

# City of Cedar Park 2025-2026 Benefits Guide



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<https://ffbenefits.ffga.com/cityofcedarpark>

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*This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.*

# Employee Benefits Center

## A guide to your benefits!

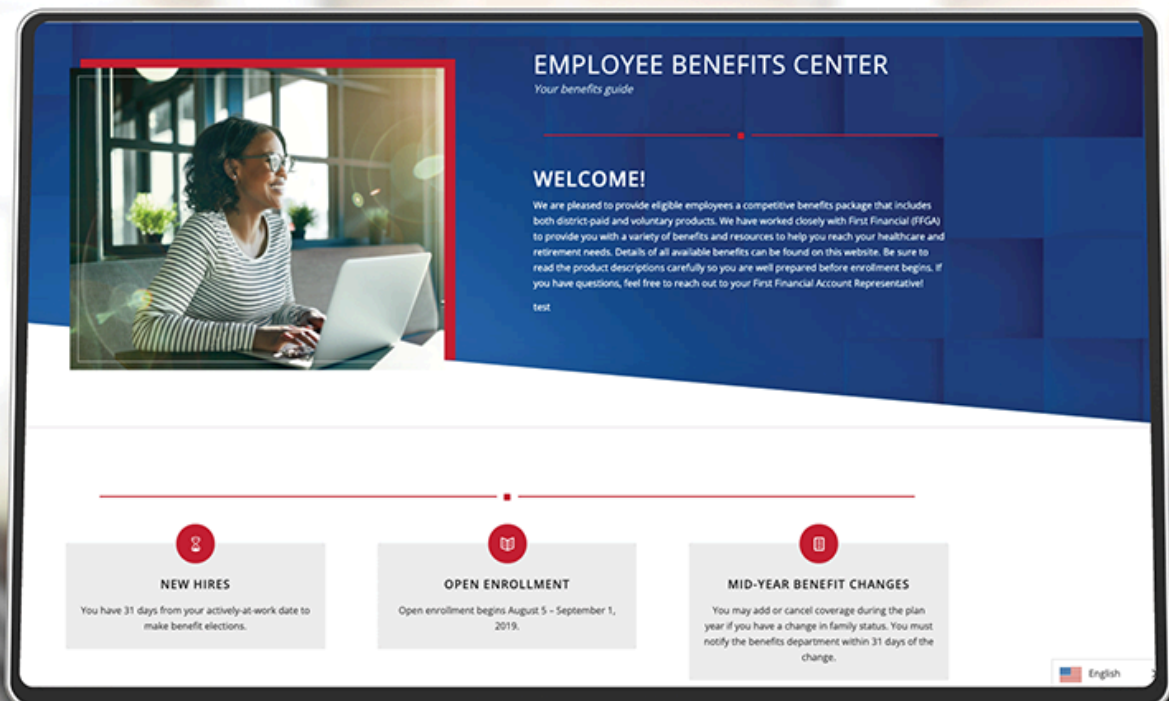
City of Cedar Park and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.



*Scan the QR code to learn more about the plans that are available this year!*

<https://ffbenefits.ffga.com/cityofcedarpark>



# How to Enroll

## Benefits Enrollment

### On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Visit your EBC for more information.

### Online Enrollment

To begin online enrollment, visit <https://ffga.benselect.com/Enroll/login.aspx>.

#### Enroll Now

#### Login & PIN

- Employee ID
  - The Employee ID is either your social security number or your Employee ID.
- PIN
  - Instructions to access your initial Personal Identification Number (PIN) will be provided to you prior to open enrollment.
  - Upon initial login, the PIN will be required to be changed.
  - Remember your PIN as you will use this to sign your enrollment confirmation form and to login in the future.

#### View Current Benefits

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

#### View/Add Dependents

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their legal name, social security numbers and birth dates.

#### Begin Elections

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.



# Benefit Eligibility & Coverage

## Employee Coverage

### Eligibility

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

### New Employees

You have 31 days from your date of hire to make benefit elections. Insurance coverage becomes effective on the first day of the month following a 30-calendar day waiting period, after the date of hire.

### Existing Employees

When it's time to enroll in your benefits, Human Resource team will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from any computer or mobile device. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

### Mid-year Benefit Changes

You may add or cancel coverage during the plan year if you have a qualifying life change event. You must notify the Human Resources department within 31 days of the change.

### Qualifying Life Events Include:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual and student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

### Declining Coverage

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

# Section 125 Plans

## Section 125 Plan Information & Rules

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

### Here’s How It Works

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you’re already eligible – all you must do is enroll.

### Is It Right For Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer’s Section 125 Plan – that’s a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

- IRS specified changes in family status include:
- Change in legal married status
  - Change in number of dependents
  - Termination or commencement of employment
  - Dependent satisfies or ceases to satisfy dependent eligibility requirements
  - Change in residence or worksite that affects eligibility for coverage

Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Tax Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Medicare (1.45%)	-\$29	-\$25
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,321	\$1375

**You could save \$54 per month in taxes by paying for your benefits on a pre-tax basis!**

*\*The figures in the sample paycheck above are for illustrative purposes only.*

# Medical - United Healthcare

United Health Care | [www.myuhc.com](http://www.myuhc.com) | 866-663-2446

Medical Semi-Monthly Premiums			
	HDHP	Silver PPO	Gold PPO
Employee Only	\$10.00	\$20.00	\$50.00
Employee + Spouse	\$100.00	\$175.00	\$250.00
Employee + Children	\$87.50	\$127.50	\$190.00
Employee + Family	\$240.00	\$335.00	\$405.00





## HSA Choice Plus Base HDHP Plan


Coverage For: Family | Plan Type: PS1



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-866-314-0335 or visit [welcometouhc.com](http://welcometouhc.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-866-487-2365 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	<u>Network</u> : <b>\$3,500</b> Individual / <b>\$7,000</b> Family <u>Out-of-Network</u> : <b>\$5,000</b> Individual / <b>\$10,000</b> Family Per calendar year.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive Care Services</u> is covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the annual <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	<u>Network</u> : <b>\$5,250</b> Individual / <b>\$10,500</b> Family <u>Out-of-Network</u> : <b>\$10,000</b> Individual / <b>\$20,000</b> Family Per calendar year.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover any penalties for failure to obtain <u>preauthorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="http://www.myuhc.com">www.myuhc.com</a> or call 1-866-314-0335 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .



 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Virtual Visits - \$0 copay by a Designated Virtual <u>Network Provider</u> . Office Visit cost share applies to any other Telehealth service based on <u>provider</u> type. No virtual coverage <u>out-of-network</u> .
	<u>Specialist visit</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Preventive care/ screening/ immunization</u>	No Charge	50% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <u>prescription drug coverage</u> is available at <a href="http://welcometouhc.com">welcometouhc.com</a>	Tier 1 - Your Lowest Cost Option	Retail: 20% <u>coinsurance</u> Mail-Order: 20% <u>coinsurance</u>	Retail: 50% <u>coinsurance</u>	<u>Provider</u> means pharmacy for purposes of this section. Retail: Up to a 30 day supply. Mail-Order: Up to a 90 day supply or Preferred 90 Day Retail <u>Network Pharmacy</u> . You may need to obtain certain drugs, including certain <u>specialty drugs</u> , from a pharmacy designated by us. Certain drugs may have a <u>preauthorization</u> requirement or may result in a higher cost. If you use an <u>out-of-network</u> pharmacy (including a mail order pharmacy), you may be responsible for any amount over the <u>allowed amount</u> . Certain preventive medications (including certain contraceptives) are covered at No Charge. See the website listed for information on drugs covered by your <u>plan</u> . Not all drugs are covered. You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs. Prescription drug costs are subject to the annual <u>deductible</u> . <u>Network deductible</u> will be applied to the <u>out-of-network provider</u> and applies to the <u>Network out-of-pocket limit</u> .
	Tier 2 - Your Mid-Range Cost Option	Retail: 20% <u>coinsurance</u> Mail-Order: 20% <u>coinsurance</u>	Retail: 50% <u>coinsurance</u>	
	Tier 3 - Your Mid-Range Cost Option	Retail: 20% <u>coinsurance</u> Mail-Order: 20% <u>coinsurance</u>	Retail: 50% <u>coinsurance</u>	
	Tier 4 - Your Highest Cost Option	Not Applicable	Not Applicable	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Physician/ surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	20% <u>coinsurance</u>	*20% <u>coinsurance</u>	* <u>Network deductible</u> applies.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	*20% <u>coinsurance</u>	* <u>Network deductible</u> applies.
	<u>Urgent Care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Network</u> All Other: 0% <u>coinsurance</u> . See your policy or <u>plan</u> document for additional information about EAP benefits.
	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> . See your policy or <u>plan</u> document for additional information about EAP benefits.
<b>If you are pregnant</b>	Office Visits	No Charge	50% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> .
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Depending on the type of service a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery facility services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Inpatient <u>Preauthorization</u> applies <u>out-of-network</u> if stay exceeds 48 hours (C-Section: 96 hours) or benefit reduces to 50% of <u>allowed amount</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 60 visits per calendar year. <u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limits per calendar year: Physical/Occupational/ Speech/Cognitive: combined limit 100 visits; Cardiac, Pulmonary: Unlimited.
	<u>Habilitative services</u>	No Charge	50% <u>coinsurance</u>	None.
	<u>Skilled nursing care</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 60 days per calendar year (combined with inpatient rehabilitation). <u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Covers 1 per type of DME (including repair/replacement) every 3 years. <u>Preauthorization</u> is required <u>out-of-network</u> for DME over \$1,000 or no coverage.
	<u>Hospice services</u>	0% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> before admission for an Inpatient Stay in a hospice facility or benefit reduces to 50% of <u>allowed amount</u> .
<b>If your child needs dental or eye care</b>	Children's eye exam	Not Covered	Not Covered	No coverage for Children's eye exams.
	Children's glasses	Not Covered	Not Covered	No coverage for Children's glasses.
	Children's dental check-up	Not Covered	Not Covered	No coverage for Children's dental check-up.



## Excluded Services & Other Covered Services:

### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- |                               |  |   |
|-------------------------------|--|---|
| • Bariatric surgery           | • Long Term Care                                     | • Routine Eye Care (Adult & Child)  |
| • Cosmetic Surgery            | • Non-emergency care when traveling outside - the US | • Routine foot care - Except as covered for Diabetes                                      |
| • Dental Care (Adult & Child) | • Private duty nursing                               | • Weight loss programs – Except for required <u>preventive services and Real Appeal</u> . |
| • Glasses (Child)             |  |   |

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

- |  |   |  |
|--|---|--|
| • Acupuncture - 20 visits per calendar year                      | • Hearing aids - 1 hearing aid per ear, every 36 months. \$2,500 limit every 36 months. | • Infertility services/treatment – Limited to the diagnosis & treatment of underlying medical condition. |
| • Chiropractic (manipulative) care – 35 visits per calendar year |   |  |

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you, too including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: the Member Service number listed on the back of your ID card or [myuhc.com](http://myuhc.com) or the Employee Benefits Security Administration at 1-866-444-3272 or [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform).

Additionally, a consumer assistance program may help you file your appeal. Contact [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform).

#### **Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

#### **Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

#### **Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-314-0335.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-314-0335.

Traditional Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-314-0335.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-314-0335.

Pennsylvania Dutch (Deitsch): Fer Hilf griege in Deitsch, ruf 1-866-314-0335 uff.

Samoan (Gagana Samoa): Mo se fesoasoani i le Gagana Samoa, vala'au mai i le numera telefoni 1-866-314-0335.

Carolinian (Kapasal Falawasch): ngere aukke ghut allis reel kapasal Falawasch au fafaingi tilifon ye 1-866-314-0335.

Chamorro (Chamoru): Para un ma ayuda gi finu Chamoru, à'gang 1-866-314-0335.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,500
■ <u>Specialist</u> <u>coinsurance</u>	20%
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*pre-natal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,500
■ <u>Specialist</u> <u>coinsurance</u>	20%
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,500
■ <u>Specialist</u> <u>coinsurance</u>	20%
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$12,700</b>
<b>In this example, Peg would pay:</b>	
<u>Cost Sharing</u>	
<u>Deductibles</u>	<b>\$3,500</b>
<u>Copayments</u>	<b>\$0</b>
<u>Coinsurance</u>	<b>\$1,500</b>
<u>What isn't covered</u>	
Limits or exclusions	<b>\$60</b>
<b>The total Peg would pay is</b>	<b>\$5,060</b>

<b>Total Example Cost</b>	<b>\$5,600</b>
<b>In this example, Joe would pay:</b>	
<u>Cost Sharing</u>	
<u>Deductibles</u>	<b>\$3,500</b>
<u>Copayments</u>	<b>\$0</b>
<u>Coinsurance</u>	<b>\$400</b>
<u>What isn't covered</u>	
Limits or exclusions	<b>\$0</b>
<b>The total Joe would pay is</b>	<b>\$3,900</b>

<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Mia would pay:</b>	
<u>Cost Sharing</u>	
<u>Deductibles</u>	<b>\$2,800</b>
<u>Copayments</u>	<b>\$0</b>
<u>Coinsurance</u>	<b>\$0</b>
<u>What isn't covered</u>	
Limits or exclusions	<b>\$0</b>
<b>The total Mia would pay is</b>	<b>\$2,800</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.



## Choice Plus Silver PPO Plan


Coverage For: Family | Plan Type: PS1



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-866-633-2446 or visit [welcometouhc.com](http://welcometouhc.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-866-487-2365 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	<u>Network</u> : <b>\$1,500</b> Individual / <b>\$3,000</b> Family <u>Out-of-Network</u> : <b>\$6,000</b> Individual / <b>\$18,000</b> Family Per calendar year.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive Care Services</u> is covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the annual <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	<u>Network</u> : <b>\$6,800</b> Individual / <b>\$13,100</b> Family <u>Out-of-Network</u> : <b>\$12,000</b> Individual / <b>\$24,000</b> Family Per calendar year.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover and penalties for failure to obtain <u>preauthorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="http://www.myuhc.com">www.myuhc.com</a> or call 1-866-633-2446 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .



 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$30 <u>copay</u> per visit, <u>deductible</u> does not apply	50% <u>coinsurance</u>	Virtual Visits - \$0 <u>copay</u> per visit by a Designated Virtual Network Provider, <u>deductible</u> does not apply. Office Visit cost share applies to any other Telehealth service based on <u>provider type</u> . No virtual coverage <u>out-of-network</u> . If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.
	<u>Specialist visit</u>	\$50 <u>copay</u> per visit, <u>deductible</u> does not apply	50% <u>coinsurance</u>	If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.
	<u>Preventive care/ screening/ immunization</u>	No Charge	50% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <u>prescription drug coverage</u> is available at <a href="http://welcometouhc.com">welcometouhc.com</a>	Tier 1 - Your Lowest Cost Option	Retail: No Charge Mail-Order: No Charge Specialty Retail: \$250 <u>copay</u> , <u>deductible</u> does not apply.	Retail: No Charge up to 50% <u>coinsurance</u> , <u>deductible</u> does not apply. Specialty Retail: Not covered	<u>Provider</u> means pharmacy for purposes of this section. Retail: Up to a 30 day supply. Mail-Order: Up to a 90 day supply or Preferred 90 Day Retail <u>Network</u> Pharmacy. Specialty drugs are not covered through mail order. You may need to obtain certain drugs, including certain <u>specialty drugs</u> , from a pharmacy designated by us. Certain drugs may have a <u>preauthorization</u> requirement or may result in a higher cost. If you use an <u>out-of-network</u> pharmacy (including a mail order pharmacy), you may be responsible for any amount over the <u>allowed amount</u> . Certain preventive medications (including certain contraceptives) are covered at No Charge. See the website listed for information on drugs covered by your <u>plan</u> . Not all drugs are covered. You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs.
	Tier 2 - Your Mid-Range Cost Option	Retail: \$45 <u>copay</u> , <u>deductible</u> does not apply. Mail-Order: \$90 <u>copay</u> , <u>deductible</u> does not apply. Specialty Retail: \$250 <u>copay</u> , <u>deductible</u> does not apply.	Retail: \$45 <u>copay</u> then 50% <u>coinsurance</u> Specialty Retail: Not covered	
	Tier 3 - Your Mid-Range Cost Option	Retail: \$75 <u>copay</u> , <u>deductible</u> does not apply. Mail-Order: \$150 <u>copay</u> , <u>deductible</u> does not apply. Specialty Retail: \$250 <u>copay</u> , <u>deductible</u> does not apply.	Retail: \$75 <u>copay</u> then 50% <u>coinsurance</u> Specialty Retail: Not covered	
	Tier 4 - Your Highest Cost Option	Not Applicable	Not Applicable	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	\$400 <u>copay</u> per visit, then 20% <u>coinsurance</u>	*\$400 <u>copay</u> per visit, then 20% <u>coinsurance</u>	None
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	*20% <u>coinsurance</u>	* <u>Network deductible</u> applies.
	<u>Urgent Care</u>	\$75 <u>copay</u> per visit, <u>deductible</u> does not apply	50% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Network All Other</u> : No Charge. See your policy or <u>plan</u> document for additional information about EAP benefits.
	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> . See your policy or <u>plan</u> document for additional information about EAP benefits.
If you are pregnant	Office Visits	No Charge	50% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> .
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Depending on the type of service a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Inpatient <u>Preauthorization</u> applies <u>out-of-network</u> if stay exceeds 48 hours (C-Section: 96 hours) or benefit reduces to 50% of <u>allowed amount</u> .
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 60 visits per calendar year. <u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	<u>Rehabilitation services</u>	\$50 <u>copay</u> per visit, <u>deductible</u> does not apply	50% <u>coinsurance</u>	Limits per calendar year: Physical/Occupational/ Speech/Cognitive: combined limit 100 visits; Cardiac, Pulmonary: Unlimited.
	<u>Habilitative services</u>	No Charge	50% <u>coinsurance</u>	None.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 60 days per calendar year (combined with inpatient rehabilitation). <u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Covers 1 per type of DME (including repair/replacement) every 3 years. <u>Preauthorization</u> is required <u>out-of-network</u> for DME over \$1,000 or no coverage.
	<u>Hospice services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> before admission for an Inpatient Stay in a hospice facility or benefit reduces to 50% of <u>allowed amount</u> .
<b>If your child needs dental or eye care</b>	Children's eye exam	Not Covered	Not Covered	No coverage for Children's eye exams.
	Children's glasses	Not Covered	Not Covered	No coverage for Children's glasses.
	Children's dental check-up	Not Covered	Not Covered	No coverage for Children's dental check-up.

## Excluded Services & Other Covered Services:

### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- |                               |   |  |
|-------------------------------|---|--|
| • Bariatric Surgery           | • Long Term Care                              | • Routine Eye Care (Adult & Child)                   |
| • Cosmetic Surgery            | • Non-emergency care when traveling outside - | • Routine foot care - Except as covered for Diabetes |
| • Dental Care (Adult & Child) | the US  | • Weight loss programs – Except for required         |
| • Glasses (Child)             | • Private duty nursing                        | <u>preventive services and Real Appeal.</u>          |

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

- |   |   |
|---|---|
| • Acupuncture - 20 visits per calendar year for disease, injury & chronic pain. | • Hearing aids – 1 hearing aid per ear, every 36 months. \$2,500 limit every 36 months.         |
| • Chiropractic care – 35 visits per calendar year                               | • Infertility treatment – Limited to the diagnosis & treatment of underlying medical condition. |

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you, too including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: the Member Service number listed on the back of your ID card or [myuhc.com](http://myuhc.com) or the Employee Benefits Security Administration at 1-866-444-3272 or [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform).

Additionally, a consumer assistance program may help you file your appeal. Contact [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform).

### **Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

### **Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

### **Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-633-2446.

Traditional Chinese (中文): 如果需要中文的幫助, 請撥打這個號碼 1-866-633-2446.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-633-2446.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-633-2446.

Pennsylvania Dutch (Deutsch): Fer Hilf griege in Deutsch, ruf 1-866-633-2446 uff.

Samoa (Gagana Samoa): Mo se fesoasoani i le Gagana Samoa, vala'au mai i le numera telefoni 1-866-633-2446.

Carolinian (Kapasal Falawasch): ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-866-633-2446.

Chamorro (Chamoru): Para un ma ayuda gi finu Chamoru, á'gang 1-866-633-2446.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*



## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,500
■ <u>Specialist</u> <u>copay</u>	\$50
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*pre-natal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,500
■ <u>Specialist</u> <u>copay</u>	\$50
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,500
■ <u>Specialist</u> <u>copay</u>	\$50
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$12,700</b>
<b>In this example, Peg would pay:</b>	
<u>Cost Sharing</u>	
<u>Deductibles</u>	<b>\$1,500</b>
<u>Copayments</u>	<b>\$0</b>
<u>Coinsurance</u>	<b>\$1,700</b>
<u>What isn't covered</u>	
Limits or exclusions	<b>\$60</b>
<b>The total Peg would pay is</b>	<b>\$3,260</b>

<b>Total Example Cost</b>	<b>\$5,600</b>
<b>In this example, Joe would pay:</b>	
<u>Cost Sharing</u>	
<u>Deductibles</u>	<b>\$200</b>
<u>Copayments</u>	<b>\$800</b>
<u>Coinsurance</u>	<b>\$0</b>
<u>What isn't covered</u>	
Limits or exclusions	<b>\$0</b>
<b>The total Joe would pay is</b>	<b>\$1,000</b>

<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Mia would pay:</b>	
<u>Cost Sharing</u>	
<u>Deductibles</u>	<b>\$1,500</b>
<u>Copayments</u>	<b>\$700</b>
<u>Coinsurance</u>	<b>\$100</b>
<u>What isn't covered</u>	
Limits or exclusions	<b>\$0</b>
<b>The total Mia would pay is</b>	<b>\$2,300</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.




## Choice Plus Gold PPO Plan

Coverage For: Family | Plan Type: PS1



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-866-633-2446 or visit [welcometouhc.com](http://welcometouhc.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-866-487-2365 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	<u>Network</u> : <b>\$1,000</b> Individual / <b>\$2,000</b> Family <u>Out-of-Network</u> : <b>\$4,000</b> Individual / <b>\$10,000</b> Family Per calendar year.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. <u>Preventive Care Services</u> is covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the annual <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	<u>Network</u> : <b>\$6,500</b> Individual / <b>\$13,000</b> Family <u>Out-of-Network</u> : <b>\$12,000</b> Individual / <b>\$24,000</b> Family Per calendar year.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover and penalties for failure to obtain <u>preauthorization</u> for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="http://www.myuhc.com">www.myuhc.com</a> or call 1-866-633-2446 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$25 <u>copay</u> per visit, <u>deductible</u> does not apply	50% <u>coinsurance</u>	Virtual Visits - \$0 <u>copay</u> per visit by a Designated Virtual Network Provider, <u>deductible</u> does not apply. Office Visit cost share applies to any other Telehealth service based on <u>provider type</u> . No virtual coverage <u>out-of-network</u> . If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.
	<u>Specialist visit</u>	\$45 <u>copay</u> per visit, <u>deductible</u> does not apply	50% <u>coinsurance</u>	If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.
	<u>Preventive care/ screening/ immunization</u>	No Charge	50% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	No Charge	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Imaging (CT/PET scans, MRIs)	No Charge	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <u>prescription drug coverage</u> is available at <a href="http://welcometouhc.com">welcometouhc.com</a>	Tier 1 - Your Lowest Cost Option	Retail: No Charge Mail-Order: No Charge Specialty Retail: \$250 <u>copay</u> , <u>deductible</u> does not apply.	Retail: No Charge up to 50% <u>coinsurance</u> , <u>deductible</u> does not apply. Specialty Retail: Not covered	<u>Provider</u> means pharmacy for purposes of this section. Retail: Up to a 30 day supply. Mail-Order: Up to a 90 day supply or Preferred 90 Day Retail <u>Network</u> Pharmacy. Specialty drugs are not covered through mail order. You may need to obtain certain drugs, including certain <u>specialty drugs</u> , from a pharmacy designated by us. Certain drugs may have a <u>preauthorization</u> requirement or may result in a higher cost. If you use an <u>out-of-network</u> pharmacy (including a mail order pharmacy), you may be responsible for any amount over the <u>allowed amount</u> . Certain preventive medications (including certain contraceptives) are covered at No Charge. See the website listed for information on drugs covered by your <u>plan</u> . Not all drugs are covered. You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs.
	Tier 2 - Your Mid-Range Cost Option	Retail: \$45 <u>copay</u> , <u>deductible</u> does not apply. Mail-Order: \$90 <u>copay</u> , <u>deductible</u> does not apply. Specialty Retail: \$250 <u>copay</u> , <u>deductible</u> does not apply.	Retail: \$45 <u>copay</u> then 50% <u>coinsurance</u> Specialty Retail: Not covered	
	Tier 3 - Your Mid-Range Cost Option	Retail: \$75 <u>copay</u> , <u>deductible</u> does not apply. Mail-Order: \$150 <u>copay</u> , <u>deductible</u> does not apply. Specialty Retail: \$250 <u>copay</u> , <u>deductible</u> does not apply.	Retail: \$75 <u>copay</u> then 50% <u>coinsurance</u> Specialty Retail: Not covered	
	Tier 4 - Your Highest Cost Option	Not Applicable	Not Applicable	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Physician/surgeon fees	10% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	\$400 <u>copay</u> per visit, then 10% <u>coinsurance</u>	*\$400 <u>copay</u> per visit, then 10% <u>coinsurance</u>	None
	<u>Emergency medical transportation</u>	10% <u>coinsurance</u>	*10% <u>coinsurance</u>	* <u>Network deductible</u> applies.
	<u>Urgent Care</u>	\$75 <u>copay</u> per visit, <u>deductible</u> does not apply	50% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	Physician/surgeon fees	10% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 <u>copay</u> per visit, <u>deductible</u> does not apply	50% <u>coinsurance</u>	<u>Network All Other</u> : No Charge. See your policy or <u>plan</u> document for additional information about EAP benefits.
	Inpatient services	10% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> . See your policy or <u>plan</u> document for additional information about EAP benefits.
If you are pregnant	Office Visits	No Charge	50% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> .
	Childbirth/delivery professional services	10% <u>coinsurance</u>	50% <u>coinsurance</u>	Depending on the type of service a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery facility services	10% <u>coinsurance</u>	50% <u>coinsurance</u>	Inpatient <u>Preauthorization</u> applies <u>out-of-network</u> if stay exceeds 48 hours (C-Section: 96 hours) or benefit reduces to 50% of <u>allowed amount</u> .
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	No Charge	50% <u>coinsurance</u>	Limited to 60 visits per calendar year. <u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	<u>Rehabilitation services</u>	\$45 <u>copay</u> per visit, <u>deductible</u> does not apply	50% <u>coinsurance</u>	Limits per calendar year: Physical/Occupational/ Speech/Cognitive: combined limit 100 visits; Cardiac, Pulmonary: Unlimited.
	<u>Habilitative services</u>	No Charge	50% <u>coinsurance</u>	None.
	<u>Skilled nursing care</u>	No Charge	50% <u>coinsurance</u>	Limited to 60 days per calendar year (combined with inpatient rehabilitation). <u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	<u>Durable medical equipment</u>	10% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> for DME over \$1,000 or no coverage.
	<u>Hospice services</u>	No Charge	50% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> before admission for an Inpatient Stay in a hospice facility or benefit reduces to 50% of <u>allowed amount</u> .
<b>If your child needs dental or eye care</b>	Children's eye exam	Not Covered	Not Covered	No coverage for Children's eye exams.
	Children's glasses	Not Covered	Not Covered	No coverage for Children's glasses.
	Children's dental check-up	Not Covered	Not Covered	No coverage for Children's dental check-up.



## Excluded Services & Other Covered Services:

### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- |                               |  |   |
|-------------------------------|--|---|
| • Bariatric surgery           | • Long Term Care                                     | • Routine Eye Care (Adult & Child)  |
| • Cosmetic Surgery            | • Non-emergency care when traveling outside - the US | • Routine foot care - Except as covered for Diabetes                                      |
| • Dental Care (Adult & Child) | • Private duty nursing                               | • Weight loss programs – Except for required <u>preventive services and Real Appeal</u> . |
| • Glasses (Child)             |  |   |

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

- |   |  |   |
|---|--|---|
| • Acupuncture - 20 visits per calendar year for disease, injury & chronic pain. | • Chiropractic (manipulative) care - 35 visits per calendar year | • Hearing aids – 1 hearing aid per ear, every 36 months. \$2,500 limit every 36 months.         |
|   |  | • Infertility treatment – Limited to the diagnosis & treatment of underlying medical condition. |

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you, too including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: the Member Service number listed on the back of your ID card or [myuhc.com](http://myuhc.com) or the Employee Benefits Security Administration at 1-866-444-3272 or [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform).

Additionally, a consumer assistance program may help you file your appeal. Contact [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform).

#### **Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

#### **Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

#### **Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-633-2446.

Traditional Chinese (中文): 如果需要中文的幫助, 請撥打這個號碼 1-866-633-2446.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-633-2446.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-633-2446.

Pennsylvania Dutch (Deutsch): Fer Hilf griegie in Deutsch, ruf 1-866-633-2446 uff.

Samoan (Gagana Samoa): Mo se fesoasoani i le Gagana Samoa, vala'au mai i le numera telefoni 1-866-633-2446.

Carolinian (Kapasal Falawasch): ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-866-633-2446.

Chamorro (Chamoru): Para un ma ayuda gi finu Chamoru, á'gang 1-866-633-2446.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,000
■ <u>Specialist</u> <u>copay</u>	\$45
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	10%

This EXAMPLE event includes services like:

Specialist office visits (*pre-natal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,000
■ <u>Specialist</u> <u>copay</u>	\$45
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	10%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,000
■ <u>Specialist</u> <u>copay</u>	\$45
■ Hospital (facility) <u>coinsurance</u>	10%
■ Other <u>coinsurance</u>	10%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$12,700</b>
<b>In this example, Peg would pay:</b>	
<u>Cost Sharing</u>	
<u>Deductibles</u>	<b>\$1,000</b>
<u>Copayments</u>	<b>\$0</b>
<u>Coinsurance</u>	<b>\$900</b>
<u>What isn't covered</u>	
Limits or exclusions	<b>\$60</b>
<b>The total Peg would pay is</b>	<b>\$1,960</b>

<b>Total Example Cost</b>	<b>\$5,600</b>
<b>In this example, Joe would pay:</b>	
<u>Cost Sharing</u>	
<u>Deductibles</u>	<b>\$200</b>
<u>Copayments</u>	<b>\$100</b>
<u>Coinsurance</u>	<b>\$0</b>
<u>What isn't covered</u>	
Limits or exclusions	<b>\$0</b>
<b>The total Joe would pay is</b>	<b>\$300</b>

<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Mia would pay:</b>	
<u>Cost Sharing</u>	
<u>Deductibles</u>	<b>\$1,000</b>
<u>Copayments</u>	<b>\$400</b>
<u>Coinsurance</u>	<b>\$100</b>
<u>What isn't covered</u>	
Limits or exclusions	<b>\$0</b>
<b>The total Mia would pay is</b>	<b>\$1,500</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

# TeleHealth



United Health Care | [www.myuhc.com/virtualcare](https://www.myuhc.com/virtualcare)

Studies show that more than 50 percent of doctor's office visits can be handled over the phone. With the Telehealth program, you can get a diagnosis quicker and spend less time in the waiting room.

Board Certified physicians will diagnose your illness, recommend treatment, and prescribe medication via telephone or video. You can contact them from anywhere – home, work, school, even while on vacation. They can treat common health issues like acid reflux, allergies, asthma, cold and flu, sinus infections, rashes, sore throat and more.

It's like having a doctor on call whenever you need medical advice. Access is only a call or click away!



## Care when you need it. No shoes required.

You can make a virtual care appointment for your urgent care, primary care, mental health and specialty care needs. You may get seen faster by a provider and often, it even costs less. All from the comfort of anywhere you choose.

### Get seen sooner with virtual care

On average, you can connect with a provider by video or phone\* in:

**15 minutes or less\*\***  
for 24/7 Virtual Visits

**3 days or less**  
for virtual specialty care

**1 week or less**  
for virtual primary care  
or virtual therapy

\*Data rates may apply.

\*\*Based on 2023-2024 analysis of provider average wait times from request to visit across UnitedHealthcare Designated Virtual Network Providers. Wait times may be impacted by volume at time of the visit.

continued

**United  
Healthcare®**



# Let care come to you

Here are some of the things virtual care can help you with.

## 24/7 Virtual Visits

- Bronchitis
- Coughs, colds and flu
- Fevers
- Headaches
- Pinkeye
- Rashes
- Sinus problems
- Stomach pain and urinary tract infections (UTIs)

## Virtual primary care

- Annual wellness visits, covered 100% just like in-person
- Lab orders
- Non-urgent needs
- Prescription refills\*
- Specialist referrals

## Virtual therapy

- ADD/ADHD
- Addiction
- Anxiety
- Depression
- Grief
- Mental health disorders
- Stress

## Virtual specialty care

- Dental care
- Dermatology
- Gastroenterology needs
- Migraines
- Sleep apnea
- Speech therapy
- Women's health issues, like menopause, birth control and breast health



## Make an appointment

Scan or visit [myuhc.com/virtualcare](https://myuhc.com/virtualcare) to get started

**United  
Healthcare®**

\*Certain prescriptions may not be available, and other restrictions may apply.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Virtual primary care are services available with a provider via video, chat, email, or audio-only where permitted under state law. Virtual primary care services are only available if the provider is licensed in the state that the member is located at the time of the appointment. Virtual primary care is not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Certain prescriptions may not be available, and other restrictions may apply.

Virtual Specialists are services available with a provider or coach via video, chat, email, or audio-only where permitted under state law. It is not an insurance product or a health plan. Virtual Specialists are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Certain prescriptions may not be available, and other restrictions may apply.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.



# Health Savings Account

HSA Bank | [www.hsabank.com](http://www.hsabank.com) | 1.800.357.6246

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like co-pays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies.

## Health Savings Account Highlights

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

## Who Can Participate in an HSA?

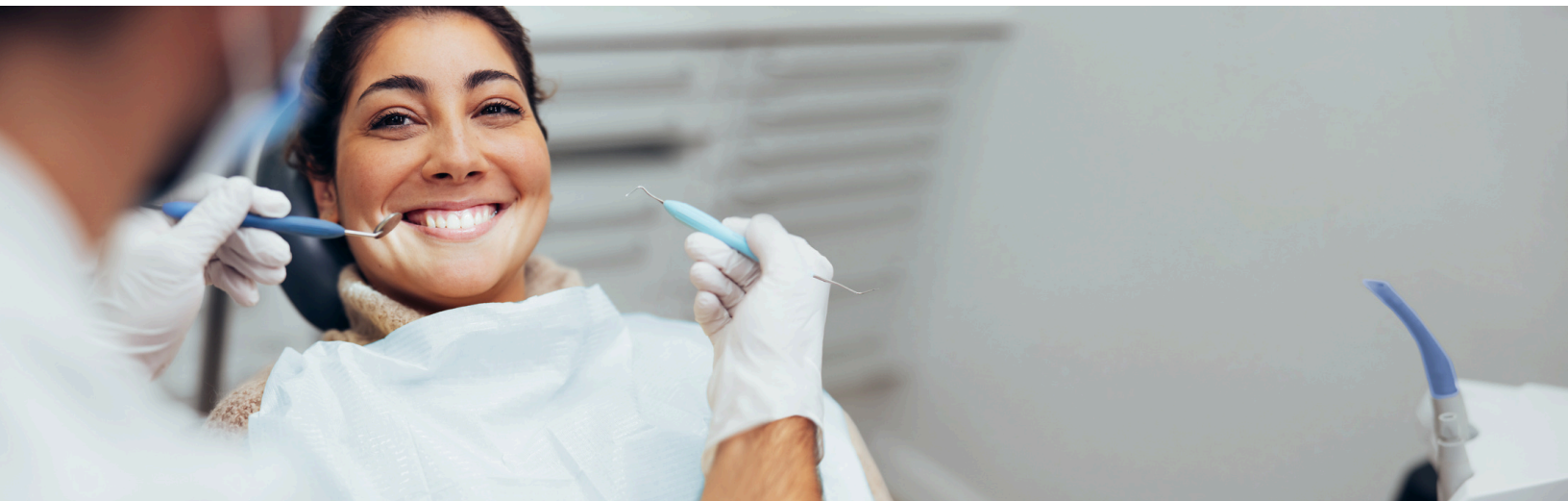
- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse’s traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- Limited Purpose Flexible Spending Accounts are permitted (dental and vision expenses only).
- You cannot participate if your spouse has a general purpose FSA or HRA at their place of employment.
- You cannot participate if you are being claimed as a dependent on another person’s tax return.

	2025	2026
HSA Contribution Limits	<ul style="list-style-type: none"><li>• Self: \$4,300</li><li>• Family: \$8,550</li></ul>	<ul style="list-style-type: none"><li>• Self Only: \$4,400</li><li>• Family: \$8,750</li></ul>
Health Insurance Deductible Limits	<ul style="list-style-type: none"><li>• Self Only: \$1,650</li><li>• Family: \$3,300</li></ul>	<ul style="list-style-type: none"><li>• Self Only: \$1,700</li><li>• Family: \$3,400</li></ul>

\$1,000 catch-up contributions (age 55 or older)

# Dental Insurance

## Plan Choices



Delta Dental | [www.deltadental.com](http://www.deltadental.com) | 800-521-2651

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family’s dental needs. A range of procedures may be covered, such as:

- Comprehensive Exams
- Cleanings
- X-Rays
- Fillings
- Tooth Extractions
- General Anesthesia
- Crown
- Root Canals

Dental Monthly Premiums	
Employee Only	\$0.00
Employee + Spouse	\$18.04
Employee + Children	\$29.34
Employee + Family	\$47.58

# Keep smiling

## DPO



### Save with DPO

Visit a dentist in the DPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a DPO dentist at [deltadentalins.com](https://deltadentalins.com).

### Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com](https://deltadentalins.com).

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

### Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.<sup>4</sup> Log in to your online account to find this date.

### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care<sup>5</sup>, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

## Save with a DPO dentist



DPO



NON-DPO

<sup>1</sup> In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-DPO dentist. Network dentists are paid contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

<sup>4</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under this plan. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

<sup>5</sup> Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

# Benefit Highlights: DPO from Delta Dental

Plan Benefit Highlights for: City of Cedar Park  
Group Number: 23095

Effective Date: 11/1/2024

Benefits	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Deductibles</b> per member / per family each calendar year	\$50/ \$150	\$50/ \$150	\$50/ \$150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
<b>Maximums</b> Per member each calendar year	\$1,500	\$1,500	\$1,500
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Diagnostic &amp; Preventive Services (D&amp;P)</b> Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
<b>Basic Services</b> Fillings, Simple Extractions and Posterior Composites	80%	80%	80%
<b>Endodontics</b> Root Canals	80%	80%	80%
<b>Periodontics</b> Surgical and Non-Surgical Periodontics	80%	80%	80%
<b>Oral Surgery</b>	80%	80%	80%
<b>Major Services</b> Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
<b>Prosthodontics</b> Bridges, Dentures and Denture Repair/Reline/Rebase	50%	50%	50%
<b>Orthodontic Services</b> Adults and Dependent Children	50%	50%	50%
<b>Orthodontic Maximums</b>	\$1,500 Lifetime	\$1,500 Lifetime	\$1,500 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on DPO contracted fees for DPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

<b>Delta Dental Insurance Company</b> 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	<b>Customer Service</b> 800-521-2651 deltadentalins.com	<b>Claims Address</b> P.O. Box 1809 Alpharetta, GA 30023-1809
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

# Vision Insurance

Eyemed | [www.eyemed.com](http://www.eyemed.com) | 8666-723-0513

Proper vision care is essential to your overall well-being. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Your employer provides you with a vision plan to take care of you and your family’s needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. Here are just a few of the areas where you will save money with your plan:

- Eye Exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction

Vision Monthly Premium	
Employee Only	\$2.43
Employee + Spouse	\$4.61
Employee + Children	\$4.84
Employee + Family	\$7.13







# City of Cedarpark

Insight network



## 40% OFF

additional complete pair of prescription eyeglasses

## 20% OFF

non-covered items, including non-prescription sunglasses

## Frequency

### Exam

once every calendar year

### Frame

once every other calendar year

### Lens

once every calendar year

### Contact Lens

once every calendar year

(Plan allows member to receive either contacts and frame, or frames and lens services)

## SCHEDULE OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$20 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b>		
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
<b>STANDARD PLASTIC LENSES</b>		
Single Vision	\$20 copay	Up to \$30
Bifocal	\$20 copay	Up to \$50
Trifocal/Lenticular	\$20 copay	Up to \$70
Progressive - Standard	\$75 copay	Up to \$50
Progressive - Premium Tier 1 - 4	\$105 - 235	Up to \$50
<b>LENS OPTIONS</b>		
Anti Reflective Coating - Standard	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 100	Up to \$23
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$20
Scratch Coating	\$0 copay	Up to \$8
Tint	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
<b>CONTACT LENSES</b>		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$65
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$65
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
<b>OTHER</b>		
Hearing Care from Amplifon Network	Discounts on hearing aids; call 1.877.203.0675	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered

Log into [eyemed.com/member](http://eyemed.com/member) to see all plans included with your benefits. EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company® of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9184. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.



# Ready to live your best EyeMed life?

*There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.*

## *Your network is the place to start*

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

## *Keep your eyes open for extra discounts*

Members already save an average 76% off retail using their EyeMed benefits,<sup>1</sup> but our long list of special offers takes benefits even further.

## *Remember, you're never alone*

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

<sup>1</sup>Based on weighted average of sample transactions: EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$150 frame or contact lens allowance. 2021 EyeMed Commercial BOB stats.



## Create a member account at [eyemed.com/member](https://eyemed.com/member)

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS™

PEARLE  
VISION

OPTICAL

# Term Life & AD&D

## Employer-Paid & Voluntary

Securian Financial Group | [www.lifebenefits.com](http://www.lifebenefits.com) | 800-392-7295

### Employer-Paid Term Life & AD&D Insurance

Life insurance provides a financial benefit to beneficiaries upon death; AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere. The City of Cedar Park has partnered with Securian to provide group life and accidental death and dismemberment (AD&D) Insurance for each eligible employee at no additional cost. We have included the Line of Duty AD&D additional benefit as an enhancement to your current basic AD&D plan. Line of Duty provides an additional benefit of 100% of the basic AD&D principal sum up to \$100,000 for public safety officers (police and fire) that suffer a loss while he or she is performing his or her customary duties for the employer.

### Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.







## City of Cedar Park Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Insurance products issued by Minnesota Life Insurance Company or Securian Life Insurance Company and administered by Ochs.

### **Life Insurance Coverage Available - No Health Questions!**

There are many reasons to consider Supplemental Life Insurance and there are certain times in which you can enroll for coverage without answering health questions. **Below is a summary of those options.**

**Looking for a higher amount of coverage?** A full list of your life Insurance coverage options is outlined on the following pages. To apply for coverage other than the amounts listed below, health questions and underwriting approval is required.

### **NEW HIRE OPPORTUNITY**

New hire eligibility refers to when you are hired and become eligible for benefits.

- ✓ **Employee** - up to **\$250,000**
- ✓ **Spouse** - up to **\$25,000**
- ✓ **Child** - **all coverage**
- ✓ **Voluntary AD&D** - **all coverage**

### **ANNUAL ENROLLMENT OPPORTUNITY**

Available during your employer's annual enrollment period.

- ✓ **Child** - **all coverage**
- ✓ **Voluntary AD&D** - **all coverage**

### **QUALIFIED STATUS CHANGE**

If you experience an employment or family status change, check with your employer within 31 days to confirm guaranteed coverage availability.



## Your Basic and Supplemental Life and Voluntary AD&D Insurance Coverages:

### Basic Life Coverage - 100% employer paid & automatically enrolled

<b>Basic term life</b>	<b>Amount varies</b> According to job classification Maximum <b>\$300,000</b>	<ul style="list-style-type: none"> <li>✓ Includes a matching AD&amp;D benefit</li> <li>✓ Includes a line of duty benefit</li> <li>✓ Coverage reduces beginning at age 70</li> </ul>
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### Supplemental Life Coverage - 100% employee paid

<b>Supplemental term life</b>	Elect in <b>\$10,000</b> increments Maximum <b>\$750,000</b>	
<b>Spouse term life</b>	Elect in <b>\$5,000</b> increments Maximum <b>\$250,000</b>	
<b>Child term life</b>	Elect <b>\$5,000, \$10,000</b> or <b>\$15,000</b>	<ul style="list-style-type: none"> <li>✓ Available to elect without health questions each annual enrollment</li> </ul>
<b>Voluntary AD&amp;D</b> (employee or family)	Elect in <b>\$10,000</b> increments Maximum <b>\$300,000</b>	<ul style="list-style-type: none"> <li>✓ Available to elect without health questions each annual enrollment</li> <li>✓ Family benefit is a percentage of the employee's elected AD&amp;D amount: Spouse w/children - 40%; Spouse no children - 50% Each child w/spouse - 10%; Each child no spouse - 15%</li> </ul>

If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible.

## Monthly Cost:

Employee or Spouse Supplemental Life	
Employee Age*	Rate per \$1,000
<25	\$0.07
25-29	\$0.07
30-34	\$0.09
35-39	\$0.09
40-44	\$0.15
45-49	\$0.25
50-54	\$0.45
55-59	\$0.75
60-64	\$0.83
65-69	\$1.63
70-74	\$2.97
75*	\$2.97

**Note:** Spouse rates are based on employee's age.

\*Rates beyond age 75 are available upon request.

Rates increase with age and all rates are subject to change.

### Here's how to calculate your monthly premium:

Total supplemental term life coverage amount	\$ _____
÷ 1,000	\$ _____
× your rate (based on your age)	\$ _____
<b>= Monthly premium</b>	<b>\$ _____</b>

### Here's how Riley calculated their monthly premium:

Riley elected a total supplemental term life coverage amount of	\$150,000
÷ 1,000	\$150.00
× Riley's rate (based on their age of 42)	\$0.15
<b>= Riley's monthly premium</b>	<b>\$22.50</b>

Child Life		
\$5,000	\$10,000	\$15,000
\$0.43	\$0.86	\$1.29

One premium covers all eligible children from live birth to age 26

Voluntary AD&D	
Employee	Family
\$0.035 per \$1,000	\$0.060 per \$1,000

One premium covers all eligible children from live birth to age 26



## Why Life Insurance?

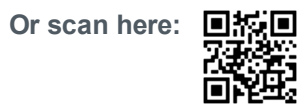
No matter where you are in life, there are many reasons to consider Life Insurance. Group Life Insurance protects you and your family from the unexpected loss of life and income during working years. AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere. Life and AD&D Insurance benefits are disbursed to you and/or your beneficiaries to help pay for things like:

- ✓ Your mortgage or rent
- ✓ Childcare or education costs
- ✓ Medical bills or other expenses
- ✓ Funeral and burial costs

## How much Life Insurance do I need?

To estimate the amount of Life Insurance you need, you'll want to determine what you must protect in the event of your death. Determine your needs today.

Check out our Life Insurance calculator: [click here.](#)



## Naming a Beneficiary:

Naming a beneficiary is an important right of Life Insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your beneficiaries periodically. Events such as marriage, birth/adoption of children, divorce or death may change how you want your Life Insurance benefit paid.

## Continuation:

If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage after employment. No health questions are needed and rates are generally higher than active rates. If you would like to continue your coverage, be sure to enroll within 31 days of your current coverage ending.



Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life Insurance Company is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Products are offered under policy form series MHC-96-13180.42 and 13-31636.

Securian Financial is the marketing name for Securian Financial Group, Inc. and its subsidiaries. Securian Life Insurance Company and Minnesota Life Insurance Company are subsidiaries of Securian Financial Group, Inc.

### Ochs, Inc.

A Securian Financial Company

400 Robert Street N, Ste. 1880, St. Paul, MN 55101

# Disability Insurance

Madison Life Group | [www.madisonlife.com](http://www.madisonlife.com) | 800-356-9601 ext. 2410

## Why Do I Need Disability Insurance?

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons. You can choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?





## Group Long Term Disability Insurance: Benefit Summary

### Prepared for: City of Cedar Park – Class 02: All Eligible Employees Excluding Executives

#### Eligibility

To be eligible, you must be an active Employee working a minimum number of hours as agreed to and outlined in the signed documents between your Employer and Madison National Life Insurance Company, Inc.

#### Benefit Amount

60% of your Pre-disability Earnings, to a Maximum Monthly Benefit of \$5,000.

#### Pre-existing Conditions

**Definition:** A Pre-existing Condition is a mental or physical condition whether or not diagnosed or misdiagnosed for which you have consulted a Physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the 3 month period prior to your effective date of coverage.

**Coverage under this plan:** You cannot receive benefits due to a Pre-existing Condition until you have not received treatment or services for that condition for 12 consecutive months from the effective date of your insurance; or until you have been continuously covered under the group policy for at least 12 months and have been Actively at Work for at least one full day after the end of the 12 months.

#### Earning Income While Disabled

Benefits are reduced by other income you may receive during a Disability, including Social Security or a State Retirement or Disability benefit plan. See your certificate of insurance for details.

#### Minimum Monthly Benefit

Greater of \$100 or 10% of Gross Monthly Benefit

#### Elimination Period

Benefits will begin 90 consecutive calendar days after you become Disabled.

#### How Long Benefits Will Be Paid

If you are Disabled prior to age 62, benefits may continue to the later of age 65 or the Social Security Normal Retirement Age. If Disabled on or after age 62, refer to Maximum Benefit Period in the Schedule of Benefits of the certificate of insurance.

### QUESTIONS

Contact Ochs  
ochs@ochsinc.com  
651.665.3789 • 800.392.7295

**Exclusions Include But Are Not Limited To \***

- War or Act of War.
- Criminal Conduct.
- Military Leave.
- Imprisonment.
- Intentionally Self-Inflicted Injury or attempted Suicide.

**Limitations \***

- **Mental Disorders and Substance Abuse.** Benefit payments based on a Mental Disorder or Substance Abuse are limited to 24 months during your lifetime. Other limitations may apply.
- **Foreign Residency.** Payment of Benefits is limited while you reside outside of the United States or Canada. Please refer to the certificate of insurance
- **Payment Limit.** In no event will the LTD Benefit plus Deductible Income plus Work Earnings exceed 100% of Predisability Earnings. In the event your LTD Benefit plus Deductible Income plus Work Earnings exceeds 100% of Predisability Earnings, the LTD Benefit will be reduced by the amount in excess of 100% of Predisability Earnings.

**\* This brochure is not the insurance contract. It is a brief description of your insurance underwritten by Madison National Life Insurance Company, Inc. GLDI-C200-(12/06) For complete details including all benefits, exclusions and limitations, contact your Employer or Ochs, Inc.**

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Founded in 1961, Madison National Life Insurance Company, Inc. is headquartered in Madison, the rapidly growing capital city of Wisconsin. Madison National Life is licensed in 49 states and specializes in group life, disability and specialty health insurance. The company is a wholly owned subsidiary of Horace Mann Educators Corporation (NYSE:HMN), the largest financial services company focused on providing America's educators and school employees with insurance and retirement solutions.

## Group Long Term Disability Insurance: Benefit Summary

### Prepared for: City of Cedar Park – Class 01: Executives

#### Eligibility

To be eligible, you must be an active Employee working a minimum number of hours as agreed to and outlined in the signed documents between your Employer and Madison National Life Insurance Company, Inc.

#### Benefit Amount

60% of your Pre-disability Earnings, to a Maximum Monthly Benefit of \$7,500.

#### Pre-existing Conditions

**Definition:** A Pre-existing Condition is a mental or physical condition whether or not diagnosed or misdiagnosed for which you have consulted a Physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the 3 month period prior to your effective date of coverage.

**Coverage under this plan:** You cannot receive benefits due to a Pre-existing Condition until you have not received treatment or services for that condition for 12 consecutive months from the effective date of your insurance; or until you have been continuously covered under the group policy for at least 12 months and have been Actively at Work for at least one full day after the end of the 12 months.

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#### QUESTIONS

Contact Ochs  
ochs@ochsinc.com  
651.665.3789 • 800.392.7295

**Exclusions Include But Are Not Limited To \***

- War or Act of War.
- Criminal Conduct.
- Military Leave.
- Imprisonment.
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# Legal Plan



Securian Financial Group | [www.http://lifebenefits.com/lfg](http://lifebenefits.com/lfg) | 877-849-6034

Have you ever found yourself in need of legal advice, but aren't sure where to go? A voluntary group legal plan helps fill that need. It provides you with access to professional lawyers at a low monthly rate. For just a few dollars a month, you can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce and so much more. Expert legal advice is available at your fingertips.



## Automatic access to Lifestyle Benefits

**Your employer's group insurance programs help protect your financial wellness. And you and your family can rely on a suite of additional tools, support, guidance and services to help make life a little easier.**

There is no additional fee or enrollment for these resources. Just access the services you need, whenever you need them. Lifestyle Benefits are automatically available to active U.S. employees insured with Securian Financial. Your spouse and insurance-eligible children can also use these resources, even if they're not covered under the insurance program.

### **Lifestyle Benefits available to you include:**

- Legal, Financial and Grief Resources
- Travel Assistance
- Legacy Planning Resources





## Legal, Financial and Grief Resources

from TELUS Health

Professional services for a variety of needs - from legal matters and financial situations to coping with loss - through comprehensive web and mobile resources, as well as consultations

**Legal:** Includes resources such as will prep templates - and a free, 30-minute consultation per issue, by phone or in an attorney's office (additional services available at 25 percent discount)

**Funeral planning:** Resources to make funeral arrangements, including a final wishes and funeral planning form and guidebooks, as well as a 10 percent discount on prearrangements and immediate-need end-of-life services

**Financial:** Includes telephone consults or 45-minute counseling session per issue on many topics - from budget analysis to tax planning. Includes online access to a financial fitness assessment

**Grief support:** Access master's-level consultants by phone for any stage of grief and referrals for loss support

**Well-being:** Includes a total well-being index with personalized recommendations for lifestyle changes, access to online self-guided programs to help with anxiety, depression and stress, as well as personalized fitness journeys based on personal goals

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### How to access:

[LifeBenefits.com/Lfg](https://LifeBenefits.com/Lfg)

username: lfg

password: resources

1-877-849-6034



## Travel Assistance

from RedpointWTP LLC

24/7 online, pre-trip resources and support for emergency travel assistance and other services when traveling 50+ miles from home

**Pre-trip planning and trip support:** Passport, visa, immunization and currency conversion information

**Medical evacuation services:** Pre-hospital and rental vehicle assistance, transportation to nearest appropriate medical facility once hospitalized, mortal remains repatriation, return of dependent children/pets, family member visitation, and travel companion transport

**Security evacuation services:** Transfer to nearest safe area, ID theft support and assistance replacing lost/stolen luggage

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### How to access:

[LifeBenefits.com/travel](https://LifeBenefits.com/travel)

U.S./Canada:

1-855-516-5433

All other locations:

1-415-484-4677



## Legacy Planning Resources

from Securian Financial

Online information and resources to help with multiple aspects of legacy planning - from end-of-life and funeral planning, final arrangements, directives and survivor assistance

**Funeral concierge:** Allows for coverage verification and direct payment to a funeral home so services can be provided before insurance payment is made

**Express Assignment™:** Same-day funeral home assignment service reduces concern about paying funeral expenses by working with the funeral home or lending agency

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### How to access:

[securian.com/legacy](https://securian.com/legacy)

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Services provided by TELUS Health and RedpointWTP LLC are their sole responsibility. The services are not affiliated with Securian Financial or its group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services. To learn more, visit the appropriate website.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Minnesota Life Insurance Company and Securian Life Insurance Company are subsidiaries of Securian Financial Group, Inc.



PREPARE  
PROTECT  
SECURE

[securian.com](https://www.securian.com)

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3146498

# Employee Assistance Program

Neely | [neelyeap.helpwhereyouare.com](https://neelyeap.helpwhereyouare.com) | 866-212-6096

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in a day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you successfully face emotional issues.

An employee assistance program, or EAP, is a free, voluntary program offered by your employer. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem.

Employee assistance programs address a wide range of issues including mental and emotional well-being, substance abuse and grief. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.



# WHAT DOES MY EAP INCLUDE?



**ACCESS TO 24/7:** Our team is staffed to support incoming calls day and night, weekends, and holidays in English and Spanish, offering InTheMoment Counseling for urgent issues, with an ADA-compliant phone line available at all times.

**Counseling Services:** Employees and household family members receive 1 to 6 free, confidential, structured counseling sessions per employee or family member per issue annually; available modes include telephonic, face-to-face, in-person, or online video counseling.

**Legal and Financial Support:** Unlimited access to certified financial advisors and attorneys for assistance, plus free wills and legal document services.

**Member Website:** Our website features comprehensive resource articles, self-assessments, and audio/video files covering emotional well-being, health and wellness, workplace issues, child and elder care, adoption, and educational content; offers support in Spanish, multiple languages, online seminars and assessments, legal forms, and LiveCONNECT live chat access.

**Newsletters:** Monthly employee and supervisor newsletter with wellness articles and other resources, upcoming event information, and direct registration options.

**Secure the Wheel:** Emergency cab fare reimbursement for situations when you're unable to drive yourself.

**Wellness App:** iConnectYou, allows users to engage with a counselor via phone, video, instant messaging, or SMS text, serving as both an access and delivery tool.

**Wellness Training/Development:** Onsite and live online training sessions for employees and supervisors based on seven core workplace well-being themes, including leadership and development, with closed captions on all video content.

## ACCESS NEELY EAP SERVICES



**All benefits can be accessed by calling our 24/7 helpline**

866-212-6096 | 800-735-2989 (TDD)



**iConnectYou**

- Smartphone app
- Engage in benefits via phone, instant messaging and more



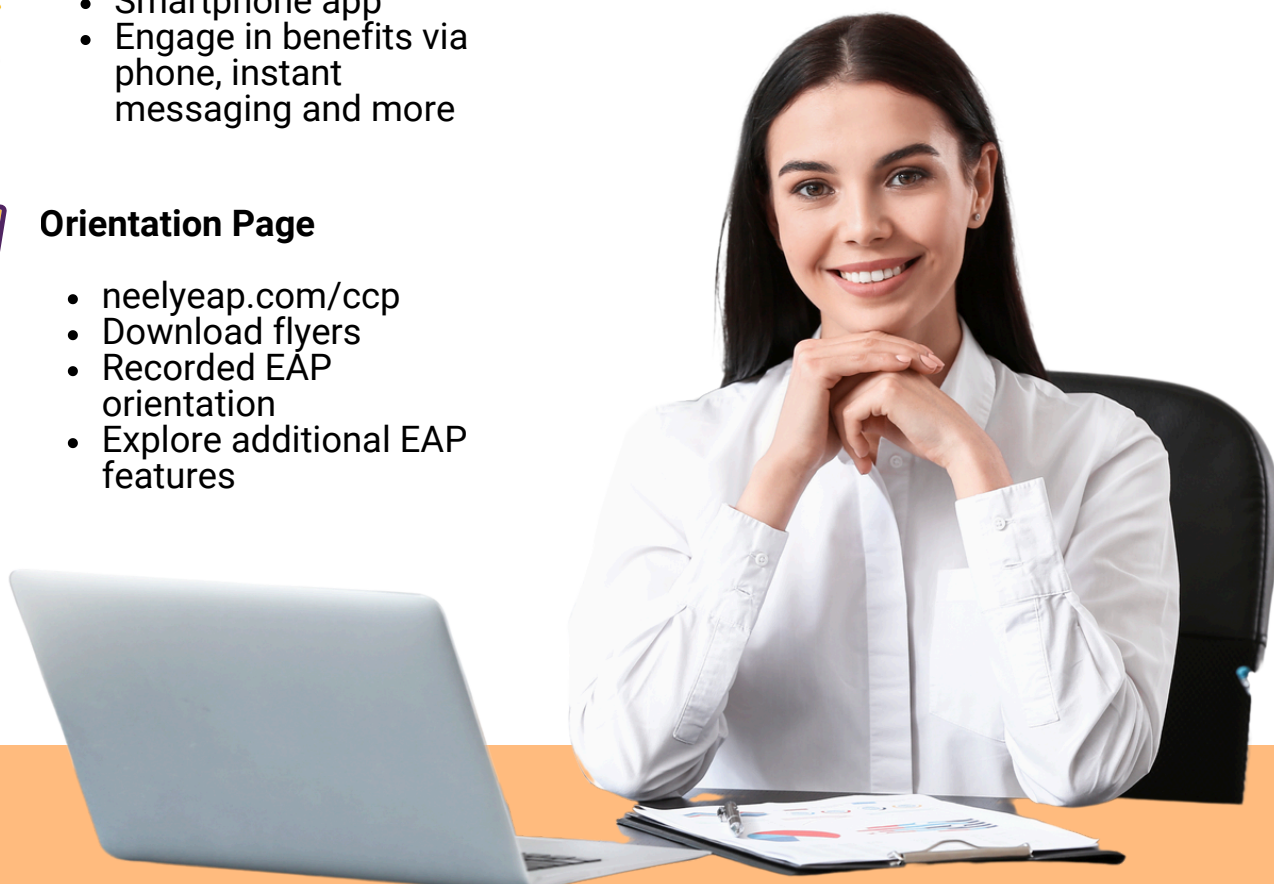
**neelyeap.helpwhereyouare.com**

- Company Code:cedar
- Register for Seminars and view On-Demand content
  - Download forms and read articles
  - LiveCONNECT, Real Messaging Service, response within 2 hours



**Orientation Page**

- neelyeap.com/ccp
- Download flyers
- Recorded EAP orientation
- Explore additional EAP features





# Flexible Spending Accounts

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com)  
1.866.853.3539 P.O. Box 161968 | Altamonte Springs, FL 32716

## Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. FSA Funds are only carried over up to \$660, if you enroll for the new plan year. If you do not enroll in the FSA and have remaining funds after the end of the runoff period, funds will be limited to a one-year carryover period. Any remaining funds over the IRS indexed allowable carry over amount in the FSA at the end of the runoff period will be forfeited.

**Your maximum contribution amount for 2025 is \$3,300.**

### Medical FSA Highlights

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

**NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include the date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient's name.**

## Dependent Care FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like childcare, babysitters, and adult day care.

**You may allocate up to \$5,000 per tax year for reimbursement of dependent care services.**

**If you are married and file a separate tax return, the limit is \$2,500.**

### Dependent Care FSA Highlights

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

# FSA Resources

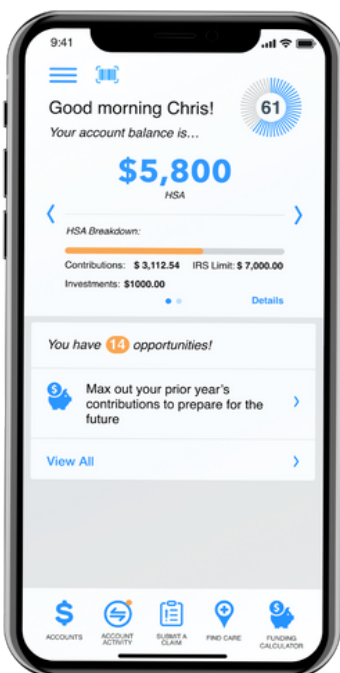
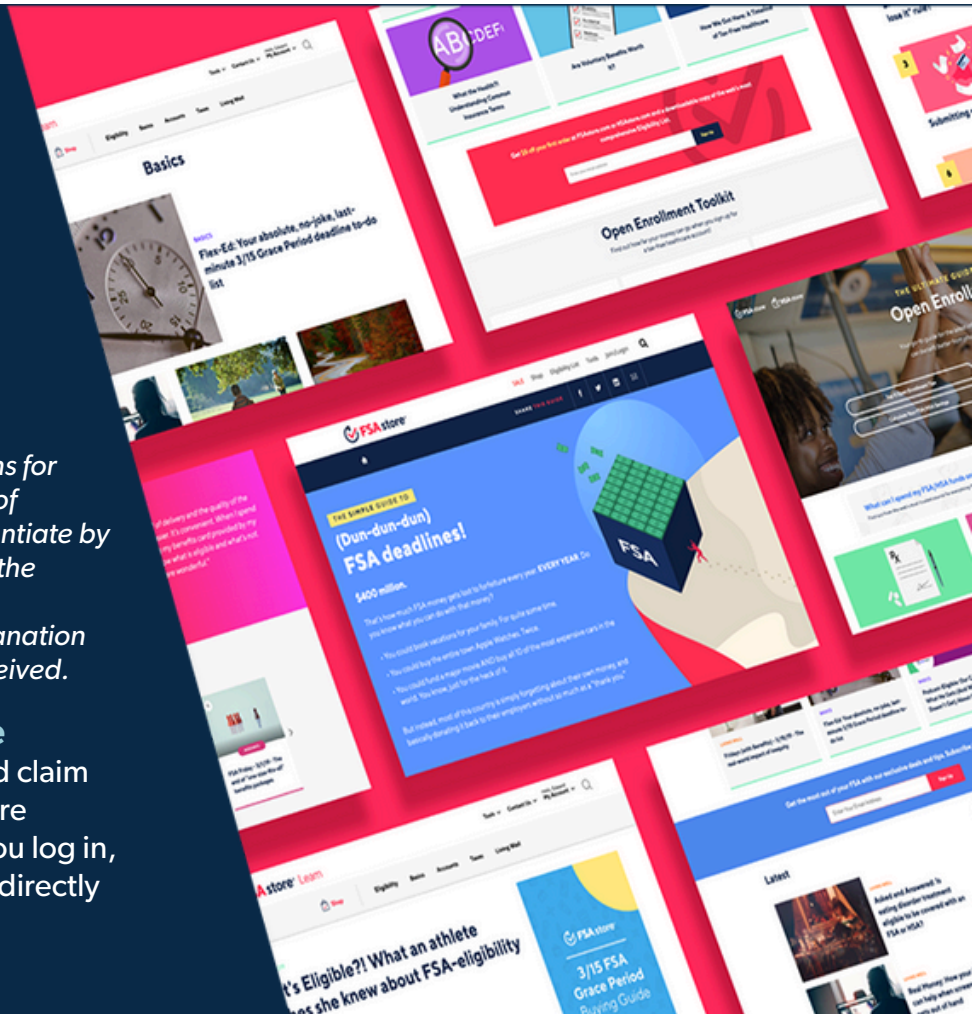
## Benefits Card

The FFGA Benefits Card is available to all employees that participate in a Medical FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least 18 years old.

*The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to FFGA within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.*

## View Your Account Details Online

Sign up to view your account balance, find claim forms and check claims status on our secure website. Log in at [www.ffga.com](http://www.ffga.com). After you log in, you may sign up to have reimbursements directly deposited to your bank account.



## FF Mobile Account App

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App Store or Google Play Store.

## FSA Store

FFGA has partnered with the FSA Store to bring you an easy-to-use online store to better understand and manage your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center to find answers to commonly asked questions. Visit the store at <http://www.ffga.com/individuals/#stores> for more details and special deals.





# Texas Life

## Permanent Life



Texas Life | [www.texaslife.com](http://www.texaslife.com) | 800-283-9233

### **Texas Life Insurance - Permanent, Portable Life Insurance**

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

#### **Texas Life - Permanent Life Highlights**

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.



# LIFE INSURANCE YOU CAN KEEP!



PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS is permanent life insurance which features long guarantees<sup>1</sup> and one of the highest death benefits per payroll-deducted dollar offered at the worksite.<sup>2</sup> PURELIFE-PLUS is an ideal complement to any group term and optional life insurance your employer might provide, and it has the following features:



**YOU OWN IT**  
THE COST IS REASONABLE



**YOU CAN TAKE IT WITH  
YOU WHEN YOU CHANGE  
JOBS OR RETIRE<sup>4</sup>**



**YOU PAY FOR IT  
THROUGH CONVENIENT  
PAYROLL DEDUCTIONS**



**YOU CAN COVER YOUR  
SPOUSE, CHILDREN AND  
GRANDCHILDREN, TOO<sup>3</sup>**



**YOU CAN GET A LIVING  
BENEFIT IF YOU BECOME  
TERMINALLY ILL<sup>5</sup>**



**YOU CAN GET CASH TO COVER  
LIVING EXPENSES IF YOU  
BECOME CHRONICALLY ILL<sup>6</sup>**



## 3 QUICK QUESTIONS

You can qualify by answering  
just 3 questions.<sup>7</sup>

### **DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:**

1. Been actively at work on a full time basis, performing usual duties?
2. Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

**TEXASLIFE INSURANCE  
COMPANY**  
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

 **First  
Financial  
Group  
of America**  
*First in Service and Expertise*

- 1 Guarantees are subject to product terms, limitations, exclusions and the insurer's claims paying ability and financial strength. Current average premium guarantee is 45 years.
- 2 Voluntary Universal and Whole Life Products, Eastbridge Consulting Group, Inc. (2022)
- 3 Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
- 4 As long as the necessary premiums are paid.
- 5 Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07
- 6 Chronic Illness Rider available for an additional cost for employees and their spouses. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15
- 7 Issuance of coverage will depend on answers to these questions.

23Mo21-C FFGA 1019 (exp0325) Not for use in CA, FL or NH.

The agent/agency offering this proposal is not affiliated with Texas Life other than to market its products. Claims payments are the responsibility of Texas Life Insurance Company.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the PureLife-plus brochure for costs and complete details. Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO. Texas Life is licensed to do business in the District of Columbia and every state but New York. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died.

**PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue**

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									Age to Which Coverage is Guaranteed at
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Table Premium
17-20		6.53	11.93	17.33	22.73	33.53	44.33	55.13	65.93	75
21-22		6.67	12.20	17.74	23.28	34.35	45.43	56.50	67.58	74
23		6.80	12.48	18.15	23.83	35.18	46.53	57.88	69.23	75
24-25		6.94	12.75	18.57	24.38	36.00	47.63	59.25	70.88	74
26		7.22	13.30	19.39	25.48	37.65	49.83	62.00	74.18	75
27-28		7.35	13.58	19.80	26.03	38.48	50.93	63.38	75.83	74
29		7.49	13.85	20.22	26.58	39.30	52.03	64.75	77.48	74
30-31		7.63	14.13	20.63	27.13	40.13	53.13	66.13	79.13	73
32		8.04	14.95	21.87	28.78	42.60	56.43	70.25	84.08	74
33		8.32	15.50	22.69	29.88	44.25	58.63	73.00	87.38	74
34		8.73	16.33	23.93	31.53	46.73	61.93	77.13	92.33	75
35		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	76
36		9.55	17.98	26.40	34.83	51.68	68.53	85.38	102.23	76
37		9.97	18.80	27.64	36.48	54.15	71.83	89.50	107.18	77
38		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	77
39		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	78
40	5.38	11.75	22.38	33.00	43.63	64.88	86.13	107.38	128.63	79
41	5.76	12.72	24.30	35.89	47.48	70.65	93.83	117.00	140.18	80
42	6.20	13.82	26.50	39.19	51.88	77.25	102.63	128.00	153.38	81
43	6.59	14.78	28.43	42.08	55.73	83.03	110.33	137.63	164.93	82
44	6.97	15.74	30.35	44.97	59.58	88.80	118.03	147.25	176.48	83
45	7.36	16.70	32.28	47.85	63.43	94.58	125.73	156.88	188.03	83
46	7.80	17.80	34.48	51.15	67.83	101.18	134.53	167.88	201.23	84
47	8.18	18.77	36.40	54.04	71.68	106.95	142.23	177.50	212.78	84
48	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	85
49	9.06	20.97	40.80	60.64	80.48	120.15	159.83	199.50	239.18	85
50	9.61	22.34	43.55	64.77	85.98					86
51	10.27	23.99	46.85	69.72	92.58					87
52	10.99	25.78	50.43	75.08	99.73					88
53	11.54	27.15	53.18	79.20	105.23					88
54	12.09	28.53	55.93	83.33	110.73					88
55	12.69	30.04	58.95	87.87	116.78					89
56	13.24	31.42	61.70	91.99	122.28	CHILDREN AND GRANDCHILDREN (NON-TOBACCO) with Accidental Death Rider  Grandchild coverage available through age 18.				89
57	13.90	33.07	65.00	96.94	128.88					89
58	14.51	34.58	68.03	101.48	134.93					89
59	15.17	36.23	71.33	106.43	141.53					89
60	15.59	37.29	73.45	109.62	145.78					90
61	16.31	39.08	77.03	114.98	152.93					90
62	17.19	41.28	81.43	121.58	161.73					90
63	18.07	43.48	85.83	128.18	170.53					90
64	19.00	45.82	90.50	135.19	179.88					90
65	20.05	48.43	95.73	143.03	190.33					90
66	21.20									90
67	22.47									91
68	23.84									91
69	25.22									91
70	26.65									91

**CHILDREN AND GRANDCHILDREN (NON-TOBACCO)**  
 with Accidental Death Rider  
 Grandchild coverage available through age 18.

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	4.63	8.13	81
2-4	4.75	8.38	80
5-8	4.88	8.63	79
9-10	5.00	8.88	79
11-16	5.13	9.13	77
17-20	6.13	11.13	75
21-22	6.25	11.38	74
23	6.38	11.63	75
24-25	6.50	11.88	74
26	6.75	12.38	75

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

23M014-C-SM FFGA-NT 1012 (exp0325)

**Indicates  
Spouse  
Coverage  
Available**



**PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue**

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	71
21-22		9.69	18.25	26.82	35.38	52.50	69.63	86.75	103.88	71
23		10.10	19.08	28.05	37.03	54.98	72.93	90.88	108.83	72
24-25		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	71
26		10.65	20.18	29.70	39.23	58.28	77.33	96.38	115.43	72
27-28		10.93	20.73	30.53	40.33	59.93	79.53	99.13	118.73	71
29		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	71
30-31		12.44	23.75	35.07	46.38	69.00	91.63	114.25	136.88	72
32		12.85	24.58	36.30	48.03	71.48	94.93	118.38	141.83	72
33		12.99	24.85	36.72	48.58	72.30	96.03	119.75	143.48	72
34		13.13	25.13	37.13	49.13	73.13	97.13	121.13	145.13	71
35		14.09	27.05	40.02	52.98	78.90	104.83	130.75	156.68	72
36		14.50	27.88	41.25	54.63	81.38	108.13	134.88	161.63	72
37		15.47	29.80	44.14	58.48	87.15	115.83	144.50	173.18	73
38		15.88	30.63	45.38	60.13	89.63	119.13	148.63	178.13	73
39		16.98	32.83	48.68	64.53	96.23	127.93	159.63	191.33	74
40	8.07	18.49	35.85	53.22	70.58	105.30	140.03	174.75	209.48	76
41	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	77
42	9.17	21.24	41.35	61.47	81.58	121.80	162.03	202.25	242.48	78
43	9.94	23.17	45.20	67.24	89.28	133.35	177.43	221.50	265.58	80
44	10.33	24.13	47.13	70.13	93.13	139.13	185.13	231.13	277.13	80
45	10.88	25.50	49.88	74.25	98.63	147.38	196.13	244.88	293.63	81
46	11.32	26.60	52.08	77.55	103.03	153.98	204.93	255.88	306.83	81
47	11.87	27.98	54.83	81.68	108.53	162.23	215.93	269.63	323.33	82
48	12.36	29.22	57.30	85.39	113.48	169.65	225.83	282.00	338.18	82
49	13.08	31.00	60.88	90.75	120.63	180.38	240.13	299.88	359.63	83
50	13.68	32.52	63.90	95.29	126.68					83
51	14.29	34.03	66.93	99.83	132.73					83
52	15.17	36.23	71.33	106.43	141.53					84
53	15.94	38.15	75.18	112.20	149.23					85
54	16.65	39.94	78.75	117.57	156.38					85
55	17.42	41.87	82.60	123.34	164.08					85
56	18.30	44.07	87.00	129.94	172.88					85
57	19.18	46.27	91.40	136.54	181.68					86
58	20.12	48.60	96.08	143.55	191.03					86
59	21.05	50.94	100.75	150.57	200.38					86
60	21.64	52.42	103.70	154.99	206.28					86
61	22.91	55.58	110.03	164.48	218.93					86
62	24.12	58.60	116.08	173.55	231.03					87
63	25.33	61.63	122.13	182.63	243.13					87
64	26.54	64.65	128.18	191.70	255.23					87
65	27.86	67.95	134.78	201.60	268.43					87
66	29.29									88
67	30.83									88
68	32.42									88
69	34.13									88
70	35.94									89

**CHILDREN AND GRANDCHILDREN (TOBACCO)**

with Accidental Death Rider

Grandchild coverage available through age 18.

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

23M014-C-SM FFGA-T 1012 (exp0325)

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
17-20	8.63	16.13	71
21-22	9.00	16.88	71
23	9.38	17.63	72
24-25	9.63	18.13	71
26	9.88	18.63	72

Indicates  
Spouse  
Coverage  
Available

# Cancer Insurance



Allstate | [www.allstatebenefits.com/mybenefits](http://www.allstatebenefits.com/mybenefits) | 800-521-3535

Thousands of Americans are diagnosed with cancer each day. No doubt, the news is devastating, both personally and financially. It’s impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a cancer insurance plan.

It is likely that your major medical coverage will not cover all the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.

Cancer Semi-Monthly Rates			
Premium	Plan 1	Plan 2	Plan 3
Employee	\$8.45	\$15.97	\$22.40
Employee + Family	\$14.37	\$26.98	\$37.84



**Allstate**  
BENEFITS

Protection for the  
treatment of cancer and  
29 specified diseases

## Cancer Insurance

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

### Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

### Meeting Your Needs

- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Practical benefits for everyday living.**<sup>®</sup>

**THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.**

<sup>1</sup>Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017.

<sup>2</sup>Cancer Treatment & Survivorship Facts & Figures, 2019-2021

## DID YOU KNOW ?



*Early detection, improved treatments and access to care are factors that influence cancer survival<sup>1</sup>*

## 22.1million

*The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030<sup>2</sup>*



# Meet TJ

TJ is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Here's how TJ's story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.



## CHOOSE

TJ chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease



## USE

TJ undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.

### Here's TJ's treatment path:

- TJ travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
- He is admitted to the hospital for laparoscopic prostate cancer surgery
- TJ undergoes surgery and spends several hours in the recovery waiting room
- He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
- TJ is released under doctor required treatment and care during a 2-month recovery period

TJ continues to fight his cancer and follow his doctor recommended treatments.



## CLAIM

TJ's Cancer claim paid him cash benefits for the following:

Wellness

Cancer Initial Diagnosis

Continuous Hospital Confinement

Non-Local Transportation

Surgery

Anesthesia

Medical Imaging

Inpatient Drugs and Medicine

Physician's Attendance

Anti-Nausea

For a listing of benefits and benefit amounts, see your company's rate insert.

Cancer Insurance (GVCP3)
Includes coverage for 29 Specified Diseases
from Allstate Benefits

Offered to the employees of:
City of Cedar Park

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	\$100	\$300
Government or Charity Hospital (daily)	\$100	\$300
Private Duty Nursing Services (daily)	\$100	\$300
Extended Care Facility (daily)	\$100	\$300
At Home Nursing (daily)	\$100	\$300
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$100 \$100	\$300 \$300
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer <sup>1</sup> (every 12 months)	\$7,500	\$15,000
Blood, Plasma, and Platelets <sup>1</sup> (every 12 months)	\$7,500	\$15,000
Hematological Drugs <sup>1</sup> (every 12 months)	\$150	\$300
Medical Imaging <sup>1</sup> (every 12 months)	\$375	\$750
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Surgery <sup>2</sup>	\$1,500	\$3,000
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	\$500	\$1,000
2. Non-autologous (cancer or specified disease treatment)	\$1,250	\$2,500
3. Non-autologous (Leukemia)	\$2,500	\$5,000
Ambulatory Surgical Center (daily)	\$250	\$500
Second Opinion	\$200	\$400
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation <sup>1</sup> (coach fare or amount shown per mile*)	0.40/Mile	0.40/Mile
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile**)	\$50 0.40/Mile	\$50 0.40/Mile
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment <sup>3</sup> (every 12 months)	\$5,000	\$5,000
Prosthesis <sup>3</sup> (per amputation)	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis <sup>1</sup>	\$50	\$50
Anti-Nausea Benefit <sup>1</sup> (once per calendar year)	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
OPTIONAL/ADDITIONAL BENEFITS	PLAN 1	PLAN 2
Cancer Initial Diagnosis (one-time benefit)	\$2,000	\$3,000
Intensive Care (ICU)		
ICU (daily)	\$200	\$300
Step-Down (daily)	\$100	\$150
Ambulance	Actual Charges	Actual Charges
Wellness Benefit	\$50	\$75

<sup>1</sup>Pays actual cost up to amount listed. <sup>2</sup>Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. <sup>3</sup>Pays actual charges up to amount listed. \*At least 70 miles away, up to 700 miles. \*\*Transportation up to 700 miles per continuous hospital confinement.

PLAN 1 PREMIUMS

MODE	EE	F
Semi-Monthly	\$8.45	\$14.37

PLAN 2 PREMIUMS

MODE	EE	F
Semi-Monthly	\$15.97	\$26.98

Issue ages: 18 and over if actively at work  
EE=Employee; F=Family

FOR HOME OFFICE USE ONLY - GVCP3  
Opt 1-1Hosp; 3Rad; 1Surg; 1Misc; 2Init; 2ICU; 2Well; 0Prog  
Opt 2-3Hosp; 6Rad; 2Surg; 1Misc; 3Init; 3ICU; 3Well; 0Prog  
V.2021.08.31 FA Rate Insert Creation Date: 9/10/2021



For use in enrollments situated in: TX. This rate insert is part of the approved brochure for City of Cedar Park and is not to be used on its own. This material is valid as long as information remains current, but in no event later than September 10, 2024. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2021 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

Cancer Insurance (GVCP3)

Includes coverage for 29 Specified Diseases

from Allstate Benefits

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 3
Continuous Hospital Confinement (daily)	\$400
Government or Charity Hospital (daily)	\$400
Private Duty Nursing Services (daily)	\$400
Extended Care Facility (daily)	\$400
At Home Nursing (daily)	\$400
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$400
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 3
Radiation/Chemotherapy for Cancer <sup>1</sup> (every 12 months)	\$20,000
Blood, Plasma, and Platelets <sup>1</sup> (every 12 months)	\$20,000
Hematological Drugs <sup>1</sup> (every 12 months)	\$400
Medical Imaging <sup>1</sup> (every 12 months)	\$1,000
SURGERY AND RELATED BENEFITS	PLAN 3
Surgery <sup>2</sup>	\$6,000
Anesthesia (% of surgery benefit)	25%
Bone Marrow or Stem Cell Transplant (once/year)	
1. Autologous	\$2,000
2. Non-autologous (cancer or specified disease treatment)	\$5,000
3. Non-autologous (Leukemia)	\$10,000
Ambulatory Surgical Center (daily)	\$1,000
Second Opinion	\$800
MISCELLANEOUS BENEFITS	PLAN 3
Inpatient Drugs and Medicine (daily)	\$25
Physician's Attendance (daily)	\$50
Ambulance (per confinement)	\$100
Non-Local Transportation <sup>1</sup>	
(coach fare or amount shown per mile*)	0.40/Mile
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50
Family Member Lodging (daily per trip; max. 60 days)	\$50
and Transportation (coach fare or amount shown per mile**)	0.40/Mile
Physical or Speech Therapy (daily)	\$50
New or Experimental Treatment <sup>3</sup> (every 12 months)	\$5,000
Prosthesis <sup>3</sup> (per amputation)	\$2,000
Hair Prosthesis (every 2 years)	\$25
Nonsurgical External Breast Prosthesis <sup>1</sup>	\$50
Anti-Nausea Benefit <sup>1</sup> (once per calendar year)	\$200
Waiver of Premium (employee only)	Yes
OPTIONAL/ADDITIONAL BENEFITS	PLAN 3
Cancer Initial Diagnosis (one-time benefit)	\$4,000
Intensive Care (ICU)	
ICU (daily)	\$400
Step-Down (daily)	\$200
Ambulance	Actual
	Charges
Wellness Benefit	\$100

<sup>1</sup>Pays actual cost up to amount listed. <sup>2</sup>Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. <sup>3</sup>Pays actual charges up to amount listed. \*At least 70 miles away, up to 700 miles. \*\*Transportation up to 700 miles per continuous hospital confinement.

PLAN 3 PREMIUMS

MODE	EE	F
Semi-Monthly	\$22.40	\$37.84

Issue ages: 18 and over if actively at work  
 EE=Employee; F-Family

FOR HOME OFFICE USE ONLY - GVCP3  
 Opt 3-4Hosp; 8Rad; 4Surg; 1Misc; 4Init; 4ICU; 4Well; 0Prog  
 V.2021.08.31 FA Rate Insert Creation Date: 9/10/2021

## Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



### Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



### Travel

Can help pay for expenses while receiving treatment in another city.



### Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



### Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



## MyBenefits: 24/7 Access [allstatebenefits.com/mybenefits](http://allstatebenefits.com/mybenefits)

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

## Wellness Benefit

Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms.

## Benefits (subject to maximums as listed on the attached rate insert)

### HOSPITAL CONFINEMENT AND RELATED BENEFITS

**Continuous Hospital Confinement** - inpatient admission and confinement

**Government or Charity Hospital** - confinements in lieu of all other benefits, except Waiver of Premium

**Private Duty Nursing Services** - full-time nursing services authorized by attending physician

**Extended Care Facility** - within 14 days of a hospital stay; payable up to the number of days of the hospital stay

**At Home Nursing** - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

**Hospice Care Center or Team** - terminal illness care in a facility or at home; one visit per day

### RADIATION/CHEMOTHERAPY AND RELATED BENEFITS

**Radiation/Chemotherapy for Cancer** - covered treatments to destroy or modify cancerous tissue

**Blood, Plasma and Platelets** - transfusions, administration, processing, procurement, cross matching

**Hematological Drugs** - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

**Medical Imaging** - initial diagnosis or follow-up evaluation based on covered imaging exam

### SURGERY AND RELATED BENEFITS

**Surgery\*** - based on Certificate Schedule of Surgical Procedures

**Anesthesia** - 25% of Surgery benefit for anesthesia received by an anesthetist

**Bone Marrow or Stem Cell Transplant** - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

**Ambulatory Surgical Center** - payable only if Surgery benefit is paid

**Second Opinion** - second opinion for surgery or treatment by a doctor not in practice with your doctor

### MISCELLANEOUS BENEFITS

**Inpatient Drugs and Medicine** - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

**Physician's Attendance** - one inpatient visit by one physician

**Ambulance** - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance

**Non-Local Transportation** - obtaining treatment not available locally

**Outpatient Lodging** - more than 100 miles from home

**Family Member Lodging and Transportation** - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit is paid

**Physical or Speech Therapy** - to restore normal body function

**New or Experimental Treatment** - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

**Prosthesis** - surgical implantation of prosthetic device for each amputation

**Hair Prosthesis** - wig or hairpiece every two years due to hair loss

**Nonsurgical External Breast Prosthesis** - initial prosthesis after a covered mastectomy

**Anti-Nausea Benefit** - prescribed anti-nausea medication administered on outpatient basis

**Waiver of Premium\*\*** - must be disabled 90 days in a row due to cancer, as long as disability lasts

### OPTIONAL/ADDITIONAL BENEFITS

**Cancer Initial Diagnosis** - for first-time diagnosis of cancer other than skin cancer

**Intensive Care (ICU)**

- ICU Confinement - illness or accident confinements up to 45 days/stay
- Step-Down ICU Confinement - confinements up to 45 days/stay
- Ambulance - licensed air or surface ambulance service to ICU

**Wellness Benefit** - once per year for one of 23 exams. See left for list of wellness tests

### SPECIFIED DISEASES

**29 Specified Diseases Covered** - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

\*Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits \*\*Premiums waived for employee only

## DEFINITIONS

### Actual Charges vs. Actual Cost

**Actual Charge** – Amount billed for a treatment or service before any insurance discounts or payments.

**Actual Cost** – Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

## CERTIFICATE SPECIFICATIONS

### Eligibility

Coverage may include you, your spouse or domestic partner, and children under age 26.

### Termination of Coverage

Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, unless coverage is continued due to Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; the date you or your class is no longer eligible.

Spouse/domestic partner coverage ends upon divorce/termination of partnership or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

### Portability Privilege

Coverage may be continued under the Portability Provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

## LIMITATIONS AND EXCLUSIONS

### Pre-Existing Condition Limitation

We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or condition for which medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date.

### Exclusions and Limitations

We do not pay for any loss except for losses due to cancer or a specified disease. Benefits are not paid for conditions caused or aggravated by cancer or a specified disease. Treatment and services must be needed due to cancer or a specified disease and be received in the United States or its territories.

**Hospice Care Team Limitation:** Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

**Blood, Plasma and Platelets Limitation:** Does not include immunoglobulins or blood replaced by donors.

For the **Surgery, New or Experimental Treatment** and **Prosthesis** benefits, we pay 50% of the applicable maximum when specific charges are not obtainable as proof of loss.

For the **Radiation/Chemotherapy for Cancer** benefit, we do not pay for: any other chemical substance which may be administered with or in conjunction with radiation/chemotherapy; treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

### Intensive Care Exclusions and Limitations

Benefits are not paid for attempted suicide or intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms; emergency, labor or delivery rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. Children born within 10 months of the effective date are not covered for confinement occurring or beginning during the first 30 days of the child's life. We do not pay for ambulance if paid under the Cancer and Specified Disease Ambulance benefit.

This brochure is for use in enrollments situated in TX and is incomplete without the accompanying rate insert. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than September 10, 2024. Group Cancer benefits are provided under policy form GVCP3, or state variations thereof.

The coverage provided is limited benefit supplemental cancer and specified disease insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2021 Allstate Insurance Company.  
[www.allstate.com](http://www.allstate.com) or  
[allstatebenefits.com](http://allstatebenefits.com)



# Critical Illness Insurance

AFLAC | [www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com) | 800-433-3036

## Prepare For the Unexpected

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.



# Accident Insurance

AFLAC | [www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com) | 800-433-3036

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It’s comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit

Accident Semi-Monthly Rates	
Employee	\$8.10
Employee + Spouse	\$11.58
Employee + Children	\$15.45
Family	\$18.93



## Peace of Mind *and* Real Cash Benefits



GROUP ACCIDENT INSURANCE

# AC1<sup>G</sup>



We've got you under our wing.®

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Definitions, Pre-Existing Condition limitation, limitations and exclusions, benefits, termination, portability, etc., may vary based on your employer's home office. Please see your agent for the plan details specific to your employer. This product is not available in all states.

# GROUP ACCIDENT INSURANCE

Policy Series CA7700-MP This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

# AC1<sup>G</sup>

## Do you know how much a trip to the emergency room could cost you?

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a Covered Accident occurs, the last thing on your mind is the charges that may be accumulating while you're at the emergency room, including:

- The ambulance ride
- Use of the emergency room
- Surgery and anesthesia
- Stitches
- Casts
- Wheelchairs
- Crutches
- Bandages

You get the picture. These costs add up—fast. You hope they never happen, but at some point you may take a trip to your local emergency room. If that time comes, wouldn't it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? This group accident plan does just that.



### FEATURES

- 24-hour coverage
- No limit on the number of claims
- Pays regardless of any other insurance plans you may have
- Benefits available for your Spouse and/or Dependent Children
- Benefits for both inpatient and outpatient treatment of Covered Accidents
- Guaranteed issue (No underwriting is required to qualify for coverage.)
- Payroll deduction (Premiums are paid by convenient payroll deduction.)
- Portable coverage (You can continue coverage when you leave employment; see back of brochure for guidelines.)

# 80.1

**MILLION**

People sought medical attention for an injury.\*

\* All Injuries, 2014, Centers for Disease Control and Prevention.

## HOSPITAL BENEFITS

	EMPLOYEE	SPOUSE	CHILD
<b>HOSPITAL ADMISSION</b> We will pay this benefit when an insured is admitted to a hospital and confined as a resident bed patient because of injuries received in a Covered Accident (within six months of the date of the accident). We will pay this benefit once per calendar year, per Covered Accident. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or outpatient treatment.	\$1,000	\$1,000	\$1,000
<b>HOSPITAL CONFINEMENT (per day)</b> We will provide this benefit on the first day of hospital confinement for up to 365 days per Covered Accident when an insured is confined to a hospital due to a Covered Accident. Hospital confinement must begin within 90 days from the date of the accident.	\$200	\$200	\$200
<b>HOSPITAL INTENSIVE CARE (per day)</b> This benefit is paid up to 30 days per Covered Accident. Benefits are paid in addition to the Hospital Confinement Benefit.	\$400	\$400	\$400
<b>MEDICAL FEES (for each accident)</b> If an insured is injured in a Covered Accident and receives treatment within one year after the accident, we will pay up to the applicable amount for physician charges, emergency room services, supplies, and X-rays. The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 60 days after the accident.	\$125	\$125	\$75
<b>PARALYSIS (lasting 90 days or more and diagnosed by a physician within 90 days)</b> Quadriplegia Paraplegia	\$10,000 \$5,000	\$10,000 \$5,000	\$10,000 \$5,000

## ACCIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)

	EMPLOYEE	SPOUSE	CHILD
<b>ACCIDENTAL-DEATH</b>	\$50,000	\$10,000	\$5,000
<b>ACCIDENTAL COMMON-CARRIER DEATH (plane, train, boat, or ship)</b>	\$100,000	\$50,000	\$15,000
<b>SINGLE DISMEMBERMENT</b>	\$6,250	\$2,500	\$1,250
<b>DOUBLE DISMEMBERMENT</b>	\$25,000	\$10,000	\$5,000
<b>LOSS OF ONE OR MORE FINGERS OR TOES</b>	\$1,250	\$500	\$250
<b>PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)</b>	\$100	\$100	\$100
If the Accidental Common-Carrier Death Benefit is paid, we will not pay the Accidental-Death Benefit.			
<b>Accidental Injury</b> means bodily injury caused solely by or as the result of a Covered Accident.			
<b>Covered Accident</b> means an accident that occurs on or after the Effective Date, while the certificate is in force, and that is not specifically excluded.			
This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.			



## MAJOR INJURIES (diagnosis and treatment within 90 days)

	EMPLOYEE	SPOUSE//CHILD	
<b>FRACTURES (closed reduction):</b>			
Hip/Thigh	\$4,500	\$4,000	• Open reduction is paid at 150% of closed reduction.
Vertebrae (except processes)	\$4,050	\$3,600	
Pelvis	\$3,600	\$3,200	
Skull (depressed)	\$3,375	\$3,000	• Multiple fractures and dislocations are paid at 150% of the benefit amount for open or closed reduction.
Leg	\$2,700	\$2,400	
Forearm/Hand/Wrist	\$2,250	\$2,000	
Foot/Ankle/Knee Cap	\$2,250	\$2,000	
Shoulder Blade/Collar Bone	\$1,800	\$1,600	
Lower Jaw (mandible)	\$1,800	\$1,600	
Skull (simple)	\$1,575	\$1,400	• Chip fractures are paid at 10% of the fracture benefit.
Upper Arm/Upper Jaw	\$1,575	\$1,400	
Facial Bones (except teeth)	\$1,350	\$1,200	
Vertebral Processes	\$900	\$800	• Partial dislocations are paid at 25% of the dislocation benefit.
Coccyx/Rib/Finger/Toe	\$360	\$320	
<b>DISLOCATIONS (closed reduction):</b>			
Hip	\$3,600	\$2,700	
Knee (not knee cap)	\$2,600	\$1,950	
Shoulder	\$2,000	\$1,500	
Foot/Ankle	\$1,600	\$1,200	
Hand	\$1,400	\$1,050	
Lower Jaw	\$1,200	\$900	
Wrist	\$1,000	\$750	
Elbow	\$800	\$600	
Finger/Toe	\$320	\$240	

## SPECIFIC INJURIES

EMPLOYEE//SPOUSE//CHILD		EMPLOYEE//SPOUSE//CHILD	
<b>RUPTURED DISC</b> (treatment within 60 days; surgical repair within one year)		<b>EMERGENCY DENTAL WORK (per accident)</b>	
Injury occurring during first certificate year	\$100	Repaired with crown	\$150
Injury occurring after first certificate year	\$400	Resulting in extraction	\$50
<b>TENDONS/LIGAMENTS</b> (within 60 days; surgical repair within 90 days). If the insured fractures a bone or dislocates a joint, the amount paid will be based on the number (single or multiple) of tendons or ligaments repaired. We will only pay one benefit.		<b>BURNS (treatment within 72 hours and based on percent of body surface burned):</b>	
	\$400 (Single) \$600 (Multiple)	<b>Second-Degree Burns</b>	
		Less than 10%	\$100
		At least 10%, but less than 25%	\$200
		At least 25%, but less than 35%	\$500
		35% or more	\$1,000
<b>TORN KNEE CARTILAGE</b> (treatment within 60 days; surgical repair within one year)		<b>Third-Degree Burns</b>	
Injury occurring during first certificate year	\$100	Less than 10%	\$500
Injury occurring after first certificate year	\$400	At least 10%, but less than 25%	\$3,000
		At least 25%, but less than 35%	\$7,000
		35% or more	\$10,000
<b>EYE INJURIES</b>		<b>First-degree burns are not covered.</b>	
Treatment and surgical repair within 90 days	\$250	<b>LACERATIONS (treatment and repair within 72 hours):</b>	
Removal of foreign body	\$50	Under 2" long	\$50
		2" to 6" long	\$200
		Over 6" long	\$400
		Lacerations not requiring stitches	\$25
<b>CONCUSSION</b> (a head injury resulting in electroencephalogram abnormality)		Multiple Lacerations: We will pay for the largest single laceration requiring stitches.	
	\$200		
<b>COMA (lasting 30 days or more)</b>			
	\$10,000		

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## ADDITIONAL BENEFITS

	EMPLOYEE//SPOUSE//CHILD
<b>AMBULANCE</b> 	\$100
<b>AIR AMBULANCE</b> If an insured requires transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a Covered Accident, we will pay the amount shown.	\$500
<b>BLOOD/PLASMA</b> If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown.	\$100
<b>APPLIANCES</b> We will pay this benefit when an insured is advised by a physician to use a medical appliance due to injuries received in a Covered Accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.	\$100
<b>INTERNAL INJURIES</b> (resulting in open abdominal or thoracic surgery)	\$1,000
<b>ACCIDENT FOLLOW-UP TREATMENT</b> We will pay this benefit for up to six treatments per Covered Accident, per insured for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident, and the follow-up treatment must begin within 30 days of the Covered Accident or discharge from the hospital. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.	\$25
<b>EXPLORATORY SURGERY</b> [without repair (i.e., arthroscopy)]	\$250
<b>PROSTHESIS</b> If an insured requires the use of a prosthetic device due to injuries received in a Covered Accident, we will pay this benefit. Hearing aids, wigs, or dental aids, including but not limited to false teeth, are not covered.	\$500
<b>PHYSICAL THERAPY</b> We will pay this benefit for up to six treatments per Covered Accident, per insured for treatment from a physical therapist. The insured must have received initial treatment within 72 hours of the accident, and physical therapy must begin within 30 days of the Covered Accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.	\$25
<b>TRANSPORTATION</b> If hospital treatment or diagnostic study is recommended by the insured's physician and is not available in the insured's city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the Covered Accident. The distance to the hospital must be greater than 50 miles from your residence.	\$300 (train/plane) \$150 (bus)
<b>FAMILY LODGING BENEFIT (per night)</b> If an insured is required to travel more than 100 miles from his or her home for inpatient treatment of injuries received in a Covered Accident, we will pay this benefit for an immediate adult family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. The treatment must be prescribed by the insured's local physician.	\$100
<b>WELLNESS BENEFIT (per 12-month period)</b> After 12 months of paid premium and while coverage is in force, we will pay this benefit for preventive testing once each 12-month period. Benefits include and are payable for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.	\$60

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

## LIMITATIONS AND EXCLUSIONS

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

### **WE WILL NOT PAY BENEFITS FOR LOSS, INJURY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM:**

- Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered when you are in such service.
- Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those that are not motor-driven.
- Participating or attempting to participate in an illegal activity or working at an illegal job.
- Committing or attempting to commit suicide, while sane or insane.
- Injuring or attempting to injure yourself intentionally.
- Having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
- Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, the Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common-Carrier Death Benefit.
- Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Participating in any professional or semiprofessional organized sport.
- Being legally intoxicated or under the influence of any narcotic, unless taken under the direction of a physician.
- Driving any taxi, or intrastate or interstate long-distance vehicle for wage, compensation, or profit.
- Mountaineering using ropes and/or other equipment, parachuting, or hang gliding.
- Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment, except as a result of a covered accident.

A doctor or physician does not include you or a member of your immediate family.

A hospital is not a nursing home, an extended-care facility, a convalescent home, a rest home or a home for the aged, a place for alcoholics or drug addicts, or a mental institution.

### **PRE-EXISTING CONDITION LIMITATION**

We will not pay benefits for a loss that is caused by, that is contributed to, or that results from a Pre-Existing Condition for 12 months after the Effective Date of your certificate and attached riders, as applicable.

**Pre-Existing Condition** means within the 12-month period prior to the Effective Date of a certificate and attached riders, as applicable: (1) those conditions for which medical advice or treatment was received or recommended, or (2) the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care, or treatment.

A claim for benefits for loss starting after 12 months from the Effective Date of a certificate and attached riders will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

**Treatment** means consultation, care, or services provided by a physician, including diagnostic measures, and taking prescribed drugs and medicines.

A certificate may have been issued as a replacement for a certificate previously issued under the plan. If so, then the Pre-Existing Condition Limitation provision of the certificate applies only to any increase in benefits over the prior certificate. Any remaining period of the Pre-Existing Condition Limitation of the prior certificate will continue to apply to the prior level of benefits.

**You** and **Your** refer to an employee as defined in the plan.

**Spouse** means the person married to you on the Effective Date of the rider. The rider may only be issued to your Spouse if your Spouse is between ages 18 and 64, inclusive. Coverage on your Spouse terminates when your Spouse attains age 70.

**Dependent Children** means your natural children, stepchildren, foster children, legally adopted children, or children placed for adoption, who are under age 26.

Your natural Children born after the Effective Date of the rider will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on Dependent Children will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his or her parent(s) for support, the above age 26 limitation shall not apply. Proof of such incapacity and dependency must be furnished to the company within 31 days following such child's 26th birthday.

### **YOU MAY CONTINUE YOUR COVERAGE**

Your coverage may be continued with certain stipulations. See certificate for details.

### **TERMINATION**

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force.

### **EFFECTIVE DATE**

The **Effective Date** for an employee is as follows: (1) An employee's insurance will be effective on the date shown on the Certificate Schedule, provided the employee is then actively at work. (2) If an employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his or her coverage will be the date on which such employee is first thereafter actively at work.

**Continental American Insurance Company is not aware of whether you receive benefits from Medicare, Medicaid, or a state variation. If you or a dependent are subject to Medicare, Medicaid, or a state variation, any and all benefits under the plan could be assigned. This means that you may not receive any of the benefits outlined in the plan. Please check the coverage in all health insurance plans you already have or may have before you purchase the insurance outlined in this summary to verify the absence of any assignments or liens.**

**Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage.**

# We've got you under our wing.®

aflacgroupinsurance.com | 1.800.433.3036

The certificate to which this sales material pertains is written only in English; the policy prevails if interpretation of this material varies.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company • Columbia, South Carolina

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of Policy Form Series CA7700-MP.

# Hospital Indemnity Insurance

Aenta | [www.myaetnasupplemental.com](http://www.myaetnasupplemental.com) | 800-607-3366

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits.

The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!

Hospital Indemnity Semi-Monthly Rates		
Premium	Low Plan	High Plan
Employee	\$4.67	\$13.75
Employee + Spouse	\$9.49	\$28.12
Employee + Children	\$7.40	\$21.76
Family	\$11.66	\$34.40



**Aetna Hospital Indemnity plan, administered by Aetna Life  
Insurance Company  
Federal Disclosure**

**IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

**Looking for comprehensive health insurance?**

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: **1-855-889-4325**) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 0615.







# Less stress

## Aetna Hospital Indemnity Plan

### Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, you can plan ahead to give yourself an extra financial cushion.

### What is the Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or unplanned hospital stay for an illness, injury, surgery or delivering a baby. It also pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

### How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with a stay in the hospital.

The Aetna Hospital Indemnity Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

### How can you use the cash benefits?

It's completely up to you. You can use the money any way you want, like paying for:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or for anything else **you** choose.

### Easy to use

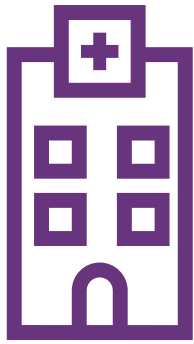
Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered stay in a hospital. And, benefits get paid directly to you by check or direct deposit.

**The Aetna Hospital Indemnity Plan is underwritten by Aetna Life Insurance Company (Aetna).**



## Because it happens

**\$1.24 trillion** was spent on hospital services in 2020. **60%-65%** of all bankruptcies are related to medical expenses<sup>1</sup>.



### Ready...or not

Carter\* is a hard worker, so he doesn't always slow down to listen to his body. Before he knew it, a little cough turned into pneumonia — and a hospital stay.

Good thing he had the Aetna Hospital Indemnity Plan. He filed his claim and the benefits were deposited right into his bank account.

That money helped make up for the time he missed while recovering, and paid some of his deductible. Now, he can focus more on his health.

## A Simplified Claims Experience™

Register on the **My Aetna Supplemental** app or on the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, and sign up for direct deposit.

Filing a claim is easy! Click "Report New Claim", answer a few quick questions, and upload or take a picture of your medical bill. You can also print and mail a paper claim form to Aetna Voluntary Plans.



<sup>1</sup>Debt.org. Hospital and Surgery Costs. October 2021. Available at: <https://www.debt.org/medical/hospital-surgery-costs/>. Accessed June 3, 2022.

\*This is a fictional example of how the plan could work.

## **THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.**

The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan. This insurance plan provides limited benefits. It pays fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. This material is for information only. Insurance plans contain exclusions and limitations. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features, rates, eligibility and availability may vary by location and are subject to change. For more information about Aetna plans, refer to **Aetna.com**.

**Policy forms issued in Missouri and Oklahoma include:** GR-96172 01, AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.



# Benefit Summary

City of Cedar Park

802404

## Aetna Hospital Indemnity

Insurance plans are underwritten by Aetna Life Insurance Company.

Here's an example of how the plan can help you:



Unless otherwise indicated, all benefits and limitations are per covered person.

**The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan with other fixed indemnity benefits. THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE PLANS ARE A SUPPLEMENT TO HEALTH INSURANCE AND ARE NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. These plans provide limited benefits. They pay fixed dollar benefits for covered services without regard to the health care provider's actual charges. These benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.**

THIS IS NOT A MEDICARE SUPPLEMENT (MEDIGAP) PLAN. If you are or will become eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available at [www.medicare.gov](http://www.medicare.gov).

**This is a summary of your benefits. See the plan documents for a complete description of the benefits, exclusions, limitations and conditions of coverage.**

**The policy, alone, does not meet Massachusetts Minimum Creditable Coverage standards.**

Inpatient benefits	Low	High
<b>Hospital stay - admission</b> Provides a lump sum benefit for the initial day of your stay in a non-ICU room of a hospital. <i>Maximum 1 stay per plan year</i>	\$500	\$1,500
<b>Hospital stay - daily</b> Pays a daily benefit, for each day of your stay in a non-ICU room of a hospital, beginning on day two. <i>Maximum 30 days per plan year</i>	\$50	\$150
<b>Hospital stay - (ICU) daily</b> Pays a daily benefit, for each day of your stay in an ICU room of a hospital, beginning on day two. <i>Maximum 30 days per plan year</i>	\$100	\$300
<b>Newborn routine care</b> Pays a lump sum benefit after the birth of your newborn with an inpatient stay. This would not pay for an outpatient birth.	\$100	\$200
<b>Observation unit</b> Pays a lump sum benefit for the initial day of your observation. <i>Maximum 1 day per plan year</i>	\$100	\$200
<b>Substance abuse stay - daily</b> Pays a daily benefit for each day you have a stay in a substance abuse treatment facility, beginning on day one. <i>Maximum 30 days per plan year</i>	\$50	\$150
<b>Mental disorder stay - daily</b> Pays a daily benefit for each day you have a stay in a mental disorder treatment facility, beginning on day one. <i>Maximum 30 days per plan year</i>	\$50	\$150
<b>Rehabilitation unit stay - daily</b> Pays a daily benefit for each day of your stay in a rehabilitation unit immediately after your hospital stay, beginning on day one. <i>Maximum 30 days per plan year</i>	\$25	\$75

**Important note:**  
**All daily stay benefits count toward the combined plan year maximum.**

## Portability

If your employment ends, and as a result your coverage under the policy ends, you can choose to continue your coverage by enabling the portability provision in your coverage. Such coverage will be available to you and any of your covered dependents.

## Waiver of Premium

If you are in a hospital for more than 30 days in a row, we will waive the premium beginning on the first premium due date that occurs after the 30<sup>th</sup> day of your stay, through the next 6 months of coverage. During your stay, you must remain employed with the policyholder.

## Hospital Indemnity Exclusions & Limitations

This plan has exclusions and limitations. Refer to the actual policy and booklet certificate to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. **However, the plan may contain exceptions to this list based on state mandates or the plan design purchased. Benefits will not be paid for any service for an illness or accidental injury related to the following:**

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving
2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment
3. Act of war, riot, war
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not
5. Assault, felony, illegal occupation or other criminal act
6. Care provided by a spouse, parent, child, sibling or any other household member
7. Cosmetic services and plastic surgery, with certain exceptions
8. Custodial care
9. Hospice services, except as specifically provided in the benefits under your plan section of the certificate
10. Self-harm, suicide, except when resulting from a diagnosed disorder
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle
12. Care or services received outside the United States or its territories
13. Education, training or retraining services or testing
14. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant
15. Exams except as specifically provided in the Benefits under your plan section of the certificate
16. Dental and orthodontic care and treatment
17. Family planning services
18. Any care, prescription drugs and medicines related to infertility
19. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins
20. Outpatient cognitive rehabilitation, physical therapy, occupational therapy or speech therapy for any reason
21. Vision-related care



## Frequently asked questions (FAQs) about the Hospital Indemnity plans

### **Can I enroll in the Aetna Hospital Indemnity plan even though I have a Health Savings Account (HSA)?**

Yes, you can still enroll in the Aetna Hospital Indemnity plan if you have a Health Savings Account.

### **What is considered a hospital stay?**

A stay is a period during which you are admitted as an inpatient; and are confined in a hospital, non-hospital residential facility, or rehabilitation facility; and are charged for room, board and general nursing services. A stay does not include time in the hospital because of custodial or personal needs that do not require medical skills or training. A stay specifically excludes time in the hospital for observation or in the emergency room unless this leads to a stay.

### **What happens if I lose my employment? Can I take the Hospital Indemnity Plan with me?**

Yes, you are able to continue coverage under the portability provision; however, you will need to pay premiums directly to Aetna.

### **How do I file a claim?**

Go to **[www.aetnavoluntaryforms.com](http://www.aetnavoluntaryforms.com)** to find your benefit claim form. Use the "Online claims process" link to fill out the form and submit your claim. You can also print/mail in form(s) to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079, or you can ask us to mail a printed form.

### **What should I do in an emergency?**

In an emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

### **What if I don't understand something I've read here, or have more questions?**

We want you to understand these benefits before you decide to enroll. Reach out to us. Call toll-free at **1-800-607-3366**, Monday through Friday, 8 a.m. to 6 p.m. We're here to answer questions before and after you enroll.

## Important Information about your benefits

**IN ORDER FOR THE HOSPITAL INDEMNITY BENEFITS TO BE PAYABLE, THE INITIAL DAY OF YOUR STAY AND OTHER SERVICES MUST BE ON OR AFTER YOUR EFFECTIVE DATE OF COVERAGE.**

### **Complaints and appeals**

Please tell us if you are not satisfied with a response you received from us or with how we do business. Call Member Services to file a verbal complaint or to ask for the address to mail a written complaint. You can also email Member Services through the secure member website. If you're not satisfied after talking to a Member Services representative, you can ask us to send your issue to the appropriate department. If you don't agree with a denied claim, you can file an appeal. To file an appeal, follow the directions in the letter or explanation of benefits statement that explains that your claim was denied. The letter also tells you what we need from you and how soon we will respond.

### **We protect your privacy**

We consider personal information to be private. Our policies protect your personal information from unlawful use. By "personal information," we mean information that can identify you as a person, as well as your financial and health information. Personal information does not include what is available to the public. For example, anyone can access information about what the plan covers. It also does not include reports that do not identify you.

When necessary for your care or treatment, the operation of our health plans or other related activities, we use personal information within our company, share it with our affiliates and may disclose it to: your doctors, dentists, pharmacies, hospitals and other caregivers, other insurers, vendors, government departments and third-party administrators (TPAs).

We obtain information from many different sources —particularly you, your employer or benefits plan sponsor if applicable, other insurers, health maintenance organizations or TPAs, and health care providers.

These parties are required to keep your information private as required by law. Some of the ways in which we may use your information include: Paying claims, making decisions about what the plan covers quality assessment activities to improve our plans and audits

We consider these activities key for the operation of our plans. When allowed by law, we use and disclose your personal information in the ways explained above without your permission. Our privacy notice includes a complete explanation of the ways we use and disclose your information. It also explains when we need your permission to use or disclose your information.

We are required to give you access to your information. If you think there is something wrong or missing in your personal information, you can ask that it be changed. We must complete your request within a reasonable amount of time. If we don't agree with the change, you can file an appeal.

If you'd like a copy of our privacy notice, call **1-800-607-3366** or visit us at **[www.aetna.com](http://www.aetna.com)**.

If you require language assistance, please call Member Services at 1-800-607-3366 and an Aetna representative will connect you with an interpreter. If you're deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you're calling.

Si usted necesita asistencia lingüística, por favor llame al Servicios al Miembro a 1-800-607-3366, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.

**ATTENTION MASSACHUSETTS RESIDENTS:** As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at **1-877-MA-ENROLL (1-877-623-6765)** or visit the Connector website (**[www.mahealthconnector.org](http://www.mahealthconnector.org)**). THIS POLICY, ALONE, DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling **617-521-7794** or visiting its website at **[www.mass.gov/doi](http://www.mass.gov/doi)**.

#### **Financial sanctions exclusions**

If benefits provided under this certificate violate or will violate any economic or trade sanctions, the coverage will be invalid immediately. For example, we cannot pay group benefits if it violates a financial sanction regulation. This includes sanctions related to a person or a country under sanction by the United States, unless it is allowed under a written license from the Office of Foreign Asset Control (OFAC). You can find out more by visiting **[www.treasury.gov/resource-center/sanctions/Pages/default.aspx](http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx)**.

#### **Plans are underwritten by Aetna Life Insurance Company (Aetna).**

This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **[www.aetna.com](http://www.aetna.com)**.

#### **Hospital Indemnity Policy forms issued in Idaho, Oklahoma and Missouri include:**

AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.

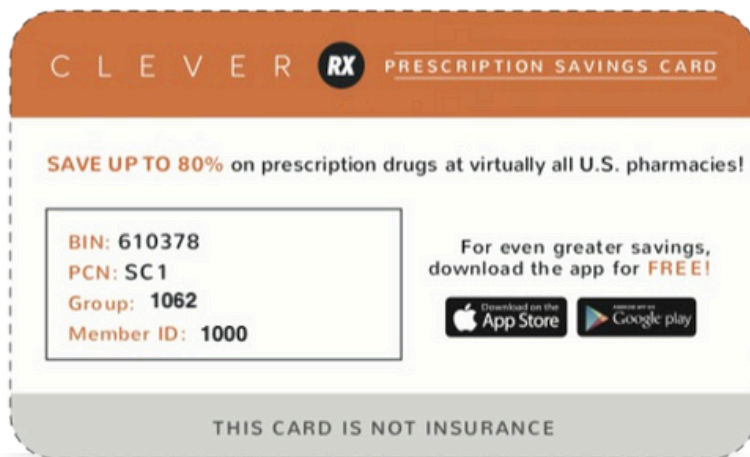


# Clever RX

Clever RX | <https://partner.cleverrx.com/ffga> | 800-873-1195

Clever RX helps you save money by using a prescription drug savings card. They partner with the healthcare community to bring state-of-the-art, money-savings tools to participants. It helps you save up to 80% off prescriptions drugs and often beats the average copay. Plus, it's completely free. Thanks to Clever RX, you will never overpay for prescriptions again!

*Use Clever RX every time you pay for a medication for instant savings!*



Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.

## Clever RX Highlights

- 100% FREE to use.
- Unlock discounts on thousands of medications.
- Save up to 80% on prescription medication – Often beats your copay!
- Download the Clever RX app by using the information on your card to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

# Carrier Contact Information

Product	Carrier	Website	Phone
Medical	United Health Care	<a href="http://www.myuhc.com">www.myuhc.com</a>	866-633-2446
HSA	HSA Bank	<a href="http://www.hsabank.com">www.hsabank.com</a>	800-357-6246
Dental	Delta Dental	<a href="http://www.detladental.com">www.detladental.com</a>	800-521-2651
Vision	Eyemed	<a href="http://www.eyemed.com">www.eyemed.com</a>	866-723-0513
Basic Life and AD&D	Securian Financial Group	<a href="http://www.lifebenefits.com">www.lifebenefits.com</a>	800-392-7295
Disability	Madison Life Group	<a href="http://www.madisonlife.com">www.madisonlife.com</a>	800-356-9601 ext. 2410
Legal	Securian Financial Group	<a href="http://www.lifebenefits.com/lgf">www.lifebenefits.com/lgf</a>	877-849-6034
EAP	Neely	<a href="http://www.neelyeap.helpwhereyouare.com">www.neelyeap.helpwhereyouare.com</a>	86-212-6096
Medical FSA and Dependent Care	First Financial Amdinistator, INC	<a href="http://www.ffga.com">www.ffga.com</a>	866-853-3539
Permanent Life	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	800-283-9233
Cancer	Allstate	<a href="http://www.allstatebenefits.com">www.allstatebenefits.com</a>	800-521-3535
Critical Illness	Aflac	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	800-433-3036
Accident	Aflac	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	800-433-3036
Hospital Indemnity	Aetna	<a href="http://www.myaetnasupplemental.com">www.myaetnasupplemental.com</a>	800-607-336