

# EMPLOYEE **BENEFITS** GUIDE



**ONYX HEALTH**  
Union Guide

# 2026



ONYX HEALTH

# INTRODUCTION

## SUCCESS THROUGH PEOPLE.

As an employee of Onyx Health, your health and wellbeing are of the utmost importance to our organization. The health, satisfaction and peace of mind of you and your family are vitally important to helping all of us achieve our goals.

Your employer has worked hard to offer a competitive total rewards package for our staff for the 2026 plan year. This includes valuable and competitive health benefits. These programs reflect our commitment to keeping our staff healthy and secure.

We understand that each employee's situation is unique, and your employer is offering an overall benefits package with several options. These options can be chosen by you to fit your individual needs.

We hope this enrollment booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

– Your HR Team





ONYX HEALTH

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# KEY TERMS

## TO REMEMBER

### COINSURANCE

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

### DEDUCTIBLE

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

### COPAY & COINSURANCE

A copay is a flat fee that you pay toward the cost of covered medical services. Coinsurance is a percentage that you pay for covered services while your insurance picks up the rest of the bill.

### IN-NETWORK

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

### OUT-OF-NETWORK

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

### OUT-OF-POCKET MAXIMUM

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

### GUARANTEED ISSUE

Plans with a guaranteed issue are plans that can not turn you down due to your health. Some of your other benefits have a guaranteed issue, though that may only be to a certain dollar amount over which you may need to provide evidence of insurability.

### USUAL, CUSTOMARY AND REASONABLE (UCR) ALLOWANCE

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

# OVERVIEW OF BENEFITS

ELIGIBILITY  
BENEFIT TERM  
QUALIFYING EVENTS

## ELIGIBILITY

Employees must work a minimum of 30 hours per week in order to be eligible for the plans. Employees are eligible after 60 days. Terminations due to termination of employment are effective as of employees' last day worked. You can elect medical, dental, and vision coverage for your spouse and dependent/adult children up to 26 years old. Your employer reserves the right to request proof of marriage and birth certificates in order to add dependents.

## WHEN COVERAGE BEGINS AND ENDS

Your benefits become effective the 1st of the month following 60 days of hire provided you've submitted a completed enrollment with a benefit counselor within 30 days of your benefits effective date. Any applicable waiting periods or additional exceptions are covered under each benefit description.

Your coverage under the benefits plans will end the date on your last day worked, the day you no longer meet the plan's eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

## QUALIFYING EVENTS

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

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

## THINGS TO CONSIDER

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

Ask yourself the following questions

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

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

## DISCLAIMER

This enrollment booklet is a summary description of your benefits. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment. These plans are provided by your employer and employer's insurance broker. Although every effort has been made to provide complete and accurate information, we make no warranties, express or implied, or representations as to the accuracy of content on this booklet. We assume no liability or responsibility for any error or omissions in the information contained in the booklet.

# MEDICAL BENEFITS



The following is a brief outline of benefits offered by your employer.  
Refer to the carrier summaries for a comprehensive overview.

|                                                         | PLAN A                          | PLAN B                           | PLAN C                          | PLAN D                          |
|---------------------------------------------------------|---------------------------------|----------------------------------|---------------------------------|---------------------------------|
| <b>Basic Plan Details</b>                               |                                 |                                  |                                 |                                 |
| <b>Deductible</b><br>Individual / Family                | \$2,000 / \$4,000               | \$3,000 / \$6,000                | \$5,000 / \$10,000              | \$1,000 / \$2,000               |
| <b>Max Out-of-Pocket</b><br>Individual / Family         | \$7,000 / \$14,000              | \$7,000 / \$14,000               | \$7,000 / \$14,000              | \$7,000 / \$14,000              |
| <b>Primary care visit to treat an injury or illness</b> | \$30 co-pay/ visit*             | \$40 co-pay/ visit*              | \$25 co-pay/ visit*             | \$25 co-pay/ visit*             |
| <b>Specialist visit</b>                                 | \$50 co-pay/ visit*             | \$60 co-pay/ visit*              | \$60 co-pay/ visit*             | \$45 co-pay/ visit*             |
| <b>Preventive care/ screening/ immunization</b>         | No Charge                       | No Charge                        | No Charge                       | No Charge                       |
| <b>Diagnostic test blood work</b>                       | \$0 co-pay/ visit*              | \$0 co-pay/ visit*               | \$0 co-pay/ visit*              | \$0 co-pay/ visit*              |
| <b>Diagnostic test x-ray</b>                            | \$50 co-pay/ visit*             | \$50 co-pay/ visit*              | \$50 co-pay/ visit*             | \$0 co-pay/ visit*              |
| <b>Imaging</b> (CT/PET scans, MRIs)                     | \$200 co-pay/ visit*            | \$200 co-pay/ visit*             | \$200 co-pay/ visit*            | \$100 co-pay/ visit*            |
| <b>Outpatient Surgery</b>                               |                                 |                                  |                                 |                                 |
| <b>Facility fee</b>                                     | 0% coinsurance after deductible | 20% coinsurance after deductible | 0% coinsurance after deductible | 0% coinsurance after deductible |
| <b>Physician/surgeon fees</b>                           | \$50 co-pay/ Visit              | \$40 co-pay/ Visit               | \$60 co-pay/ Visit              | \$45 co-pay/ Visit              |
| <b>Immediate Medical Attention</b>                      |                                 |                                  |                                 |                                 |
| <b>Emergency room care</b>                              | \$350 co-pay/ Visit*            | \$350 co-pay/ Visit*             | \$300 co-pay/ Visit*            | \$150 co-pay/ Visit*            |
| <b>Emergency medical transportation</b>                 | \$350 co-pay/ Visit*            | \$350 co-pay/ Visit*             | \$350 co-pay/ Visit*            | \$150 co-pay/ Visit*            |
| <b>Urgent care</b>                                      | \$50 co-pay/ visit*             | \$50 co-pay/ visit*              | \$50 co-pay/ visit*             | \$45 co-pay/ visit*             |
| <b>Hospital Stay</b>                                    |                                 |                                  |                                 |                                 |
| <b>Facility fee (e.g., hospital room)</b>               | 0% coinsurance after deductible | 20% coinsurance after deductible | 0% coinsurance after deductible | 0% coinsurance after deductible |
| <b>Physician/surgeon fees</b>                           | 0% coinsurance after deductible | 20% coinsurance after deductible | 0% coinsurance after deductible | 0% coinsurance after deductible |

\* deductible doesn't apply

|                                           | PLAN A                                                                                                  |                | PLAN B                           |                | PLAN C                          |                | PLAN D                          |                |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------|----------------------------------|----------------|---------------------------------|----------------|---------------------------------|----------------|
| Basic Plan Continued                      | In Network                                                                                              | Out of Network | In Network                       | Out of Network | In Network                      | Out of Network | In Network                      | Out of Network |
|                                           | Prescription Coverage (More information about prescription drug coverage is available at 877-647-4026.) |                |                                  |                |                                 |                |                                 |                |
| Generic retail                            | \$10 co-pay                                                                                             | Not Covered    | \$10 co-pay                      | Not Covered    | \$10 co-pay                     | Not Covered    | \$10 co-pay                     | Not Covered    |
| Generic mail order                        | \$20 co-pay                                                                                             | Not Covered    | \$20 co-pay                      | Not Covered    | \$20 co-pay                     | Not Covered    | \$20 co-pay                     | Not Covered    |
| Preferred brand retail                    | \$50 co-pay                                                                                             | Not Covered    | \$50 co-pay                      | Not Covered    | \$50 co-pay                     | Not Covered    | \$50 co-pay                     | Not Covered    |
| Preferred brand mail order                | \$100 co-pay                                                                                            | Not Covered    | \$100 co-pay                     | Not Covered    | \$100 co-pay                    | Not Covered    | \$100 co-pay                    | Not Covered    |
| Non-preferred brand retail                | \$80 co-pay                                                                                             | Not Covered    | \$80 co-pay                      | Not Covered    | \$80 co-pay                     | Not Covered    | \$80 co-pay                     | Not Covered    |
| Non-preferred brand mail order            | \$160 co-pay                                                                                            | Not Covered    | \$160 co-pay                     | Not Covered    | \$160 co-pay                    | Not Covered    | \$160 co-pay                    | Not Covered    |
| Specialty retail                          | \$80 co-pay                                                                                             | Not Covered    | \$80 co-pay                      | Not Covered    | \$80 co-pay                     | Not Covered    | \$80 co-pay                     | Not Covered    |
| Pregnancy                                 |                                                                                                         |                |                                  |                |                                 |                |                                 |                |
| Office visits                             | \$30 co-pay/ 1st Visit*                                                                                 |                | \$40 co-pay/ 1st Visit*          |                | \$30 co-pay/ 1st Visit*         |                | \$25 co-pay/ 1st visit*         |                |
| Childbirth/delivery professional services | 0% coinsurance after deductible                                                                         |                | 20% coinsurance after deductible |                | 0% coinsurance after deductible |                | 0% coinsurance after deductible |                |
| Childbirth/delivery facility services     | 0% coinsurance after deductible                                                                         |                | 20% coinsurance after deductible |                | 0% coinsurance after deductible |                | 0% coinsurance after deductible |                |
| Mental Health Care                        |                                                                                                         |                |                                  |                |                                 |                |                                 |                |
| Outpatient services                       | \$50 co-pay/ visit*                                                                                     |                | \$40 co-pay/ visit*              |                | \$60 co-pay/ visit*             |                | \$45 co-pay/ visit*             |                |
| Inpatient services                        | 0% coinsurance after deductible                                                                         |                | 20% coinsurance after deductible |                | 0% coinsurance after deductible |                | 0% coinsurance after deductible |                |
| Recovery Assistance                       |                                                                                                         |                |                                  |                |                                 |                |                                 |                |
| Home health care                          | \$50 co-pay/ Visit*                                                                                     |                | \$40 co-pay/ Visit*              |                | \$60 co-pay/ Visit*             |                | \$45 co-pay/ Visit*             |                |
| Rehabilitation services                   | \$50 co-pay/ Visit*                                                                                     |                | \$40 co-pay/ Visit*              |                | \$60 co-pay/ Visit*             |                | \$45 co-pay/ Visit*             |                |
| Habilitation services                     | \$50 co-pay/ Visit*                                                                                     |                | \$40 co-pay/ Visit*              |                | \$60 co-pay/ Visit*             |                | \$45 co-pay/ Visit*             |                |
| Skilled nursing care                      | 0% coinsurance after deductible                                                                         |                | 20% coinsurance after deductible |                | 0% coinsurance after deductible |                | 0% coinsurance after deductible |                |
| Durable medical equipment                 | 0% coinsurance after deductible                                                                         |                | 20% coinsurance after deductible |                | 0% coinsurance after deductible |                | 0% coinsurance after deductible |                |
| Hospice services                          | 0% coinsurance after deductible                                                                         |                | 20% coinsurance after deductible |                | 0% coinsurance after deductible |                | 0% coinsurance after deductible |                |

\* deductible doesn't apply



# CLAIM WATCHER BENEFITS



## Onyx Health Employees,

This document provides helpful information concerning accessing and using your health benefits.

Your health plan is an Open Access arrangement which allows members access to any provider **regardless** of network participation. The plan separates claims & providers into three categories: Professional Claims, Facility Claims, & Pharmacy Claims

### Professional Claims

1. Providers: The following providers fall under this category: Primary Care Doctor, OB/GYN, Specialist, & Chiropractor
2. Network Access: MultiPlan® Private Health Care Systems (PHCS) Practitioner and Ancillary Network will be the Preferred Provider Organization (PPO) for all "professional claims". This does not apply to facility-based claims such as Freestanding facilities or Hospitals. Members can search providers in the MultiPlan® PHCS network via:  
Website: <https://www.multiplan.com/webcenter/portal/ProviderSearch>.
  - Click on the "For Health Plan Members" button
  - Select "Find a Provider"
  - Select "PHCS" and then Select "Physician and Ancillary" network
  - Follow the prompts to enter your search criteria

Phone: Call the Benefit Customer Service number **877-952-7427** located on your Medical ID Card or call **866-930-7427**.

3. Non-Network Providers: The plan also allows access to non-network providers. If your provider does not participate in MultiPlan® PHCS Physician and Ancillary network, the plan will still reimburse the provider for covered services and the member will only be obligated to pay the applicable co-pay. In this situation, contact UHP Administrators at 855-375-7125 to make payment arrangements with the provider. Members are only responsible to pay all cost sharing as outlined in benefit summary. This includes any applicable co-pay, deductible or co-insurance. Refer to your Explanation of Benefits (EOB) for payment due.

### Facility Claims

1. Providers: The following providers fall under the category of Facility Claims, Hospital: Inpatient and Outpatient Services, Freestanding Ambulatory Surgery Centers, Emergency Room, & Urgent Care Centers.
2. Network / Non-Network Providers: There is NO specific network associated with Facility Claims. The plan will reimburse any provider for covered services and the member will only be held responsible for applicable cost sharing amounts (i.e. co-pay or deductible and co-insurance).

**If the provider refuses to accept this insurance or has questions regarding the insurance, please call UHP Administrators Customer Service 855-375-7125 and plan information will be verified to the provider. Additionally, providers can call UHP Administrators Customer Service to address reimbursement questions on claims.**

### Pharmacy Claims

The Pharmacy benefits are managed through MedTipster

**Any questions concerning Rx eligibility or benefits, please call MedTipster Customer Service line – 877-226-2378.**

Please provide the plan information and member ID (which appears on ID card) to verify eligibility.

The plan will reimburse providers for covered services. The member is still responsible for applicable co-pays, deductible and co-insurance as described in the benefit summary. Under the plan, the member will have NO obligation to any balance billing arising from covered services. Should the member receive a balance bill, please contact **Claim Watcher Customer Service at 844-307-6755**. You will be asked to forward a copy of the balance bill to Claim Watcher. The team at Claim Watcher will take over handling the balance billing so that the provider is properly reimbursed, and member will not receive further correspondence from the provider as long as they have promptly paid their required co-pays, deductibles and co-insurance as outlined in the benefit summary.

**How to File a Claim:** All claims, network or non-network, should be submitted to the address on back of ID card:

**UHP Management  
P.O. Box 190394  
Brooklyn, NY 11219**





# CLAIM WATCHER BENEFITS

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

Are you concerned about an upcoming appointment?

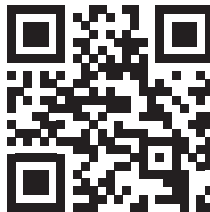
Need help finding a provider? Call us on the customer service line at (855) 375 - 7125 We'll be with you every step of the way!

To get started,

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

<https://www.multiplan.com/webcenter/portal/ProviderSearch> If you find your doctor, you are all set! Your provider participates with the PHCS Practitioner & Ancillary network program. The directory indicates the affiliation of the provider. Please mention the appropriate logo on your ID card when scheduling an appointment after your plan's effective date.

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



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

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

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

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

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

# DENTAL BENEFITS



In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

|                                                                                                              | Low          | High        |
|--------------------------------------------------------------------------------------------------------------|--------------|-------------|
| <b>Dental Benefits</b>                                                                                       |              |             |
| <b>Deductible:</b> excludes orthodontia services<br>Individual / Family                                      | \$50 / \$100 | \$25 / \$50 |
| <b>Annual Maximum Benefit</b><br>(Basic & Major only) Per Person                                             | \$1,250      | \$2,250     |
| <b>In-Network</b>                                                                                            |              |             |
| <b>Diagnostic &amp; Preventative Services*</b><br>(Exams, Cleanings, X-Rays, Sealants and Space Maintainers) | 100%         | 100%        |
| <b>Basic Services</b><br>(Fillings, Simple Extractions and Denture Repair/Reline/Rebase)                     | 80%          | 90%         |
| <b>Endodontics</b><br>(Root Canals)                                                                          | 80%          | 90%         |
| <b>Periodontics</b><br>(Surgical and Non-Surgical Periodontics)                                              | 80%          | 90%         |
| <b>Oral Surgery</b>                                                                                          | 80%          | 90%         |
| <b>Major Services</b><br>(Crowns, Inlays, Onlays and Cast Restorations)                                      | 50%          | 60%         |
| <b>Prosthodontics</b><br>(Bridges and Dentures)                                                              | 50%          | 60%         |
| <b>Implants</b><br>(Implant Services)                                                                        | 50%          | 60%         |
| <b>Orthodontia*</b>                                                                                          |              |             |
| <b>Adults and Dependent Children</b>                                                                         | Not Covered  | 50%         |
| <b>Orthodontia lifetime max</b>                                                                              | Not Covered  | \$1,500     |

\*Deductible waived for Diagnostic & Preventive and Orthodontia if covered.

Register your account with Delta Dental to help stay in-network & save money.



1. Go to [deltadentalins.com](http://deltadentalins.com) then scroll down and click "Find a Dentist"
2. Enter your Zip Code & select "Delta Dental PPO"
3. Click "Find a Dentist"
4. Review a map of dentist offices in your area.

The DeltaVision plan managed by VSP includes thousands of professionally certified optometrists and ophthalmologists who offer comprehensive vision exams and ways to purchase glasses or contacts in office.

|                                                                                                                                                                                                                  | In-Network Coverage                                                                                                                                                                                                                                                                                                                                                                                          | Frequency |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Benefits                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                              |           |
| WellVision Exam                                                                                                                                                                                                  | \$10 copay                                                                                                                                                                                                                                                                                                                                                                                                   | 12 months |
| Frame and/or Lens Copay                                                                                                                                                                                          | \$25 copay                                                                                                                                                                                                                                                                                                                                                                                                   | 24 months |
| Glasses                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                              |           |
| Frame                                                                                                                                                                                                            | <div>\$150 frame allowance<ul style="list-style-type: none"><li>• \$150 Walmart/Sam’s Club frame allowance</li><li>• \$80 Costco® frame allowance</li><li>• 20% savings on any amount over your allowance</li></ul></div>                                                                                                                                                                                    | 24 months |
| Lenses                                                                                                                                                                                                           | <ul style="list-style-type: none"><li>• Standard progressive lenses: \$0</li><li>• Impact-resistant lenses for dependent children: \$0</li><li>• Premium progressive: \$95 - \$105</li><li>• Custom progressive: \$150 - \$175</li><li>• Anti-reflective coating: \$41 - \$85</li><li>• Light-reactive: \$75</li><li>• Tints: \$15 - \$17 (plastic only)</li><li>• Scratch resistant coating: \$17</li></ul> | 12 months |
| Contact Lenses (instead of glasses)                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                              |           |
| Elective contact lens exam (fitting and evaluation)                                                                                                                                                              | Up to \$60 copay                                                                                                                                                                                                                                                                                                                                                                                             | 12 months |
| Elective contact lenses                                                                                                                                                                                          | \$150 allowance                                                                                                                                                                                                                                                                                                                                                                                              |           |
| Visually necessary                                                                                                                                                                                               | Covered in full after \$25 copay                                                                                                                                                                                                                                                                                                                                                                             |           |
| Essential Medical Eye Care                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                              |           |
| Retinal imaging                                                                                                                                                                                                  | Covered in full for members with diabetes                                                                                                                                                                                                                                                                                                                                                                    | As needed |
| Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more |                                                                                                                                                                                                                                                                                                                                                                                                              |           |
| Extra discounts and savings                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                              |           |
| Glasses & sunglasses                                                                                                                                                                                             | 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.                                                                                                                                                                                                                                                          |           |
| Retinal screening                                                                                                                                                                                                | Max \$39 copay on routine retinal screening as an enhancement to a WellVision Exam                                                                                                                                                                                                                                                                                                                           |           |
| Laser vision correction                                                                                                                                                                                          | Average 15% off the regular price or 5% off the promotional price; discounts only available from VSP contracted facilities. Delta Dental offers up to 30% savings on LASIK procedures through QualSight. Call 855-248-2020 or visit <a href="https://qualsight.com/-delta-dental">qualsight.com/-delta-dental</a> for more information.                                                                      |           |

# GROUP Accident

# CHUBB®

Group accident insurance can help with medical or other costs associated with a covered accident or injury that your health insurance may not cover. With this coverage you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses. Coverage options are available for you, your spouse and eligible dependent children.

\*Benefits are per covered person per covered accident unless stated otherwise

**Accident emergency treatment** .....\$150

Emergency Room or Urgent Care

**Initial doctor visit**.....\$75

| Accidental Death     |  | Benefit Amount | Hospital/Facility Benefits  |                           |         |
|----------------------|--|----------------|-----------------------------|---------------------------|---------|
| Named insured        |  | \$50,000       | Standard Hospital Admission | (per admission)           | \$1,000 |
| Spouse               |  | \$50,000       | ICU Hospital Admission      | (per admission)           | \$1,750 |
| Dependent child(ren) |  | \$10,000       | Hospital Confinement        | (per day, up to 365 days) | \$250   |
| Common Carrier       |  |                | ICU Confinement             | (per day, up to 30 days)  | \$400   |
| Named insured        |  | \$200,000      | Rehab Confinement           | (per day, up to 30 days)  | \$150   |
| Spouse               |  | \$200,000      |                             |                           |         |
| Dependent child(ren) |  | \$40,000       |                             |                           |         |

| Additional Benefits             |                      | Up to maximum per instance | Additional Benefits                   |                                                 | Up to maximum per instance |
|---------------------------------|----------------------|----------------------------|---------------------------------------|-------------------------------------------------|----------------------------|
| Follow-up Treatment (per visit) | Up to 4 visits       | \$50                       | Fractures (up to)                     |                                                 | \$7,500                    |
| Ambulance (air)                 |                      | \$1,500                    | Herniated Disc Surgery                |                                                 | \$900                      |
| Ambulance (ground)              |                      | \$300                      | Knee Cartilage - Torn                 |                                                 | \$750                      |
| Appliance                       |                      | \$100                      | Lacerations                           |                                                 | \$50-\$600                 |
| Blood, Plasma, Platelets        |                      | \$400                      | Lodging                               | Per night, 100 or more miles, up to 30 nights   | \$200                      |
| Burns                           | Level 1              | \$1,000                    | Loss of hands, feet, sight            |                                                 | \$18,000                   |
|                                 | Level 2              | \$2,000                    | Loss of fingers or toes               |                                                 | \$2,100                    |
|                                 | Level 3              | \$15,000                   | Major Diagnostic Exam (CT, MRI, etc.) |                                                 | \$200                      |
|                                 | Skin Graft           | 50%                        | Pain Management                       |                                                 | \$150                      |
| Catastrophic accident           | Named insured        | \$50,000                   | Prosthetics                           |                                                 | \$1,250                    |
|                                 | Spouse               | \$50,000                   | Surgery                               | Abdominal, Cranial, & Thoracic                  | \$1,500                    |
|                                 | Dependent child(ren) | \$25,000                   |                                       | Hernia                                          | \$300                      |
|                                 | On or after age 70   | 50%                        | Tendon, Ligament, Rotator Cuff        |                                                 | \$900                      |
| Coma                            |                      | \$10,000                   | Therapy                               | Physical, Occupational, or Speech;Max 10 visits | \$45                       |
| Dislocation (separated joint)   |                      | \$6,000                    | Transportation                        | per trip, 100 or more miles;Max 3 trips         | \$600                      |
| Emergency dental work           | Crown                | \$300                      | Traumatic Brain Injury                |                                                 | \$375                      |
|                                 | Extraction           | \$100                      | Basic Wellness                        | One, per year 30 day waiting period             | \$50                       |
|                                 | Dentures             | \$300                      | X-Ray                                 |                                                 | \$60                       |
|                                 | Implants             | \$300                      |                                       |                                                 |                            |
| Eye injury                      |                      | \$300                      |                                       |                                                 |                            |
| Fractures (up to)               |                      | \$7,500                    |                                       |                                                 |                            |

Chubb Accident & Health's Critical Illness Insurance provides cash benefits for defined illnesses or specified diseases to help cover out-of-pocket medical and other non-medical expenses. Insureds can use the lump sum benefit payment for any purpose they choose: paying off deductibles, child care, transportation costs for themselves or family members, loss of income or any other financial need.

## Critical Illness Benefits

| Covered Conditions                                      | Pays a percentage of face amount |
|---------------------------------------------------------|----------------------------------|
| Benign Brain Tumor                                      | 100%                             |
| Breast Cancer Carcinoma In Situ                         | 100% of Face Amount              |
| Cancer (except skin cancer)                             | 100%                             |
| Carcinoma In Situ                                       | 25%                              |
| Coma                                                    | 100%                             |
| Coronary Artery Obstruction                             | 25%                              |
| End Stage Renal Failure                                 | 100%                             |
| Heart Attack                                            | 100%                             |
| Loss of Sight, Speech, or Hearing                       | 100%                             |
| Major Organ Failure                                     | 100%                             |
| Paralysis or Dismemberment                              | 100%                             |
| Stroke                                                  | 100%                             |
| Sudden Cardiac Arrest                                   | 100%                             |
| Skin Cancer Benefit - Payable once per insured per year | \$250                            |

### Recurrence Benefit

Benefits are payable for a subsequent diagnosis of Benign Brain Tumor, Cancer, Carcinoma In Situ, Coma, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, Stroke, or Sudden Cardiac Arrest. 25% of your Face Amount, as long as you were treatment free for at least 6 months. For a recurrence of Cancer, you can receive 100% of your Face Amount, as long as you were treatment free for 12 months and in complete remission.

25%

### Advocacy Package

**Physician Referrals** Ask the Expert Hotline provides 24 hour advice from experts about a particular medical condition. In-Depth Medical Review offers a full review of diagnosis and treatment plan.

### Additional Benefits

|                                                                                                                                                                                                                                                                                                                       |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>Basic Wellness Benefit</b> Payable once per calendar year after 30 day waiting period                                                                                                                                                                                                                              | \$50 |
| <b>Occupational Package</b> Benefits payable for HIV or Hepatitis B, C, or D, MRSA, Rabies, Tetanus, or Tuberculosis contracted on the job.                                                                                                                                                                           | 100% |
| <b>Childhood Conditions</b> Pays 100% of the dependent child face amount; Provides benefits for childhood conditions (Autism Spectrum Disorder; Cerebral Palsy; Congenital Birth Defects; Heart, Lung, Cleft Lip, Palate, etc; Cystic Fibrosis; Down Syndrome; Gaucher Disease; Muscular Dystrophy; Type 1 Diabetes). |      |

### Pre-Existing Conditions Limitation

Claims in the first 12 months, will not be covered if they may have resulted from a condition that existed in the 6 months prior to the start of your policy.

# DISABILITY Insurance

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration

## Long Term Disability Details

|                                 |                       |
|---------------------------------|-----------------------|
| Maximum Percentage of Income    | 60%                   |
| Monthly Benefit Maximum         | \$6,000               |
| Guaranteed Issue                | Full Benefit          |
| Elimination Period              | 180 Days              |
| Disability Definition           | 2 Year Own Occupation |
| Benefit Duration                | SSNRA                 |
| <b>Limitations</b>              |                       |
| Mental/Nervous                  | 24 Months             |
| Drug/Alcohol                    | 24 Months             |
| Self-Reported/Special Condition | 24 Months             |
| Pre-Existing                    | 3/12                  |

## Maximum Benefit Duration

Benefits will not extend beyond the longer of your Social Security Normal Retirement Age or Duration of Benefits below:

| Age at Disablement | Duration of Benefits |
|--------------------|----------------------|
| 61 or less         | 5 Years              |
| 62                 | 4 Years              |
| 63                 | 3 1/2 Years          |
| 64                 | 3 Years              |
| 65                 | 2 1/2 Years          |
| 66                 | 2 Years              |
| 67                 | 1 3/4 Years          |
| 68                 | 1 1/2 Years          |
| 69                 | 1 1/4 Years          |
| 70 or older        | 1 Year               |

## Short Term Disability Details

|                                       | 7/7 Plan                              | 14/14 Plan                            |
|---------------------------------------|---------------------------------------|---------------------------------------|
| Maximum Percentage of Income          | 60%                                   | 60%                                   |
| Monthly Benefit Maximum               | \$5,000                               | \$5,000                               |
| Guaranteed Issue                      | 60% of income up to \$4,000 per month | 60% of income up to \$4,000 per month |
| Elimination Period Sickness or Injury | 7 days                                | 14 days                               |
| Benefit Duration                      | 3 Month or 6 Month                    | 3 Month or 6 Month                    |
| Waiver of Premium                     | Yes                                   | Yes                                   |
| <b>Limitations</b>                    |                                       |                                       |
| Pre-Existing Conditions               | 12/12                                 | 12/12                                 |
| Pre or post tax:                      | POST                                  | POST                                  |

## Notes About Your Plan

### Guarantee issue

The first time this benefit is available to you, and your family automatically qualify for this benefit without having to answer health questions. If enrolling in a state with state disability, you must use dovetail and or overlap percentages.

### Pre-Existing Conditions

If you had Short Term Disability coverage prior to this enrollment, the pre-existing condition limitation counts the months you had the Colonial policy towards satisfying the pre-existing condition limitation under this policy. Claims in the first 12 months, will not be covered if they may have resulted from a condition that existed in the 12 months prior to the start of your policy.

### Portability

This coverage is fully portable which means you can take it with you when you leave the company and it continues with no change in its terms as long as you pay your premium.

**Organ Donation** - Disabilities due to an organ donation are covered as a sickness and the elimination period is waived.

Protect those you love from financial hardship. Life insurance pays a benefit directly to any beneficiaries you choose, such as your spouse, partner, children or other loved ones. In part, Life insurance may help provide replacement income for your family.

## Group Supplemental & Dependent Life / AD&D Insurance

| Benefit Amount         |                                                                                     |
|------------------------|-------------------------------------------------------------------------------------|
| Employee Life and AD&D | Maximum of \$500,000<br>in \$10,000 increments                                      |
| Spouse and AD&D:       | Maximum of \$250,000<br>\$5,000 increments<br>Not to exceed 50% of employee amount. |
| Child(ren) and AD&D    | Birth but less than 6 months: \$500<br>6 months through age 26: \$10,000.           |
| Guaranteed Issue       |                                                                                     |
| Employee               | \$250,000                                                                           |
| Spouse                 | \$50,000                                                                            |
| Child(ren)             | \$10,000                                                                            |

### Guaranteed Issue

The first time this benefit is available to you, to the amounts listed, you and your family automatically qualify for this benefit without having to answer health questions. You will continue to carry this for as long as you maintain the policy.

### Waiver of Premium

Premiums may be waived if you should become disabled.

### Portability of Coverage

You may be able to keep your insurance if you later become ineligible such as by leaving the group.

### Convertible

You may be able to convert your coverage to an individual insurance policy, without having to furnish proof of good health.



Cancer Advocate Plus is a personal, precise, proactive, and confidential solution for employees to manage their health that goes beyond what you expect from supplemental health insurance, combining financial protection and cancer care.

Chubb partnered with healthŌme to introduce the first-of-its-kind, genomics based insurance, designed to help save lives. This coverage offers unique cancer prevention, treatment management, & recovery support in addition to cash benefits.

## All Cancer Is a Result of Genetic Alteration

### How Do People Get Cancer?

People get cancer by inheriting cancer-causing genetic mutations and/or acquiring mutations that lead to changes in DNA.

### What's One of the Best Ways to Treat Cancer?

One of the best ways is by identifying cancer-causing mutations and pairing the specific cancer mutations with the latest precision treatments.

## Cancer Advocate Plus Pays Cash Benefits

|                                              |         |
|----------------------------------------------|---------|
| Payment Upon Diagnosis of Cancer             | \$5,000 |
| Recovery Payment (6 Months After Diagnosis)  | \$5,000 |
| Recovery Payment (12 Months After Diagnosis) | \$5,000 |

## How Does Cancer Advocate Plus Work?

### Proactive Cancer Screening

#### Heritable Cancer Risk Screening

If an employee understands the changes in their genes known to increase the risk of cancer, they can better manage their risk and seek a diagnosis early.

#### Pharmacogenomic Testing (PGx)

PGx indicates how employees will respond to medications and identifies optimal drugs and dosages to avoid adverse reactions and medical trial and error.

#### Genetic Counseling & Action Plan

Genetic Counselors explain results and empower employees to take control of their health.

### Cancer Management

#### Oncology Nurse Advocates

Explain the diagnosis, advocate on employee's behalf and partner with doctors to act on genetic information.

#### Expert Medical Review

A review of relevant medical records and genetic test results by cancer experts.

#### Genetic Tumor Testing

Molecular diagnostic tests are used to define personalized treatments.

#### Clinical Trial Enrollment

Comprehensive clinical trial search and enrollment support.

#### Precision Treatment Report

Shares actionable insights with the treating physician and grants access to the experts who created it.

### Cancer Recovery

#### Recurrence Monitoring

Testing designed to identify early signs of recurrent cancer.

### Education & Resources

#### healthŌme Portal

A collection of videos and reference materials about genetics and cancer.

You work hard to provide a good life for your family. However, what if something happened to you? Would your family be able to continue covering expenses you may have today like mortgage payments, childcare, credit card payments, college tuition and other household expenses? What about burial expenses or expenses for long term care like nursing home or assisted living care?

## CHUBB Lifetime Benefit Term

**Life Insurance-Valuable protection  
for your loved ones**

### **Creative Solutions for Term Life Insurance**

You work hard to provide a good life for your family. However, what if something happens to you? Life Time Benefit Term provides the help you and your family needs to help pay for:

- Mortgage and Rent
- College and Education
- Retirement
- Household Expenses
- Long Term Care
- Childcare
- Family Debt
- Burial

#### **Guaranteed Premiums**

Life insurance premiums will never increase and are guaranteed to age 100. Thereafter no additional premium is due while the coverage can continue to age 121.

#### **Guaranteed Benefits During Working Years**

While the policy is in force, the death benefit is guaranteed 100% when it is needed most-during your working years when your family is relying on your income. The death benefit is 100% guaranteed for the longer of 25 years or age 70.

#### **Qualified Long Term Care (LTC) Benefit**

If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid.

# HOSPITAL INDEMNITY Insurance

**CHUBB®**

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. The right coverage before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most.

Our Hospital Indemnity insurance pays a cash benefit for hospital confinements directly to you unless assigned. It is increasingly important to not only protect your finances if faced with an unexpected illness, but also to empower yourself to seek the necessary treatment.

| Hospitalization Benefits                                                                                                                                                                                                                               | Low              | High             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| <b>Hospital Admission Benefit</b>                                                                                                                                                                                                                      |                  |                  |
| For admission to a hospital or hospital sub-acute intensive care unit.<br>(Max once per calendar year)                                                                                                                                                 | \$500            | \$1500           |
| <b>Hospital Confinement Benefit</b>                                                                                                                                                                                                                    |                  |                  |
| For confinement in hospital or hospital sub-acute intensive care unit.<br>(Max 15 per calendar year)                                                                                                                                                   | \$165<br>Per Day | \$165<br>Per Day |
| <b>Hospital Confinement ICU Benefit</b>                                                                                                                                                                                                                |                  |                  |
| For confinement in a hospital intensive care unit.<br>(Max 10 per calendar year)                                                                                                                                                                       | \$330<br>Per Day | \$330<br>Per Day |
| <b>Newborn Nursery Benefit</b>                                                                                                                                                                                                                         |                  |                  |
| Payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease or injury.<br>(Max Days per Confinement for Normal Delivery: 2; for Caesarean Section: 4)           | \$50<br>Per Day  | \$100<br>Per Day |
| <b>Diagnostic Benefits</b>                                                                                                                                                                                                                             |                  |                  |
| <b>Wellness Benefit</b>                                                                                                                                                                                                                                |                  |                  |
| Health Screening Test Benefit is paid for each covered person who undergoes one or more covered test.<br>Max Days Per Calendar Year: 1                                                                                                                 | \$50<br>Per Day  | \$50<br>Per Day  |
| <b>Additional Provisions</b>                                                                                                                                                                                                                           |                  |                  |
| <b>Continuity in Coverage</b>                                                                                                                                                                                                                          |                  |                  |
| If you had Hospital Indemnity coverage prior to this enrollment, the pre-existing condition limitation counts the months you had the Colonial policy towards satisfying the pre-existing condition limitation under this policy.                       |                  |                  |
| <b>Pre-Existing Conditions Limitations</b>                                                                                                                                                                                                             |                  |                  |
| Claims in the first 6 months, will not be covered if they may have resulted from a condition that existed in the 12 months prior to the start of your policy.                                                                                          |                  |                  |
| If you give birth in the first 6 months of coverage, you will not be covered for admission, confinement, or nursery benefits resulting from that birth.                                                                                                |                  |                  |
| <b>Portability</b>                                                                                                                                                                                                                                     |                  |                  |
| Keep your coverage if you change jobs while the policy is in force as long as you have been continuously covered for at least 12 months. Once ported, coverage continues for 12 months as long as the policy remains in force and you pay the premium. |                  |                  |

## Meet Aura

An all-in-one, easy to use online security solution designed to protect the entire family

### Identity Theft Protection

Aura monitors your personal information and alerts you if any threats are detected.

### Financial Fraud Protection

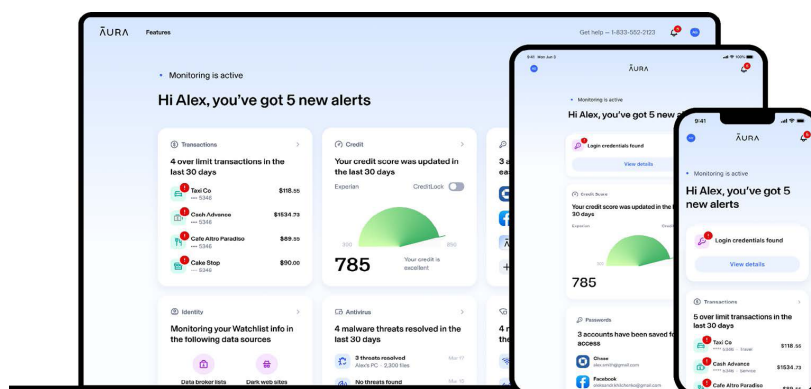
Aura monitors your credit, financial accounts, and property titles and alerts you to any suspicious activity.

### Privacy and Device Security

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

### Family Safety

Loved ones with integrated parental controls, elder fraud prevention tools, and more.



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

Aura protects you and your families from fraud by helping to ensure your private information is not anywhere it shouldn't be.

**24/7/365  
Customer Support**

Aura's 100% US-based Customer Support team is available 24/7/365.

**White Glove  
Fraud Resolution**

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

**\$5M Insurance  
Policy**

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

**Features at your  
fingertips**

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



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

## Plan features

|                                    |                                                                                                                                                                                                                       |                                                                                                                                                                                                     |                                                                                                                                                                                               |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Money Matters</b>               | <ul style="list-style-type: none"> <li>•Debt Collection Defense</li> <li>•Identity Theft Defense</li> <li>•Identity Restoration<sup>1</sup></li> </ul>                                                                | <ul style="list-style-type: none"> <li>•Negotiations with Creditors</li> <li>•Personal Bankruptcy</li> <li>•Promissory Notes</li> </ul>                                                             | <ul style="list-style-type: none"> <li>•Tax Audit Representation</li> <li>•Tax Collection Defense</li> </ul>                                                                                  |
| <b>Home &amp; Real Estate</b>      | <ul style="list-style-type: none"> <li>•Boundary or Title Disputes</li> <li>•Deeds</li> <li>•Eviction Defense</li> <li>•Foreclosure</li> </ul>                                                                        | <ul style="list-style-type: none"> <li>•Home Equity Loans</li> <li>•Mortgages</li> <li>•Property Tax Assessments</li> <li>•Refinancing of Home</li> </ul>                                           | <ul style="list-style-type: none"> <li>•Sale or Purchase of Home</li> <li>•Security Deposit Assistance</li> <li>•Tenant Negotiations</li> <li>•Zoning Applications</li> </ul>                 |
| <b>Estate Planning</b>             | <ul style="list-style-type: none"> <li>•Codicils</li> <li>•Complex Wills</li> <li>•Healthcare Proxies</li> <li>•Living Wills</li> </ul>                                                                               | <ul style="list-style-type: none"> <li>•Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>                                                                               | <ul style="list-style-type: none"> <li>•Revocable Trusts</li> <li>•Irrevocable Trusts</li> <li>•Simple Wills</li> </ul>                                                                       |
| <b>Family &amp; Personal</b>       | <ul style="list-style-type: none"> <li>•Adoption</li> <li>•Affidavits</li> <li>•Conservatorship</li> <li>•Demand Letters</li> <li>•Divorce (20 hours)</li> <li>•Garnishment Defense</li> <li>•Guardianship</li> </ul> | <ul style="list-style-type: none"> <li>•Immigration Assistance</li> <li>•Juvenile Court Defense, Including Criminal Matters</li> <li>•Name Change</li> <li>•Personal Property Protection</li> </ul> | <ul style="list-style-type: none"> <li>•Prenuptial Agreement</li> <li>•Protection from Domestic Violence</li> <li>•Review of ANY Personal Legal Document</li> <li>•School Hearings</li> </ul> |
| <b>Civil Lawsuits</b>              | <ul style="list-style-type: none"> <li>•Administrative Hearings</li> <li>•Civil Litigation Defense</li> </ul>                                                                                                         | <ul style="list-style-type: none"> <li>•Disputes Over Consumer Goods &amp; Services</li> <li>•Incompetency Defense</li> </ul>                                                                       | <ul style="list-style-type: none"> <li>•Pet Liabilities</li> <li>•Small Claims Assistance</li> </ul>                                                                                          |
| <b>Elder-care Issues</b>           | <ul style="list-style-type: none"> <li>•Consultation &amp; Document Review for your parents:</li> <li>•Deeds</li> <li>•Leases</li> </ul>                                                                              | <ul style="list-style-type: none"> <li>•Medicaid</li> <li>•Medicare</li> <li>•Notes</li> <li>•Nursing Home Agreements</li> </ul>                                                                    | <ul style="list-style-type: none"> <li>•Powers of Attorney</li> <li>•Prescription Plans</li> <li>•Wills</li> </ul>                                                                            |
| <b>Traffic &amp; Other Matters</b> | <ul style="list-style-type: none"> <li>•Defense of Traffic Tickets<sup>2</sup></li> <li>•Driving Privileges Restoration</li> </ul>                                                                                    | <ul style="list-style-type: none"> <li>•Habeas Corpus</li> </ul>                                                                                                                                    | <ul style="list-style-type: none"> <li>•Repossession</li> </ul>                                                                                                                               |

1. Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.

2. Does not cover DUI.

## Insure what's important while enjoying saving

- **Automated payment options and discounts**
- **Claim-free driving rewards**
- **Multi-policy savings**
- **Roadside assistance**
- **24/7 claim reporting**

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

### Auto Insurance

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

### Home Insurance

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

### Renters Insurance

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

### Umbrella Insurance

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



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

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### **Freedom of Comprehensive coverage**

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

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

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### **Simple and delightful experience**

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

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

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### **Backed by MetLife's unmatched track record**

Simple set up with no additional costs to you and a seamless integration across MetLife benefits

Ongoing support with customizable employee communications & tools

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### **Umbrella Insurance**

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

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## Life comes with challenges.

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

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

### Mental Health Sessions

Up to 3 sessions\* to help manage stress, anxiety and depression, resolve conflict, improve relationships, overcome substance abuse and address any personal issues, with options for in-person, telephonic, or video counseling sessions.

### Life Coaching

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

### Financial Consultation

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

### Legal Consultation

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

### Life Management

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

### Personal Assistant

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

### Medical Advocacy

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

### Member Portal and App

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

Contact AllOne Health: Call 855-RSL-HELP (855-775-4357) or visit [allonehealth.com/reliance-matrix](https://allonehealth.com/reliance-matrix). Code: RSLI859

\*3 Sessions per Six Months for California Employees

EAP benefits are free of charge, 100% confidential, available to all family members regardless of location, and easily accessible through AllOne Health's 24/7, live-answer, toll-free number.

EAP services are provided by AllOne Health, under agreement with Reliance Matrix

# ELECTRONICS Protection & Savings



So much of our modern lives and leisure relies on the digital devices we use on a daily basis, the Electronics Protection & Savings Program (EPS) offers comprehensive coverage against accidental damage, water damage & device failure

## Protect every device you own

### Claim Limits

Up to \$1,500 in annual protection for your devices

### Universal Brand Acceptance

Coverage is provided regardless of the age or brand of your device.

### Comprehensive Coverage

Full protection against accidental damage, water damage, and hardware failure.



## Access your benefits

After Enrolling in the EPS Plan.

### Member Login

Create your login after enrollment by going to the EPS Member Portal using the credentials you are provided.

### Select Benefit

Navigate to the Electronics Protection tab and submit the electronics you are covering.

### Save & Protect

Click “File a Claim” or “Save Now” to browse bonus discounts on travel and dining



# ENROLLMENT Bonus Benefits

## Extras at no cost to you

So long as you complete the open enrollment or new hire enrollment process you may chose ONE of the following benefits at no cost to you for six months.

### Identity Theft Protection

Safeguard your digital identities with a comprehensive identity theft solution that combines proactive dark web & ID monitoring with high value insurance and personalized recovery support, emphasizing immediate protection and a zero deductible restoration process for the entire family.

- Constantly scans for suspicious activity and leaks to shield personal information.
- Real-Time Fraudulent Activity Alerts.
- \$0 Deductible Recovery, we will get started on restoring your and your family's identities immediately.
- \$25,000 AIG insurance for recovery services we undertake on your behalf.
- 24/7/365 Dedicated Recovery Advocacy with personalized recovery plans and a professional victim response center.
- Limited Power of Attorney to facilitate a quick and effective recovery from our expert advocates.

### Roadside Assistance

24/7 support for disabled non-commercial road vehicles across US and Canada. This applies to any car, motorcycle, or small truck even if you are only leasing or borrowing it.

#### What's Covered?

- Towing
- Battery Service
- Fuel Delivery
- Flat Tire Assistance
- Lockout Services
- Winching

#### How to Use the benefit.

##### Call the Dedicated Dispatch Number

Provide your membership number, vehicle details and exact location.

You must obtain an authorization number from the dispatcher **before** using an outside provider.

##### Stay With Your Car

Stay with your vehicle and present your membership card to the service provider.

##### \$100 Reimbursement Cap

After you have paid for services, submit your receipt to receive up to \$100 cash back.

# UTILIZING PREVENTIVE CARE SERVICES



ONYX HEALTH



## “AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE”

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by your employer, all covered individuals and family members are eligible to receive routine wellness services like these. Well visits, mammograms, and pap smears are covered at no copay.

## WHICH PREVENTIVE CARE SERVICES ARE COVERED?

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation



ONYX HEALTH

# LEGAL NOTICES

## ACCOUNTABILITY ACT OF 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 addresses how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have a right to inspect copy-protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you get access to the information, contact Human Resources.

The HIPAA Privacy Rule was effective beginning April 14, 2003. The Privacy Rule is intended to safeguard protected health information (PHI). The provisions of the Privacy Rule have a significant impact on those who deal with health information and on all citizens about their personal PHI. Our health insurance broker and all our contracted plans adhere to the HIPAA Privacy Rule.

## MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you're eligible for health coverage from your employer, but can't afford the premiums, some states have premium-assistance programs that can help pay for coverage with funds from their Medicaid or CHIP programs. If you or your dependents are already enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, the employer's health plan is required to permit you and your dependents to enroll in the plan - if you and your dependents are eligible, and not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT

### ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Woman's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: All stages of reconstruction of the breast on which mastectomy was performed.

1. Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses.
2. Treatment of physical complications of the mastectomy, including lymphedema.

# LEGAL NOTICES



ONYX HEALTH

## CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985

The right to COBRA continuation coverage was created by federal law, so that you and your covered dependents may continue your employer-sponsored benefits coverage at full costs (plus an administrative fee). After a qualifying event, COBRA continuation coverage must be offered to each qualified beneficiary. You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost as a result of a qualifying event. If you're an employee, you'll become a qualified beneficiary if you lose your coverage for either of these reasons:

- Your hours of employment are reduced
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse/ dependent of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan for any of these reasons:

- Your spouse/parent dies
- Your spouse/parent's hours of employment is reduced
- Your spouse/parent's employment ends for reasons other than his or her gross misconduct
- Your spouse/parent is retired and becomes entitled to Medicare benefits
- You are divorced or legally separated from your spouse
- Child is no longer eligible for coverage under the Plan as a dependent child.

The period for which coverage may continue will depend on the qualifying event. When the event is death of the employee, entitlement to Medicare benefits, divorce or separation, or child's loss of dependent eligibility, COBRA continuation coverage remains in effect for up to 36 months. With some exceptions, when the qualifying event is the end of employment or reduction in hours, COBRA continuation generally lasts for only up to 18 months.

\* This enrollment booklet is a summary description of your benefits. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment. These plans are provided by your employer and employer's insurance broker. Although every effort has been made to provide complete and accurate information, PES makes no warranties, express or implied, or representations as to the accuracy of content on this booklet. PES assumes no liability or responsibility for any error or omissions in the information contained in the booklet.

# CARRIER CONTACT INFORMATION



ONYX HEALTH

For assistance understanding and enrolling your benefits, reach the enrollment call center at **786-375-5109** Monday-Friday 8am-5pm CST

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

## Carrier Contact Information

|                             |                                                  |              |                                                                                                              |
|-----------------------------|--------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------|
| Health                      | UHP Management                                   | 855.375.7125 | <a href="http://uhpadministrators.com/">uhpadministrators.com/</a>                                           |
| Pharmacy                    | MedTipster                                       | 877.226.2378 | <a href="http://medtipster.com">medtipster.com</a>                                                           |
| Dental                      | Delta Dental                                     | 800-521-2651 | <a href="http://deltadentalins.com">deltadentalins.com</a>                                                   |
| Vision                      | Delta Vision                                     | 800-877-7195 | <a href="http://vsp.com">vsp.com</a>                                                                         |
| Accident                    | CHUBB                                            | 833.542.2013 | <a href="http://chubb.com">chubb.com</a>                                                                     |
| Critical Illness            | CHUBB                                            | 833.542.2013 | <a href="http://chubb.com">chubb.com</a>                                                                     |
| Hospital Confinement        | CHUBB                                            | 833.542.2013 | <a href="http://chubb.com">chubb.com</a>                                                                     |
| Short Term Disability       | CHUBB                                            | 833.542.2013 | <a href="http://chubb.com">chubb.com</a>                                                                     |
| Long Term Disability        | Reliance Matrix                                  | 800.247.6875 | <a href="http://reliancematrix.com">reliancematrix.com</a>                                                   |
| Term Life and AD&D          | Reliance Matrix                                  | 800.247.6875 | <a href="http://reliancematrix.com">reliancematrix.com</a>                                                   |
| Lifetime Benefit Term       | CHUBB                                            | 855.241.9891 | <a href="http://chubb.com">chubb.com</a>                                                                     |
| Cancer Advocate             | CHUBB                                            | 833.542.2013 | <a href="http://chubb.com">chubb.com</a>                                                                     |
| Aura Identity Theft         | Metlife                                          | 800.638.5733 | <a href="http://metlife.com/identity.and.fraud.protection">metlife.com/identity.and.fraud.protection</a>     |
| Met Legal                   | Metlife                                          | 800.821.6400 | <a href="http://legalplans.com">legalplans.com</a>                                                           |
| Home & Auto                 | Farmers<br>Company code:<br>Citadel Care Centers | 888.327.6335 | <a href="http://farmers.com">farmers.com</a><br>On the dropdown, select the GroupSelect option on the right. |
| Employee Assistance Program | Reliance Matrix<br>AllOne Health                 | 855.775.4357 | <a href="http://allonehealth.com/reliance-matrix">allonehealth.com/reliance-matrix</a><br>Code: RSLI859      |



# Important Benefit Information For New Employees

Please note, it is the employee's responsibility to initiate the enrollment process. Employees should not wait for a call or notification from HR to confirm eligibility. As soon as you are eligible, call the enrollment center or enroll online. To find out if you are eligible, call the enrollment center. Once the enrollment window passes, employees are no longer eligible to enroll in benefits until the annual open enrollment.



1

## Plan ahead

New employees are eligible for benefits on the first of the month following 60 days after date of hire.



2

## Enroll Early - Don't Wait

Please call the enrollment center or enroll online in the month before your benefits would begin. Whether you want to enroll in or decline all benefits, all employees must complete the enrollment process.

3

## How to Enroll

**Call the BenManage call center:**

(786) 375-5109 Monday-Friday: 9am-6pm EST

(If you reach the call center's voicemail please leave your name and number so a benefit enroller can return your call)

**Enroll online:** [chubb.benselect.com/citadel](http://chubb.benselect.com/citadel) (scan the QR code)

Your username is your social security number with no dashes and your PIN is the last 4 digits of your SSN and your 2 digit birth year.

**Example:** SSN 123-45-7890 and Year of Birth of 1992

**Login:** 1234567890

**PIN:** 789092



4

## Get Assistance

If you have any questions or need assistance with your enrollment, call (786) 375-5109