



CEDARBRIDGE

FINANCIAL SERVICES

**2024 EMPLOYEE
BENEFITS GUIDE**



WELCOME

EMPLOYEE BENEFITS ENROLLMENT GUIDE

Welcome! We are so glad you have joined our family.

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

Who is Eligible?

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

How to Enroll?

The first step is to review your current benefit elections and make your benefit elections. Complete the enrollment form and sign it. Once complete, give it to your HR coordinator. If you do not wish to enroll in our health plan, you must complete the waiver form. Please note: Once you have made your elections, you will not be able to change them until the next open enrollment period, unless you have a QLE. You should also complete the beneficiary form for the employer sponsored life insurance. The benefit is \$50K for all employees.

When to Enroll?

Your benefits are effective the 1st of the month after 60 days of employment. Please complete and hand the enrollment forms back to your HR coordinator before that time. Forms received late may not be accepted.

Once you completed all the forms please allow at least two weeks to receive your ID cards. If you have any questions or concerns your HR coordinator will be able to help you.

401K

All employees are eligible to enroll in the companies 401K plan. Full time, Part Time and Per Diem. They are eligible on the first of the month following 3 months of employment. Details about the plan are included in the package.

Welcome to the team!

It's time to enroll in your benefits!

This guide will walk you through your choices, and help you to decide which plans are best for you and your family.

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CONTACT INFORMATION

Medical

Anthem BlueCross
1-800-676-2583
anthem.com

Dental

Principal
1-800-247-4695
principal.com

Vision

Principal/VSP
1-800-877-7195
vsp.com

Telehealth

Ally Health
1-888-565-3303
allyhealth.net

Group Accident

CHUBB
1-800-682-4822
chubb.com

Critical Illness

CHUBB
1-800-682-4822
chubb.com

Provider Care Ticket

Leading Edge Administrators
1-877-208-5952
pticket.leadingedgeadmin.com

Employer Paid Life

Principal
1-800-247-4695
principal.com

Short-Term Disability

CHUBB
1-800-682-4822
chubb.com

Pharmacy

CarelonRx
1-833-271-2374
carelonrx.com

Hospital Indemnity

CHUBB
1-800-682-4822
chubb.com

Lifetime Benefit Term

CHUBB
1-800-682-4822
chubb.com

Enrollment Assistance

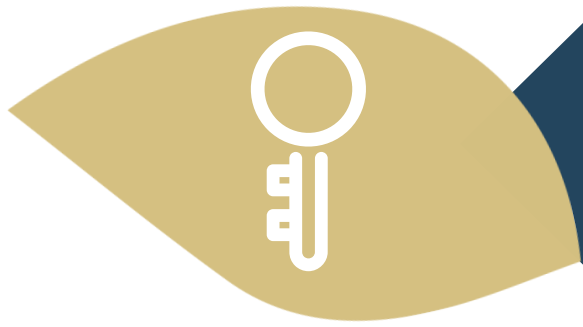
BenManage
872-263-8191
cedarbridgebenefits.com

EAP

Principal
1-800-450-1327
member.magellanhealthcare.com

401(k) Plan

Fidelity
1-800-835-5097
netbenefits.com



Key Terms & Definitions

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.

COPAYMENT

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

DEDUCTIBLE

A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and maximum out-of-pocket.

MAXIMUM OUT-OF-POCKET

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.

PREAUTHORIZATION

A decision by your health plan that a service, plan, prescription drug or durable medical equipment is medically necessary and if it will be approved to be paid. Provider Care Ticket assists in making sure your preauthorization goes through smoothly with the insurance company, please refer to the page titled “How to Use Your Health Plan” for details.

PLAN YEAR

A plan year is the 12-month period your benefits coverage lasts, at the end one plan year and start of another deductibles, max out of pocket, and allowances reset. All benefits in this guide run in a plan year that coincides with the calendar year except as noted. If you start midway through the year such as a new employee or through a qualifying event your plan year will still end with the group’s plan year.

GUARANTEED ISSUE

For many benefits listed in this guide, the first time a benefit is available to you, to the amounts listed, you and your family automatically qualifies benefit without having to answer health questions. You will continue to carry this for as long as you maintain the policy.

PORTABILITY OF COVERAGE

Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company in the event you no longer qualify for the benefit such as due to retirement.(age limitations may apply).

Eligibility & Enrollment



ELIGIBILITY

Employees are eligible on 1st of the month following 60 days of full time employment. 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.

HOW TO ENROLL OR UPDATE YOUR BENEFITS AND BENEFICIARIES

Online:xxxxxxxxxxxxxxxxxxxx

Your user name is your social security number with no dashes, and your pin is the last 4 digits of your social plus the last 2 digits of the year you were born.

EXAMPLE: If the last 4 of your SSN is 9876 and you were born in 1954, your pin would be 987654.

Phone: Speak to a benefit enrollment counselor at 872-263-8191 9am-6pm EST M - F

QUALIFYING LIFE EVENTS (QLE)

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”.

QLE 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

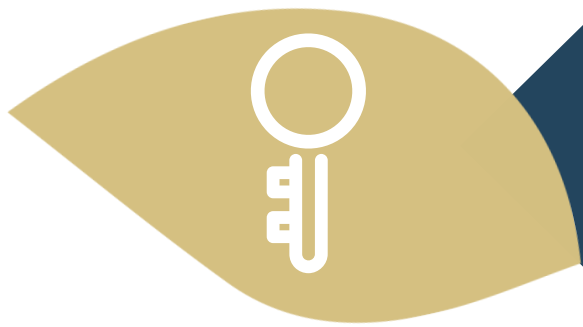
Consider your personal situation and the difference between the plan options and their costs when making your decision. You may also elect to waive coverage.

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.

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 assumes no liability or responsibility for any error or omissions in the information contained in the booklet.



How to use your Health Plan



Finding a provider

To find a participating provider in the Anthem Blue Cross network call 1-800-810-2583 or online at <https://www.anthem.com/find-care/>

Enter the first 3 characters of your member ID or click **Basic Search as Guest**

1. Select Medical Plan or Network
2. Select New Jersey
3. Select Medical (Employer-Sponsored)
4. Select plan **National PPO (BlueCard PPO)**

Select a provider or facility you are looking for.

All participating providers and facilities in your area will be listed along with an estimate of how far they are a zip code you provide.

Basic search as a guest

Select the type of plan or network

Care Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical plan or network.

Select the state where the plan or network is offered. (For employer-sponsored plans, select the state where your employer's plan is contracted in. Most of the time, it's where the headquarters is located.)

Select how you get health insurance

Select a plan or network

Provider Care Ticket

We work directly with your provider to make sure administrative details of your visit are clear before you arrive. So nothing gets in the way of a productive and good experience for you and your doctor.

- Educate your doctors and hospital about your coverage
- Alleviate frustration by working out issues, like pre-certification, prior to your appointment.
- Avoid possible confusion about the details of your plan.



The Process is Simple

No later than **48 hours** before your appointment, contact **Provider Care Ticket**:

- Call member services at 877-797-2776, option 1 available *Mon.-Fri. 9 a.m. - 5 p.m.*
- Go online at <http://pticket.leadingedgeadmin.com> available *24 hours a day.*

Be ready to give your doctor's name, phone, fax and reason for your appointment.

Make sure to submit your request at least 48 hours before your appointment, to ensure everything will be ready to go.

Save time and money, by knowing where to go.

Primary Physician/ Doctor's Office	
PCP copay	
Vaccinations	Lingering Pain
Checkups	Check for STDs
Fever	Pink Eye
Cough or cold	Skin Infection
Urgent Care	
\$75 copay	
Flu	Stitches on minor cuts
Minor Burns	Eye infection
Earache	UTIs
Broken Bones	Migraines
Emergency Care	
\$500 copay	
Seizures	Severe Chest Pain
Head Injuries	Severe Bleeding
Unconsciousness	Severely Broken Bones
Poisoning	Major Burns

Concierge Health Services



(877) 208-5952

valenzhealth.com

Do you have a question about your health plan, your care coordination, your provider or your bill?

Vālenz® Health's concierge-level team of NaVcare nurse navigators for answers to the following kinds of questions.



- How do I choose a high-quality doctor?
- Which hospitals are in my network?
- How do I reduce my out-of-pocket costs?
- Who can help me understand my medical bill or my Explanation of Benefits?
- What do I do if I receive a balance bill from a provider?
- What should I do if I need help paying my bill?
- Who can advocate on my behalf with my insurance company?

Medical Benefits



A medical plan is the 1st line of defence in protecting your and your family's health and well being, the below EPO plans protect you with the expansive Anthem BlueCross network of providers. Please note: These plans provide **NO** out of network coverage.

	HIGH PLAN	LOW PLAN
Plan Details		
Deductible Individual / Family	\$1,750 / \$3,500	\$2,500 / \$5,000
Co-Insurance	20%	30%
Max Out-of-Pocket Individual / Family	\$5,500 / \$11,000	\$7,500 / \$15,000
Doctor's Office Visit		
Primary care visit to treat injury or illness	\$15 copay/visit	\$25 copay/visit
Specialist visit	\$50 copay/ visit	\$60 copay/visit
Preventive care/screening/immunization	No charge	No charge
Imaging and Testing		
Lab Test	No Charge	No Charge
X-Ray	\$50 Copay	\$50 Copay
Imaging (CT/PET scans, MRIs)	Deductible & Co-Insurance	Deductible & Co-Insurance
Outpatient Surgery		
Facility fee	Deductible & Co-Insurance	Deductible & Co-Insurance
Physician/surgeon fees	Deductible & Co-Insurance	Deductible & Co-Insurance
Immediate Medical Attention		
Emergency room care	\$500 copay	\$500 copay
Urgent care	\$75 copay/visit	\$75 copay/visit
Prescription Coverage		
	Copay	Copay
Generic Drugs	\$10	\$10
Preferred Brand	\$50	\$50
Non-Preferred Brand	50% Coinsurance	50% Coinsurance
Specialty Drugs	Not Covered	Not Covered

Plan Details Continued	HIGH PLAN	LOW PLAN
Hospital Stay		
Facility fee (e.g., hospital room)	Deductible & Co-Insurance	Deductible & Co-Insurance
Physician/surgeon fees	Deductible & Co-Insurance	Deductible & Co-Insurance
Pregnancy		
Office visits	\$15 copay/ visit	\$25 copay/visit
Childbirth/delivery professional services	Deductible & Co-Insurance	Deductible & Co-Insurance
Childbirth/delivery facility services	Deductible & Co-Insurance	Deductible & Co-Insurance
Mental Health Care		
Outpatient services	Deductible & Co-Insurance	Deductible & Co-Insurance
Office visits	\$15 copay/visit	\$25 copay/visit
Inpatient services	Deductible & Co-Insurance	Deductible & Co-Insurance
Recovery Assistance		
Home health care	\$50 copay/visit	\$60 copay/visit
Rehabilitation services	\$50 copay/visit	\$60 copay/visit
Habilitation services	\$50 copay/visit	\$60 copay/visit
Skilled nursing care	Deductible & Co-Insurance	Deductible & Co-Insurance
Durable medical equipment	Deductible & Co-Insurance	Deductible & Co-Insurance
Hospice services	Deductible & Co-Insurance	Deductible & Co-Insurance
Plan Documents		
To review detailed plan documents for these medical plans, please scan these codes for follow these links.	cedarbridgebenefits.com/highSPD	cedarbridgebenefits.com/lowSPD
		

How to use your Health Plan



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Urgent Care	
\$75 copay	
Flu	Stitches on minor cuts
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Earache	UTIs
Broken Bones	Migraines
Emergency Care	
\$500 copay	
Seizures	Severe Chest Pain
Head Injuries	Severe Bleeding
Unconsciousness	Severely Broken Bones
Poisoning	Major Burns



ALLYHEALTH

Telemedicine Essentials

AllyHealth is a virtual care platform connecting you to doctors, coaches, therapists, specialists, health advocates, and cost transparency & savings tools.



24/7 DOCTOR CONSULTATIONS

Direct phone or video access to family doctors and paediatricians for consults, diagnosis, treatment, and prescriptions for a wide range of common health conditions treatable virtually.



ADVOCACY & CARE NAVIGATION

Your personal health ally provides unbiased concierge-level guidance through the complex healthcare system. Benefit explanations, help with claims issues, finding local doctors, and everything in between



MENTAL HEALTH & TELE THERAPY

Confidential and virtual access to counsellors, therapists, and specialists, allowing you to be more proactive with your mental wellness, and nurture work-life balance.



CONSULT WITH SPECIALISTS

Securely send and receive messages with our broad team of professionals and specialists, including pharmacists, eye doctors, dermatologists, alternative medicine professionals, and more.



GET 2ND OPINIONS

AllyHealth can help identify and solve the most complex, critical, and worrying problems in healthcare by providing a virtual second opinion from a best-in-class medical expert or specialist.



HEALTH & WELLNESS COACHING

Want to lose weight? Quit smoking? Eat healthier? Get fit? Our virtual coaches can help you with these goals and more.



RX & PROCEDURE SAVINGS TOOLS

Compare prices and receive discounts on prescriptions, lab tests, medical imaging, surgical and other procedures, and more, plus access to our medical bill reduction specialists.



24/7/365 On-Demand Care. Anytime. Anywhere
www.AllyHealth.net

Dental Benefits



For a detailed breakdown of your dental options scan this QR code or go to cedarbridgebenefits.com/dental

LOW PLAN NO OUT OF NETWORK

HIGH PLAN IN OR OUT OF NETWORK

Plan Details		
Deductible: Individual/Family	\$50/\$150	\$50/\$150
Annual Maximum Benefit Per Person	\$2,500	\$3,000
Orthodontia Lifetime Maximum (dependent children up to age 19)	\$2,000	\$2,500
Preventive (cleaning, exams, bite-wing)	100%	100%
Examinations twice per calendar year	Prophylaxis/Cleanings once per 6 months	Bite-wing X-Rays Once per 12 months
Full Mouth X-Rays once per 60 months	Sealants Once per tooth per 36 months Only for children under age 14	Fluoride Once per 12 months Only for children under age 14
Basic Restorative (fillings, extractions, x-rays)	80%	80%
Periodontal Maintenance Once/quadrant/24 months	Fillings Replacement every 24 months	Oral Surgery Simple and complex
Periodontal Surgical Procedures Once/quadrant per 36 months	Endontics Root Canals	Harmful Habit Appliances Only for children under age 14
Major Restorative Care	50%	50%
Anesthesia / IV Sedation only for specific procedures	Crowns Each 120 months per tooth	Core Buildups Each 120 months per tooth
Bridges 120 months old initial placement/replacement	Dentures 60 months old initial placement/replacement	Repairs Partial Denture, bridge, crown, relines, rebasing, tissue conditioning, bridge/denture adjustment



Vision Benefits

For a detailed breakdown of your vision plan scan this QR code or go to cedarbridgebenefits.com/vision



Plan Details

Benefits	In-Network	Out-of-Network
Eye Exam Once per every 12 months	\$10 copay	Up to \$45
Materials / Eye-wear		
Prescription Frame Allowance Once per every 12 months	\$250 allowance 20% amount over allowance	Up to \$70
Prescription Frames from Costco, Walmart, & Sam's Club	\$135 allowance	
Single lenses	\$10 copay	Up to \$30
Lined bifocal lenses	\$10 copay	Up to \$50
Lined trifocal lenses	\$10 copay	Up to \$65
Lenticular lenses	\$10 copay	Up to \$100
Polycarbonate lenses dependent children under age 18	\$10 copay	
Standard progressive	Once every 12 months with a \$0 copay ¹	Every 12 Months
Contact lenses (instead of eyeglasses)		
Elective contacts Once per every 12 months	\$250 allowance	Up to \$105
Contact fitting and evaluation	Up to \$60 copay	
Necessary contacts Once per every 12 months	Covered in full after \$10 copay	Up to \$210
In-Network Value Added Features:		
Laser vision correction	Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics. Go to VSP.com and register using your member ID to see the laser vision promotions and find a contracted clinic.	
Savings on glasses and sunglasses	Save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.	
Additional savings on lens enhancements	Most other popular lens enhancements are covered after a copay, saving our members an average of 30% ¹	

¹ This can vary based on state laws and provider location Savings may not apply at participating retail chains.

How do I find a VSP doctor?

Visit vsp.com to locate VSP doctors close to you or call Call 800-877-7195.

You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.

Group Accident

CHUBB®

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

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

Benefits Enhancements and Specifications

Hospital Admission

Once per accident, within six months of the accident year. Not paid if Rehabilitation Unit benefit paid.

Hospital Confinement

Per day, Maximum 365 days of confinement per covered accident

Intensive Care

Per day, max. 30 days/injury.

Outpatient Physician's Treatment

1 visit/year, Hospital or Ambulatory Surgical Center 2 visits/year, Dr's Office, UC or ER

Accidental Death & Dismemberment, Dislocation, or Fracture

Multiple dismemberments, dislocations, and fractures from the same accident are limited to amount shown in Base Accident Benefits

Rehabilitation Unit

max. 30 days/ year. Not paid if Daily Hospital Confinement benefit paid.

Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer.
- Protection for accidental injuries on- or off-the-job, 24-hours a day.
- Coverage available for spouse and child(ren)
- Affordable premiums conveniently payroll deducted
- Portability - Keep your coverage if you change jobs or retire while the policy is in force.
- \$50 Wellness Benefit for employees and their spouses.
- Benefits are 25% higher when accident is due to organized sports. Up to \$1,000 per person/per year.
- \$100 First Accident benefit

Benefit Amounts*

Base Accident		Benefits
Accidental Death and Dismemberment	Employee	\$50,000
	Spouse	\$25,000
	Children	\$10,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$100,000
	Spouse	\$50,000
	Children	\$20,000
Standard Hospital Admission		\$900
Hospital Confinement per day		\$225
ICU Confinement per day		\$300
Outpatient Surgery Facility		\$75
Rehab Confinement per day		\$75
Ambulance	Ground	\$300
	Air	\$900

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



Benefit Amounts*

Additional Enhancements		Benefits
Initial Treatment	ER/Urgent Care Doctor's Office	\$150 \$75
Appliance		\$300
Blood, Plasma, Platelets		\$200
Burns	Level 1 Level 2 Level 3 Skin Graft	\$750 \$3,750 \$15,000 25%
Chiropractic Care (per visit)		\$750
Coma		\$7,500
Dislocations		\$4,500
Emergency Dental		\$120
Eye Injury		\$175
Follow-up Treatment (per visit) (Max 6 visits per accident)		\$35
Fractures (up to)		\$6,000
Herniated Disc Surgery		\$750
Knee Cartilage - Torn		\$750
Lacerations		\$38-\$600
Lodging (per night, 100 or more miles) (Max 30 nights per accident)		\$150
Loss of hands, feet, sight		\$17,500
Loss of fingers or toes		\$1,750
Major Diagnostic Exam (CT, MRI, etc.)		\$150
Medical Supplies		\$5
Medicine Benefit		\$5
Pain Management		\$75
Paralysis	Two limbs (paraplegia or hemiplegia) Four limbs (quadriplegia)	\$3,500 \$7,500
Post – Traumatic Stress Disorder		\$150
Prosthetics		\$2,000
Residence/Vehicle Modification		\$1,500
Surgery - Abdominal, Cranial, and Thoracic		\$1,500
Hernia		\$200
Tendon, Ligament, Rotator Cuff		\$750
Therapy – Physical, Occupational, or Speech		\$35
Transportation (per trip, 100 or more miles)		\$350
Traumatic Brain Injury		\$350
Wellness (per person, per year)		\$50
X-Ray		\$50

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

Benefits Enhancements and Specifications

Lacerations

Within 7 days after accident.

Accident Follow-Up Treatment

2 visits within 6 months of the accident. Initial treatment is received within 7 days of the accident. Follow-up treatments may not include physical, occupational, or speech therapy, chiropractic and/or acupuncture procedures.

Chiropractic Care

Max. of 3 visits per accident, 6 visits per year

Brain Injury Diagnosis

Must be diagnosed within 6 months after accident.

General Anesthesia

Within 1 year after accident.

PTSD

Maximum of 6 visits per covered accident

Appliance

Within 6 months after accident.

Prosthesis

Maximum of 2 devices per covered accident.

Therapy

Maximum of 10 visits if initial treatment is received within 7 days of the accident.

Non-Local Transportation

Per trip 100 miles or more from your home, maximum of 3 times per accident within 6 months of the accident

\$50 Wellness Benefit

Payable for wellness tests performed as the result of preventative care, including tests and diagnostic procedures ordered in connection with routine examinations.

Organized Athletic Activity Rider

An additional 25% of the payable benefit if injured while participating in an organized athletic event.

Critical Illness Insurance

CHUBB®

Plan Highlights

Guaranteed Issue Coverage (no medical questions)
 Employee: \$30,000
 Spouse: 50% of employee benefit

- Dependant Children covered 50% at no additional cost.
- \$50 annual Wellness Benefit is payable for employees and their spouses completing wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy or stress test.
- Coverage may be continued; refer to your certificate for details.
- Waiver of Premium while the insured is totally disabled.
- **No** Pre-Existing Conditions Limitation

Benefits of Critical Illness:

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

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

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



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

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

Plan Benefits

Base Benefits

ALS	100%
Breast Cancer Carcinoma In Situ	100%
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%
Multiple Sclerosis	100%
Paralysis or Dismemberment	100%
Severe Burns	100%
Stroke	100%
Sudden Cardiac Arrest	100%
Skin Cancer Benefit Payable once per insured per year	\$250

Recurrence Benefit

Payable for a subsequent diagnosis of: Cancer, Coma, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, Severe Burns, Stroke, or Sudden Cardiac Arrest.	100%
--	-------------

Employer Paid Life



Protect what means the most to you - the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

Benefit summary for all eligible members

	Benefit	Guaranteed Issue ¹	Benefit Reduction ²
You	\$50,000	If you're under 70: \$50,000 If you're 70 or older: Lesser of \$50,000 or amount with prior carrier.	35% reduction at age 65, with an additional 15% reduction at age 70

¹Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.

²As you get older, your life insurance benefit amount decreases. Age reductions apply to the benefit amount after providing health information.

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.

Accelerated Death Benefit

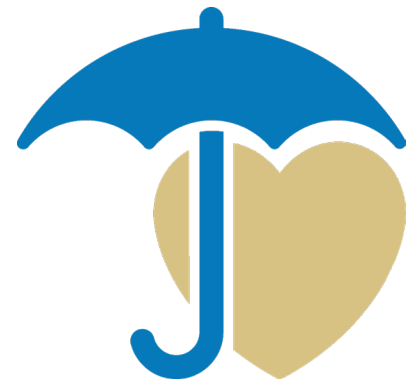
If you're terminally ill, you may be able to receive a portion of your life benefit.

Coverage During Disability

If you're disabled, you may be able to continue your coverage and not pay premium.

Conversion of terminated coverage

If you terminate employment, you may be able to convert coverage to an individual policy.



Short-Term Disability

CHUBB®

Too often when we hear the words disability and insurance together, it conjures up an image of a catastrophic condition that has left an individual in an incapacitated state. Be it an accident or a sickness, that's the stereotype of a disabling injury that most of us have come to expect.

Chubb Disability Income (DI) was developed to craft solutions to protect employees from the physical and financial consequences of a disability that keeps them from earning a paycheck.

Plan Details

- Off job injury or illness coverage
- 6-month benefit duration period
- No "other income" offsets
- **No pre-existing condition exclusions**
- No 9 month pregnancy exclusion
- Chose an elimination period of:
0 days for injury and 7 days for sickness or
14 days for injury and sickness.

Key Features

- Benefits are paid when you are sick or hurt and unable to work, up to 60% of your salary. (Min. \$300, Max. \$3,000)
- Conditionally Renewable until age 74 as long as employee remains eligible and policy is in force.
- Full Portability, keep your coverage with the same rates and benefits even if you change jobs or retire.
- Level Premium Rates are based on age at time of issue and do not increase as you age.
- Coverage is portable. That means you can take it with you if you change jobs (with certain stipulations).
- Payroll Deduction – Premiums are paid through convenient payroll deduction.



BENEFITS SPECIFICATIONS

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

Partial Disability - Pays 50% of the monthly benefit after at least one month of total disability. Payments continue while partially disabled for up to 3 months, but not beyond the maximum benefit period.

Organ Donor - Pays a benefit when disabled from donating an organ.

Waiver of Premium - Pays the premium after monthly disability benefits are payable for 14 days in a row, for as long as monthly benefits are payable.

Concurrent Disability - Being disabled from more than one cause does not extend the payment of benefits under the maximum benefit period.

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

Recurrent Disability - Pays a benefit when disabled from the same or related cause within 6 months without a new waiting period or maximum benefit period.

Certificate Exclusions and Limitations

Benefits are not payable for Disabilities contributed to or caused by:

- Occupational Injury;
- Suicide, attempted suicide or intentionally self-inflicted Injury, whether sane or insane;
- Voluntary inhalation of or asphyxiation by gas or fumes;
- Voluntary ingestion or injection of any drug, narcotic, sedative or poison, unless prescribed by and taken in accordance with the directions of the prescribing Physician;
- Mental or Nervous Disorder;
- Substance abuse, to include abuse of alcohol, alcoholism, drug addiction or dependence upon any controlled substance;
- Being intoxicated or under the influence of alcohol, drugs or any narcotics (including overdose) unless administered on, and taken in accordance with, instructions of a Physician;
- War, declared or undeclared, participating in a riot, insurrection or rebellion;
- Travel or flight in or descent from any aircraft other than as a fare-paying passenger on a regularly scheduled airline;
- Engaging in any illegal or fraudulent occupation, work, or employment; or
- Committing or attempting to commit a felony or an assault.

No benefits are payable for Disabilities that occur while you are incarcerated or imprisoned. No benefits are payable for Disabilities that result solely as the result of a loss of a professional license, occupational license, or certificate..

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared.

Having hospital indemnity coverage in place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most by paying a cash benefit to you if you are stuck in admitted to the hospital.

Plan Highlights

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation
- **No** 9-month pregnancy exclusion
- Coverage also available for your dependents
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

BENEFITS OVERVIEW:

HOSPITAL ADMISSION BENEFIT

(once per calendar year)

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness.

\$500

HOSPITAL CONFINEMENT per day

(maximum of 31 days per calendar year)

Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness.

\$100

HOSPITAL INTENSIVE CARE BENEFIT per day

(maximum of 10 days per calendar year)

Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness.

\$200

NEWBORN NURSERY BENEFIT per day

(maximum 2 days for normal delivery; 4 days for caesarean section)

This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease or injury

\$50



Lifetime Benefit Term

CHUBB®

Issue Type	Max Benefit Amount	Initial Eligibility
Employee Coverage (age 71-80)		
Guaranteed Issue	\$100,000	Actively employed working at least 30 hours per week aged 19 through 80. 90 day wait period for benefit eligibility
Conditional Guaranteed Issue	\$150,000	
Simplified Issue	\$250,000	
Simplified Issue (age 71-80)	\$50,000	
LifeTime Benefit Term	Greater of \$5,000 or the what \$3/week will purchase	
Spouse Coverage (age 71-80)		
Conditional Guaranteed Issue	\$75,000	Legally married spouse, domestic partner and civil union partner aged 19 - 70.
Simplified Issue	\$125,000	
LifeTime Benefit Term	Greater of \$5,000 or the what \$3/week will purchase	
Dependent Child Coverage (age 15 days - 25 years)		
Child Term Rider	\$25,000	Age 15 days - 25 years

CHUBB's Lifetime Benefit Term's innovative design provides lifetime guarantees at a fraction of the cost and flexibility allows you to customize benefits for LTC and double the benefit amount.

Permanent and Guaranteed Renewable with Guaranteed Premiums

Premiums will never increase coverage cannot be canceled as long as premiums are paid as due.

Paid-up Benefits

After 10 years, if you stop paying premium, a reduced paid-up benefit is issued and can never lapse. That means when you retire, you can stop paying premium and have a death benefit for the rest of your life

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.

Benefits for Long Term Care

Long Term Care is expensive, and LifeTime Benefit Term can help. It pays death benefits in advance for home health care, assisted living, adult day care and nursing home care. Early payments equal 4% of the death benefit per month for up to 50 months. Premiums are waived while this benefit is being paid.

Portability of Coverage

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

Accelerated Death Benefit Rider for Terminal Illness

After coverage has been in force for two years, employees can receive 50% of their death benefit immediately, up to \$100,000, if they are diagnosed as terminally ill.

Accelerated Death Benefit for Long Term Care

When employees need LTC, death benefits can be paid early for home health care, assisted living, adult day care and nursing home care. Early payments equal 4% of the death benefit per month for up to 25 months. Premiums are waived while this benefit is being paid.

Child Term Rider

Death Benefits available up to \$25,000. Guaranteed conversion to individual coverage at age 26 – up to 5 times the benefit amount.





Employee Assistance Program

With an EAP, you and your family have access to free, confidential resources to help handle life's everyday—and not so everyday—challenges.

You might use your EAP to help: manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more. Plus, your EAP gives you access to discounts on major brands and everyday needs.

Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things.

In-person or virtual counselling

One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions. Three counselling sessions per year are included.

Legal, financial, and identity theft services

You and your family have access to these services:

- **Legal services.** Receive a free 60-minute consultation to help deal with issues such as car accidents or family law.
- **Financial wellness.** Receive three free 30-minute consultations. This may include help with budget planning debt consolidation, or retirement planning.
- **Identity theft resources.** Receive a free 60-minute consultation to help restore your identity if stolen.

Work-life web services

You and your family can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more.

Help when and where you need it—day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.



800-450-1327

International: 800-662-4504

TTY: 711



Member.MagellanHealthcare.com

When you create an account, enter

PrincipalCore as the program name.



401(k) Plan Benefits

Invest some of what you earn today for what you plan to accomplish tomorrow.

Take a look and see what a difference enrolling in your workplace savings plan could make in helping you achieve your goals.

Tax Savings

Once you make an election to defer some of your salary into the plan, our pre-tax contributions are deducted from your pay before income taxes are taken out. This means that you can actually lower the amount of current income taxes you pay each period. Also, you pay no taxes on any earnings until you withdraw them from your account, generally at retirement, enabling you to keep more of your money working for you now.

Convenience

Your contributions are automatically deducted regularly from your paycheck.

Portability

You can roll over eligible savings from a previous employer into this Plan. You can also take your plan vested account balance with you if you leave the company. See the Frequently Asked Questions section for additional details.

Investment Flexibility

You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio.

When can I enroll in the Plan?

You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio.



Enroll Today

Investing in yourself is easy with your retirement plan. You can count on us to support you every step of the way with our account management website, Fidelity NetBenefits®. First log in to netbenefits.com and we'll show you how to get started step by step.

Step 1

Enroll Online Today – Go to netbenefits.com and click on “Register Now” when logging in for the first time. Follow the instructions to Enroll Today! Call the Retirement Benefits Line if you need assistance at 1-800-294-4015.

Step 2

Decide how much to invest and enter your contribution per pay period.

Step 3

Select how you want to invest your contributions among the investment options available in the plan. Investment performance and fund descriptions are available online or over the phone. If you are interested in additional information about investing, go to the NetBenefits® Library to learn more

Remember to designate your beneficiary(ies) by accessing “Profile” on NetBenefits.

Savings Plus Plan (SPP) Frequently Asked Questions

What is the Savings Plus Plan (SPP)?

The Savings Plus Plan is a program developed to minimize members out of pocket expenses through competitive pricing negotiation. This focused health benefit payment program applies to all inpatient and outpatient facility services as well as a limited number of surgical and medical services. These SPP services are identified in your plan booklet. Under the SPP, the provider's reimbursement level for these services will be a percentage of Medicare.

Do I have a provider network as part of my SPP?

Yes, this program will use the Anthem (formerly Blue Cross Blue Shield) National PPO Blue Card Network. When searching on Anthem's site for a provider, members would look for the "National PPO (Blue Card PPO)" option.

What services are subject to SPP?

Below are examples of services that will fall under SPP:

- all inpatient and outpatient facility services
- certain high dollar in-patient and out-patient surgeries
- high-cost imaging such as MRI and PET Scans
- Substance Abuse services
- Dialysis

You should always refer to your Summary Plan Description (plan booklet) for a comprehensive list of SPP services.

Who should I call if I have any questions about my Savings Plus Plan? (Including bills from providers on Savings Plus Plan services)

Should you have any questions about access to care or a medical bill, please contact the dedicated Concierge Valenz NavCare team at (877) 208-5952.

Both Valenz NavCare and Leading Edge Administrators will have dedicated team members to help you with any questions or concerns.

Will I need to get preauthorization for some services?

Yes, certain services will require preauthorization by your provider. Failing to preauthorize identified services may increase your out-of-pocket portion of payment. Please refer to your Summary Plan Description for a comprehensive list of which services require preauthorization.

How do I obtain a preauthorization?

Your doctor is responsible for preauthorization. He/she should call the phone number on your ID card to confirm that you have coverage, and determine if the service being provided requires preauthorization.

Do I need a referral from my Primary Care Physician in order to see a Specialist?

No, to ensure that members have direct access to specialists, no referral is needed. When seeing a specialist, please make sure that they are participating in the network and that any necessary preauthorizations are obtained

I had a procedure done and I received a letter in the mail saying my claim is denied pending medical notes. What does that mean? Who is responsible to obtain this?

Medical notes are required for procedures done in an inpatient setting to confirm that the services rendered were for medical necessity. Members should follow up with their doctor or hospital to submit medical documentation for review.

I recently went to the doctor and had lab work done. I'm getting a bill in the mail saying I owe for lab work services. What do I do?

You should always make sure you review your EOB (Explanation of Benefits) when reviewing a bill from your provider. Should you have any questions about a medical bill, please contact the Concierge Valenz NavCare team at (877) 208-5952.

Both Valenz NavCare and Leading Edge Administrators will have dedicated team members to help you with any questions or concerns.





NaVcare: Concierge Navigation

Personalized guidance throughout your member journey



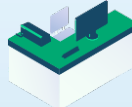



Do you have a question about your health plan, your care coordination, your provider or your bill? As your employer, we provide access to Valenz[®] Health and its concierge-level team of NaVcare nurse navigators. With deep expertise in your coverage and benefits, NaVcare enhances your member experience and helps chart your path to smarter, better, faster healthcare. You're just one phone call away from answers to your questions:



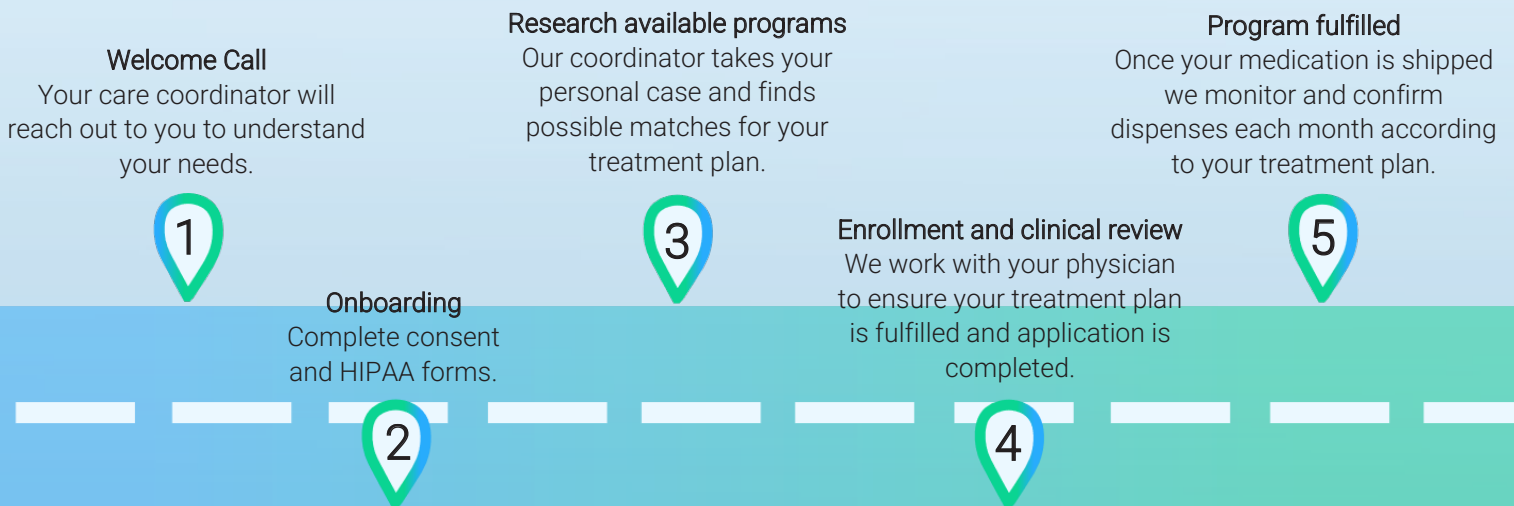
We are here to be your trusted patient advocate!

Payer Matrix is a patient advocacy group that wants to help you save money on select physician injectable specialty medications. Your personalized care coordinator will guide you through every step and will be there if you have any questions along the way!

What your Care Coordinator does for you

	Patient assistance program guidance		Keep everything on-time		Hands-on paperwork		Dispense notifications
	Scheduling assistance		Program research		Personalized custom care		Your own dedicated care coordinator

Payer Matrix Road Map



Learn more about us today.

Call us (877) 305 – 6202
 or visit our website payermatrix.com



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.