit when a covered employee is disabled and unable to work due to an injury or sickness. Benefit payments begin after the elimination period is satisfied and continue during disability, up to the disability benefit period.

Why enroll in Group Disability Insurance? Group Disability is like insurance for your paycheck. The plan insures a portion of your monthly salary in the event you become disabled and are unable to work due to injury or sickness.

Additional Plan Information

- This plan provides a benefit for covered disabilities resulting from illnesses or injuries that are not work related.
- Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.



Benefit	Plan 1	Plan 2
Weekly Benefit Amount* Paid directly to you by check, benefits start only after elimination period and approval.	\$100 to \$1,500 Increments of \$50 to a max of 60% of your total weekly earnings.	
Elimination Period From the date you are unable to work due to an injury or illness.	8 days	15 days
Benefit Duration	25 weeks	24 weeks

BENEFITS SPECIFICATIONS

Evidence of Insurability

If you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage you may need to complete health questions. To answer health questions, please fill out our Evidence of Insurability Application.

Total Disability

Monthly benefit starts after the elimination period has been met due to injury, sickness, organ donation, pregnancy, and complications of pregnancy. Limited by maximum benefit period.

Elimination Period

Time you must wait between when an illness or disability begins and when you can begin receiving your benefits.

Will income from other sources affect my income?

Your benefit will not be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income. For more information, contact your benefits administrator.

Portability

This option allows employees to take their Short-Term Disability insurance coverage with them when coverage ends for reasons other than sickness, injury, retirement, or termination of the employer's plan. Employees can apply for a portable Short-Term Disability policy without satisfying Evidence of Insurability. Availability may vary by state.



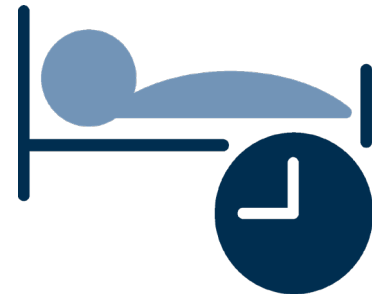
PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work because of a covered disability, Long-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

Additional Plan Information

- You're covered for disabilities resulting from an injury or sickness 24 hours a day, seven days a week.
- You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.
- A vocational rehabilitation counselor will work with you, when appropriate, to create a return-to-work plan that's right for you.



Benefit	Plan 1	Plan 2
Monthly Benefit Amount* Paid directly to you by check, benefits start only after elimination period and approval.	50% of total monthly earnings, up to \$10,000	60% of total monthly earnings, up to \$10,000
When Benefits Begin	180 days	
Benefit Duration	Until SSNRA	

BENEFITS SPECIFICATIONS

Pre-Existing Condition

A pre-existing condition includes anything you have sought treatment for in the 12 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescriptions for drugs or medicine.

Total Disability

Monthly benefit starts after the elimination period has been met due to injury, sickness, organ donation, pregnancy, and complications of pregnancy. Limited by maximum benefit period.

Elimination Period

Time you must wait between when an illness or disability begins and when you can begin receiving your benefits. See 'When Benefits Begin'.

Will income from other sources affect my income?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income. For more information, contact your benefits administrator.

What if I can work while disabled?

This plan is designed to encourage and support your return to work. If you are able to work part-time for example, you may receive part of your benefit while working.

How do I file a claim after becoming disabled?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

Social Security Normal Retirement Age

SSNRA - the normal retirement age under the Federal Social Security Act

Benefit Amounts*

Base Accident		High Plan	Low Plan
Accidental Death and Dismemberment	Employee	\$50,000	\$25,000
	Spouse	\$25,000	\$12,500
	Children	\$10,000	\$5,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$100,000	\$50,000
	Spouse	\$50,000	\$25,000
	Children	\$20,000	\$10,000
Standard Hospital Admission		\$1,000	\$500
Hospital Confinement per day		\$200	\$100
ICU Confinement per day		\$400	\$200
Family Member Lodging per day		\$150	\$50
Outpatient Surgery Facility		\$500	\$300
Rehab Confinement per day		\$150	\$75
Ambulance	Ground	\$200	\$100
	Air	\$1,000	\$500
Additional Enhancements		High Plan	Low Plan
Initial Treatment	ER/Urgent Care	\$250	\$150
	Doctor's Office	\$200	\$100
Appliance		\$400	\$500
Blood, Plasma, Platelets		\$100	\$50
Burns	Second Degree up	\$1,000	\$500
	Third Degree	\$20,000	\$10,000
Chiropractic or Alternative Therapy (per visit)		\$35	\$15
Concussion		\$200	\$100
Coma		\$10,000	\$5,000
Dislocations		\$3,000	\$1,500
Dismemberment	Single Loss	\$12,500	\$6,250
	Double Loss	\$25,000	\$12,500
	One or more fingers/toes	\$1,250	\$625
	Partial Dismemberment	\$125	\$62.50
Emergency Dental		\$200	\$100
Eye Injury		\$250	\$125
Follow-up Treatment (per visit)		\$75	\$50
Fractures		\$4,000	\$2,000
Lacerations		\$600	\$200
Major Diagnostic Exam (CT, MRI, etc.)		\$200	\$125
Pain Management		\$100	\$50
Paralysis	Two limbs (paraplegia or hemiplegia)	\$5,000	\$2,500
	Four limbs (quadriplegia)	\$10,000	\$5,000
Prosthetics		\$750	\$500
Residence/Vehicle Modification		\$750	\$500
Surgery & Anesthesia	In-patient	\$1,000	\$500
	Out-patient	\$500	\$300
Therapy – Physical, Occupational, or Speech		\$35	\$15
Transportation (per trip, 100 or more miles)	Ground	\$300	\$150
	Air	\$500	\$250

Accidents happen and treatment can be vital to recovery, but also expensive.

Most major medical insurance only pays a portion of the bills. We help pick up where other insurance leaves off by providing cash to help cover expenses.

Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer.
- Protection for accidental injuries on- or off-the-job, 24-hours a day.
- Coverage available for spouse and child(ren)
- Affordable premiums conveniently payroll deducted



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

Benefits Enhancements and Specifications

Hospital Admission

Once per accident, within 6 months of the accident.
Not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.

Hospital Confinement

Per day, Maximum 15 days of confinement per covered accident within 6 months after the accident

Hospital Intensive Care

Per day, max. 15 days per accident, within 6 months after the accident.

Initial Treatment

Once per accident, within 7 days after the accident, not payable for telemedicine services.

Accident Follow-Up Treatment

Max. 2 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident.

Rehabilitation Unit

Maximum of 15 days per confinement, no more than 30 days total per calendar year for each insured.

Family Member Lodging

Greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident.

Transportation

Greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident.

Therapy

Maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident.

Chiropractic and Alternative Therapy

Maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident.

Ambulance

Once per accident, within 90 days after the accident.

Major Diagnostic Testing

Once per accident, within 6 months after the accident.

Blood, Plasma, & Platelets

Once per accident, within 6 months after the accident.

Pain Management

Once per accident, within 6 months after the accident.

Concussion

Once per accident, within 6 months after the accident.

Coma

Once per accident.

Emergency Dental Work

Once per accident, within 6 months after the accident.

Burns

Once per accident, within 6 months after the accident.

Fractures

Once per accident, within 90 days after the accident.

Dislocations

Once per accident, within 90 days after the accident.

Lacerations

Once per accident, within 7 days after the accident.

Dismemberment

Once per accident, within 6 months after the accident.

Paralysis

Once per accident, diagnosed by a doctor within six months after the accident.

Outpatient Surgery & Anesthesia

Per day / maximum of one per covered accident, within one year after the accident.

Inpatient Surgery & Anesthesia

Per day / maximum of one per covered accident, within one year after the accident.

Appliances

Maximum of 1 per accident, within 6 months after the accident.

Prosthesis

Once per accident, up to 2 prosthetic devices and one replacement per device per insured.

* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.

Accidental Death Benefit

Payable if a covered accidental injury causes the insured to die within 90 days after the accident.

Accidental Common-Carrier Death Benefit

Payable if the insured is a fare-paying passenger on a common carrier, injured in a covered accident and, dies within 90 days after the covered accident.

Plan Highlights

- Benefits paid directly to you.
- Coverage available for your spouse and children.
- Coverage may be continued; refer to your certificate for details.
- Health Screening Benefit of \$75 - payable when an insured receives health screening tests.

Initial Diagnosis Benefit

Should you seek emergency medical care, and physician determines that you have suffered a heart attack, Aflac Group Critical Illness pays and Initial Diagnosis Benefit of \$15,000.

Additional Diagnosis Benefit

Aflac Group Critical Illness will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months.

Reoccurrence Benefit

Benefits are paid for the same critical illness after the first when the two dates of diagnoses are separated by at least 12 consecutive months.

Benefits of Critical Illness:

Maintain your lifestyle: If you're unable to work due to a serious illness, critical illness insurance can help cover your living expenses so you can maintain your lifestyle and avoid dipping into your savings or retirement funds.

1. Provide additional support: Even if you have health insurance, the out-of-pocket expenses associated with a serious illness can be substantial. Critical illness insurance can provide financial support to help cover these costs.
2. Customized to your needs: Choose the level of coverage that best meets your needs and budget, have peace of mind knowing that you're covered in the event of a serious illness.

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



Financial support in the event that you are diagnosed with a serious illness, such as cancer, heart attack, stroke, or kidney failure. These types of illnesses can be devastating not just emotionally and physically, but also financially.

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

Plan Benefits

Base Benefits

ALS	100%
Benign Brain Tumor	100%
Bone Marrow Transplant	100%
Cancer (except skin cancer)	100%
Coma	100%
Coronary Artery Obstruction	25%
End Stage Renal Failure	100%
Heart Attack	100%
Loss of Sight, Speech, or Hearing	100%
Major Organ Transplant	100%
Metastatic Cancer	25%
Multiple Sclerosis	100%
Non-Invasive Cancer	25%
Paralysis	100%
Severe Burns	100%
Stroke	100%
Sudden Cardiac Arrest	100%
Skin Cancer Benefit Payable once per insured per year	\$250
Type 1 Diabetes	25%

Accident Benefit

Payable if an insured sustains a covered accident and suffers any of the following, which is solely due to, caused by, and attributed to, the covered accident: Coma / Loss of Sight / Loss of Speech / Loss of Hearing / Severe Burn / Paralysis

100%



Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That’s how a Aflac Group Hospital Indemnity Insurance plan can help. It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.



Hospital Admission Benefit

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. Benefits will not be paid for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

No benefits will be paid for admission of a newborn child following their birth; however, benefits will be paid for a newborn’s admission to a Hospital Intensive Care Unit if, following birth, they are confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).

Hospital Confinement Benefit

Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If benefits are paid for confinement and the insured becomes confined again within six months because of the same or related condition, this confinement will be treated as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.

Plan Highlights

- Should the insured be hospitalized and then released within two days, the Hospital Indemnity plan will pay \$1,050.
- In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).
- The plan has limitations and exclusions; refer to your certificate for details.

Plan Benefits	
Amounts	
Hospital Admission Per day	\$950
Hospital Confinement Per day	\$50
Successor Insured Benefit	

If spouse coverage is in force at the time of the employee’s death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).



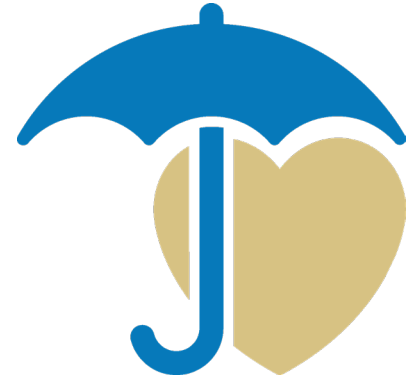


TERM LIFE Insurance

Protect what means the most to you - the people you love. Life Insurance makes sure you've done all you can to protect your family's way of life.

Plan Highlights

- Coverage available for 10 or 20-year planned level premium terms.
- Waiver of Premium (employee only)
- Benefits paid directly to named Beneficiary
- Coverage is portable (see certificate for details). That means you can take it with you if you change jobs or retire.
- Premiums are paid through convenient payroll deduction.
- **\$117,500** benefit if insure passes in a crash on a commercial flight.



Benefit Summary		
	Benefit	Qualified Issue Coverage
Employee	\$50,000	\$100,000
Spouse not to exceed employee's coverage		\$50,000
Child(ren) not to exceed employee's coverage		\$25,000

Death Benefit

While the coverage is in force, we will pay this benefit when we receive proof of loss showing that a covered person has died. The amount of the Death Benefit will be the sum of the amount of life insurance shown on the certificate schedule, plus any life insurance provided by an optional benefit rider, plus any portion of premium paid beyond the month the covered person died, plus any applicable interest, minus any unpaid premium due before the death of the covered person and any accelerated benefit we paid on behalf of the covered employee.

Basic AD&D

We will pay the Basic Accidental Death, Loss or Sight and Dismemberment Benefit if a covered person suffers one of the following as a result of an accidental injury that occurs while the certificate is in force: loss of life, loss of one or both hands, loss of once or both feet, loss of sight in one or both eyes, loss of one hand and sight in one eye, loss of once foot and sight in one eye. We will pay the beneficiary 10% of the amount of life insurance for this benefit as shown on the certificate schedule for loss of life. For accidental dismemberment as stated above, we will pay 5% of the amount of life insurance as shown on the certificate schedule. The loss must occur within 180 days after the accidental injury.

Additional AD&D

The Accidental Death Benefit is the same amount of the Death Benefit on the base plan. We will pay 100% of the Accidental Death Benefit shown in the certificate schedule if the employee or spouse suffers accidental loss of life. This benefit is payable in addition to other benefits. Or, We will pay 50% of the Accidental Death Benefit for accidental loss of dismemberment as stated above. Or, We will pay 125% of the Accidental Death Benefit for death resulting from a motor vehicle or common carrier as long as the: insured is wearing a seat belt and is, or a passenger on a common carrier. This benefit is available to the employee and spouse only.

Total Disability Waiver of Premium

We will waive premiums in the event of a total disability by a covered accidental injury or sickness prior to the insured's attained age 60. Premiums will be waived after six (6) consecutive months of covered total disability.

Benefit Enrollment

To enroll or get assistance enrolling **call** or **scan** below to schedule with a Panda Benefits Specialist today! **800-995-0171** [Click here to schedule.](#)



Aflac Group Whole Life Insurance doesn't only look out for your family's tomorrow - It also works hard for you today.

Plan Highlights

- No Premium increases
- Benefits may be paid directly to your named Beneficiary
- Portable Coverage, which means you can take it with you if you change jobs or retire
- Premiums are paid through payroll deduction



Whole Life Benefit Coverage Options

- Employee
- Spouse
- Children ages 15 days through 25 years may be covered in either of these two ways:
 1. A Child Term Rider for dependent children (the rider will cover all of your dependent children)
 2. A separate Whole Life plan for each of your dependent children

Whole Life Benefit

The Whole Life Benefit pays proceeds upon the insured's death. Proceeds are defined as the total of the benefits payable upon the insured's death. Proceeds will be the sum of the amount of insurance in force, any insurance on the life of the insured provided by benefit riders, any premium paid that applies to a period of time beyond the certificate month in which the insured dies, less any certificate loan and loan interest, and any unpaid premium, except the first premium, that applies to a period before and including the certificate month in which the insured dies.

Accelerated Death Benefit

The Accelerated Benefit Rider pays a lump sum benefit up to one-half of the eligible death benefit when the insured is diagnosed with one or more Qualifying Life Events.

The insured may choose the amount of the Accelerated Benefit, subject to these limitations: The maximum Accelerated Benefit is 50% of the eligible death benefit subject to state limitations. Refer to your certificate for benefit details. The insured may also choose to take the Accelerated Benefit as a monthly benefit. See certificate for details.

Accidental Death Benefit

The Accidental Death Benefit Rider provides an additional benefit equal to the face amount if the insured dies within 90 days of direct accidental bodily injuries. The maximum coverage available under this rider is \$300,000. Employees and spouses, ages 18-60, are issued this benefit, which terminates at age 65.

Accidental Death Benefit

The Accidental Death Benefit Rider provides an additional benefit equal to the face amount if the insured dies within 90 days of direct accidental bodily injuries. The maximum coverage available under this rider is \$300,000. Employees and spouses, ages 18-60, are issued this benefit, which terminates at age 65.

Waiver of Premium

The Waiver of Premium Benefit Rider waives entire premium amount for employee coverage after the insured has been totally disabled due to bodily injury or disease for 4 consecutive months and continues throughout the duration of the disability. Any recurrence of a prior disability will be covered, provided the prior disability continued for at least 6 consecutive months, began within 30 days of recovery, and was due to the same or related causes. The Waiver of Premium Benefit Rider is also available for loss of sight or loss of limbs even though the employee may be able to engage in an occupation. Only employees, ages 18-55, are eligible to be issued this benefit, which terminates at age 60.

Children's Term Insurance Benefit

The Children's Term Rider pays a benefit upon receipt of due proof of death of an insured child if coverage is in force, it is before the expiration date, and it is before the rider anniversary following the insured child's 26th birthday. The children's term insurance may be converted to a whole life plan without evidence of insurability subject to the maximum shown in the certificate. Refer to your certificate for details.

Anytime your ComPsych[®] GuidanceResources[®] program EAPessential offers someone to talk to and resources to consult whenever and wherever you need them.

What happens when I call for counselling support?

When you call, you will speak with a GuidanceConsultantSM, a master's- or PhD-level counsellor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant will provide the name of a counsellor who can assist you. You will receive counselling through the EAP up to 3 telephonic sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counsellor over the phone.

What counseling services does the EAP provide?

The EAP provides free short-term counselling with counsellors in your area who can help you with your emotional concerns. If the counsellor determines that your issues can be resolved with short-term counselling, you will receive counselling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counselling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship / marital conflicts

Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Financial Resources

GuidanceResources[®] Online is your 24/7 link to vital information, tools and support. Log on for:

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App: GuidanceNowSM

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1:1 WELL-BEING COACHING

How to get started:

1. Visit the dedicated link from your employer, association, or health plan to access the Active&Fit Direct™ website. [See Below](#)
2. Search for a fitness center or studio near you by entering your ZIP code, or City and State, in the fitness centers search box.
3. Select your gym then create an account and pay your initial fees. You'll pay for your first 2 months, plus an enrollment fee. **(The enrollment fee is waived for standard gyms through November 30!)**
4. Print your fitness card or save it to your phone, and take it with you to your fitness center of choice. You can also immediately access over 10,800 workout videos so you can work out at home or on-the-go.
5. Want to add your spouse? Enroll your spouse or domestic partner directly from your Active&Fit Direct dashboard!²

<https://panda-wellness.com/>
Use Code- ENHANCE

¹\$28 enrollment fee waived for standard fitness centers only 10/1/23 12:01 a.m. - 11/30/23 11:59 p.m. PT.

²Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees will vary based on fitness center selection.

³Plus an enrollment fee and applicable taxes for standard fitness centers. Costs for premium exercise studios exceed \$28/mo. and an enrollment fee will apply for each premium location selected, plus applicable taxes. Fees vary based on premium fitness studios selected.

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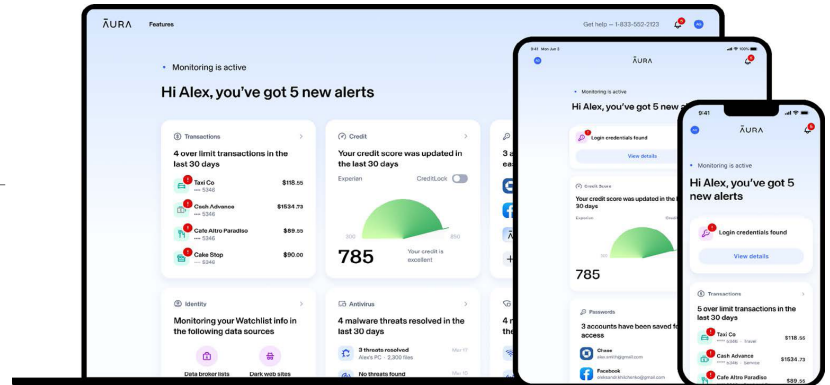
Aura monitors your credit, financial accounts, and property titles and alerts you to any suspicious activity.

Privacy and Device Security

Get intelligent safety tools— like VPN, antivirus, password manager, and more – to protect your online privacy.

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In today's digital world, employees are spending more time online than ever which could put their personal information in the hands of cyber criminals.

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Aura's White Glove Resolution Specialists guide fraud victims through every step of the remediation process.

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Each enrolled adult is backed by a generous \$5M insurance policy* to cover eligible losses and expenses.

Features at your fingertips

With Aura's easy to use mobile app, members enjoy a consistent experience across devices.

Unlike other voluntary benefits which are purchased as a safety net (with the hope that you never have to use them), the more you use a Legal Plan, the more you benefit. Like it or not, laws permeate every aspect of our lives. So, it's helpful to have an advocate in your corner dealing with expensive legal issues like identity theft or debt.

Plan Features

Money Matters	Debt Collection Defense Financial Education Programs Identity Theft Defense	Identity Restoration Services Negotiations with Creditors Personal Bankruptcy	Promissory Notes Tax Audit Representation Tax Collection Defense
Home & Real Estate	Boundary & Title Disputes Mortgages Security Deposit Assistance Deeds	Property Tax Assessments Tenant Negotiations Eviction Defense Refinancing & Home Equity Loan	Zoning Applications Foreclosure Sale or Purchase of Home
Estate Planning	Codicils Living Wills	Revocable & Irrevocable Trusts Complex Wills	Complex Wills Powers of Attorney
Family & Personal	Adoption Guardianship Prenuptial Agreement Affidavits Immigration Assistance Protection from Domestic Violence	Conservatorship Juvenile Court Defense, Review of ANY Personal Legal Demand Letters Including Criminal Matters Document Divorce (20 hours)	Name Change School Hearings Garnishment Defense Parental Responsibility Matters Personal Properties Issues
Civil Lawsuits	Administrative Hearings Disputes Over Consumer Goods & Services	Pet Liabilities Civil Litigation Defense	Small Claims Assistance Incompetency Defense
Elder-care Issues	Consultation & Document Review for Issues Related to Your Parents: Medicaid Powers of Attorney	Medicare Prescription Plans Deeds Notes	Wills Leases Nursing Home Agreements
Traffic & Other Matters	Defense of Traffic Tickets Driving Privileges Restoration	Habeas Corpus Repossession	License Suspension Due to DUI

Insure what's important while enjoying saving

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Access to quality insurance to protect your valuables, to help protect against personal liability, and that can help feel financially secure with 24/7 professional support they need to bounce back, if the unexpected happened. This program helps choose policies to fit your needs and that fit your budget with special savings based on where you work, among other discounts.

Auto Insurance

Comprehensive coverage? Collision coverage? Deductibles? Medical Payments? Where to begin? Your local Farmers agent can take the mystery out of selecting the right Car insurance coverage for your needs and budget. Get started with an online Auto insurance quote and learn about our insurance discounts that can help you save money.

Home Insurance

Your home is perhaps your most valuable possession, so you'll want to make sure your insurer has withstood the test of time. Farmers® has been providing insurance products for over 80 years, and will be there in the event disaster strikes and your home is damaged in a fire or due to another covered cause of loss. Plus, get competitive rates with our multi-line insurance discounts. Get a Home insurance quote now.

Renters Insurance

Your landlord may have an insurance policy, but if there's a fire in your building, that policy may not cover your possessions. That's why there's Renters insurance. Get a Renters insurance quote to see how affordable it is to protect your personal belongings: about the price of a movie and popcorn once a month.

Umbrella Insurance

You work hard for the things that are important to you. For added coverage above and beyond the liability limits of your Auto or Home insurance policies, a Personal Umbrella insurance policy can provide added protection for your assets and future earnings

MetLife Pet Insurance is committed to helping pet parents experience the joys of parenthood by providing them the confidence to care for their pet. Pet insurance helps to reimburse pet parents for covered unexpected veterinary expenses for their furry family members. This will help to give you the confidence that you can pay for treatment for your pets if they become sick or have an accidental injury.

Freedom of Comprehensive coverage

Flexibility to select various levels of coverage with no breed exclusions or upper age limits; ability to include multiple pets on one policy through our innovative family plans

- Optional wellness coverage (preventive care) included in annual limit
- Competitive rates with discounts, healthy pet incentive and the only provider offering family plans (i.e., multiple pets covered by one policy)
- Coverage of pre-existing conditions when switching providers, no initial exam or previous vet records to apply

Simple and delightful experience

Your home is perhaps your most valuable possession, so you'll want to make sure your in New mobile app experience that allows for easy claim submission & track claims with most claims processed within 10 days

- Team of pet advocates to assist with enrollment and service, access to telehealth concierge service.
- No waiting period for orthopedic coverage and among the industry's shortest wait period for accident and illness coverage.

Backed by MetLife's unmatched track record

Simple set up with no additional costs to you and a seamless integration across MetLife benefits. Ongoing support with customizable employee communications & tools

Umbrella Insurance

You work hard for the things that are important to you. For added coverage above and beyond the liability limits of your Auto or Home insurance policies, a Personal Umbrella insurance policy can provide added protection for your assets and future earnings

FINANCIAL WELLNESS

Insurance

Financial Wellness Solutions

A no cost for you benefit to help employees improve their financial health and save for their future

Helping employees take control of their financial situation.

Meet Upwise™

Upwise is a new financial wellness app designed to help employees build positive money habits and make progress that feels good. With behavioral science at its core, Upwise recommends tailored challenges and content that help employees make progress toward their financial goals, such as creating a budget or digital estate plan. By taking small steps and celebrating wins along the way, employees are encouraged to keep coming back.

Virtual and in-person workshops that make a difference for you and your employees.

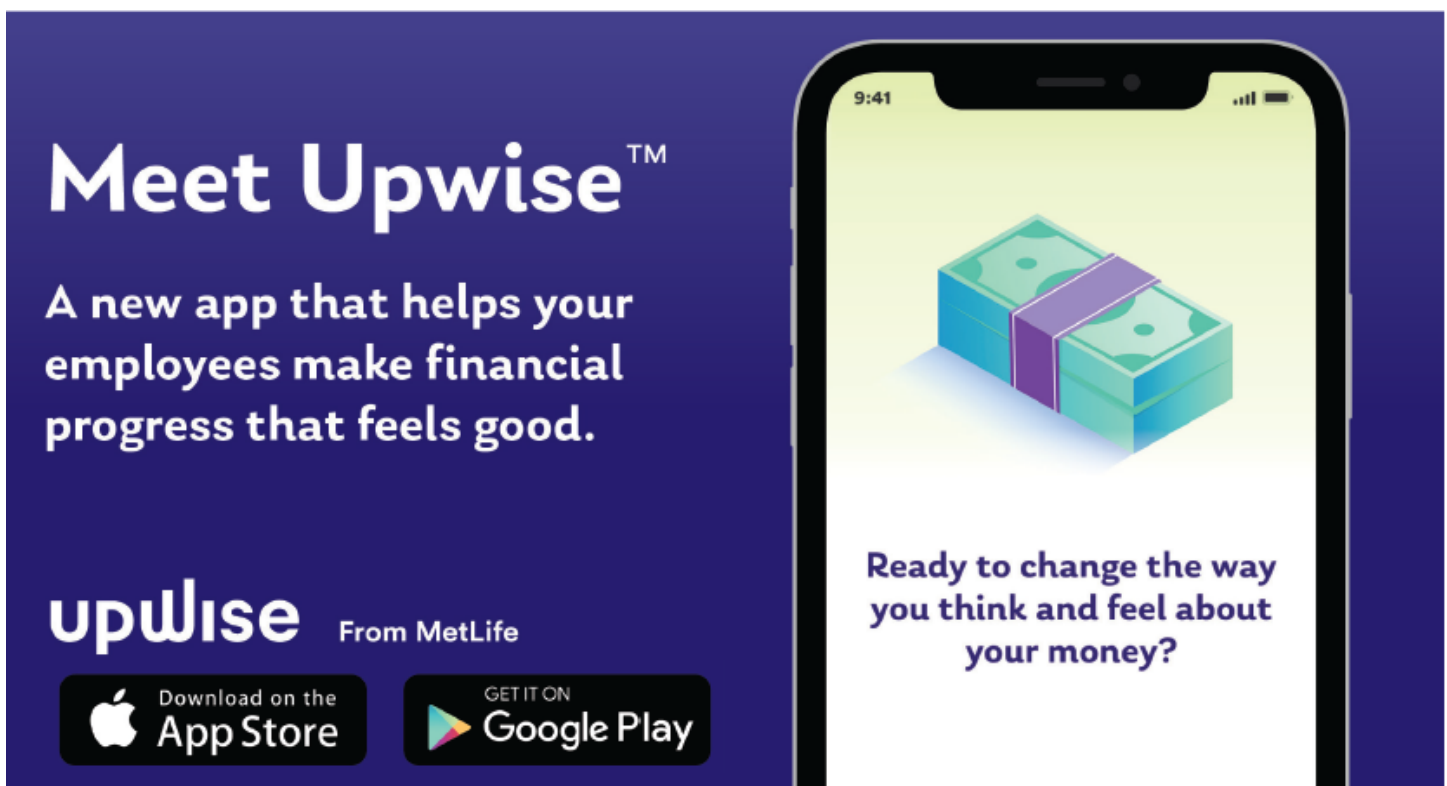
Retirewise®

As a foundation to the workshop series, MetLife's award-winning Retirewise program offers comprehensive financial and retirement education for all employees — regardless of their age or career stage. Broad spectrums of financial topics are covered in each of the sessions ranging from budgeting and investment principles to tax strategies and estate planning. It can complement and incorporate your existing benefit offerings which can help build awareness and participation.

Single topic workshops

In addition to Retirewise, we offer over 20 single topic workshops that address your diverse needs, with a variety of relevant topics for all ages and career stages. Topics include: Investing 101 & 201, Tax Strategies, Get Retirement Ready and Managing Your Money In Today's Uncertain Times and many more.

All workshops are delivered by specially trained financial professionals and employees can take advantage of a no cost consultation with the presenter. We provide workshop handouts, ready to use communications and easy to use online registration to help drive participation. Also provided are attendee survey results that include satisfaction and metrics to



The advertisement features a dark blue background. On the left, the text 'Meet Upwise™' is prominently displayed in white, followed by 'A new app that helps your employees make financial progress that feels good.' Below this, the 'upwise' logo is shown in white, with 'From MetLife' in a smaller font. At the bottom left, there are two buttons: 'Download on the App Store' with the Apple logo and 'GET IT ON Google Play' with the Google Play logo. On the right side, a smartphone is depicted with a light green screen. The screen shows a 3D illustration of two stacks of money, one blue and one purple. Below the phone, the text 'Ready to change the way you think and feel about your money?' is written in white.

Meet Upwise™

A new app that helps your employees make financial progress that feels good.

upwise From MetLife

Download on the App Store

GET IT ON Google Play

Ready to change the way you think and feel about your money?

CARRIER CONTACT INFORMATION

For assistance understanding and enrolling your benefits, reach the enrollment call center at **(800) 995-0171** Monday-Friday 8am-5pm CST

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

Carrier Contact Information

Benefit Enrollment Center	Panda	(800) 995-0171	enhancebenefits@pandaecs.com
Medical Benefits PPO	Cigna Healthcare	(888) 624-6300	etmedical@apatpa.com
Medical Benefits RBP	ELAP	(484) 367-4625	etmedical@apatpa.com
Pharmacy	ProAct	(877) 635-9545	
Medical Benefits MEC	EliteCare SBMA	(800) 457-1309	multiplan.com/sbmaspecificservices
HSA, FSA, DCA & Transit Accounts	FlexFacts	(877) 943-2287	flexfacts.com
Telemedicine	Doctegritty	(877) 342-5152	doctegritty.com
Dental	Sun Life	(800) 442-7742	sunlife.com/us
Vision	VSP via Sun Life	(800) 877-7195	sunlife.com/us
Short-Term Disability	Sun Life	(800) 247-6875	sunlife.com/us
Long-Term Disability	Sun Life	(800) 247-6875	sunlife.com/us
Accident	Aflac	(800) 433-3036	aflacgroupinsurance.com
Critical Illness	Aflac	(800) 433-3036	aflacgroupinsurance.com
Hospital Indemnity	Aflac	(800) 433-3036	aflacgroupinsurance.com
Term Life Insurance	Aflac	(800) 433-3036	aflacgroupinsurance.com
Whole Life Insurance	Aflac	(800) 433-3036	aflacgroupinsurance.com
Employee Assistance Program	ComPsych GuidanceResources	(800) 460-4374	guidanceresources.com
Identity Protection	MetLife	(833) 552-2131	support@aura.com
Legal Services	MetLife	(800) 821-6400	legalplans.com
Home & Auto	Farmers Insurance	(800) 438-6381	metlife.com
Pet Insurance	MetLife	(800) GET-MET8	metlife.com/getpetquote
Financial Wellness	UpWise from MetLife		upwise.com

Important Notice from Enhance Therapies Healthcare Plan About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Enhance Therapies, and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Enhance Therapies Healthcare Plan has determined that the prescription drug coverage offered by ProAct Pharmacy is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage through Enhance Therapies Healthcare Plan may be affected. If you elect Medicare Part D coverage, this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you decide to join a Medicare drug plan and drop your current Enhance Therapies Healthcare Plan coverage, be aware that you and your dependents will not be able to get this coverage back except at open enrollment.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Enhance Therapies Healthcare Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Entity/Sender listed below for further information. **NOTE:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage with Enhance Therapies Healthcare Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep This Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 10/10/2024

Name of Entity/Sender: Enhance Therapies

Contact-Position/Office: Benefits Director

Address: 400 NJ 70, Lakewood NJ 08701

Phone Number: (732) 367-3667

ENHANCE THERAPIES HEALTHCARE PLAN

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Protected Health Information ("PHI") is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you or your physical or mental health or condition in the past, present or future.

This Notice of Privacy Practices (the "Notice") describes how we may use and disclose your PHI. It also describes our obligations and your rights to access and control your PHI. We are required by law to (i) maintain the privacy of PHI; (ii) provide you with this Notice of our legal duties and privacy practices with respect to PHI; and (iii) abide by the terms of the notice currently in effect.

Mandatory Uses and Disclosures

We are required to disclose your PHI to you, at your request, to allow you to exercise your rights regarding your PHI, as described below.

We are also required to disclose your PHI to the Secretary of the Department of Health and Human Services (the "Secretary"), if the Secretary requests such information, to investigate or determine our compliance with federal privacy regulations.

Permitted Uses and Disclosures

The following categories describe different ways that we may use and disclose your PHI without your consent or authorization:

- **Treatment.** We may use or disclose your PHI to facilitate care and treatment. As a group health plan we do not provide treatment.
- **Payment.** We may use and disclose your PHI to facilitate payment. For example, a bill may be sent to you or a third party payer. The information on the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- **Health Care Operations.** We may use and disclose your PHI during the course of running our health business – that is, during operational activities, including, but not limited to, quality assessment and improvement, licensing, accreditation, performance measurement and outcomes assessment population based activities relating to improving health or reducing health care costs and related functions that do not include treatment, case management and care coordination. For example, we may use information about your claims to project future benefit costs or we may use your PHI to determine the cost impact of benefit design changes.
- **Other Health Care Providers.** We may disclose your PHI to any hospital, nursing home, or other health care facility to which you have been admitted; to an assisted living or personal care facility of which you are a resident; to any physician providing you care; and to licensing or state agencies acting as a representative of the Medicare/Medicaid programs.
- **Emergency Treatment.** We may also use or disclose your PHI for treatment in emergency situations. In such emergencies, we will inform you in advance and provide you the opportunity to either agree or to prohibit or restrict the use or disclosure of your PHI unless you are incapacitated or cannot otherwise agree or object, in which case we may use or disclose your PHI if it is in your best interest, as determined in the exercise of our professional judgment.
- **Others Involved in Your Care.** We may disclose your PHI to family members, other relatives, your close personal friends, and any other person you choose is allowed under federal law if (i) the information is directly relevant to the family or friend's involvement with your care or payment for that care, and (ii) you have agreed to the disclosure, or we can reasonably infer from the circumstances, based on our professional judgment, that you do not object to the disclosure, or you have been given

an opportunity to object to the disclosure and have not objected, or, if you are not present or cannot agree or object because you are incapacitated or because of an emergency situation and we, in the exercise of our professional judgment, determine that the disclosure is in your best interest. You have the right to restrict information that is provided to such persons as more fully described below. We also may, under certain circumstances, use or disclose your PHI to notify or assist in the notification of a family member, your personal representative or another person responsible for your care of your location, general condition or death. We also may disclose your PHI to any authorized public or private entities assisting in disaster relief efforts.

- **Your Personal Representatives.** We may disclose your PHI to your personal representative in accordance with applicable state and federal law.
- **Business Associates.** We may disclose your PHI to our business associates and may allow our business associates to create or receive PHI on our behalf.
- **As Required By Law.** We may use or disclose PHI when required to do so by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- **To Plan Sponsor.** We may disclose your PHI to the sponsor of the Plan.
- **Public Health Activities.** We may disclose your PHI for public health activities. These activities may include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with medical products; notifying you of recalls of products you may be using; notifying you or another person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and evaluating work-related illness or injury and carrying out workplace medical surveillance. In the case of work-related illness and workplace surveillance, we will provide you with written notice that your PHI will be disclosed to your employer.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your PHI to an appropriate government authority if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will only make such disclosures if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for oversight activities authorized by law. Oversight activities may include audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary actions and civil, administrative or criminal proceedings or actions.
- **Judicial or Administrative Proceedings.** We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if we receive satisfactory assurance that reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may disclose PHI if asked to do so by a law enforcement official (i) in response to a court order, subpoena, warrant, summons or similar process or as otherwise required by law, for example in relation to a legitimate law enforcement inquiry; (ii) to identify or locate a suspect, fugitive, material witness or missing person; (iii) about an individual who is or is suspected to be a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (iv) about an individual who has died if we have a suspicion that such death may have occurred as a result of criminal conduct; and (v) about criminal conduct occurring on our premises.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties authorized by law. We may also disclose your PHI to funeral directors, as necessary to carry out their duties.
- **Organ, Eye and Tissue Donation.** Consistent with your wishes, we may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue to facilitate organ or tissue donation and transplantation.
- **Research.** We may use or disclose your PHI for research purposes under certain circumstances.

- **To Avert a Serious Risk to Health or Safety.** Consistent with applicable law and standards of ethical conduct, we may use or disclose your PHI if we believe such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the public or another person.
- **Military.** If you are a member of the armed forces, we may use and disclose your PHI when required by military command authorities, as may be applicable. We may also release the PHI of individuals who are foreign military personnel to the appropriate foreign military authorities.
- **National Security and Intelligence Activities.** We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose your PHI to authorized federal officials for the protection of the President or foreign heads of state or other authorized persons.
- **Workers' Compensation.** We may disclose your PHI to the extent necessary to comply with laws relating to workers' compensation and other similar programs created by law that provide benefits for work-related injuries or illness without regard to fault.
- **Inmates.** If you are an inmate of a correctional facility or under the custody of a law enforcement officer, we may disclose your PHI to the correctional institution or the law enforcement officer.

Generally, we will make every reasonable effort to disclose only the minimum necessary amount of PHI to achieve the purpose of the use or disclosure.

Note: HIV-related information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

Other Uses and Disclosures

Other uses and disclosures of your PHI not covered by this Notice will be made only with your written authorization. If you authorize us to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use your PHI for the reasons covered by your written authorization; however, we will not reverse any uses or disclosures already made in reliance on your prior authorization.

Your Rights With Respect to Protected Health Information

You have the following rights regarding your PHI:

Right to Inspect and Copy. Generally, you may inspect and/or obtain a copy of your PHI for as long as the PHI is kept by or for us. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and/or obtain a copy of your PHI in very limited circumstances. If we deny your request to inspect and/or obtain a copy of your PHI, you may have a right to have that decision reviewed.

Right to Request Amendment. If you feel that your PHI is inaccurate or incomplete, you have the right to request that we amend it for as long as the PHI is kept by or for us. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that (i) was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment; (ii) is not part of the PHI kept by or for us; (iii) is not part of the information that you would be permitted to inspect and copy; or (iv) is accurate and complete. If we deny your request for amendment, you have the right to have a statement of disagreement included with the PHI and we have a right to include a rebuttal to your statement, a copy of which will be provided to you.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of disclosures of your PHI that we have made to others. This list will not include disclosures made for the purpose of treatment, payment, or health care operations, disclosures made to you or other disclosures exempted from the disclosure accounting requirements by the federal rules governing such disclosures. Your request must state a time period, which may not be longer

than six years and may not include dates before October 1, 2009. The first list that you request within a 12 month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a restriction on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend. Your request must state (i) what information you want to restrict; (ii) whether you want to restrict our use, disclosure or both; and (iii) to whom you want the restriction to apply. We are not required to agree to a restriction that you request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.

Right to Request Confidential Communications. You have the right to request that we communicate with you regarding PHI in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to Receive a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically.

You may make any of the requests described above by calling the Plan Administrator at (888) 400-7342 or writing to the Plan Administrator at Enhance Therapies Healthcare Plan 685 River Avenue, Lakewood NJ 08701

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Plan Administrator. To file a complaint with the Secretary, contact Office for Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, New York 10278. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

For More Information

If you have any questions regarding this Notice or the subjects addressed in it you may call or write to the Plan Administrator.

Changes to this Notice

We reserve the right to revise the terms of this Notice and to make the revised notice applicable to PHI that we already have as well as PHI that we receive in the future. We will provide you with a copy of the revised notice via first class mail. We will post a copy of the current notice on our website.

Effective Date

This Notice is effective **10/10/2024**.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2014. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150

IDAHO – Medicaid and CHIP	MONTANA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid and CHIP	VERMONT– Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-877-314-5678	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2013, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

WOMEN'S HEALTH AND CANCER RIGHTS ACT ANNUAL NOTICE

On October 21, 1998 the federal government passed Women's Health and Cancer Rights Act of 1998. As part of our plan's compliance with this Act, we are required to provide you with this annual notice outlining the coverage that this law requires our plan to provide. Our group health plan has always provided coverage for medically necessary mastectomies. This coverage includes procedures to reconstruct the breast on which the mastectomy was performed, as well as the cost of necessary prostheses (implants, special bras... etc.) and treatment of any physical complications resulting from any stage of mastectomy. However, as a result of this federal law the plan now provides coverage for surgery and reconstruction of the other breast to achieve a symmetrical appearance and any complications that could result from that surgery.

The following benefits are required to be provided if benefits are provided for a mastectomy:

1. Coverage for reconstruction of the breast on which the mastectomy is performed.
2. Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance with the breast on which the mastectomy is performed.
3. Coverage for prostheses and physical complications resulting from any stage of mastectomy, including lymphedemas.

These benefits are subject to the same deductibles, copays and coinsurance that apply to mastectomy benefits under the plan.

If you would like more information on WHCRA benefits please contact your human resources director, or American Plan Administrators.

Newborns' and Mothers' Health Protection Act

Newborns' and Mothers' Health Protection Act Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification (sometimes referred to as preauthorization). For information on precertification, please call us at the toll-free phone number on your health plan ID card.